NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

SCHOOL HEALTH PROGRAMME

MINISTRY OF HEALTH AND FAMILY WELFARE

GOVERNMENT OF INDIA

School Health Programme

स्वास्थ्य एवं परिवार कल्याण मंत्री
भारत सरकार
निर्माण भवन, नई दिल्ली-110108

सत्यमेव जयते

Ministry for Health & Family Welfare
Government of India
Nirman Bhavan, New Delhi-110108

डॉ अन्बुमणि रामदास
Dr. ANBUMANI RAMADOSS

MESSAGE

Health seeking behaviour has to initiated in childhood itself. The best opportunity for facilitating this is found in school settings. With more and more school enrolments taking place, schools have become the convergence centre for health and education programmes. The introduction of school health services in India dates back to 1909, when school children in the city of Baroda were given the first medical examination. We have come a long way since then.. Keeping in view the vision of NRHM, we have taken up the challenge of mainstreaming the school health programme at the same time as retaining the diversities of State initiatives.

The document captures our vision of decentralizing the school health initiative through the programme management process of different States. It brings out the spirit of innovative thinking in the implementation of the school health programme. It is heartening to note that the implementation experience at the state level reflects the commitment of the States in reaching out to the young loved ones of this country. At the national level, our mandate is to provide the overall framework for State initiatives.

I am confident that this publication will enable the State, policy managers, civil society stake holders under NRHM to assess the initiatives so far and build on them for the future. I would also like to compliment the team involved in bringing out this publication in the shortest possible time.

(Dr. Anbumani Ramadoss)

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MINISTER OF STATE
FOR HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NIRMAN BHAVAN, NEW DELHI-110108

MESSAGE

One of the major landmarks of National Rural Health Mission has been to bring about convergence of related sectors like Education, Drinking Water, Sanitation and Nutrition–linking it with health.

The constitution of Village Health and Sanitation Committees in every village is a very bold and purposeful step in this direction. In this context of convergence, the school health programme, promoting basic check up of school children for a variety of health related problems, is a systematic effort in raising awareness about health issues among school children and their families but also create an enabling environment for the society to focus on health steadily and continuously.

It has been noted that education increases children's opportunity to keep healthy. Acquisition of health related knowledge, attitudes, skills and practices empower children to pursue a healthy life not only in the present but also in the future. The balance between health and education through the school stream enables a child to develop self esteem and self reliance. In a diverse country such as ours, a child brings a vast pool of information and skills to the family and community, if the school provides a healthy enabling environment.

The compilation on School Health Programme is a documentation of the good performance by the States. I am sure, the journey of NRHM will only be strengthened by such documentation of innovations by the states. I am of the view that this document shall enable all the stake holders under NRHM to assess the initiatives so far under the programme. My appreciations to the officers of the Ministry for the excellent work done in bringing out this publication.

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FOREWORD

Our experience has shown that schools are the hub for integrating the value of health with the educational system. Some of the critical opportunities for influencing the behaviour of young children and preventing their initiation into health risks are found in school settings.

In a diverse country such as ours, the school environment provides an extra ordinary setting to improve the health of the students and enhance their health seeking attitudes. School Health Programme enables the students to learn the qualities of caring for themselves and others.

The document integrates skill based health education with life skills taking into account the experiences of States that has been marked by innovations, public private partnerships and success stories. The State Programme Implementation Plans provide us with wealth of experience in implementing the subject. It has been our endeavour not to endorse a prescriptive policy for the School Health Programme. It is expected that all 26 States who have taken up the challenge of implementing School Health would continue to do so in the future so that we attain universal coverage through time tested innovations. This document is an attempt to bring about cross cultural learning between States and critical stake holders. I am confident that this publication would enthuse all States to mainstream this programme as a critical outcome indicator in their Programme Implementation Plans.

I would like to compliment the team led by Shri G.C.Chaturvedi, Mission Director, NRHM and Ms. Aradhana Johri, Joint Secretary, who were ably assisted by Ms. Sangeeta Saxena, AC (CH) and Shri Chaitanya Prasad, Director (IEC) along with Dr. Rajesh Mehta, NPO-FCH, WHO and Dr. Sunder Raman of NHSRC for their efforts in bringing out this excellent publication.

(Naresh Dayal)

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1.0 Introduction

Schools lay a country's foundation for the future and have a major effect on a host of issues, including health. What is learnt at this impressionable stage of life in terms of knowledge, attitudes and behaviours has a lasting impact on the entire lifespan of the individual. Health is maintained and diseases most effectively controlled by knowledge - knowledge of prevention of disease and early recognition of signs of sickness. Ensuring that children have access to knowledge ensures that they are able to use it to mould not only their own attitude and behaviour, but that of their families and communities as well. This is the primary reason for health issues occupying the centre stage in the school curriculum.

National Rural Health Mission (NRHM), has taken cognizance of the potential impact of the School Health Programme on the health of the students, their families and the generations to come and brought this initiative to forefront within the context of the Reproductive and Child Health (RCH) Programme.

LOOKING TO THE FUTURE

Providing easy access to health, nutrition and hygiene education and services to children in schools is a simple and a cost effective tool which can go a long way in the prevention and control of communicable and non communicable diseases. It also enables revitalization of local health traditions and the mainstreaming of AYUSH and promotion of healthy life styles in the health curriculum programme in schools.

Implementing a cohesive School Health Programme effectively integrates health concerns with determinants of health,

- **National Rural Health Mission (NRHM), has taken cognizance of the potential impact of the School Health Programme on the health of the students, their families and the generations to come**
- **Population stabilization, gender and demographic balance are some of the issues that can also be addressed in school settings**
- **The Government aims to universalise immunisation, management of common childhood ailments, nutrition services as well as improve health awareness and health seeking behavior through School Health Programme**
- **In keeping with the policy of NRHM, flexibility is available under the School Heath Programme for states to take care of the health of its school going children**

EDUCATION IS A TOOL TO EMPOWERMENT

such as sanitation and hygiene, nutrition and safe drinking water, through a School Plan for Health. Population stabilization, gender and demographic balance are other issues that the country has been grappling with since independence, and the tender formative years at school could well be the launching pad for addressing these concerns in the years to come.

Under the ambit of the National Rural Health Mission and the Reproductive and Child Health programme, the Government aims to universalize, immunization, management of common childhood ailments, micronutrient supplementation and improved health awareness and health seeking behaviour. A variety of delivery strategies and channels are being implemented. Social mobilisation and demand generation is being ensured through Information Education and Communication (IEC), Non Government Organisations (NGOs) have been involved in facilitating counselling services. At the same time Panchayati Raj Institutions (PRI) have been involved for implementation at the grass roots. Schools are an excellent catchment area for implementing these priorities. They are an effective channel for decentralised implementation and provision of quality, need based and client centered services.

Keeping this background in mind, an operational framework has been formulated an circulated to the States, based on successful models being implemented in other States such as Tamil Nadu and Gujarat. This operational framework is meant to serve as a foundation for the States to think & plan innovatively about the needs of the children in the context of their ground situation. As NRHM promotes flexibility in the States, under the School Health Programme, the States have been given an option to implement the programme comprehensively. According to the needs of the children, institutional capacity and available service delivery options 26 States have provisioned for the School Health programme in their programme Implementation Plans. It is expected that all the States that have taken up this challenge and introduced a School Health Programme from the year 2008 will continue with this initiative, expanding it as per the need so that ultimately it has a universal coverage. It is also expected that the other States will start providing school health services in the near future.

It is envisaged that all schools, both rural and urban, will be covered under various aspects of the School Health programme in all parts of the country.

Rights of the Child

EVERY CHILD IS SPECIAL

In 1992, the world-wide Convention of the Rights of the Child was signed by most of the countries. A commitment was given that every effort would he made for first resources to be given to the development of children. of prime importance is the commitment of all efforts to the empowerment of every child regarding its health.

The Rights of the Child: *"First call for children"*

The right to survival

It includes the right to life, the highest attainable standard of health, nutrition and adequate standards of living. It also includes the right to a name and a nationality.

The right to protection

It includes freedom from all forms of exploitation, abuse, inhuman or degrading treatment, and neglect including the right to special protection in situations of emergency and armed conflicts.

The right for development

It includes the right to education, support for early childhood development and care, social security, right to leisure, recreation and cultural activities.

The right to participation

It includes respect for the views of the child, freedom of expression, access to appropriate information, freedom of thought, conscience and religion.

2.0 Policy Framework

In a developing country, such as India, a substantial number of school going children suffer from various preventable diseases due to widespred poverty compounded by illiteracy and limited awareness. Many conditions can be prevented by appropriate health education and services, which must be adequately reinforced from time to time. The Government of India launched the School Health Scheme in the year 1996-97 but the enthusiasm in many States tapered off over time owing to competing priorities.

Due to widespread poverty compounded by illiteracy and limited awareness, many school children suffer from conditions that can be prevented by appropriate health education.

The National Rural Health Mission (NRHM) offers a fresh opportunity to strengthen the School Health Programme in order to address the needs of the school age Children. Central Board of Secondary Education has communicated to all schools to carry out a comprehensive School Health Programme *(beyond just health check up)*. The National Curriculum Framework has also recommended that the health education should be incorporated as a part of the curriculum in schools. As per the mandate of the national Rural Health Mission a close collaboration with education sector is essential at all levels while increasing the coverage of the School Health Programme.

A CLASS IN PROGRESS

3.0 Rationale

Ensuring that children are healthy and able to learn is an essential component of an effective education system. Good health increases enrollment and reduces absenteeism. It also ensures attendance of the poorest and most disadvantaged children to school, many of whom are girls. It is these children who are often the least healthy and most malnourished and who have the most to gain educationally from improved health. Effective school health programmes that are developed as part of community partnerships provide one of the most cost-effective ways to reach school age children, adolescents and the broader community, and are a sustainable way to promote healthy practices.

The envisaged framework under NRHM will result in developing an effective school health, hygiene and nutrition programme that contributes to the transformation of schools in to child friendly and health promoting institutions.

Good health increases enrollment and reduces absenteeism and brings more of the poorest and most disadvantaged children to school, many of whom are girls.

An effective school health, hygiene and nutrition programme offers several benefits:

- ***It responds to an increased need***

The success of child survival programmes and the efforts of the government and communities to expand basic education coverage have resulted in a greater number of school-age children and in a greater proportion of these children attending school. Targeted education programmes have ensured that many of these new entrants are girls for whom good health is especially important since it has an intergenerational effect.

- ***It increases the efficacy of other investments in child development***

School Health Programmes are the essential sequel to and complement early child care and development programmes. Continuing good health at school age is essential if children are to sustain the advantages of a healthy early childhood and make full use of what may be their only opportunity for formal learning.

- ***It ensures good current and future health***

It is estimated that the burden of disease for school-aged children of 5-14 years is 11% of the total global burden of disease. School health activities contribute to prevention of health problems, their early detection and management as well as encourage healthy lifestyles and behaviours that secure future health. Good health practices promote reproductive health and help prevent HIV/AIDS as well.

- ***It ensures better educational outcomes***

Ensuring good health at school-age can boost school enrollment and attendance, reduce the need for repetition and increase educational attainment.

- ***It improves social equity***

As a result of improved education strategies, some of the most disadvantaged children - girls, poor rural children and children with disabilities - have access to school for the first time. However, their ability to attend school and to learn is compromised at times by their poor health. These are the children who will benefit most from health interventions, since they are likely to show the greatest improvements in attendance and learning achievement.

- ***It is a highly cost effective strategy***

School health programmes help link resources for health, education, nutrition, and sanitation to an institutional body, the school - that is already in place and provides the network and foundation for young children. The school network is universal and coverage is often superior to health systems. At the same time, the school network has an extensive skilled workforce that already works closely with the community and hence ensures sustainability.

Desirable health related attitudes and health care practices learnt and adopted within the school also contribute to ensuring optimal health and education outcomes. An environment that is safe and healthy for children is imperative for the optimal development of children and adolescents.

A SUCCESS STORY IN GUJARAT

LOOKING INTO THE FUTURE

Ray of Hope

"Uparwala ni maherbani Chhe" (worlds in Gujarati meaning 'God's grace is prevailing') were the words of 39 year old Vinodbhai Vadadar, a tailor in Visawada a small village about 30 Km away from Porbandar, when asked about his son Ajay, whose cardiac surgry took place two yeas ago.

"Ajay used to have cough and cold along with breathing difficulty after playing or exerting. He was also perennially weak. There were some doctors and health workers carrying out medical check-up activity in the school where Ajay studied and one day we got a call from the school regarding his illness. He was detected to have a hole in his heart. My wife and I had not paid much attention to it earlier as the symptoms were mild. We were shocked and clueless" says Vinodbhai. *"The school head and the doctor narrated the ailment to us in the best possible way they could, made us aware about the consequences if the condition was not treated early and advised us to bring Ajay to the big hospital at Ahmedabad for further diagnosis and treatment"*, he continued.

"Then came the ray of hope", smiles Vinodbhai...

"The school and health authorities informed us of the scheme for provision of sophisticated care free of cost. The transport was also included. Remaining things came smoothly. We were prepared for the operation, the necessary investigations were done to confirm the diagnosis, the date was set and we were asked to admit Ajay to the hospital a few days before the set date. We were right there when Ajay was operated and it took him one month and four days to be fit enough to come back with us to Visawada".

It has been 2 years now. Ajay has paid 4 follow-up visits since then and he is now hale and hearty and more importantly with no signs of any heart disease. The parents have only words of praise and blessings to give to all who have helped.

"The schools have just begun, Sir, he is in fourth standard now and secured 93% last year, hope he continues like this...." says the proud father with his hands busy on a sewing machine and watery eyes with hopes and expectations

4.0 Key Elements

School Health Programmes succeed when health and education departments collaborate right from the planning stage alongwith community participation. School Health Programmes aim at providing a package of preventive, promotive and curative health services directed towards improving the current health status of the school-age children. School Health Programmes also facilitate promotion of healthy lifestyles, which include adequate physical activity, learning to respect each other, live in harmony and shun violence, as well as prevention of unhealthy practices like unsafe sex, alcohol and tobacco use. The schools may also choose to work towards addressing specific health problems in students, such as anaemia, asthma, thalassemia, obesity and infectious diseases depending on prevailing public health priorities and capacities of the local health and education systems.

Essential elements of school health are:

- ***Health-related school policies*** that include children of all communities, encourage healthy lifestyles, address priority public health problems and promote collaboration among teachers. It also enables students and their parents on one side and departments like health, education, women and child development on the other side to bring about convergence.
- ***Provision of safe (physically and psycho-socially) and supportive environment*** to ensure healthy development of students and provide a healthy learning environment. Provision of nutrition relieves the hunger of the child coming from deprived circumstances and provision of safe water and adequate sanitation reinforces hygienic behavior. It is especially important to provide privacy (functional women toilets and support for menstrual management) and safety to promote participation of adolescent girls in education. Keeping the school free of violence and various forms of discrimination is also an important dimension.
- ***Health, hygiene, and nutrition education*** that focuses upon the development of age-appropriate knowledge, attitudes, values and life skills needed to establish lifelong healthy practices

  Additionally, the school environment must provide opportunities to practice the acquired healthy behaviour in order to reduce the vulnerability of youth and teachers to common health risks. For example, mid-day school meal programmes cooked and served hygienically, sanitary toilets/ latrines with running water supplies, soap and water for hand washing, adequate supply of potable water, provision of sanitary napkins for girls and kitchen garden to demonstrate feasibility of growing healthy food.
- ***School-based health and nutrition services*** that are equitable, simple, sustainable, safe and familiar and address problems that are prevalent and recognized as important within the community egs. Midday school meals.

EDUCATION FOR ALL

5.0 Operational Framework

School age population is estremely vulnerable to health risks and illness. Illnesses and behaviour formed during this period can have a detrimental effect on health during the adult years of an individual's life. An effective school health programme provides the following key services:

- ***Health screening and referral linkage with health services for remedial and preventive measures:***

  Screening helps in early detection and the timely institution of treatment for the commonest causes of morbidity. Opthalmic and dental conditions, skin lesions and nutritional problems in particular are conditions where early identification can affect cure and prevent further progress and complications.

  By attending to some health determinants like anaemia and malnutrition it could play a preventive role in addressing these critical problems.

  It also helps identify children with refractive errors and hearing deficits, which are a major source of learning difficulties and by arranging to correct them, can dramatically improve school performance. Identification and support to children with disabilities is another major role that screening can play.

  It is, therefore, recommended to carry out health checkups of all students at least once in a year, but preferably twice a year. Much of the success of school health screening programmes lies in constructing effective post screening referral arrangements. This is needed to ensure that the roughly 1-1% of children who are identified during the screening process as having serious but correctable ailments receive the higher level of clinical care that they need.

- ***Health education:***

  This ensures the provision of age appropriate information on health, hygiene and nutrition, and to put it simply, education about the physical and mental aspects of growing up. It has great potential in promotion of healthy development and preventing risk behaviour.

  There are four broad activity groups that constitute school health education. One is the form of incorporation of a better

Health screening and remedial measures

- **By attending to some health determinants like anemia and malnutrition it could play a key preventive role**
- **Helps identify children with refractive errors and hearing deficits and common illness**
- **Identification and support to children with disabilities**

Health education

- **Incorporation of a better understanding of health issues in the formal curriculum.**
- **A series of informal sessions for students on specific necessary health issues**
- **Mould health related behaviours through extra curricular activities**

Promote health and hygiene practices within schools

understanding of health issues in the formal curriculum. The second is the construct of a series of informal sessions for students on specific necessary health issues which are not part of the formal learning system. This form of communication inculcates interest and enhances retention. It is effective for issues which require interpersonal dialogue, like life skills education & menstrual hygiene or for issues which require demonstrations, for instance, first aid education.

The third is the use of the school for behaviour change communication to disseminate health information and mould health related behaviours through extra curricular activities like poster making, plays, competitions, quiz contests. Finally, it is also the health and hygiene related practices that the school consciously inculcates in its students; for example the use of toilets, hand washing before meals, the disposal of waste and the cleanliness of class-rooms and school campus.

- ***Addressing nutritional issues, particularly anaemia and malnutrition:***

  Health department can assist in providing specific interventions in the school setting for the priority areas of micro and macronutrient deficiency. This includes identification and correction of anaemia, periodic treatment for worm infestation, the promotion of use of iodised salt, organizing talks on relevant nutrition issues and a linkage with the school mid day meal programme to ensure that this acts as the critical supplement to correct macro-nutritional deficiency, rather than being a substitute for food intake at home. School health programme offers a unique opportunity to reach students and through them, their families at home. The nutrition counseling given herein has the potential to last through to the next generation as these students are the parents of tomorrow.

- ***Providing safe and supportive environment in schools:***

  It is a given pre requisite that schools need to provide the basic amenities

like potable drinking water, separate sanitary toilets for boys and girls and clean classrooms.

It is also necessary that schools strive to ensure safety of their students and staff from physical injuries, stress, corporal punishment and abuse. The school environment needs to be supportive of its' teachers and students and also to be sensitive and alert to the manifest signs and symptoms of these conditions and provide the opportunity to seek appropriate help in effective and confidential management.

- ***Service provision:***

  Services for minor ailments like headache, fever, cuts can be provided by the trained teachers while all other services can be offered through health care providers.

For these services to be provided, the following activities need to be ensured:

- ***Capacity building:***

  This is needed to ensure that both - school teachers as well as the health staff and their supervisors comprehend the school health programme and are equipped with the knowledge, skills and systems support needed to implement this programme optimally.

  As teachers are required to participate actively, nodal teachers need to be identified by principals / headmistress and their training planned and organized. Each school has to have at least one designated nodal teacher for the school health programme and in large schools there has to be one nodal teacher per 250 students, with a school level coordinator. Based on these norms, the number of teachers from each school who act as nodal officers are identified. Ongoing refresher training of those trained before is essential as also is the continuous enrolment and training of new teachers to ensure adequate replacement of those staff members who are transferred or retire in their service tenure.

- ***Monitoring and evaluation:***

  It is essential that the school health programme put in place is implemented with the requisite quality and scale needed to reach all students and make a significant impact. This system would not only measure the functioning of the programme but is an essential tool for further fine tuning and improvement. For monitoring and evaluation to become operational, a system needs to be developed and incorporated in the routine health monitoring system.

- ***Core management group:***

  A core management group responsible for overseeing the implementation of school health programme needs to be constituted at state, district, block and village levels with representatives from various departments and stakeholders like:

  - Department of Health, including the AIDS control division
  - Department of Education
  - Department of Women and Child Development (WCD)
  - Principal and teachers
  - Parents' representative
  - Students' representative

  At the state and district levels overall oversight may be provided by the NRHM Mission Director/District Magistrate/local body and at the village level by Village Health and Sanitation Committee.

- ***Focus age groups:***

  Students from primary classes through senior secondary classes of schools in the age group of 6-18 years constitute the main beneficiaries and participants of this programme. To address the health

EDUCATION BRINGS HAPPINESS

needs of the children who are of school age but are 'out-of-school', requires supplementary strategies that remain a challenge.

- ***Target number of children:***

  The number of schools and number of students is obtained as per the information from the Directorate of Education Department. The number of schools in each district is a critical number for planning.

  Operational details are discribed in section 8 .

6.0 Interventions

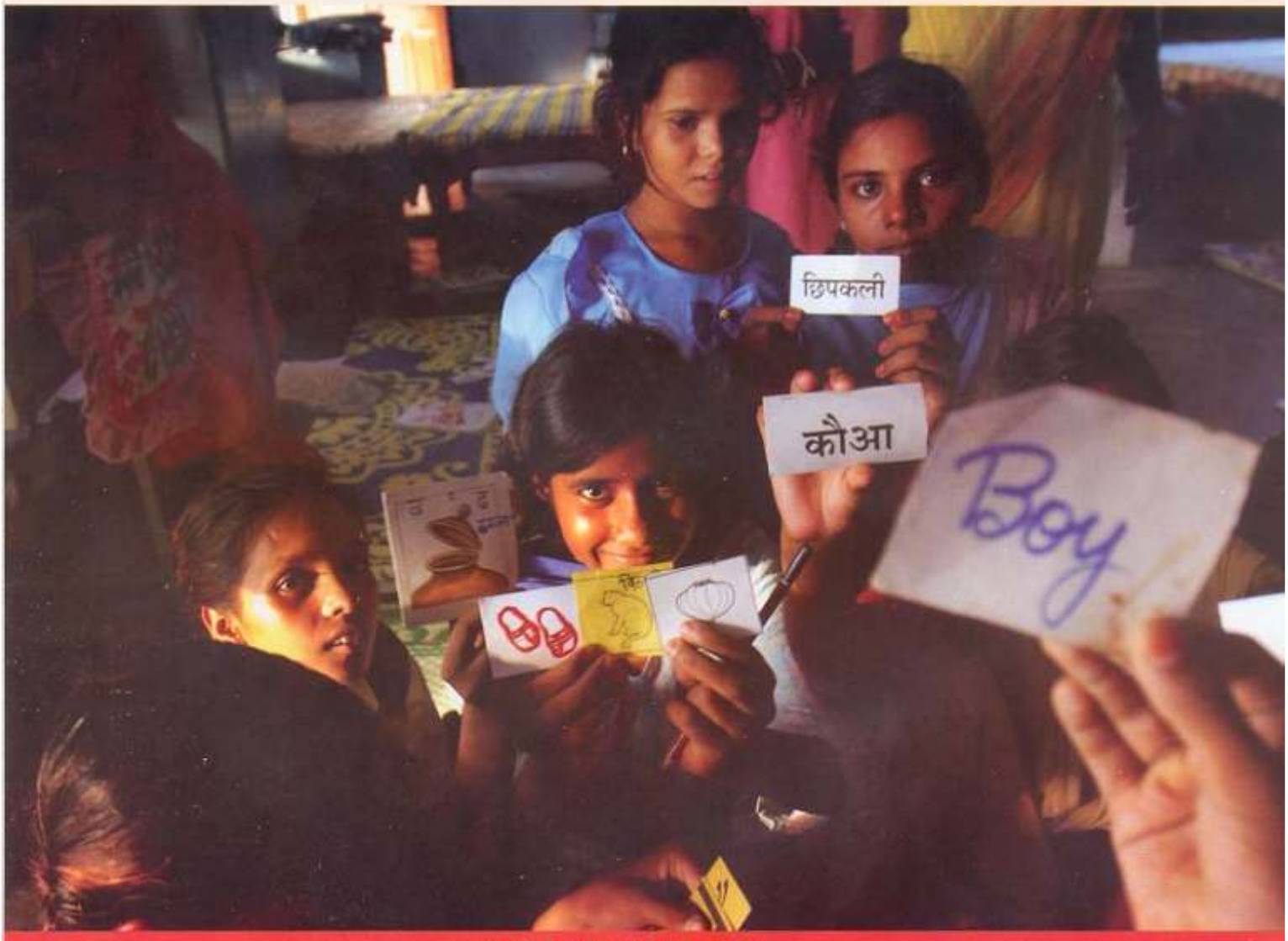
This framework outlines the major interventions proposed under the school health programme and defines the respective roles and responsibilities of the Department of Health & Family Welfare and Department of Education and between healthcare providers and teachers. A consensus is necessary between the departments of health and education in the states.

School Health: Outcomes and Responsibilities

Intervention	Expected Outcomes	Activities	Possible division of Responsibility between Teacher and Healthcare Provider
Health and Nutrition Education	Health promotion and prevention of health risks- decrease in both under-nutrition and obesity	Health Education in the curriculum	Teachers
Education on 'Growing-up' Issues	Comfort with bodily changes High self esteem Improved help seeking behaviour	Health education - formal, non curricular	Teachers assisted by some health care providers, NGOs
Education on Sexual and Reproductive Health issues	Improved knowledge on these issues resulting in improved help seeking behaviour	Non formal health education.	Teachers, health care providers, NGOs
		Organisation of school activities	Teachers, school adminstration

Health Screening	Early detection and management of common problems eg: eye problems, especially refractive errors, hearing problems, disabilities, including learning disabilities and behaviour problems.	Annual or once in six months health check up: Includes ■ Height / Weight record, ■ Vision check up ■ Hearing check up ■ Disability identification ■ Dental problems ■ Skin problems ■ Cardiac problems	Jointly by Teachers and Health care providers: Necessary equipment and supplies to be provided by health department
Nutrition and Anaemia Management	Improved nutrition, Prevention and treatment of anaemia leading to: ■ Improved general health and future reproductive health ■ Better scholastic performance	■ Health education on nutrition ■ Mid-day meal programmes ■ IFA tablet administration ■ Periodic Deworming (6 monthly) ■ Vitamin A supplements for the symptomatic child ■ Iodised salt testing and education programmes	Teacher Teacher and school administration. Teacher with supplies and counselling from the health department
Immunization (T.T.) at 10 and 16 Years	Protection from Tetanus	Periodic sessions	Health care provider - could be linked to bi annual screening
Referral linkage with health services and local remedial action	Improved access to health services- especially referrals of the school health screening. Access to first contact curative services in the school Remedial measures for many problems identified during screening	■ Information provision about services ■ Planned visits to referral center on scheduled days ■ Availability of first aid kit and basic first contact drugs with manuals at each school- one for every 250 students ■ Provision of spectacles, hearing aids, disability equipments etc.	Teacher Teacher and Health institution. Teacher, with provision of kit from the Health department. Coordination with blindness control, hearing disability and other disability programmes of Health and social justice departments

Orientation/ Training of Teachers	Capacity building in implementation	Orientation sessions ■ Communication skills ■ Elements of health, hygiene and nutrition education ■ Creating safe and supportive environment. ■ How to screen for common illnesses ■ Dosage and side effects of medicines ■ Follow up on referrals ■ Documentation and Reporting	Department of Education supported by Department of Health. Department of Health provides each school with a tool kit for implementing the school health programme.



INTERACTIVE EDUCATION

A SUCCESS STORY IN GUJARAT

RAISING HOPES FOR BETTER TOMORROW

Smiles extended to a remote corner of the state.

Bacchu Jumka Vasava and Ranjan got married and within 4 year were blessed with two children - Shyam and Sarika.

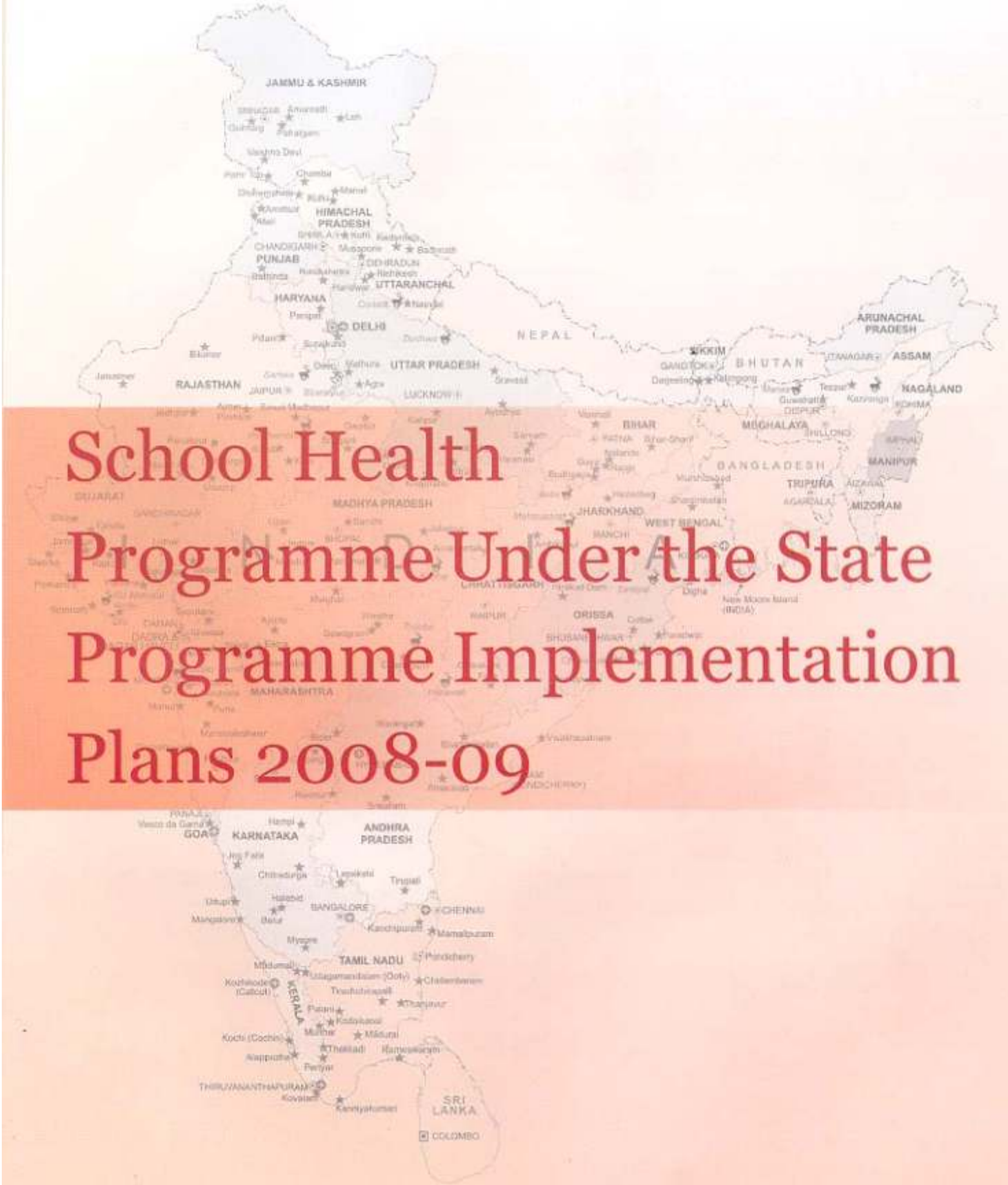
Ranjanben often complained to her husband that Sarika was not as healthy as Shyam but Bacchubhai ignored these observations and put them down to his wife's over protective attitude towards Sarika. Every thing seemed right till Sarika was five months old when Ranjanben noticed that Sarika seemed to turn blue whenever she played actively or cried out loud for a few minutes. They reported it to Bachhi Vasava, an active Anganwadi worker of their area. She facilitated the check up by the doctor at the Primary Health Centre.

After a brief examination, the doctor suspected that Sarika suffered from a congenital heart disease that could possibly require major surgery. For further confirmation of diagnosis and necessary investigations, the doctors referred them to the Cardiac Hospital at Ahmedabad.

Living in the backyards of a remote village of a tribal district, the couple could not muster enough courage to visit a big hospital in an intimidating place like Ahmedabad, that too in spite of free treatment support from the Government.

Year after year, Sarika's condition worsened. Her parents worried about her future. "Who will marry her?" they thought! The Medical Officer, teachers and anganwadi worker went on persuading the couple to take up the treatment offered by the Government. Finally they agreed. To support the apprehensive couple, health department personnel accompanied them to Ahmedabad. On 19th October, 2004 she was operated under School Health Check up Programme. She was discharged from the hospital, 30 days after the operation, which cured Sarika and gave her parents a new zest for life.

Her parents are still worrying about her marriage but now the worry has changed from "Who will marry? " to "How to marry? ".



School Health Programme Under the State Programme Implementation Plans 2008-09

States Implementing School Health Programme

1.	Assam	14.	Kerala
2.	Arunachal Pradesh	15.	Madhya Pradesh
3.	Andhra Pradesh	16.	Maharashtra
4.	Chandigarh	17.	Manipur
5.	Chhattisgarh	18.	Meghalaya
6.	Dadra & Nagar Haveli	19.	Mizoram
7.	Daman & Diu	20.	Orissa
8.	Delhi	21.	Rajashtan
9.	Goa	22.	Sikkim
10.	Gujarat	23.	Tamil Nadu
11.	Haryana	24.	Uttar Pradesh
12.	Jammu & Kashmir	25.	Uttarakhand
13.	Karnataka	26.	West Bengal

COLLECTIVELY WE WILL THRIVE TOGETHER

7.0 State Programme Implementaion Plans

ASSAM

Background

Children are especially vulnerable to risk taking behaviour and as they have less knlowledge of preventive methods it makes them susceptible to infections. In addition, they have limited access to health facilities, making it additionally difficult for them to seek care even if they are able to recognize their health problems. Girls are more susceptible as they suffer both physically and emotionally the adverse reproductive health consequences inform of social and cultural pressure, sexual abuse, and early marriage followed by early and frequent pregnancies. These issues aggravate the existing problems of anaemia and iron deficiency including access to information and supply of iron tablets. Therefore, there is a need to promote supportive and enabling environment for children in order to meet their needs. One of the most effective ways of doing so is by providing health education and information according to the age group of school going children and minimum availability and accessibility of services in the school. These actions taken during adolescence can effect a person's life, opportunities, education and health.

Under the programme, health education and health services will be available and ensured along with privacy and confidentiality. Adequately trained providers will offer information and counseling to the students.

The State proposes to implement it in all the government schools where health education will be provided along with health services.

The School Health Programme-

- Primary sections focusing on children between 5-10 years of age.
- High School section focusing on students between 11-19 years of age.

INNOCENCE EVERYWHERE

Objectives

- To increase access to health information,
- To increase health awareness,
- To provide health services in schools, and
- To provide adolescent friendly services.

Strategies

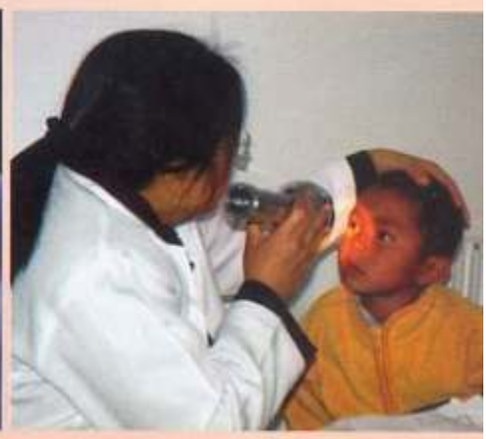
- **Involvement of school teachers and NSS/NCC of the school**
- **Capacity building of the school teachers**
- **Use of Information Education and Communication (IEC)**
- **Health camps in schools**
- **Referral system**

Core Activities

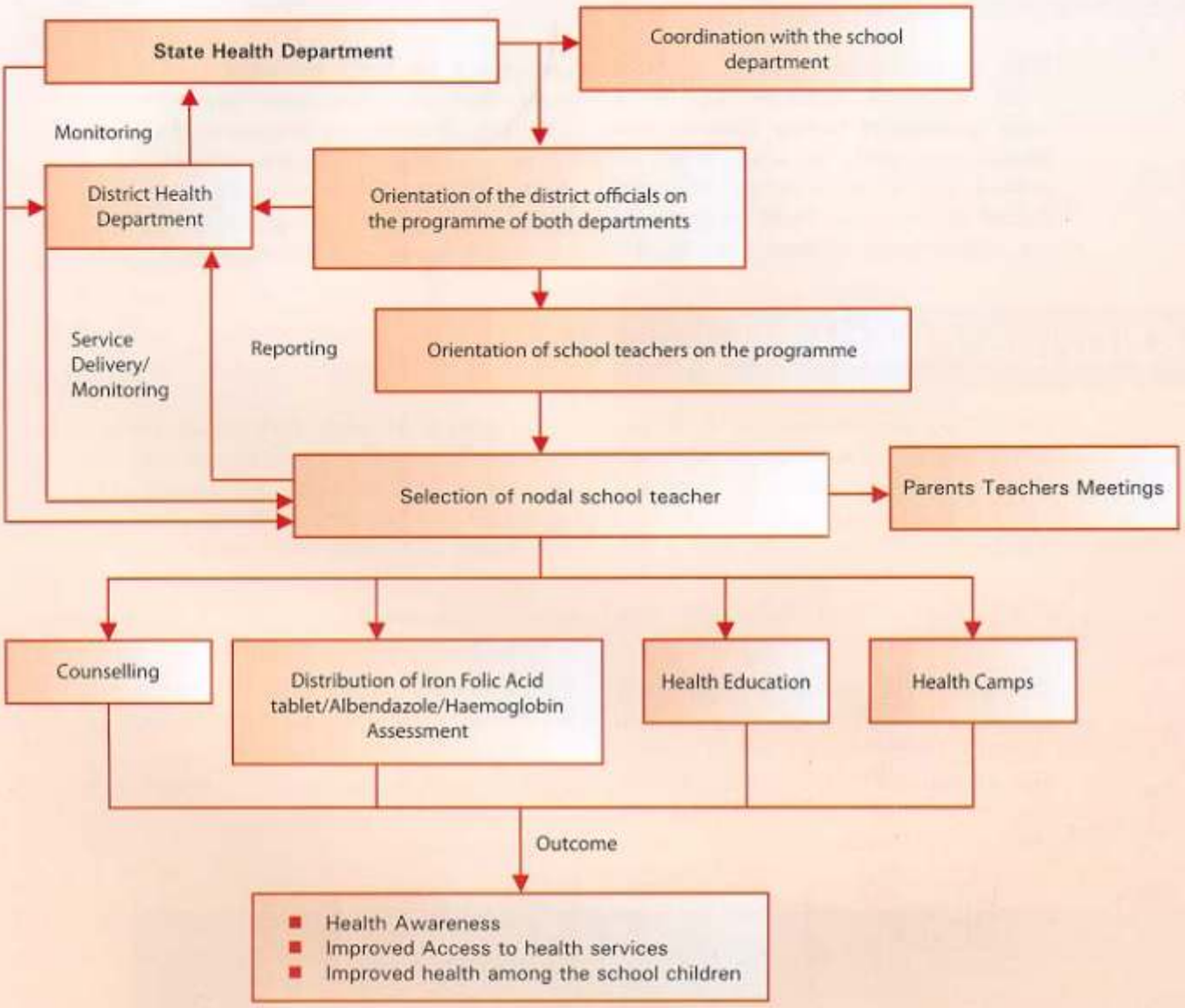
- Coordination of school departments with the State health department.
- Orientation of district officials on the programme.
- Training of the school teachers, Block Extension Educator (BEE) and health educators on the programme
- Selection of two nodal school teachers in each school, one male and one female.
- Developing and dessemination IEC on various health issues targeting the school audience.
- Weekly distribution of IFA tablets to girls and six monthly distribution of albendazole for de-worming by the nodal school teacher. The school teacher will ensure the girls will consume IFA tablet in front of her.
- Parents- teachers meetings and counselling on health and life skills education.
- Conducting health camps by the Medical Officer in the block on the basis of the action plan developed by the school nodal officer
- Referral to the adolscent clinic in case where an adolescent would require special counselling.
- Monthly reporting by the school in the given formats on services rendered
- Monitoring of the programme by the BPMU along with SDMHO BPHC at the block level and DPMU in the district level.

All High Schools will be covered under this programme.

- A Nodal School Teacher will be selected in schools along with a lady teacher.
- Block extension Educators will be trained in various aspects of Adolescent Health. There will be team of Medical Officer, Block Extension Educator and Nodal School Teacher who will look after the school health activities.
- Training will be organized for the Block Extension Educator and Nodal School Teacher.
- Counseling on Adolescent Health on Village Health & Nutrition Day will be done once in a month. Iron Folic Acid tablets and albendazole for (deworming) will be distributed to the adolescents.



IMPLEMENTATION FRAMEWORK IN ASSAM



ARUNACHAL PRADESH

There is no direct scheme / activities linked to health indicators but as a major Department having capacities and establishment across the state, it will be ensured that these resources are being utilized for improving health indicators of the school going children. This includes targetting students through health programmes and school health services in schools for sensitzing the students on their health needs. Teachers will also be utilized for the dissemination of health information to the students who, in turn will propagate the message to the parents and the community.

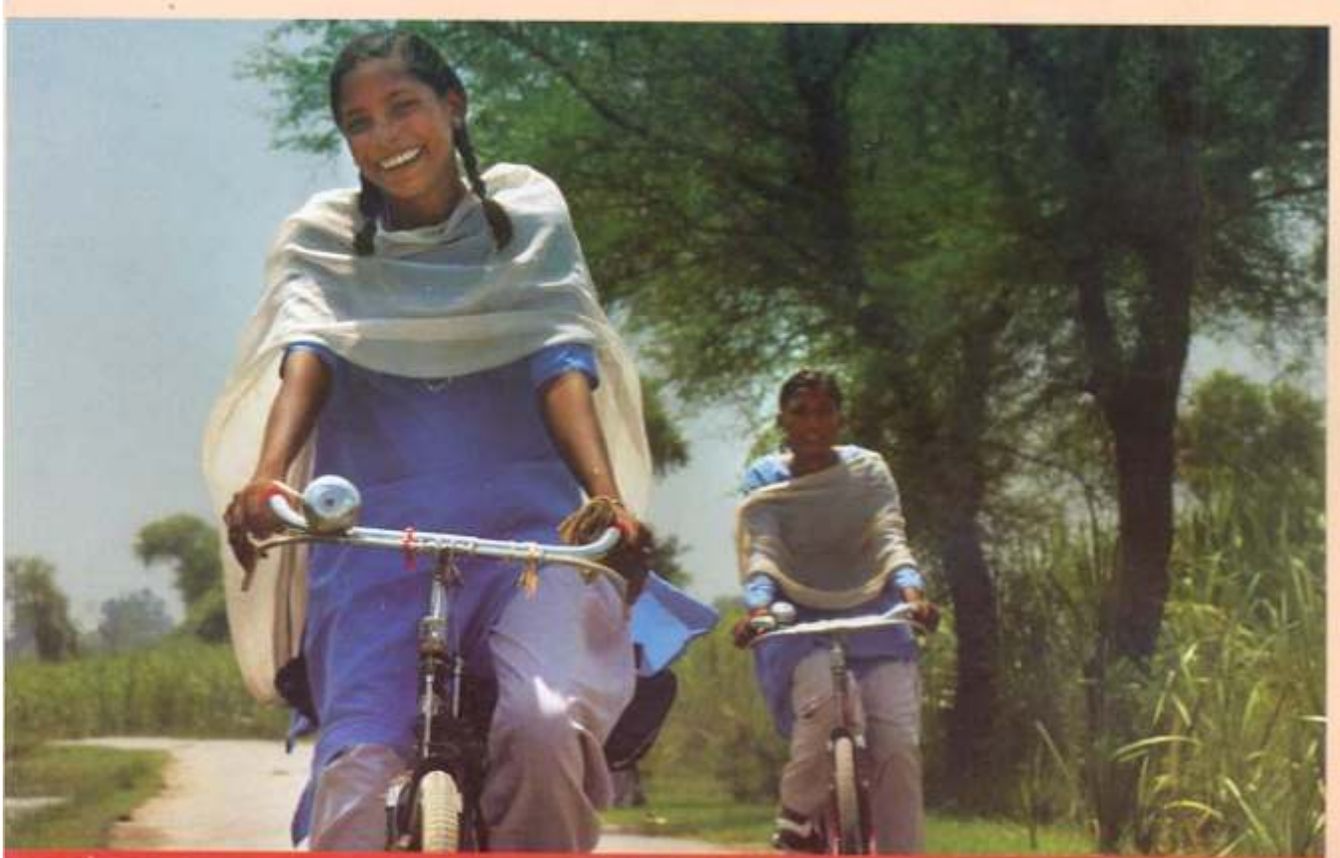
ANDHRA PRADESH

Fixed Day Health Services is a key component of the Government of Andhra Pradesh to enhance the delivery of health care services to its under served populations.

Fixed Day Health Services will incorporate school health

The aim is to create a technology enabled, comprehensive, once-a-month fixed day health service that will facilitate the convergence of comprehensive services like identification, diagnosis, monitoring & treatment, record keeping and referral of high risk cases in rural habiation. The services will be provided through the mobile health units, which will physically visit each habitation with a staff of six ANMs. The services will include:

- Ante Natal Services
- Pregnancy monitoring and care
- Infant and child health
- Chronic ailments including National Health Programmes (NHP)
- Enhanced integrated disease surveillance programme
- School health



RIDING INTO FUTURE

Operational Plan:-

Fixed Day Health Service is a once-a-month fixed day service at the rural habitations which will be anchored around a mobile health unit. This mobile health unit will serve a rural population of around four crores located 3-5 km beyond health care delivery institutions such as primary health centres and community health centres.

There are 475 mobile health units (vehicles) serving 22 of the 23 district in Andhra Pradesh. Each of these vehicles is staffed with one driver and six paramedics (ANMs deputed through the newly proposed batch of 13,000 ANMs). Each vehicle covers a population of 3000 per day, for 28 days per month totaling a population of 4 crores.

Each vehicle is equipped with an ultrasound machine, an extended roof canopy, basic laboratory equipment to perform basic laboratory tests, a cold chain unit to store vaccines and blood samples and a laptop computer to enable storage and forward technologies for improved beneficiary profile tracking. The vehicle also incorporates a video projection system for public health education.

Each mobile unit has a fixed plan of areas of coverage, planned by the medical officers and communicated to all personnel in the receptive areas well in advance so that communities and schools are well prepared to receive the services. Each mobile unit covers schools by providing services for health education, screening, diagnosis, treatment of common ailments like scabies and lice infestation, supplementation for micronutrients like Iron Folic Acid, and appropriate referral.

Monitoring and evaluation:

A comprehensive system has been put in place. A software solution allows effective monitoring of the following information in real time:

- Vehicle movement and vehicle status.
- Personnel movement and attendance along with basic performance related information. This software package will also monitor the attendance of Angan Wadi Workers (AWW) on Fixed Day Services. In addition, responsiveness to maternal and child health and Integrated Disease Surveillance Programme (IDSP) programmes will also be recorded .
- Data collected through the 104 emergency referral service is used to develop reports which will allow the state authorities to monitor both in real time and at periodic events the various health metrics across the programme area. This will further allow the state to plan future strategies and make any mid - course corrections if required.

SPREADING THE WORD

CHANDIGARH

The key strategy for increasing awareness about health among children in the Union Territory is through strengthening of School Health Services. Clinical psychologist, dental hygienist, ophthalmic assistant will be included on part time basis in the school health team.

Education on reproductive health will be included in the school curriculum. As Chandigarh has a good coverage of health services, awareness about health is high and the health indicators of the population are among the best in the country, focus will be on offering treatment for common ailments like refractive errors and dental ailments which affect even normal populations along with stress on providing counseling for "growing up issues".

CHATTISGARH

The State will implement School Health Programme in the current year covering all the schools. This initiative has been launched recently. The initial rounds of preparatory meetings and inter departmental

Coordination between the Department of Health, Education, Water and Sanitation and the Panchayat has been envitraged as essential, for the success of this programme.

'I AM THE FUTURE OF INDIA'

DADAR & NAGAR HAVELI

One of the most successful School Health Programmes is being run in the Union Territory by Vinoba Bhave Civil Hospital. Initiated in October 2006. Till date 39,535 students have benefitted been through this programme.

Last year this programme was carried out in 82 schools which covered 27,535 students, of these 1,216 students were found to have eye disease, 2,157 had skin diseases, 1,074 had ear, nose and throat (ENT) problems and 10,598 children had dental problems.

This year 80 schools have been visited and 12,000 students have been examined.

RAISING HOPES FOR THE FUTURE

DAMAN AND DIU

Provision of services for common disorders and thereby reducing their prevalence, organizing special camps for schools, providing referral services are all strategies that will encompass the school health programme in the State. Health environment and links to communities are an effective way of bringing about long lasting change.

Schools are ideal for inculcating healthy habits among the future generation. The need is to move from a mere service approach to a more comprehensive holistic approach and attempts would be made to institutionalize this effort. Referral linkages with government health facilities would be strengthened to cater to the needs fo school children.

DELHI

Childhood is the age group most susceptible to illness in the entire life cycle. Illnesses at this time can have a detrimental effect on health of individuals in an additive manner as the most productive years of an individuals life are still ahead of him. To prevent, if possible, and otherwise to treat after early detection, the commonest causes of morbidity, it is felt that a special campaign is needed to provide health checkups to all pediatric age students at least once in a year. Screening of these students will not only considerably reduce the burden on secondary (dispensaries) and tertiary (hospitals) health care coutlets, it would also help in increasing school attendance and productivity while minimizing total expenditure on health sector in the long term by reinforcing the maintenance of good health. Screening would aid early detection of common ailments.

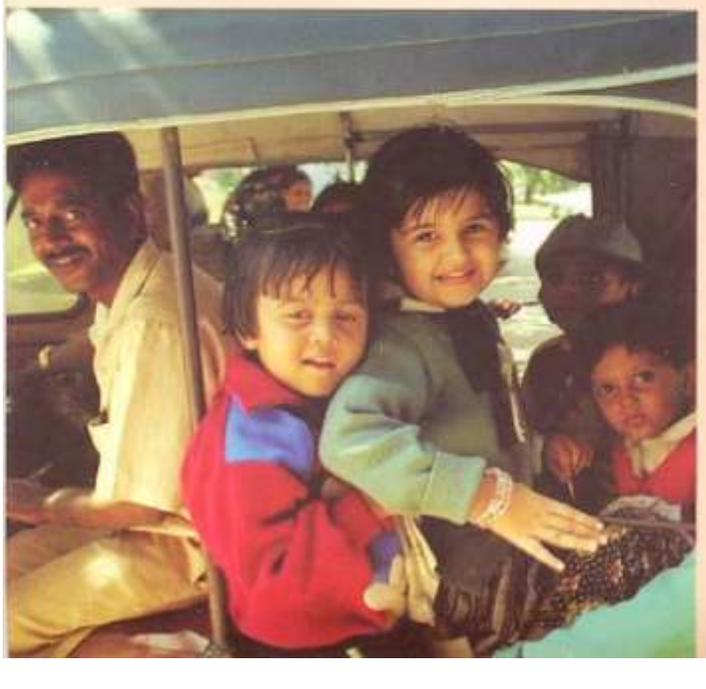
Students from Primary classes of all Government schools in the age group 6-10 years consititute the target group of this programme.

The number of schools and approximate number of students will be calculated as per the information from the nodal Directorate of Education Department:

S. No.	Agency	Schools	Students
1			
2			
3			
4			
Total			

As teachers are envisaged to participate actively, nodal teachers have to be indentified and their training planned and organized. One teacher is expected to participate in screening of about 250 students. Based on this norm, the number of teachers from each school will be identified.

The students are screened by medical and paramedical personnel assisted by school teachers trained for this purpose. A school-wise schedule of visits of the Medical manpower is drawn up and the students are screened on these prescribed dates. The dates are intimated to the panchayats, school health authorities, parents and students in advance. The core selected representatives comprises of the panchayat, officers of the health and education department and school authorities.



A booklet has been prepared and circulated to all the trainers. After screening, the students found to be suffering from any disease are referred to the nearest health facility, a list of referral centres is drawn up and proper referral linkage has been established. The referral slips are given to the students and all efforts undertaken to ensure top priority to these students at health care delivery outlets.

The follow-up of all referred cases is done by repeated visits at monthly intervals. Proper proformas have been devised for the purpose. The programme is monitored by core group members for the whole duration of the programme.

Under this programme all children of primary classes of all Government schools are screened for

- Pyoderma
- Intestinal worms
- Ear discharge
- Night blindness

A large number of students have hidden burden of worm infestation leading to anemia and growth failure. Therefore, the mass deworming of children with a single dose Albendazole tablet is undertaken in this programme.

Repeated ear discharge can lead to deafness. ENT Proformas designed by ENT specialists will therefore also be filled for those students who have any such history.

These students are examined by ENT specialists in the schools itself at a later date with appropriate treatment. Refractive errors and vision disorders are treated by an opthalmologist.

Trained teachers give health education to the students round the year on common topics like hygiene, environmental sanitation, food hygiene, hand washing, balanced diet and iron and iodine deficiency disorders. Health presonnel perform the screening of the students along with the teachers.

Training is being organized for the Master Trainers. Trainers are trained by these Master Trainers in their respective organization. The trainers organize further training sessions for teachers, medical & paramedical staff.

A schedule as outlined below would be prepared.

Agency	No. of Teachers	No. of Sessions	Master Trainers

The training is aimed at equipping the teachers with skills to conduct the screening of students. So the training includes:

- Brief details about all the diseases for which screening is to be done.
- The mode of implementation of the Programme
- The system of Referral
- The system of Follow up
- Reporting system adopted during the Programme
- Monitoring of the Programme
- Distribution of Albendazole tablets & system adopted for this.

The training is of one day duration. The venues of training and the names of teachers decided by the Education Departments are intimated to the concerned trainers and master trainers. Training material has been prepared in the form of booklets and forms/rererral slips.

Treatment for common ailments is being provided. A kit containing common medicines, including antihelminthics (Albendazole), will be made. Each kit will contain adquate supplies for approximately 250 students. Each health facility will be supplied a number of kits based on the number of students it has to cover.

Organization of regular health check-ups where a general systemic examination, testing of eye sight, testing of anaemia will be performed. Periodic deworming will be done.

Referral system has been envisaged. During the course of screening some of the children will be referred to the nearby health care delivery outlet for treatment. A referral slip will be handed over to the referred student. A record in the format given below shall be maintained by the teachers.

Once the child has taken consultation of the doctor at the referral center, it will be recorded by the teacher in the action taken column. If no action is taken then the teacher shall remind the student at monthly interval and record the dates in this register. A list of all health care delivery outlets has been prepared and it shall be provided to the principals so that the students can be guided to the nearest referral center by them.

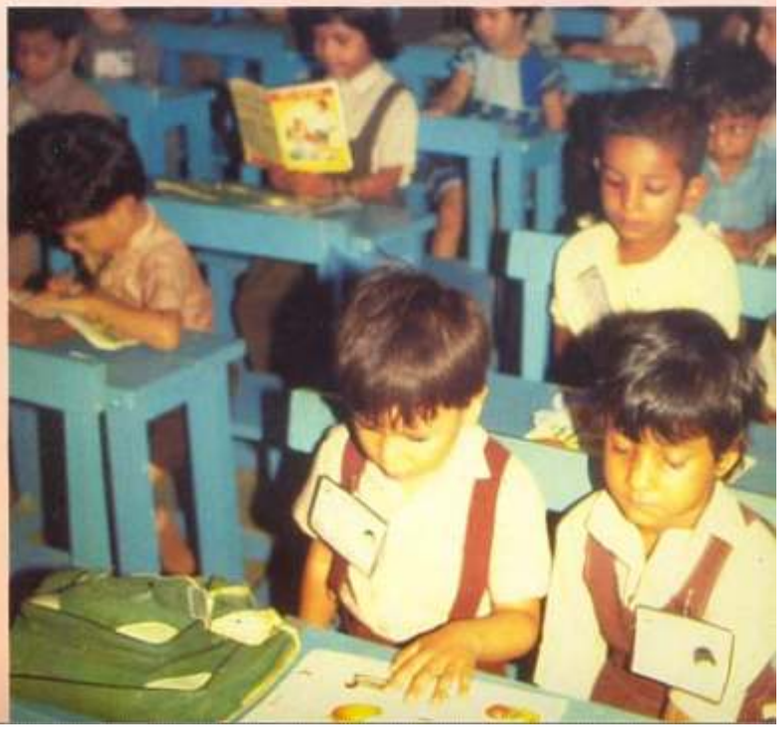
To get a greater popularity and acceptance of this programme the referral slips are given preference at the Out Patient Department.

The Municipal Corporation is entrusted with the task of monitoring the implementation of the scheme in its area.

S.No.	Name of Student	Name of Father	Class/ Section	Date of Referral	Referred For	Date of Follow up			Action Taken
						I	II	III	

GOA

The school health programme is being stengthened to provide regular health check-up and health care services for all school going children. Sick children suffering from common illness are treated by the local institutions while children requiring higher level of care are referred to secondary and tertiary care health institutions. Health education and personal hygiene are important components of the programme. To support the school health services, provision is made for contingency expenses and trainings.



HARYANA

The state has developed a School Health Policy to give a long term vision to the programme. The State has prepared and disseminated guidelines of the School Health Programme. On the basis of this a detailed operational plan has been prepared by the districts. Convergence meetings across the State between inter sectoral departments have been initiated. Training of teachers for health promotion has been planned along with holding special health promotion campaigns in schools, which will include organizing various competitions. These activities will be supported by media campaign focusing on the objectives and key themes of the programme. To ensure provision of services, health care personnel will be deployed to hold special school clinics/camps.

A bi-annual deworming campaign would be held throughout the State followed by supply of Iron and Folic Acid Tablets (IFA) to the children. To monitor progress and quality of services, internal and external evaluations will be conducted. Internal evaluation will be done by the health department through programme review and monitoring visits. The external evaluation of the School Health Programme shall be conducted by an independent agency which will conduct a study based on various monitoring and evaluations parameters.

JAMMU & KASHMIR

School Health Programme will provide regular check – ups, followed up with appropriate treatment including deworming, referral and follow-up.

Monitoring of Iodine Deficiency Disorders Control Programme will be done through School Health Programme. Testing of samples and awareness will be generated for iodine content of food including salt and consumption of iodized salt is to be a part of the School Health Programme.

Current Situation

- The message of balanced diet is not being successfully disseminated. It could be conveyed through the mid day meal scheme.
- School Heath Education programme is not taking place regularly.
- There is a need of a focussed Adolescent Health programme.

For the regular check–up of school children there is a provision for a doctor (specialist physician) and an expert team, which will assist the doctor.

Activities:

- At present two types of school health check-ups are being conducted- general health check ups and the dental check–ups. These will be upgraded to include certain other locally sensitive parameters like eye, ENT, skin and STI/RTI clinics among the children with the help of Mobile Medical Units (MMUs).
- Conducting health check–ups, awareness about hygiene and drug abuse. The other key issues being

addressed include adolescent health, gender, equity , disease prevention and control. Monthly camps, meetings, seminars and competitions on various health issues are to be conducted.

- Have effective tools for reviewing reports; periodic visits with requisite check-lists for informing and obtaining information on the levels of awareness of the masses on various issues, especially with reference to school going children.
- Awareness camps and distribution of IEC material on health and hygiene issues to make the people aware through the medium of school children.

Strategies

The schools and the NGO, Rehbar-e-Talib network, would be the vehicle for activities:

- **Strengthening of School Health Programme**
- **Promotion of Yoga in schools.**
- **Conducting the Adolescent Health programme among school going and out of school children - details of drop outs can be given by the Department of Education.**
- **Basic habits of health and hygiene can be taken up in special camps held at the school level**
- **Various competitions can be held at the school level to promote awareness about the health programmes**

Support of private practitioners, the Village Health and Sanitation Committees and the members of Panchayati Raj Institutions, is essential for successful implementation of this programme. Training of teachers on national health programmes and school health would be carried out.

KARNATAKA

The state has an ambitious plan in the current year to cover schools with an adequate provision of services catering to specify needs.

Objectives:

- To make the school children aware about health concerns.
- Acquaint the school children with the various types of diseases commonly found in the region.
- Provide information on curative and preventive measures for the various diseases and health concerns.
- Provide a referral platform to school going children suffering from any form of disease.

Strategies

- **To plan a calendar of school health check-ups at PHC, SDH and block level indicating dates of visits and constitution along with composition of the health teams**
- **Constitute zonal/block level school health teams comprising medical, Para-medical staff.**
- Detection of disability and handi-capped children & educate on ame-liorative measures.

School Health and Nutrition Programme

School health check-ups by Government Medical Officers are being regularly under-taken and this activity is being monitored.

Nutrition of school children is being looked after by the Education Department & all school children are being provided mid-day meals.

De-worming tablets & IFA tablets are being given through the Department of Nutrition & Health Education and Training Department of the Directorate of Health.

KERALA

Kerala has been acclaimed throught out the world for high literacy and health indicators. Many other achievements in future will depend on the health of the growing generation in schools. The School Health Programme in the state promotes overall growth, development and health of the children. The policy measure provides the foundation stone to create health awareness amongst children by catching them young.

Kerala being a state where school enrolment is high, there is a huge potential in the human resources at schools and in the health services to tap in order to inculcate importance of health awareness among the children and in turn in the society.

The School Health Programme is envisaged to cover all Government schools of the state where a gamut of services has been planned.

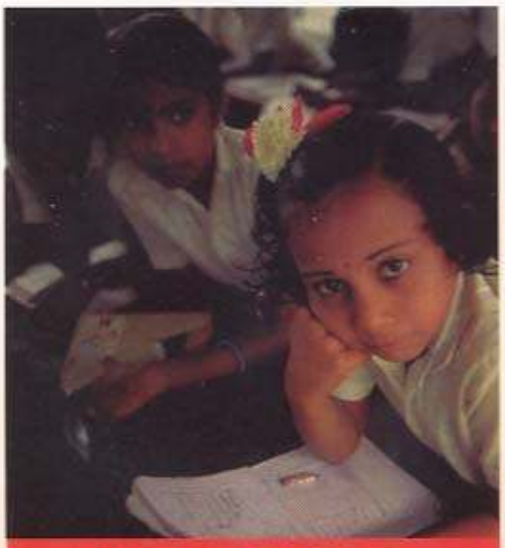
Objective

- School Health Programme under which a health team regularly visits the schools and provides services catering to minor health problems and referral when needed.

Education Infrastructure

No. of Government Schools	4,500
No. of Block Panchayaths	152
No. of Block PHC & CHC (111+114)	225
No. of NRHM block Co-ordinators	243
No. of School Health MOs	186

Type of School	No. of Schools	No. of Divisions	No. of students
Lower Primary	2,548	21,400	7,32,000
Upper Primary	954	15,850	5,19,000
High School	998	19,000	6,45,000
Total	4,500	56,250	18,96,000



HOPE FOR TOMORROW

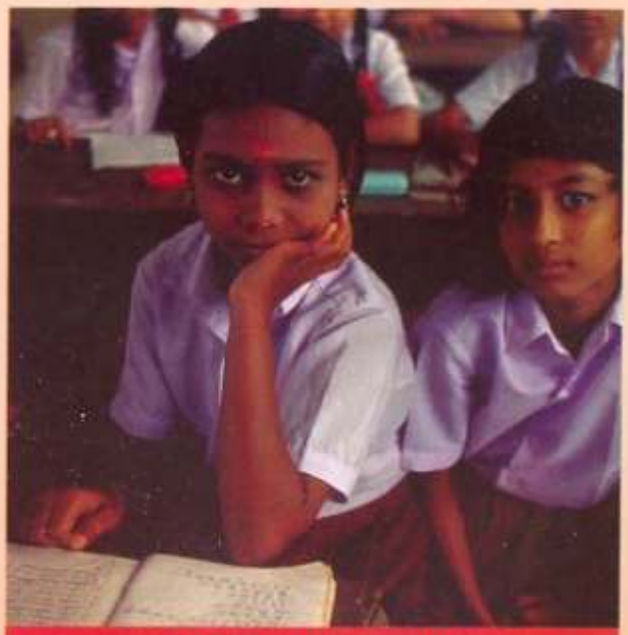
Health awareness classes for students, teachers and parents are conducted and data regarding the comprehensive health of the students is being profiled.

- Intersectoral coordination with the District Panchayats and the Sarva Shiksha Abhiyan for the smooth running of the School Health Programme.
- Enhancing the physical, mental and environmental health of the students and promoting these messages in the society.

Strategies and activities:

- **Regular visits** of school health team comprising of Medical Officer, Health Supervisor, Lady Health Supervisor, Health Inspector, Lady Health Inspector, Junior Health Inspector, Junior Public Health Nurse, Block Arogya Coordinator, Ophthalmic Assistant, Teacher Coordinator/ Teacher counsellor (Male/Female), PTA representative, ASHA/Angan Wadi Workers and dental hygienist to schools once a week as per schedule for periodic health check-ups of school children after giving sufficient information to parents to ensure their involvement.
- **Printing and distribution** of Health cards and referral cards and regular updating of child's health profile to be maintained at school. This health card **"Minus two to Plus Two"** will be maintained at the schools from enrollment to passing out after plus two and a record of the comprehensive health of the child will be maintained. This card would also be shifted with the Transfer Certificate when the child shifts school or passes out to a different school.
- **Development of a module** for public health awareness of the students.
- **Training of the school health team**, local doctors, teachers, Parent Teacher Association members, District Programme Managers, District Medical Officers, counsellors, Public Health Nurses, parents will be conducted.

- **Development, printing and distribution of FAQ booklets**, pamphlets and other BCC material for students and schools.
- **Provision of health advice**, micronutrients and deworming during periodic medical checkups. A medical camp with specialist doctors under the initiative of the school health MO and team will be held in each school in the month of July.
- **Special teachers of the Sarva Shiksha Abhiyaan** for children with disability may be made use of as teacher counsellor or facilitators by giving them additional training on adolescent problems, parenting and counselling. There are 408 such teachers in Kerala who report at the Block Resource Centre (BRC) and also meet parents of the children every Saturday at the BRC. The medical camps scheduled for the schools can be held at the BRC regularly since they already have a building and infrastructure.
- There are also specialized teachers appointed on school to school basis whose services will be made use of for the programme. Wherever the regular teachers are not present these teachers would provide services.



FOCUSED LEARNING

- **Appointment of a full time Public Health Nurse (PHN)** to facilitate all the school health activities one day per week of the selected school, would be appointed at block level catering from 1-5 schools according to the strength of the students. The Public Health Nurse visiting the school would examine the students and take anthropometric measurements with the school health team during the months of January and July every year. The health examination and anthropometric measurements of the students will be recorded twice at an interval of 6 months in the health card.
- **Special sessions to sensitize teachers and parents** regarding preventive and promotive health care including mental health. To main stream the resources, technical support from nearby health care providers will be conducted on Saturdays to ensure optimal utilisation.
- **Strengthening the practice of Yoga** and physical exercise in schools.
- **Revival of the School Health Clubs** involving students and committed teachers. These can be registered for effective functioning with financial support, if needed from NRHM. The members would help in disseminating the health messages at the assembly and in organizing

Anonymous Question Box

In the health clubs, anonymous question box approach would be used to facilitate students to come out with their doubts and apprehensions regarding health, diseases and misconceptions. These questions will be answered once a week by Medical Officer and other technically qualified health personnel appropriately maintaining the confidentiality of the student.

health melas, competitions, quiz and medical camps. The school children will be taken for trips to the bank, post office, fire station, small scale industries to see things themselves as part of the health club activities.

- **Exhibiting health messages** in class rooms and school premises to educate children on health issues. One health message per week for the 40 working weeks will be rotated in each class on public health issues.
- **Imparting health education-** This process will be done through family life education and life skills to the students and promoting health messages during the classes, assembly or in health clubs. There may be sessions taken by the parents of the students from different professions talking to the children not only about their professions but also about the health hazards faced in their professions and their preventive steps.

  The parents can also be involved to give information on road safety, clean environment, personal hygiene, saving precious water by conservation, farming at home and terrace farming, waste disposal by earthworm compost. One period every week will be set aside for health awareness by the local doctor and officials from different departments including NRHM.
- **Providing First Aid Kits** in schools worth Rs.1000 per kit through the School Health Clubs

STUDYING HARD

- **Providing dental care** in schools from Government and selected Private institutions through Private Public Partnership after a preliminary screening by the dental hygienist.
- **Giving of Health Minister's Trophies and cash prizes** as incentive to best performing three School Health Clubs and school health team/PHN in the State.
- **Counselling services** to the students through a trained counsellor and referral when needed would be a major aspect of personality development and academic performance. Helping students for career building through counselling in needy schools will also be promoted.
- **Data analysis and compilation** with monthly reports to be sent to the block coordinator / RCH officer / DPM. Data will be analysed on the main health problems faced by students. The relation of anaemia to academic performance, the impact of counselling and services provided by the school health team on the academic performance of the students will be done periodically and reported as well as analysed.

Outcomes

- **Revival of a regular School Health Programme providing good quality and well monitored services in all selected Government schools.**
- **A well coordinated programme with all related sectors working as a team for the smooth functioning of the school health programme.**
- **A wholesome and comprehensive development of the health of school children and awareness creation among them and the society on public health issues.**

MADHYA PRADESH

Draft guidelines for implementing the school health programme in all the 48 districts have been developed in line with the models of the school health programmes being implemented successfully in Gujarat and Tamil Nadu. The programme has been designed in consultation with the education and tribal departments.

Key highlights of the programme are:

- The target age group under the school health programme will be in two age groups - children 6-9 years and 10-14 years.
- Looking at the volume of service load in health facilities, it will not be feasible to involve Medical Officers (MO) for screening children in the schools. Therefore instead of MO, Multi Purpose Workers (MPW), both male and female, will be involved for screening the school children.
- MPWs will be provided one-day orientation training at the concerned Block PHC level. The Chief Medical Health Officer (CMHO) and Block Medical Officer will be responsible for training all the Multi Purpose Workers (MPW) working under his/her supervision. A team of experts from District Hospital may be designated the nodal team for imparting training.
- Each MPW will be provided with a medical kit that will include Eye Chart, weighing machine, other instruments for screening and drugs.
- Initially the programme will be implemented on pilot basis in any 4 blocks (4 districts - one in each) selected by the Commissioner Health.
- The findings of the pilot will be analyzed. Thereafter guidelines will be finalized for implementation across the state.
- It has been observed that curriculum and textbooks of classes 1st to 8th have adequate information on nutrition, hygiene, health.
- Records will be maintained by the MPW for each school separately in the form of a register in which the names of children will be recorded vertically (i.e. separate rows) and screening for various ailments will be recorded horizontally (i.e. in separate columns).
- Children who would be identified for referral services will be provided referral cards and arrangements will be made for providing free of cost treatment for serious illnesses.
- The School Education Department will ensure availability of children for screening as per the calendar prepared by the MPW and allow referred child to avail services.

BUILDING BLOCKS

MAHARASHTRA

In Maharashtra, the School Health Programme will cover all the 21 districts of the State. Guidelines for the School Health Programme have been prepared and disseminated to the districts. Following this a detailed operational plan will be prepared within each district and subsequently implemented. A district element of monitoring the programme through the health system has been envisaged. Coordination between the Health and Education departments is essential for conceptualization of the programme, incorporation of Health in the school curriculum, developing Information Education and Communication (IEC) material regarding health and organizing informal health awareness activities like poster competitions, plays and dramas.

MANIPUR

The state has a very low Infant Mortality Rate (IMR) and can now focus on reducing morbidity among children. This can be done through children in schools where they can be checked for common ailments, provided treatment/referral as appropriate and screening for sub-clinical health conditions. Health education for sanitation, hygiene and drug addiction is a very vital component of the school health programme. The model of the state of Tamil Nadu is likely to prove very beneficial to the state. Health is already an important component of the curriculum in all the classes. Collaboration of health sector with the education department is envisaged as a key area for the successful implementation of this programme. The scope for making a lasting impression and having a strong impact for the future through minimum effort and cost makes this programme very attractive and hence is given the importance it deserves. Schools provide a safe and supportive environment for children and this is to be used as a medium to send the message to homes that cleanliness, hygiene, safety and proper nutrition are to become a way of life. Increasing access to health services and information, increasing health awareness and providing adolescent friendly services are the prime objectives of this programme.

MEGHALAYA

Objective

To reduce the prevalence of common disorders among school going children as well as to inculcate healthy practices and lifestyles by increasing health awareness.

For achieving this objective, six strategies have been listed as the key to effective implementation.

Strategy One

Ensuring the identification and treatment of common disorders amongst the school children.

Activities:

- The school health scheme will include comprehensive annual check-up of school children, identification and treatment of common disorders including those related to eye (vision), dental hygiene, growth and nutritional deficiencies.
- Working out annual calendar of visits to the schools by the health team from DH, CHC, PHC and dispensaries. Each PHC will have a list of schools to be covered
- Each school child will have a Health Record Card/File where the findings of check-up and advice/treatment will be recorded by the health team. This record will be maintained at the school level and handed over to the child at the time of leaving the school.
- Those children who are found to be suffering from any disorder will be treated and given advice. They will be given necessary medicines from the PHC. Those requiring referrals will be given a referral card celarly stating the reason and place of reference. The school authorities will do referral follow-up.
- Parents will be involved in the process of school health services in the schools.
- Health talks will be given to parents and teachers in the schools.
- Adolescent counsellor in districts will also visit schools with the health team and will provide support and counselling to teachers, parents and students in class 8-10.

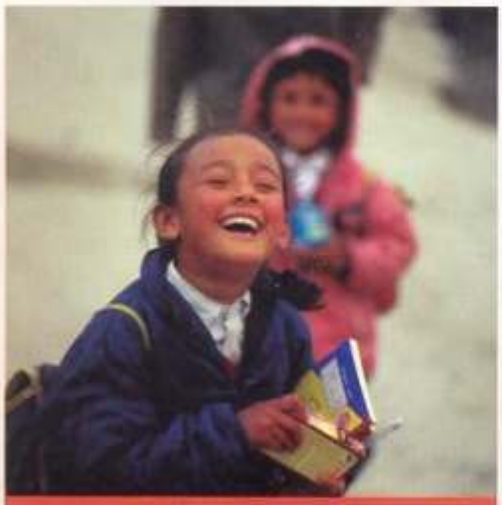
The main objective is to reduce the prevalence of common disorders (diseases of skin, dental caries, defective vision, anemia, etc) among school going children.

Strategy Two

Building capacity of the District Hospital (DH), Community Health Centre (CHC) and Primary Health Centre (PHC) in providing school health services.

Activities:

- CHC, PHC will be provided with equipment kit such as weighing machines, vision testing charts, and other examination equipment.



TOWARDS A SMILING NATION

- All CHC, PHC will be provided with mobility support to enable the health team to visit scheduled schools and provide services.
- Provide the CHC, PHC with various health education aids and other audio-visual materials for health education and BCC.
- Provide training of the health team on BCC and communication.
- Each CHC will cover 10 selected schools preferably biannually.
- Existing School Health Programme in Shillong, under the Medical Officer (School Health Scheme), covering 30 schools, will be strengthened with an additional Medical Officer and two staff nurses.
- The existing unit in Shillong will also be provided with mobility support.

Strategy Three

Building capacity of the schools in organizing, conducting and supporting school health programme.

Activities:

- Orientation of school authorities will be done by the health authorities briefing them on the school health scheme and working out joint schedule of school visits and identifying the roles and responsibilities of each sector.
- Orientation training of school teachers - All school teachers will be oriented on the signs and symptoms of specific diseases among children. They will be involved in the initial screening of school children for the School Health team to focus attention on. In specific cases, the affected children may be directly sent to the PHC/CHC for treatment.

Strategy Four

Developing communications strategy and materials specifically for the school health programme covering children.

Activities:

- A specific communications strategy will be developed for promoting health of school children. This will be developed with the participation of school children, school teachers and parents by an external agency taken as consultant. The communications materials and teaching aids will also be developed in similar manner. The health educational activities will be entertaining, participatory, interactive and positive and will cover following area.

  - Nutrition
  - Healthy and safe environment
  - Physical education
  - Mental health
  - Hygiene and sanitation
  - Immunization
  - Common Communicable Disease
  - Common health problems like anaemia, skin diseases, etc.
  - Worm infestations
  - Oral health and hygiene

Strategy Five

Developing a mechanism for referrals, follow-up and management of needy school children.

Activities:

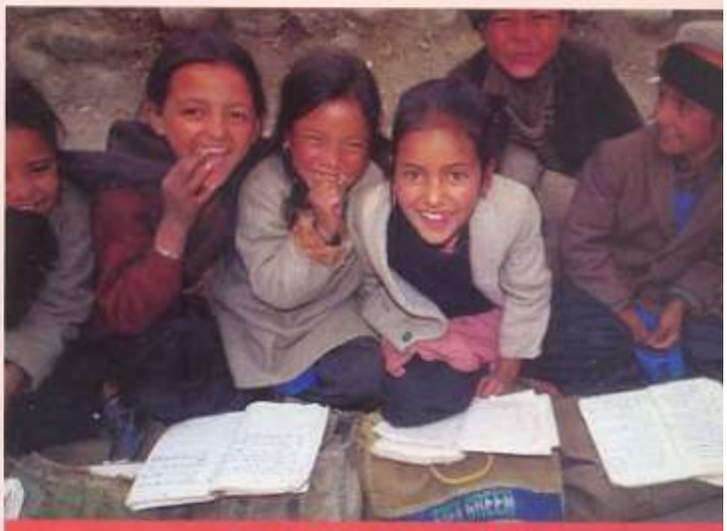
- CHCs and referral hospitals within the district will serve as the Specialist Referral Centers for the schools in their geographic jurisdiction. On comprehensive check-up at school level if a child is found to be requiring specialist advice or treatment, she/he will be referred to associate CHC/Hospital. These institutions will honor the referral card provided to the child. The follow-up actions will be done at the concerned PHC.

Strategy Six

Organizing special Camps/ School Health Festival by Sub-Centres and Primary Health Centres.

Activities:

- Special events such as School Health Festivals will be celebrated with the participation of schools wherein various activities such as health games, quiz competitions, exhibitions, audio-visual shows.
- De-worming rounds twice a year to cover all school-going children with albendazole tablets
- District will seek services of the adolescent counselors in school health programme whenever required.



EDUCATING THE MASSES

MIZORAM

The School Health Programme will be further strengthened to continue to provide regular health check-up and health care services for all school going children. Sick children suffering from common illnesses will be treated by the local institutions while sick children requiring higher level of care will be referred to secondary and tertiary care health institutions.

ORISSA

The state envisages implementation of a school health programme in 15 districts. The schools covered would be those in the public sector. Screening for common health conditions, provision of care for minor ailments, health education and nutritional supplementation are the activities envisaged. Involvement of teachers from schools and doctors and nurses from the health department are the functional prerequisites of the programme. This is an important programme for the state as it provides opportunities for collaboration with other sectors and health and nutrition services and education can be effectively provided to a large number of beneficiaries in a short span of time. Anemia, clinical vitamin A deficiency, worm infestation, skin infestations/infections, dental problems,

ENT problems and eye problems are the commonest conditions prevalent among school children and these would be effectively managed at schools. Those requiring referral care would be followed up. Long term management of under nutrition would be done by counselling of children and parents.

RAJASTHAN

Health education and improving the hygiene will be an important component of the programme.

Under the School Health Programme, following services are being provided to children from Primary Schools (including Rajiv Gandhi Schools):

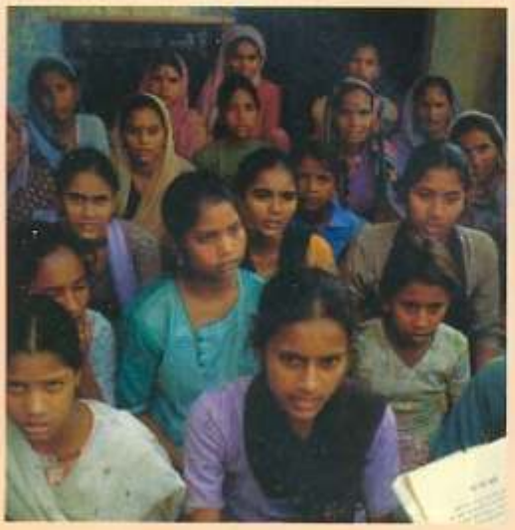
- Health check-up (done twice a year, by the ANM and PHC Medical Officer).
- Provision of micronutrients to children (including IFA- small, Vitamin-A, Tab. Albendazole)

Activities:

- Identification of Schools and number of beneficiaries under the Programme.
- Revised guidelines, formats, supplies (Vision Charts, drugs) to be sent to the PHC.
- Plan for school Health check-up to be prepared at the PHC level.
- Health check-up and provision of Micronutrients, as per plans.
- Monitoring and Supervisions.
- Data compilation and analysis.

SIKKIM

The State will operationalize all components of Coordinated School Health Programme (CSHP) across all the schools (both government and private) in the state. The activity would be intiated by preparation and dissemination of School Health guidelines at District Level followed by preparation of the Health Profile of every school. The next step would be identification of a teacher in every school to be trained to provide School Health Education. Service package provided through the teachers would include:



- Height and Weight measurement
- Ear, eye, tongue and teeth examination
- Examination for discharge from eye, ear and nose.
- Examination for
  - Dandruff
  - Cold & cough
  - Fever
  - Scabies
- Visual problems
- Hearing problem
- Speech problem
- Physical deformity and psychological disorder.

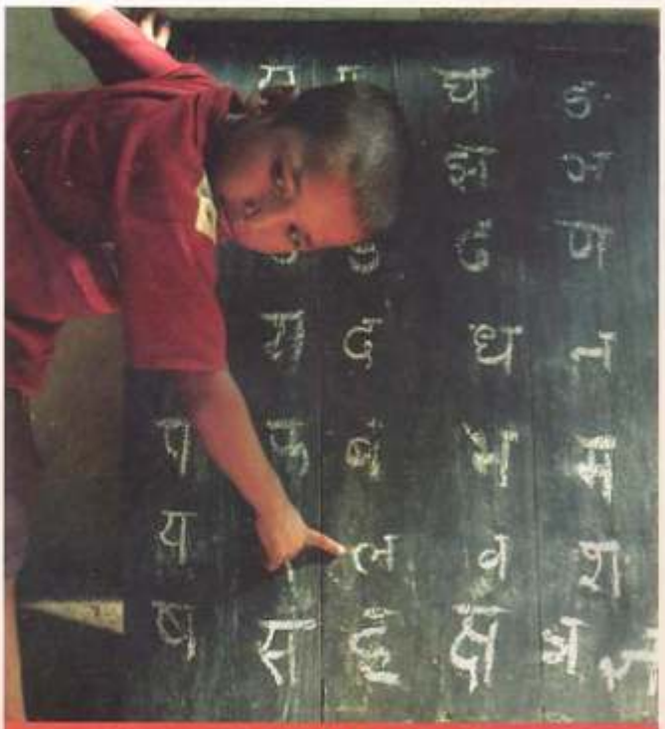
- Parenting activities
- Counseling

Blood test for Haemoglobin would be performed by trained staff of health department in all schools. Regular supply of ORS, IFA, anti helminthes drugs and first aid box to every school would be mandatory under this programme. Provision of safe drinking water and separate latrine for boys and girls in schools would be mandatory.

Free spectacles would be provided to needy poor students. Supply of prosthesis would be in collaboration with Social Welfare and Justice Department (Disability commission)

In addition to provision of services for common ailments, the programme aims to ensure that school children are prepared for adopting healthy life styles/ practices through appropriate education. For this the following activities would be carried out to serve as the foundation for an effective programme:

- Training of identified staffs (one male teacher and one female teacher from each school) on screening, BMI evaluation and imparting health education.
- Intensive IEC on road safety, protective garments, personal hygiene, balance diet, environmental sanitation, adolescent health issues and safe water.
- Monthly PTA meetings to discuss health issues.



SHARING THOUGHTS

- Carry out the surveillance of several core diseases such as:
  - Vector borne disease - Malaria
  - Water borne diseases- Diarrhoea, Hepatitis and other gastro enteric diseases like Cholera, Typhoid etc.
  - Respiratory diseases - TB, ARI
  - Diseases under eradication - Polio
- Joint monitoring and evaluation of School Health Program by all line departments

TAMILNADU

Detailed planning and dedicated implementation by medical and paramedical staff have made the School Health Programme in the State one of the best implemented schemes in the country. A specific micro plan of the entire year, covering all the schools, prepared and circulated well in advance, is the hallmark of this scheme. The focus has been on joint implementation by the medical and paramedical staff, excellent maintenance of records and specific allocation and supply of logistics and drugs in the coming year. The strengths of the programme will be retained and built upon to be able to produce effective results.

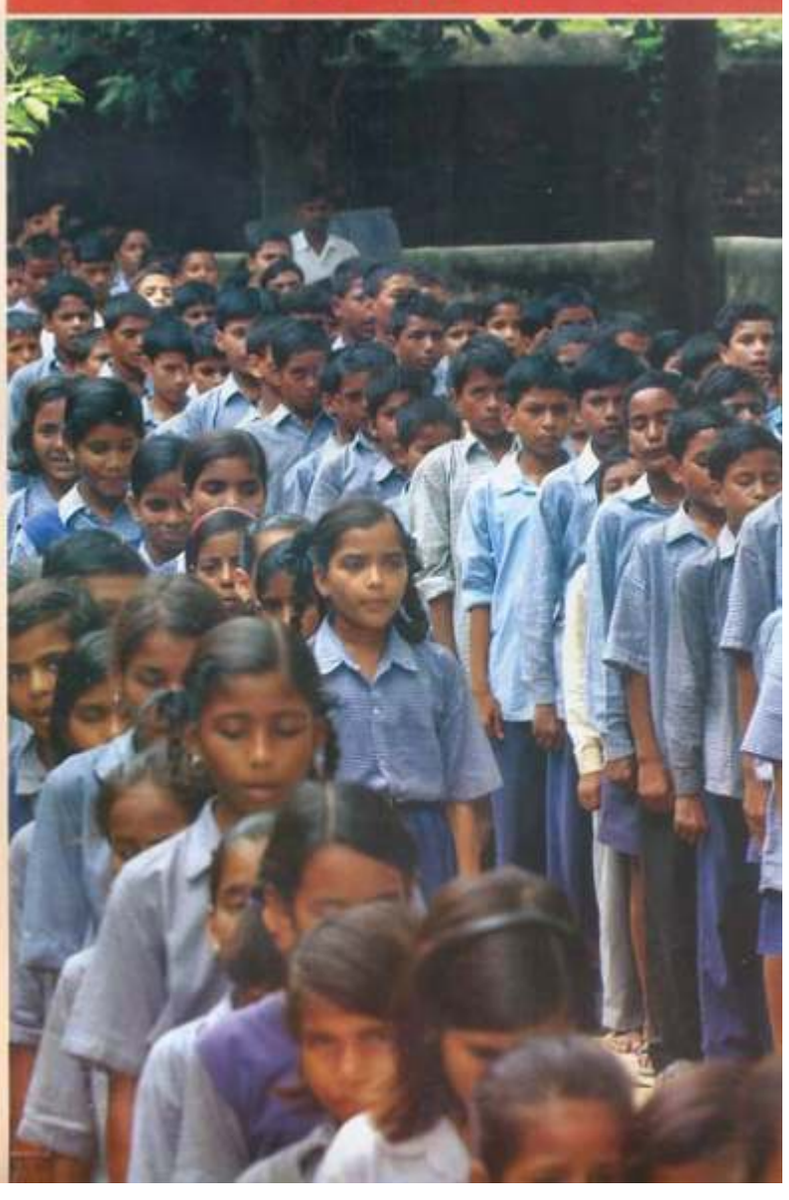
Strategies

- **Preparation of operational plan and guidelines**
- **Regular monitoring and supervision**
- **Regular review meetings and visits**

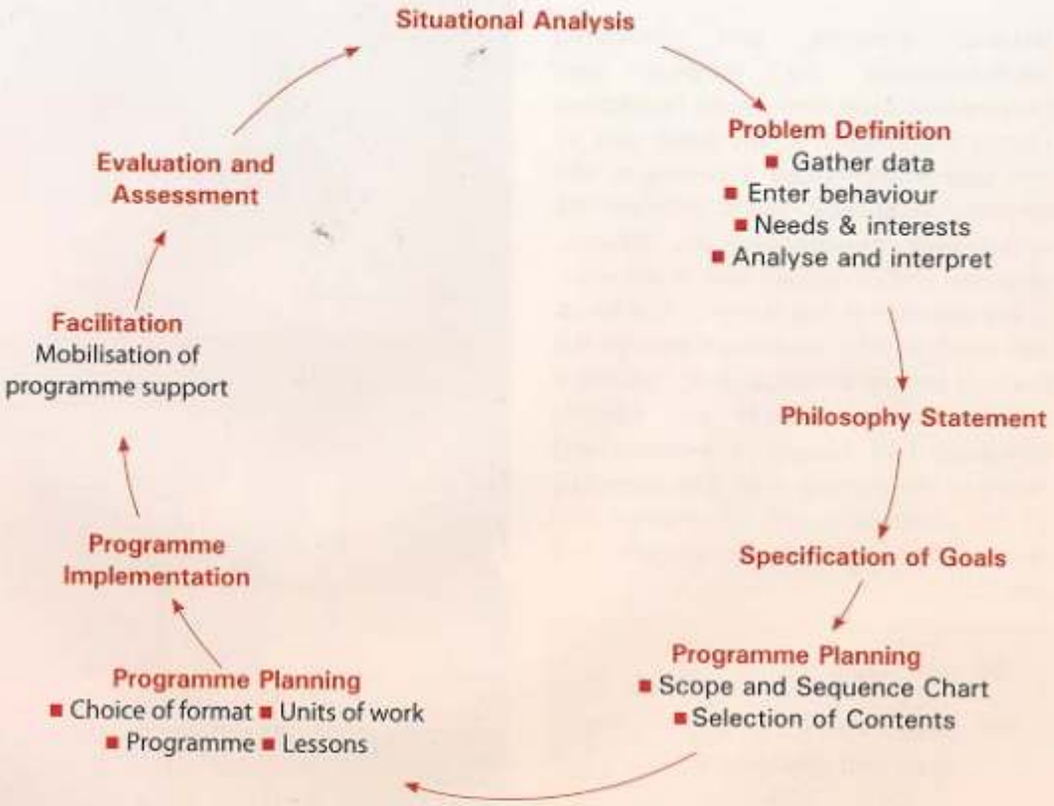
Activities:

- Monthly visits by State Programme Officer and District programme officers
- Preparation and dissemination of guidelines
- Addressing RCH issues through School Total Health Programme

THE SMILE SAY IT ALL



Dimensions of the School Total Health Programme in Tamil Nadu



A cyclic problem-solving approach to programme development is followed for it permits a process that is developmental, continuous, and iterative in character.

In developing the programme the following factors are considered:

- The programme has well-defined and yet evolving strategy to meet the needs of school-age children and adolescents. Relevance to young people's needs and aspirations is a keynote.
- It provides relevant knowledge and promotes development of positive attitudes and values regarding personal and community health and teach skills and patterns of practical health behaviour.
- It assists the young person to prepare for this rapidly changing world. The maintenance of learning of the past, which trained the young with a fixed outlook and rules, for meeting and dealing with recurring situations is not sufficient. A more innovative approach to learning experience is required. One which is suffused with anticipation to deal with a changing future and participation, an ability to influence and shape decisions which control future actions.
- It involves the pupils actively in decision making, planning and action.
- It reaches out in a realistic way to the homes and communities.

Involvement of young people in home and community initiatives, and equally, adults in school programmes, is important for long term success.

The aim of teaching is that the pupils should develop the capacity to act both jointly with others and separately to promote their own and others health, for it is felt that children can serve as an important catalyst for change.

Dimensions of the School Total Health Programme in Tamil Nadu

Commitment

The School Total Health Programme is based on a well developed teaching syllabus. A lot of effort must be given to the best methods of maintaining links with the community, with community projects and initiatives and with a very determined outreach to the family. Each lesson taught should be planned to allow/demand family interaction.

A supportive school health environment, conducive to appropriate social and behavioural change is a necessity, for the school must reinforce the classroom lessons with consistent patterns of performance. We must strive for development of a Health Promoting School.

Health services provide a remedial backup for the children's welfare.

UTTAR PRADESH

The objective of the programme is to conduct medical examination of school children for early detection of anaemia, nutrition disorders, worm infestations, eye screening, dental caries, on site treatment for common illness.

This activity will be taken up in a **campaign mode** in the current year. A **'School Health Week'** will be conducted during a fixed week in each quarter. Four rounds of activity will be conducted each year. It is expected that each PHC will be able to conduct 2 visits to at least 10 schools in its jurisdiction each year. Thus, about 36,000 schools will be covered in the State each year under the school health programme.

Operational Plan

The Medical Officers of Primary Health Centres and the paramedical staff will constitute school medical teams and visit the schools in their area with advance intimation to the school authorities. Private practitioners will be involved through their associations like Indian Academy of Paediatrics and Indian Medical Asssociation during the campaign.

The team will provide health care check-up to each student at least twice a year. Height & weight measurements, eye screening and deworming (biannually) will be conducted. Students who require specialised treatment will be referred to health facilities where they can obtain treatment.

The students studying in higher classes will be identified to work as "Health Guides". These students will also identify the students with health problems and bring to the notice of the teachers, doctors and the visiting paramedical teams.

A Health appraisal register will be maintained at each school for recording different health status and morbidity conditions of the students examined.

The Block MO I/C will prepare a plan for coverage of the schools in his area in coordination with education department officials. The Medical Officer of the Additional PHC will be responsible for visiting all the schools under his jurisdiction in a year's time. An annual calendar of visits will be prepared in advance along with necessary logistics for procurement and transportation of supplies. Village level functionaries such as, Acredited Social Health Activists (ASHAs), Aangan Wadi Workers (AWWs) and Shiksha Mitras will extend support as per the requirements. The report of such visits will be submitted to the Village health Sanitation Committee (VHSC), Education Department and Block Programme Management Unit (PMU).

The respective Block Officers will compile their report and send it to the District PMU where the district report will be compiled.

Provision of referral cards, health registers and supply of deworming tablets will be ensured.

Outline of the Programme

- **The objective of the programme is to conduct medical examination of school children for early detection of anaemia, nutrition disorders, worm infestations, eye screening, dental caries, on site treatment for common illness.**
- **It is also proposed to involve private practitioners, through associations like IAP and IMA during the campaign.**
- **The students studying in higher classes will be identified to work as "Health Guides".**
- **Village level functionaries like, ASHAs, AWWs and Shiksha Mitras will support as per actual need.**

IFA Supplementation for School Children in the state

A School Health Programme will be put into place, wherein health check-ups and biannual deworming will be carried out. Further, in view of the poor nutritional status of children it is proposed to provide children (6-10 years) IFA supplementation in line with the Government of India policy regarding micronutrients. Each child will be provided 30 mg elemental iron and 250 mcg folic acid per day for 100 days in a year.

Senior school children acting as 'Health Guides', NSS groups, as well as, ASHAs and AWWs will be involved in distribution and ensuring consumption of IFA supplement by school children twice a week. Detailed guidelines for implementation, including coordination with the education department, are being developed for the purpose. It is proposed to link the scheme with midday meals and also involve Village Education Committees (VECs) to ensure proper monitoring and implementation.

UTTARAKHAND

Health is about the well being of children and schools as institutions are ideal for inculcating healthy habits amongst children's with regard to sanitation, hygiene and public health. It is also an opportunity for screening and early detection of health related problems to enable children to develop healthy individuals. Uttarakhand envisages to provide health care in schools through Auxiliary Nurse Midwives(ANMs).

A State Government Order(GO) for facilitating the organization of School Health Programmes in the Primary Level Schools was issued in the year 2007-08. As per the GO the ANM will cover all the schools in her Sub Centre area twice a year. Health cards will be made available to the students with the help of Education department.

FULL CONCENTRATION

Activities:

- ANM will visit the schools twice in a year. She will provide basic medicines and will referr children if need arises. A micro plan will be prepared and intervention at the schools will be as per the plan.
- Medical examination of children will include detection of anaemia, Vitamin A deficiency, eye diseases, skin diseases, iodine deficiency disorders, worm infestations, dental diseases, respiratory diseases, emphasis on personal hygiene and other health related issues.
- For each student a health card will be maintained. For this, Education department will also be consulted.
- Complicated and difficult cases will be referred to the nearest health centre.

WEST BENGAL

In West Bengal School Health Programme is being implemented in 147 blocks of 12 districts with low female literacy rate.

The need is to move from health check-ups to a comprehensive School Health Programme, which promotes a health - supportive school environment, school-based health and nutrition services and health education. School Health Programme should be able to prevent and reduce health related problems of the local school children. The common health problems among school students are malnutrition (PEM, Vitamin A deficiency, Iodine deficiency disorders and Anaemia). Adolescents are susceptible to non-communicable diseases, reproductive and sexual health problems. They are often exposed to substance misuse and injuries. Most of these illnesses can be prevented or significantly reduced. Moreover, education on healthy lifestyles inculcated in the formative years would enable the laying of a foundation for maintaining good health.

The objectives of the School Health Programme are to improve the health of school-going children through:

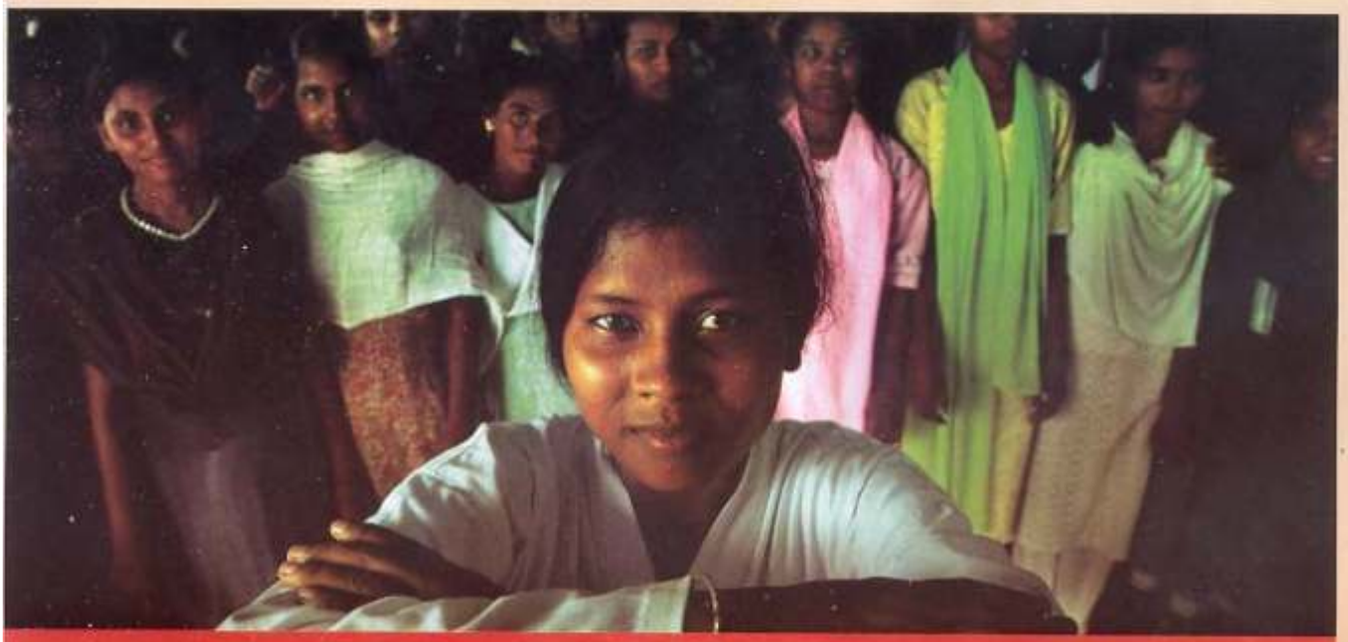
- Prevention of diseases and promotion of immunization
- Early detection, diagnosis and treatment of diseases
- Provision for referral services to higher health centres
- Building health awareness in the community
- Development of habits on personal hygiene and cleanliness

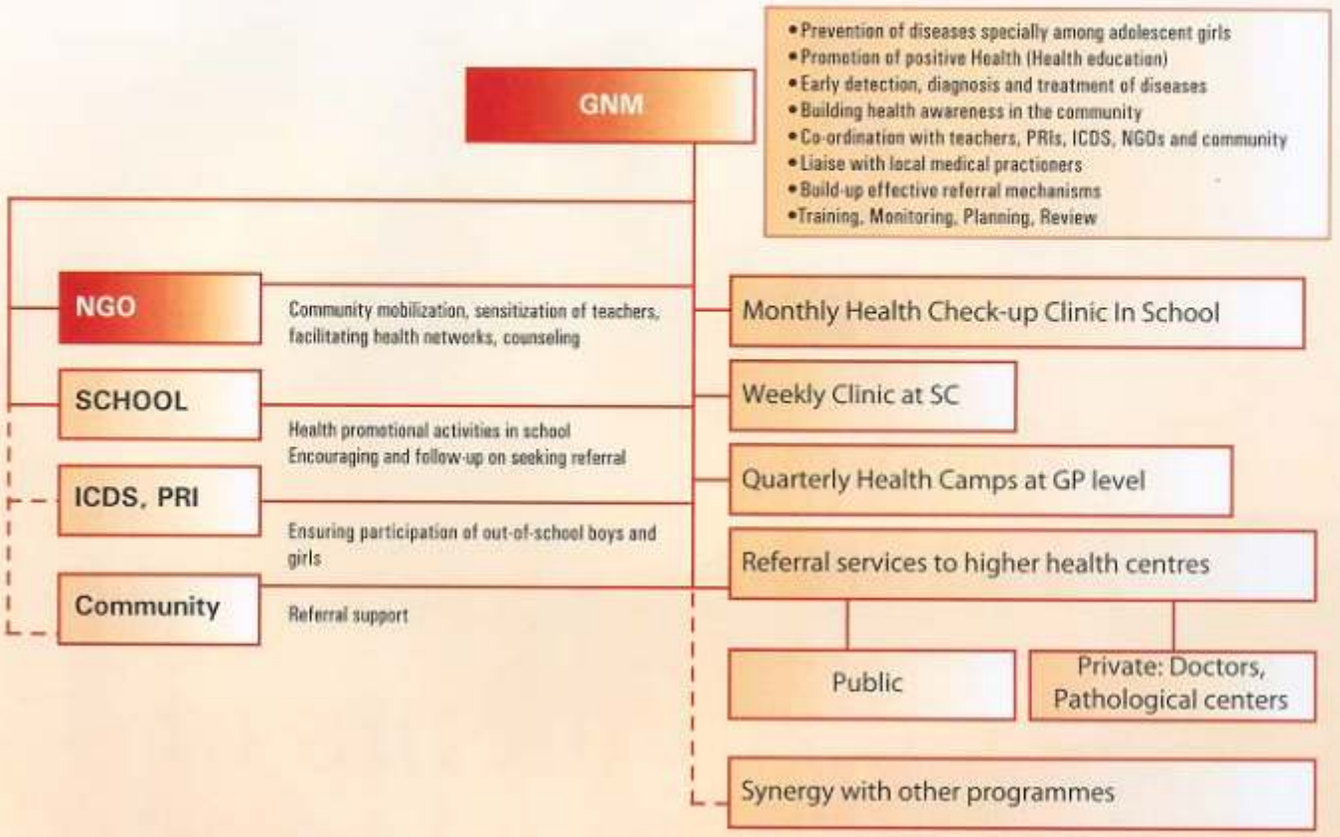
Initially, the programme has been launched in 147 blocks across 15 districts in West Bengal. These 147 blocks would be identified on the basis of female literacy rate of the block. Two GNMs would be assigned for each block specifically for school health. Referral linkages with government health facilities would be strengthened to cater to the needs of these school children. The intervention would strongly involve the participation of students, Principals, teachers, parents and the community (SHGs / CBOs / ASHAs etc). The ICDS functionaries, PRI representatives and NGOs would also actively support the initiative.

Major activities:

- ***Preparation of a block level Calendar on School Health Camps and Quarterly health camps***

  After the listing of the schools in the block the two GNMs in each block will prepare their individual calendar and also a block level calendar. They also have to inform the GP





level functionaries about their tour plans. The plans with the dates will be shared with the respective school before hand.

- ***Issuance of Student Health Cards***

  All students in the listed schools will be allotted a student Health Cards.

- ***Monthly Health Check-up Clinic in School***

  Each school will organize a School Health clinic every month. The GNM will visit the school on that particular day and provide clinical service to all students. During the routine examination of students, health education will also be been given at individual level and in a group. The GNM is expected to provide all preliminary medications and micronutrient supplementations to students-in-need. After screening, the students found to be suffering from any significant disease will be referred to the nearest health facility

- ***Orientation of Teachers and parents***

  Teachers and parents have to be oriented on issues related to health, nutrition, sanitation and hygiene from time to time. While teachers can undergo training workshops, parents have to be communicated through group meetings with the help of NGOs.

8.0 Components of the School Health Programme

8.1 Health Screening and Remedial Measures:

The students would be screened atleast annually by medical and paramedical personnel assisted by school teachers trained for this purpose. Ideally screening should be done twice a year. Since the number of students to be screened is massive, the critical limitation is the availability of skilled human resource for this task.

Tamil Nadu and Gujarat have well developed models for the school health scheme which have been successful in their scenarios. Tamil Nadu has a dedicated health resource for this scheme which channels its energies completely for school health. Gujarat has a system whereby the routine health system in place takes up school health activities as one of it's responsibilities and complete care, including referral care even for sophisticated surgeries like cardiac surgery, is provided by the state through its budget, free of cost to the child. Herein lies the strength of the Gujarat programme - children suffering from diseases requiring sophisticated care at tertiary level like heart, kidney and cancer diseases are provided treatment at apex tertiary care hospitals, and not only is the complete cost of treatment borne by the State Government, referral transport is also ensured. If needed, specialized treatment outside the State is also provided.

REGULAR CHECK-UPS

Other States have tried innovative approaches to suit their specific needs keeping the resource constraints, particularly of trained human personnel, in mind. For instance, in the State of West Bengal two nurses are to be specifically assigned to work on school health screening on a full time basis. If they find any illness, they refer the child to be examined during weekly doctor's visit to the sub-center or quarterly specialist visit to the block headquarters. The two nurses are assisted by other medical staff who work with them for one or two days per week. In Kerala, the task of screening is allotted to a team of medical and paramedical specialists.

In all States, there would be a small two to three days training programme with periodic refresher training, so that the staff know what to look for, and what care to provide for locally manageable illness, when to refer and where.

Some States have also proposed training school teachers to provide simple and immediate treatment for common illness and to help in the training.

8.1.2 Health conditions to be screened:

Under this Programme all students would be screened for a minimum set of pre-defined conditions, which would include:

- ***General health and personal hygiene***:

Weight and Height recording would be done with computation of BMI and identification of underweight or overweight children. Such children need to be managed by counseling along with their caregivers. In the underweight child, support is needed to ensure that

adequate food is being accessed and medical examination rules out secondary causes of malnutrition.

- ***Clinical/laboratory assessment of anaemia:***

Over 70% of children could be anaemic. In case of children with anaemia of mild and moderate severity, we also need to note response to treatment and those who fail to respond should be referred since they need to be explored for non dietary causes of anaemia. Most cases, however, are due to dietary gaps and worms infestation and could be treated in the school setting itself. Case of severe anaemia must be urgently referred to hospital.

- ***Eye examination:***

Eyes should be checked for refractory errors, night blindness, trachoma, conjunctivitis. Refractory errors are a major treatable cause of learning problems.

- ***Ear discharge and hearing problems:***

Repeated ear discharge can lead to deafness. Many times deafness remains unnoticed but contributes to poor scholastic performance. Screening proformas designed under the national programme would be used for those students who have any such suspicion during health screening.

- ***Common dental conditions:***

Dental caries and periodontal disease are common ailments and detected early, further progression can be prevented.

- ***Common skin diseases and infestations:***

Scabies, Pyoderma and lice are some of the most common diseases. These are contagious and simultaneous treatment of all those affected is the easiest and surest way to cut down the spread.

- **Heart defects - rheumatic and congenital.**

There have been successful incidences where these have been detected and managed appropriately through school health programmes in our country.

- ***Disabilities:***

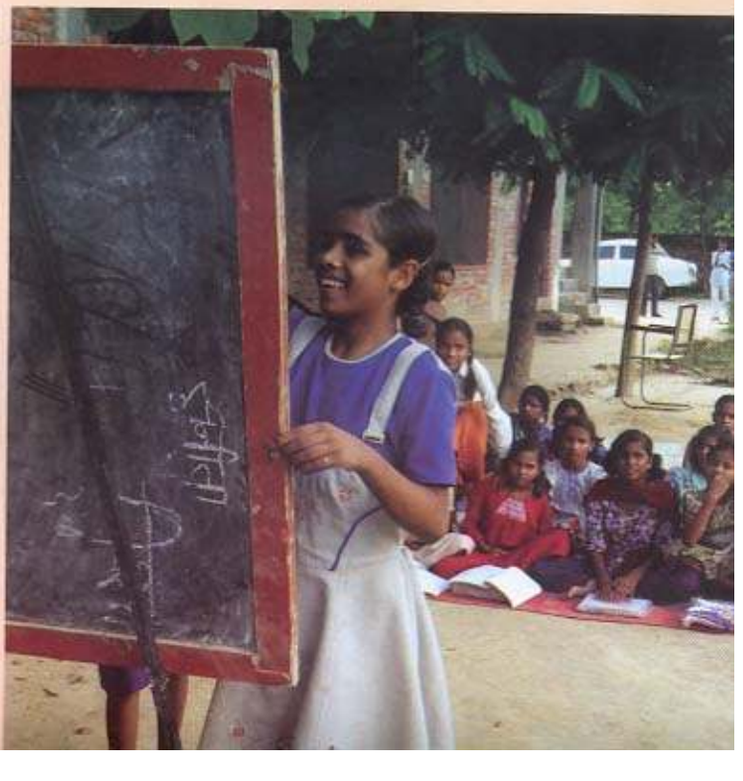
Visual, hearing, locomotor, others: Children with disabilities have special needs to be able to keep up with the class. Equipment, as well as support and guidance could help them. It is crucial for school health programmes to detect these as well as to create awareness about the special needs of people with disabilities.

- ***Learning disorders/ problem behaviours/stress/anxiety:***

Teachers need to be sensitized to identify children with such problems at an early stage and send them to appropriate referral centers. These conditions may not be detected during health screening, but a trained teacher would notice it during the regular course of school.

8.1.3 Planning the screening and the Referral:

A school-wise schedule of visits of the health personnel needs to be drawn up and communicated to the school authorities, students, parents and local government well in advance so that all preparations can be made. The students would be examined, screened and treated/referred/counseled as necessary on the prescribed dates.



A resource manual would be prepared and distributed to all the providers (health staff and teachers) so that they are aware of the interventions, methodology and responsibilities.

After screening, the students found to be suffering from any disease/abnormality would be referred to the designated health facilities for each type of illness. A list of such referral facilities would be drawn up. The list will include adolescent health clinics that may have been established in nearby health facilities under RCH-II ARSH strategy. The minimum that States would need to do is to provide referral slips to the students with information to them and their parents as to which center to go to and when.

However to make such referrals effective, especially for students from poor family backgrounds, the State would need to take on far more responsibility. This would mean, fixing a date with the referral center and then transporting and accompanying the child to the referral center and further, for certain categories of illness paying for the child's treatment. Though only 1% of children may require such referrals, because of the large numbers involved, this would still be a significant number and budgetary provision for this would be required.

8.1.4. Planning for remedial action at the school itself

There is also considerable remedial action that would be taken at the school level itself. Appropriate first line treatment for small cuts and injuries and certain common illnesses like skin ailments, which would otherwise become septic. For this a first aid kit should be put in place. This is useful irrespective of screening.

Immunization with DT at 6 years and with tetanus toxoid at 10 and 16 years is also another action- but this would need the nurse and could be combined with the health screening.

Provision of spectacles for children with refractive errors, provision of hearing aids for children with hearing disability,

EDUCATION PROVIDE SMILES

provision of supporting equipment for children with disabilities(e.g. wheel chair) are initiatives that many States have built into their programmes. The National Blindness Control Programme has a scheme for the correction of refractive errors in every school child.

Correction of anaemia, treatment of night blindness or other signs of vitamin A deficiency with Vitamin A syrup, the linkage with the mid-day meal scheme for addressing malnutrition are other remedial actions of the school health programme.

Counselling of children with chronic health problems or disability is another important action schools must take.

The school nurse, if there is one, or the nodal teacher (who has been trained in school health) would be responsible for administering the first aid and coordinating all such remedial actions, in coordination with the health personnel identified for this purpose. The nodal teacher would also be responsible for follow up on referrals.

Thus what is discussed as health screening represents an effort to make the school emerge as one of the most important of health outreach centers.

8.1.5 Documentation and Health Records

Teachers would maintain the health record of each student in the school on a child health card and a school health register that ensures that each child who has been screened gets the follow up required.

Kerala has introduced a child health card which they call **"from minus two to plus two"**. This health card would be seen as a record of the child's illnesses and key health data and would be sent along with the transfer certificate to the new school in case the child takes a transfer.

It is also valuable for every school after the screening to provide information of common illnesses detected. The very presentation of this record indicates the seriousness with which the screening was carried out. It also tells us what was screened for and what was not. Tamil Nadu is one State that regularly compiles such statistics and it is an example that is worth emulating.

Student Health Card: A standard health card would be developed and printed by each state. This would have provision for recording weight, height, immunization, details of sick episodes every year and any aspect that requires follow-up. It would also have health messages printed on it. This will be given to each student, who will keep it safe and bring it for subsequent annual health screenings and take it to health facility along with referral slip during referral and follow up. The entries would be recorded on the card by health staff.

8.1.6 Equipment and Supplies for Health Screening

Health department would provide the equipment and supplies required for health screening. This would include a functional weighing scale and height measurement equipment (Stadiometer or a wall mounted one). Health department would also provide a Snellen's Chart for testing visual acuity. For smaller schools health team would carry these equipments during the screening visits to schools. For bigger schools the health department could supply these equipments to schools who would ensure safe keeping of the equipments.

Health department would supply first-aid kits containing common medicines like paracetamol for mild pain, headache, fever and dysmenorrhea, ORS packets

School Health Register is a record kept by the school on the results of the screening and helps in organizing the follow-up. A model school health register would be as follows:

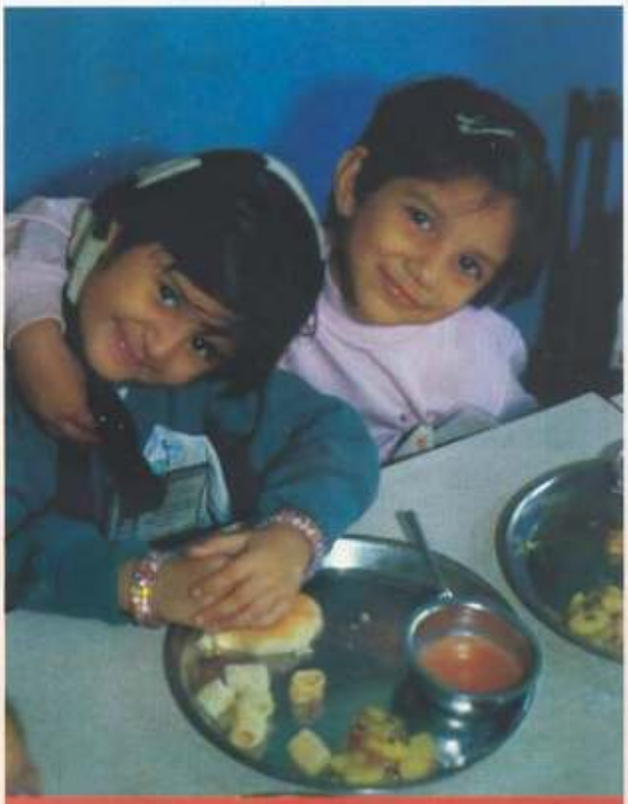
Sl. No.	Name of child	Name of mother	Name of father	Age of child/ date of birth	Sex of child	Wt (kg)	Ht (cm.)	BMI (Body mass index)	Hb level	Visual defects	Hearing defects	Any disability	Dental	Skin	Cardiac	Any others	Is referral required	Is any other follow up planned	Record of follow up action
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

for diarrhea; dressing material and antiseptic solution and antibiotic cream for managing minor wounds. One kit would be supplied for every 250 students for a year. Each school would be supplied a number of kits at the beginning of the academic session based on the number of students it has on its rolls.

Health department would also supply calculated number of IFA tablets and Albendazole tablets. The school nurse or the nodal teacher would take charge of these medical supplies and would be responsible for their proper storage and distribution.

8.1.7 Transport for screening and referrals

Adequate provision for funds would be ensured to provide appropriate transport (including provision for hiring vehicle, if necessary) to health staff to visit the schools and more important, to take children for referrals.



FOOD FOR THOUGHTS

8.2 Health and Nutrition Education

Health and nutrition education would be one of the pillars for the school health programme. It aims at providing health, hygiene and nutrition education to students and also help develop skills to put such knowledge into their day to day practice. There are four parallel ways in which health education would be implemented

- ***Formal and curriculum based:***

Several topics of health education are included in the formal curriculum of all schools. Therefore most schools teach common topics like personal hygiene, environmental sanitation, food hygiene, hand washing, and balanced diet as a part of curriculum (these topics are covered in lessons under various subjects).

- ***Formal education - but outside curriculum.***

In addition, schools would need to put aside a certain number of hours each year for providing health specific education on a number of issues. CBSE has recommended a plethora of options for schools to choose from. Life skills education is often provided in a series of 10 to 14 periods. First aid instruction is given in many schools. Identified teachers would receive additional training on these aspects. This is particularly important for Adolescent Education Programmes.

- ***Non-formal education approaches:***

Health staff would organize periodic interactive sessions and a number of innovative activities with teachers and students to support and supplement the efforts. A calendar may be drawn in mutual consultation. One such approach is the Question Box approach. A 'Question Box' is placed in the school at a strategic place in which students and teachers can put anonymous questions for topics they

want to be addressed.

A series of these questions then can be taken up for discussions in the proposed periodic group sessions. Some schools use quiz contests and essay and drawing competitions on specific days - like world health day, or anti-smoking day, to build awareness on these issues. The use of communication materials like posters, and charts are valuable additions. Telephonic help lines for children, especially adolescents, is another possibility. Peer educator programmes and child to child education approaches also hold promise and can be considered for reaching out of school children

- ***Health related practices in the school:***

Inculcating habits of physical exercise, and hygiene in the routine school life is another important approach to health education. Many schools have introduced Yoga and all schools are committed to providing time and guidance for sports and physical activities. Encouraging and indeed insisting on the use of toilets while at school, keeping the toilets clean, hand washing before the mid day meal, assisting efforts to maintain personal hygiene including the use and safe disposal of sanitary napkins for girls are all habits that many children will learn at school.

To support all the above approaches the School Health Programme needs to build in a training component and an informational and educational material development component.

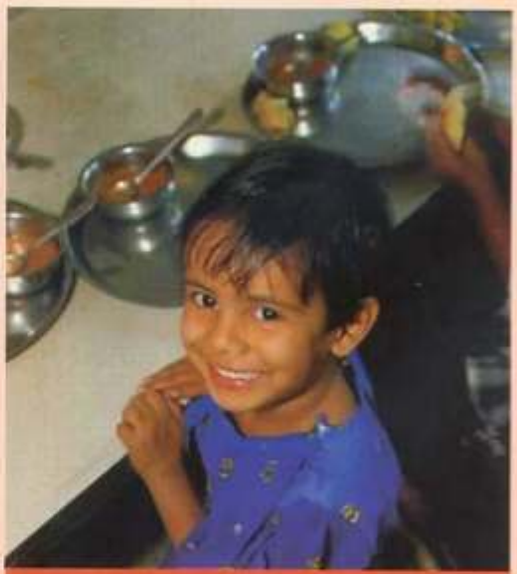
These materials would be developed jointly by the health and education departments on relevant and important topics and printed by the education department. Posters would be strategically displayed and used for providing health education and informing them about the available services. Additional materials would be created by students through competitive/ creative activities encouraged by teachers in the schools.

8.3 Nutritional Interventions

8.3.1 Mid-day meal programme

The most important nutritional intervention is the School Mid-day Meal Programme. The mid-day meal programme is now proven to have improved school enrolment, retention in schools and the levels of learning achieved. The mid-day meal programme acts as one of the most important sources of access to balanced diet for the poor child. However, to get the full benefit of this programme care needs to be taken to ensure that the mid-day meal is a supplement to the food at home, and not a substitute for it. If the family is in economic distress, or drought affected, this may be the only food that the child accesses and the school needs to take note and work with panchayats and other authorities to provide support and access to food for the family as a whole. For such children it is important to continue the mid day meal even during the holidays and there is a provision in this programme to so provide supplementation.

By measuring the body mass index twice annually one can assess the degree and



EAT HEALTHY THINK HEALTHY

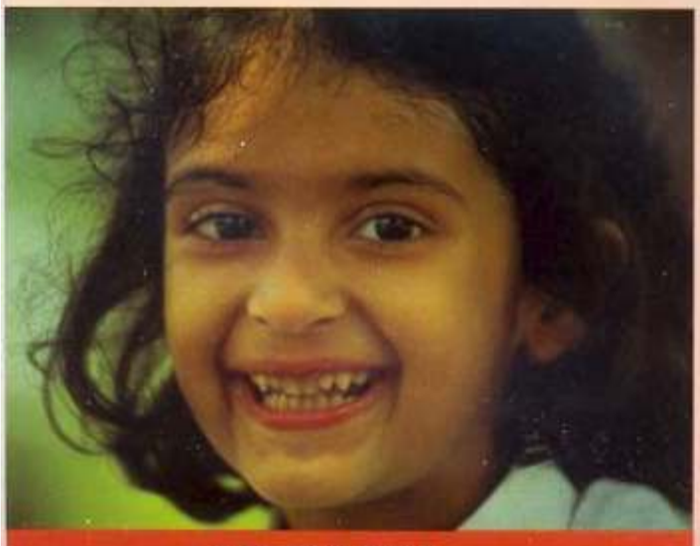
progress of malnutrition. Those children who are wasted should be referred for a medical check up for secondary causes (eg tuberculosis, recurrent malaria etc). But after these are attended to, the main form of intervention would be to leverage their access to the school meal scheme so that their malnutrition is corrected. The link between the mid-day meal programme and the school health programme thus would need to become much more central to both health and the education department.

8.3.2 Mass Deworming Programme

A large number of students have hidden burden of worm infestation leading to anaemia and growth failure. Therefore, mass deworming of children with a single dose Albendazole (400 mg) tablet every 6 months under the school health programme has been incorporated by many states in their Programme Implementation Plans. This strategy is recommended for districts with high worm load.

8.3.3 Iron Folic Acid Tablet Administration

Many states have included administration of weekly iron supplementation policy for children and adolescents in the school. Schools arrange for potable water to be available, and also encourage children to bring drinking water from home. Teachers take help of the class monitors in this duty.



A TOOTHY SMILE

All students from class 1 to 5 are administered one small IFA tablet and student from class 6 to 12 get one big tablet of IFA, supplied under RCH programme.

Some States are distributing the IFA tablets as a pack of 60 during the six monthly health check up and following up to ensure that in the next 60 days they consume the tablets. In several studies weekly IFA supplementation has been reported as effective in preventing anaemia as well as treatment of mild to moderate anaemia. The compliance of weekly administration is also reported to be very good.

8.3.4 Iodized Salt

Mid-day meal preparation should use iodized salt. In addition, encouraging children to bring the salt they use at home to school and get it tested for iodization is valuable health education. Use of iodized salt should be repeatedly promoted through health education messages.

8.4 Safe and Supportive Environment in School

Schools would make appropriate arrangements to ensure that the environment is safe from injuries, e.g., grills in the windows, furniture does not have sharp edges, protective wall around school when feasible, protective gears while participating in sports etc. The school must have a policy to exclude corporal punishment and be able to protect the students from abuse. Environment should be generally free of stress for teachers and students. A supportive environment provides opportunities to teachers and students to be heard and participate in management policies.

As discribed above, the school mid day meal programme is one of the most important supportive activities. It provides nutrition supplements and by eliminating hunger promotes the learning of the poor child. It brings children together cutting across class and caste divides in an informal setting of sharing and eating together.

Kitchen gardens in the school and indeed maintenance of gardens/ fruit trees in the school premises have been used by many rural schools to promote concepts of improved nutrition, a love for nature, an interest in gardening and agriculture. These need to be built on systematically.

School must be able to provide a sanitary environment, functional sanitary latrines, facility for hand washing (soap and water) and adequate supply of potable water. To promote healthy menstrual management sanitary napkins or other hygienic alternatives could be provided in the school. In addition to keeping them clean the intervention empowers them by helping them feel in control of their body and functions as well as encouraging them to participate in routine activities in school. This activity could be linked with social marketing of sanitary napkins that may exist or may need to be promoted locally.

8.5 Capacity Building For health screening

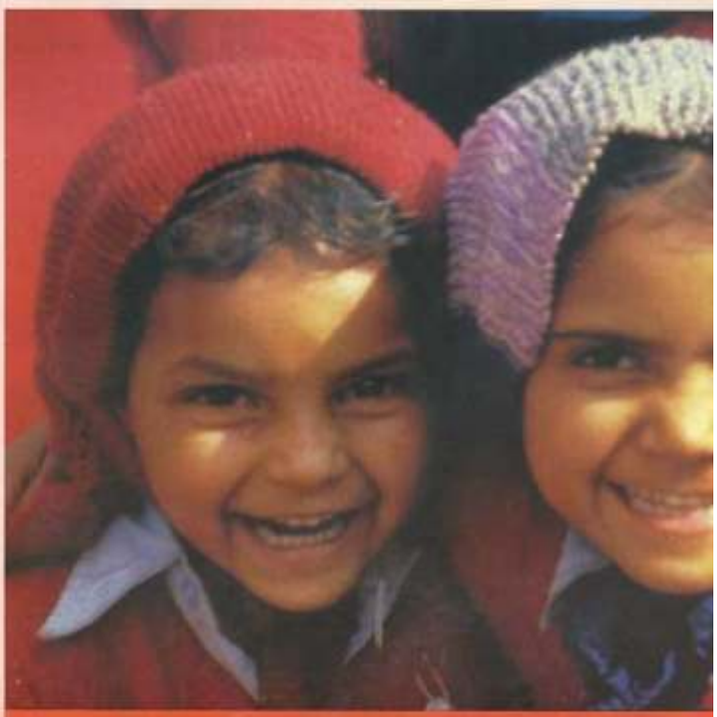
Key Component

- Training of the nurses and medical officers and paramedical staff of the health department who would be involved in screening and health education activities.
- Training of a nodal teacher for school health programme who would be involved in screening and health education activities, remedial actions and in follow-up of referrals.
- Training of appropriate communicators for the different elements of health education including peer education.
- Capacity building of those managing the school health programme.
- Developing a tool kit which the head of an institution or a school health programme manager could use to organize a comprehensive school health programme as envisaged above. This should include training and resource manuals, audio visual aids, guidebooks for each programme component etc.

8.5.1 Training Load

The state would create a state level training team of Master Trainers who would train the district level trainers in their respective organizations. The trainers will then conduct further training sessions for the identified teachers, medical and paramedical staff. Trainers from health department would support the trainers from education department during the training of teachers organized by education department.

Training load would be determined and a schedule as outlined below would need to be prepared for each district.



8.5.2 Content of Training

The training will be aimed at equipping the teachers and the paramedical staff with skills to conduct health screening of students. So the training will include:

- Brief details about all the diseases for which screening is to be done

8.5.4. Venue of the training

The venues for teachers' training & the names of teachers would be decided by the Education Department & intimated to the concerned trainers and master trainers. For training of health staff Department of Health would identify the venue and staff to be trained.

Name of district	Total number of health personnel involved in screening	No. of Teachers involved in screening and providing frst aid care	No. of sessions needed to train each of these two groups	No. of Trainers who need to be trained to conduct these sessions	No. of sessions needed to train the trainers	Master trainers who need to be trained at state level

- Brief details of how to screen for refractive errors, hearing disorders, and disablities.
- Principles and contents of health, hygiene and nutrition education.
- Addressing nutrition and anaemia in school children.
- Implementation guidelines of entire school health programme .
- Elements of safe and supportive environment in schools.
- Documentation and monitoring of the programme.
- Managing supplies, distribution and administration of equipment and supplies for the programme.
- Communication skills to establish rapportwithstudentsandbeeffective in providing health education

8.5.3. Duration of the training

The training will be of one to three days duration depending on the intensity of the screening planned. As far as possible training of teachers would be organized during school holidays to minimize disturbance of teaching schedule.

8.6 Monitoring and Evaluation

This would be a crucial element of the school health programme. It is recommended to assiduously carry out following activities in the least:

8.6.1 Documentation: Health Register and follow-up record:

Teachers would maintain health register that would record fndings of periodic health screening, remedial activities and referrals and sickness record for each student (Described above). Such registers would be kept safe in the interest of confdentiality. This register would help in tracking coverage of screening in each class and provide data on state of nutrition (weight and height) and morbidity profle. This register would help in monitoring quality of screening in terms of picking up abnormalities, in ensuring that referrals materialize and follow up treatment is completed.

Student Health Card:

Health staff would help maintain a student health card as described earlier. This card would track growth and development in terms of weight and height gain over time for each child. It would be a record of the child's illnesses and be with the child, even if transferred to another school.

8.6.2 Reporting

Quarterly report of periodic Health Screening and Referral - Follow - up treatment would be generated by school principals and sent to the District Education Officer and the District CMO who would get it compiled and transmit it to state Directorate of Health. The State Health Directorate would share it with the Education Directorate and also take corrective measures as required. Such reports would also be shared with Core Management Groups at various levels that oversee the implementation of school health programme.

Through these reports it would be possible to track the coverage of screening, referral pattern and morbidity profile so that necessary actions can be taken at District and State level. States would transmit an annual compilation based on quarterly reports to Ministry of Health & Familty Welfare at national level.

8.6.3 Evaluation:

Depending on the capacity and resources at their disposal states would carry out a baseline and periodic rapid assessments to evaluate the impact of the school health programme.

Assessment of Knowledge of students:

It is recommended that a baseline assessment of the knowledge about health, hygiene and nutrition should be done followed by reassessment of the same cohort after one year to determine the impact of health education component of school health programme

Scholastic Performance:

Improvement in annual results of a cohort of students before the onset of school health programme may be compared to annual results after a year of uninterrupted implementation of the programme.

Sickness Absenteeism:

Reported absenteeism on account of sickness during the year before and after start of implementation of school health programme may be assessed.

PERSONALIZED CHECK-UPS

Prototype of Quarterly District Report:

Name of District:				
Report for the Quarter		From:		To:
Coverage	Planned Coverage	Actual Coverage	Defcit (%)	Reason of defcit
No of Schools				
No of Students				
Annual Health Screening	No. Detected	No. Referred		
Any level of anemia				
Severe Anaemia				
Body Mass Index in the underweight range				
Body Mass Index in the normal range				
Body Mass Index in the overweight range				
Refractory errors				
Night blindness				
Other eye problems				
Ear discharge & Hearing problems				
Dental problems				
Skin problems				
Heart Defects				
Other disabilities.				
Referral System	No. Required	No. Materialized	Success Rate	Remarks
Referrals				
Anaemia prevention	No of students covered	No of students who refused	No. of students who reported side effects	Stock out in last three months: Yes / No
Iron Folic Acid				
Albendazole				
Health Education	No. of sessions planned	No. of sessions organized	Defcient (%)	
% of schools without sanitary latrines				
% of schools reporting inadequate potable water				

8.7 Implementation of School Health Programme

The School Health Committee

Principal/Head Mistress will be responsible for the formation of a **Health Committee** in the school.

Membership

The health committee may consist of up to four teachers from the school and a student from each class/grade/standard or as appropriate for the school size.

Selected parents and community members should also be invited to become members of the committee. Members of the Parent-Teacher Association may wish to elect two members to serve on the Committee.

Objectives

The Health Committee is responsible for the maintenance of the school health environment, the development of school grounds that are sound for the development of children, for provision and cleanliness of helathy class rooms, premises and toilets. Most importantly they should be conscious of the need to create an emotional environment of care and respect. The committee will take strong measures to involve parents and the community in a practical way.

They will be working for the development of the sholistic framework of a Health Promoting School.

The members of the Health Committee should meet every month weeks to plan, audit and monitor progress in each area of concern.

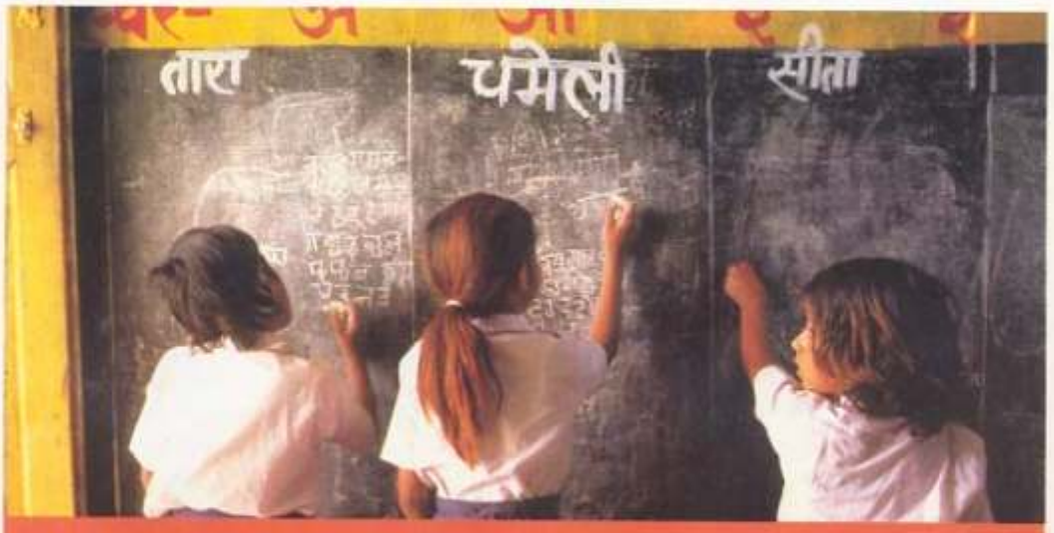
Tasks

An overall **long-range plan** for development of the school grounds with respect to creation of an environment in which the children and the whole community may take pride should be considered.

- A tree planting programme to enhance the beauty of the whole area and to provide shade areas in the school for children is important
- The development of a means of obtaining a clean water supply and adequate, hygienic toilets for both girls and boys should be high on the agenda
- Effort to provide sound games and play areas may be possible, with fixed equipment providing a safe yet active challenge for the children's physical development
- The development of an outdoor stage may be inexpensively undertaken to provide a lasting facility for health drama, displays and regular school assemblies at which each class may present a health play or show the result of that week's class activities
- Assist in planning and staging of the Health Fair each year
- Organise lectures of health workers, medical personnel
- Request Non Government Organisations to present educational programmes during key events/ functions
- Arrange debates on current health topics

The Health Committee provides the school with a regular focus on health awareness, on physical and mental health in the school. It may also go to the village/town every month to educate the community or invite the community to the school for health events. Close collaboration with the parent/teacher association and discussion at their meetings would be expected.

The School Health Committee is therefore, an essential part of the school organisation and administration. It is a democratic organisation which has as its goal the development of a truly health promoting school.



EACH ONE TEACH ONE

The School Health Coordinator

Every school should be required to appoint a suitably trained teacher who has the designated responsibility for coordinating and promoting the Total Health Programme.

Duties of the School Health Co-ordinator include:

- Assisting and encouraging all teachers to plan a whole-school plan of action for the whole year.
- Developing and sustaining the teaching programme from grade to grade throughout the school.
- Ensuring that a 'Charter for a Healthy School Environment' is developed for the school, is signed by the headmaster or headmistress, understood by all school members and prominently displayed in each classroom.
- Assisting and encouraging teachers in planning and improving health lesson presentation
- Developing and using suitable health teaching aids.
- Carrying out reconnaissance or survey of the school's community in an effort to meet needs and interests of the health programme.
- Ensuring a healthy school environment in every aspect.
- Seeking co-operation and support from community health workers and supporting community health initiatives, such as immunisation campaigns.
- Planning and staging a "Health Mela" or "Health Fair" in the school each year on school health day. All classes and grades should prepare a display and parents and community should be invited.

The School Health Club

School life provides several opportunities for health promotion and teaching. By careful planning, various activities can be successful. One option is to create a Health Club as a co-curricular activity.

- ***Formation of a Health Club***

If a number of children are interested a club may be formed. The School Health Co-ordinator, a health education teacher trained in or a teacher interested in health activities may be the sponsor of the club with the headmaster as the patron of the club. The Headmaster may nominate teachers as co-sponsors of the club. All the children studying in the school would be eligible for membership of the club. In order to have easy access across the whole school population two health leaders from each classes may be selected/elected. They will form the Committee to organise the club activities.

■ ***Working Patterns of the Health Club***

Activities of the club may be carried out through educational/recreational means. A group system is desirable in order to arrange the Health Club activities according to the needs, interests and understanding of the children. Growth and development factors of the various age groups should be considered when dividing them into two groups in both the elementary and the secondary school.

Meetings of the club may take place before school, after school, in a special club period during the day or after lunch break. In some countries, practical activities take place during school vacations.

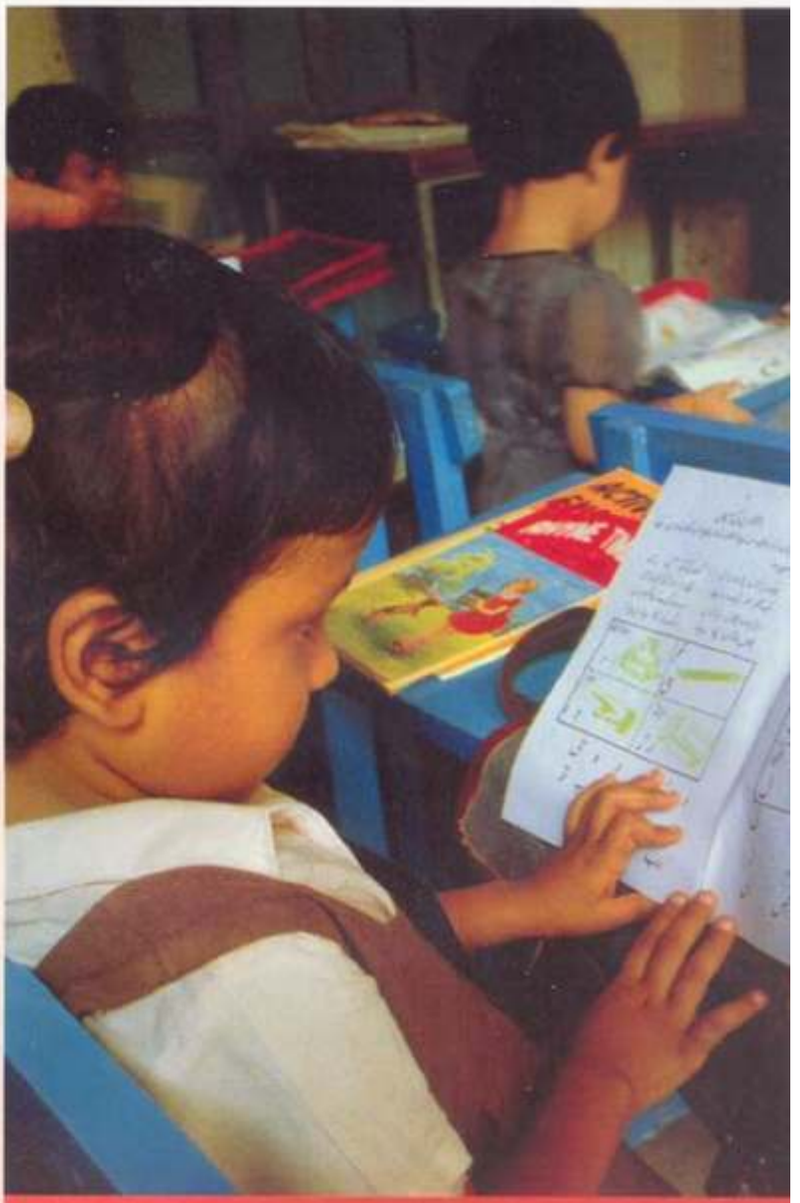
■ ***Activities of the Club***

Health themes from Health Education classes may serve as topics for action by the club, therefore adding depth to the classwork.

- Children can be taught health songs on various health topics
- Health films may be shown at meetings
- A health library or health corner can be developed along the followings lines:

  Schools can subscribe to health magazines such as Nutrition, Pamphlets, booklets, posters and other publications published by the Public Health Department, Rural Development, local Government, WHO and UNICEF. These matrials can find permanent display place in the school librarary.
- Display of health information on bulletin-boards can be undertaken on a regular basis. These should be updated regularly.
- Many celebrations can be organised such as World Health Day (April 7), World No Tobacco Day (May 31), and World AIDs Day (Dec.1), among others.

- Health excursions can be arranged.
- Health talks can be arranged for the daily assembly.
- Immunisation projects can be organised.
- Screening activities can be undertaken, such as hearing and vision screening, screening for nutrition defciency disease, skin problems, dental problems.
- Weekend tours of health related facilities may be organised.
- Action through parent organisations for provision of latrines, protected water supply, provision of a natural fence and other things can be initiated.
- Combined activities with the School Health Committee can be organised with teachers and parents participating.
- Quiz programmes on various aspects of health can be organised
- In some countries health clubs meet for camps during vacation and undertake real community health initiatives.



FOCUSED LEARNING

Road map to the future

The formation of a Health Club is one possible course of action to promote the health of school children. According to the available facilities, the individual schools may develop a suitable model. Health Club activities yield rich dividends in the form of desired health behaviour changes among children who are future citizens.

8.8 Inter-Sectoral Coordination

Support from other stake holders, institutions and departments should be obtained, in addition to the collaboration between health and education departments to ensure better and effective implementation of the School Health Programme.

- ***NGO***

Possibility for engaging an NGO for conducting health education or health screening may be explored

- ***Private Doctors:***

Possibility of utilizing services of private doctors for health screening and referral services may be considered

- ***ICDS:***

Activities under ICDS such as supplementary nutrition (mid day meal) are good opportunities for reinforcing health, hygiene and nutrition messages.

- ***State AIDS Control Societies:***

The SACS can provide support to organise the School AIDS Education Programme.

- ***Department of Urban Development / Rural development:***

These departments could provide support for sanitary latrines and potable water

- ***Department of Horticulture / Forestry:***

Provide support for plantation and kitchen garden

- ***Elected representatives:***

They bring in political will and help in mobilisation of additional funds.

- ***Department of Youth and Sports:***

Nehru Yuvak Kedras offer an opportunity to extend the benefts of the programme to out-of-school but school-age children. School students who receive health, hygiene and nutrition education can take the same to out-of-school children and inform them of the presence of health facilities and benefts of accessing them for health needs.

In a nutshell

This document presents an operational framework for consideration of states and is a work in evolution. States are expected to innovate to meet the locally relevent health needs school going children and enrich the experience by providing feedback to Government of India as well as other states.

9.0 Successful State and NGO Sector Model

CATCH THEM YOUNG

9.1 Tamil Nadu

Highlights:

- Focus on paramedical team
- Health card for every child
- Drug supply to schools has separate allocation and logistics management
- Compilation of upto date morbitiy pattern
- Development of health education modules

The state of Tamil Nadu provides one of the best school health services in the country. All the schools (Government and private) are under a Primary Health Centre Medical Officer. Thursdays are exclusively designated days for school health. This Primary Health Centre medical officer forms two or three teams using the paramedical resources with him and develop an action plan. A team makes atleast three visits in a year to each of the schools in his area, on a rotation basis. Medical Officer makes at least one visit in a year and screen all children. Each child is given a health card which is maintained by the school and updated regularly by the health team. The state through The State Medical Services Corporation (TNMSC) supplies a fixed set of drugs exclusively to be used during the school health programme to each Primary Health Centre at the start of the year. An up to date morbidity pattern of school children is compiled at the end of the month and sent to the district and then forwarded to the state headquarters. As a part of the programme, atleast one teacher from each school has been trained by the PHC medical officer to detect minor ailments and report immediately to the medical officer. Modules in the regional language have been developed at the state level and distributed to them. The modules incorporate tehniques to teach 'health' to children.'

9.2 Gujarat

Highlights:

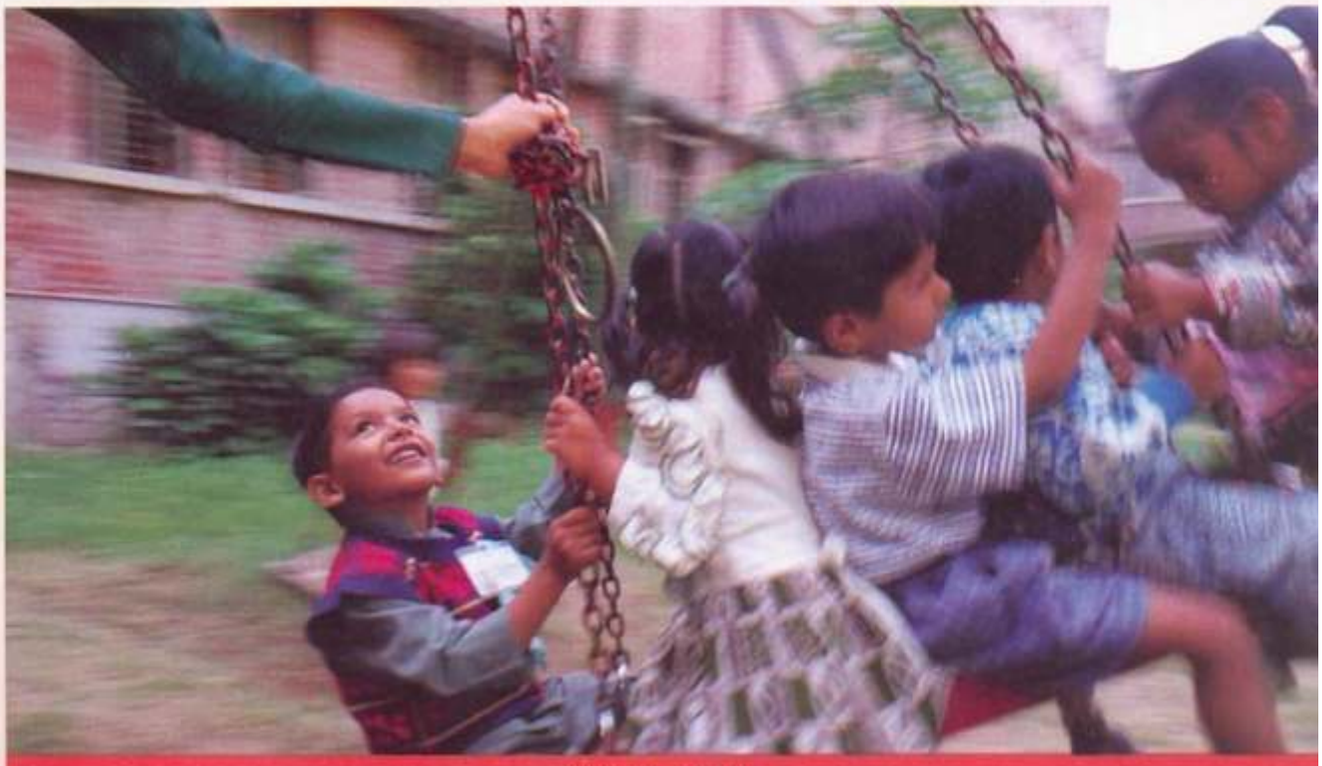
- Micro plan
- Taking the cost and responsibility of the referred child

Gujarat's School Health Programme has a state level Steering Committee chaired by the State Health Minister, with Chief Secretary, Additional Secretary (Health), Additional Secretary (Education), Additional Secretary (Finance) and Members of Legislative Assembly as members. Certain aspects of the programme have been taken up by most states. One of key features in the state pertains to preparation of microplan, prepared at the PHC level which includes details of the schools and Anganwadi Centres to be visited for health check ups and lists the other activities to be carried out. All these plans are collected, collated and analyzed by the State Level Health Education Bureau to provide the State Plan for School Health Scheme.

During the screening, services provided include treatment of minor ailments like anaemia, worm infestation, ear discharge, scabies, boils which are treated on the s ot while those requiring the services of the specialists are sent to related referral centers. Like in most other states children with refractory errors are provided spectacles free of cost.

The care taken at the referral level is the strength of the Gujarat programme is Children suffering from serious ailments of like heart, kidney and cancer diseases are provided treatment at apex tertiary care hospitals. Not only is the cost of treatment borne by the State Government, referral transport is also provided. If needed, specialist treatment outside the state is also provided.

A new initiative: "Health Promoting School" has been started with assistance from WHO in four Districts and in one urban area. The programme will take care of quality of Water and Sanitation in Schools and augment capacity building of teachers so as to achieve holistic and sustained promotion of health in schools.



SHINING STARS

9.3 NGO Partnerships

Highlights:

- *Public-Private Partnership*
- *Daily school out patient clinic*

Naandi works in 300 government elementary schools in the old city areas of Hyderabad that comprises 30 percent of all Government schools in the city. During the course of the programme frequent bouts of absenteeism, and a general low-energy index of children was observed as one of the key obstacle. It was observed that ill health and lack of efficient treatment that it was discovered were the predominant reasons for these observations. The programme is currently being run at a cost of just 50 paise per child per day, covering common cold to cardiac surgery. A capital investment of about Rs. 100 per child is also required for health camps, a photo ID card, out patient clinics in nodal schools, equipment and minor civil works at base hospital. One of the innovations of the programme is the running of***School based Out Patient Clinics*** - Set up in nodal government schools, 24 clinics run everyday during the school hours. Each clinic is linked with few other government schools within a reasonable radius for ease of travel. An experienced pediatrician diagnoses the children and dispenses medicines to the accompanying guardian. Naandi, on invitation from the Government of Rajasthan, is implementing the School health Programme for the Government school children in the city of Udaipur covering more than 40,000 children. The partnership with the state includes a 50% cost share for capital costs and all recurring expenses.

A SUCCESS STORY

Cardiac Surgery for just Rs. 600!

This is a story about Kalpana and her family, their sufferings and their happiness.

It was routine day for a medical officer from Jasvantgarh PHC, Sabarkantha. He was examining all the children of school under School Health Check-up Programme; but all was not well for Kalpana as she was diagnosed to be suffering from heart disease. She was referred to a Cardiac Institute, Ahmedabad.

She was operated for her heart disease in September, 2006. Her family did not have to pay any money at the hospital and even the medicines were supplied free of cost. This major surgery cost them only Rs. 600/- for the transport and some minor expenses. Kalpana was back in the village after a stay in the hospital of just one week.

She now plays with friends and also takes part in all events in the school. She walks to school, covering the 1.5 km distance comfortably and this is a reflection of her current states of health. Now her family is not continuously worried about her.

Annexures

Annexure 1 - Rapid Assessment and Action Planning Process (RAAPP)

What is RAAPP?

RAAPP is a cost-effective, evidence-based method to assess and improve the capacity of school health programmes. It equips organizations to assess and improve their capacity to promote health through schools. The RAAPP includes methods, instruments and professional development activities to prepare teams to collect their own data and engage in a customized action planning process. The goal of the RAAPP is to build capacity to support national, provincial, and local school health programmes. Given the link between health and education, RAAPP is based on two concepts put forth by the World Health organization and its partners: Health-Promoting Schools (HPS) and Focusing Resources on Effective School Health (FRESH).

The RAAPP measures the current capacity to promote health through schools as perceived by key players in the system. Five core elements of capacity are used to measure the current ability of a defined geographical area to promote health through schools.

The RAAPP provides:

- A framework to unite key leaders and staff across different sectors/ ministries to improve school health programmes.
- An opportunity for a wide range of participants to offer opinions and insights to describe current conditions and capacities of infrastructure
- A method to collect and use own data to improve school health
- A means to transform the insights and suggestions of stakeholders into a strategic action plan
- Professional development opportunities for participants to gain skills in: teamwork; interviewing and facilitation; data collection and management; instrument development and adaptation; analysis and advocacy
- A means to continually apply the RAAPP methods and skills to learn more or update findings

How to conduct the RAAPP?

Methods and skills:

The methods used in the RAAPP draw on the fields of evaluation research, strategic planning, and management. A core team learns these participatory research methods through cooperative learning models that result in professional development and sustainable, transferable skills.

Methods used for data collection during RAAPP typically include:

- Key informant interviews
- Group discussions
- Secondary data collection
- Observations

While preparing for and conducting the RAAPP, the core team will learn qualitative data gathering and analysis techniques such as:

- Interviewing
- Facilitating
- Recording
- Coding, managing and analyzing data
- Strategic action planning

Core Team:

A Core Team is an inter-sectoral/ministerial group responsible for conducting all phases of RAAPP. The team is required to coordinate the logistics, build support for the process, manage the data collection, and develop an action plan based on the findings. During the RAAPP the team is trained in qualitative and evaluative data gathering techniques such as interviewing, facilitating, coding and analysis techniques. Some members of the team are also responsible for recording and managing data.

Informants:

The RAAPP is divided into three phases:

- Planning
- Training and data collection
- Analysis and action planning

Broad time estimates for each phase, which will vary depending on local conditions are given below:

Phase I: Planning (2-3 months)

In the planning phase, the Core Team must secure both the human and physical resources to conduct the RAAPP. These resources include:

- Interviewers
- Interviewees
- Trainers
- Administrative support staff
- Senior advisor
- Training space
- Office equipment

The sample of interviews needs to reflect the diversity, in terms of geographic, economic, cultural, religious, and linguistic richness. Finally, the Core Team must develop a promotion and dissemination plan to enroll participants and to garner support for the action plan.

Phase II: Training and Data Collection (5-10 days):

Before data collection can begin, the Core Team needs to become well versed in the methods. Such familiarity is best achieved through extensive practice. The Core Team must learn techniques such as neutral interviewing, probing questions, and data recording. While the RAAPP instruments measure core elements of capacity, the Core Teams may find it necessary to revise and customize the language and tone of the instruments to meet their needs. This will be known to the Core Team after practicing and field-testing.

There are two types of instruments:

- Key informant interviews for government officials
- Group-discussion protocols for those outside of government.

Two team members an interviewer and recorder will conduct each interview. The total number of pairs that conduct the RAAPP depends on how many interviews the Core Team decides to conduct and the span of time allotted for the data collection task. A data manager is also needed to check and clean the records.

Phase III: Analysis and Action Planning (2-4 days):

Once all the interviews have been collected all team members reconvene to merge data from all instruments and tabulate scores to facilitate investigation. The Core Team will organize all responses into broad thematic categories relating to each of the five capacity areas: knowledge base, policies, leadership and management, collaboration, monitoring and evaluation. In order to analyse the data, it is necessary for the Core Team to omit, duplicate entries and synthesize concepts. The aim of this work is to create a single-source overview for the entire data set. With this data set the Core Team can efficiently list its key findings and create an action plan.

Implementations of RAAPP action plans can begin immediately and tends to have a time frame of 12-24 months following the assessment.

How to get started?

RAAPP consists of a series of phases that include planning, training, collecting and analyzing data, and finally producing an action plan. The initial planning step is to establish a Core Team to ensure that the process can be implemented smoothly and with success, including planning, support, and leadership. Some key milestones for planning are:

1. Create a Core Team, consisting of staff who will implement the RAAPP. A Coordinator and a Focal Point Person will lead the Core Team.

The Core Team will:

- Represent at least the ministries of education and health
- Have access to and a good relationship with the ministerial staff.
- Have the skills to conduct interviews and to record and analyze data
- See the RAAPP through to its completion
- Secure interviews with staff and persons for each level
- Secure the resources for timely and accurate data collection
- Assemble the staff to analyze and act on the findings

2. The Core Team needs to assemble a support team to assist in data collection and analysis.

The Support Team will provide:

- Transportation to interview sites
- Materials production
- Reservations for training spaces and guest accommodations
- Computers and technical support for data analysis

3. The Core Team must develop a schedule for training and field-testing sessions.

For accurate data collection the Core Team must:

- Schedule training and practice sessions, for all staff involved in interviewing, recording, and data management, on RAAPP methods
- Plan to modify or customize the instruments for appropriate language and word usage and possible translation into the local language
- Select a practice sample, a small group of research partners, to field-test the instruments
- Allow for time to revise and strengthen the instruments according to feedback from the practice and field sessions

4. The Core Team collects preliminary data, objectively verifiable information to bolster the subjective data, provided by the interviewees.

Examples of these data, related to each capacity area, are:

- The policies that support health promotion through schools and budget items for associated activities;
- Names of school health leaders and a description of their mandate;
- Description of the formal mechanisms that facilitate coordination among different agencies in the area of school health, organizational chart, and its governing guidelines;
- Studies and analysis that were recently conducted in country with regard to health behaviors, morbidity, and mortality of school-age children;
- Evaluation results of school health interventions

5. The Core Team selects and schedules key informants, interviews, and group discussions.

The core Team should use the following criteria in selecting research partners:

- Key informants are senior-level staff who can provide insight into the policy structures of school health interventions. These interviews should be conducted with at least the ministries of education and health, but other relevant ministries should be considered.
- Interview sample of persons who support or implement policy should be representative of the national profiles. That is to say, economic, geographic, gender, cultural and linguistic considerations should be made.
- Group discussions are comprised of professionals involved in school health programmes yet they are independent of the government. This sample gives the Core Team insight into how those affected by the government's policies and programmes view its capacity. Group discussions may include representatives of non-governmental organizations, parent associations, or community-based organizations. Selections should also be representative of the region's diversity.

There is no pre-determined number of interviews that should be conducted at each level. A rapid assessment procedure does not use statistically significant sample sizes but rather purposive samples. This sampling technique allows the researchers to determine the most cost-effective way to capture the different archetypes, or capacity profiles, of school health programmes without generating redundant information. While the full range of profiles would be ideal, the Core Team must select a sample that is feasible given the resources available. The developers, through previous experience, recommend that the team should resist the temptation of selecting a sample based on convenience. A plan to improve capacity is valid only when it considers the range of realities.

Annexure 2 - Evaluation of Previous Health and Nutrition Programmes for Children

INDIA (1)	
Programme	**School Health Action and Training Project (SeHAT)**
Area	Delhi and Mumbai
Intervention	Initial pilot programme was run, selecting low-income schools for four years, developing methods and materials for incorporating health topics into the curriculum. These include communicable diseases, sanitation, nutrition, personal hygiene, tobacco, safety, and pollution. Teaching methods have been reoriented from didactic to child-centred approaches. Evaluation of the pilot study (1997) has shown increased awareness of health issues and personal care, along with increased involvement of parents and teachers in the programme. The programme includes teacher training in use of health education materials.
No. of Schools	Initially 450, now expanded to 750 schools in Dehli and 100 in Mumbai
Target Population	Primary schools (approximately 68,000 children)
Project Period	Since 1997
Implementation	Municipal Corporation of Delhi, Mumbai Municipal Corporation, School Health Services in Delhi, Healthlink Worldwide (formerly known as Appropriate Health Resources and Technologies Action Group - AHRTAG)
Funding/Donor Agencies	DFID, European Union, Stanley Thomas Johnson Foundation, UK National Lottery Charity Fund, Aga Khan Foundation.
Source of Information	Carmel Dolan with PCD, 1998. School Based Health & Nutrition Programmes: findings from a survey of donor and agency support. KH - Healthlink Worldwide (formerly AHRTAG).



Country	INDIA (2)
Programme	**Improved Mid Day Meal Programme**
Area	Gujarat
Intervention	A School Health Package, consisting of biannual treatments with an anthelmintic, vitamin A and iron, was integrated into the MDMP in 1994 and is implemented by the Government of Gujarat. By the end of May 1994 all children had received a single dose of 400 mg of albendazole, a capsule containing 200,000 IU of vitamin A, and 60 tablets each providing 200 mg of ferrous sulphate. These treatments are now being given twice a year at a cost of 16.3 rupees ($0.33) per child per year. The companies providing the treatments were responsible for delivering the tablets to the District or Taluka headquarters where they were stored. The tablets were then collected by the Officials and Organisers of the MDMP and delivered to schools where they were administered to school children as prescribed by an Expert Technical Committee.
No. of Schools	3 million school children
Target Population	primary schools
Project Period	1994 onwards
Implementation	State Government of Gujarat, Tara Consultancy, PCD
Funding/Donor Agencies	State Government of Gujarat
Source of Information	India PCD Documents

Programme	Andhra Pradesh School Health Project (APSHP)
Area	Andhra Pradesh
Intervention	To help the Government of Andhra Pradesh improve the health of school children by reorganising and strengthening the existing school health service, through training and consultancy work. The Andhra Pradesh School Health Project was a health sector led programme which occurred between 1992 and 1997 and which aimed to improve the health of more than 7 million school children living in the state. The project aimed to improve screening and referral of children by health workers for a wide range of problems. It also aimed to provide schools with first aid kits and to enable health workers to train teachers in health education and first aid.
No. of Schools	The project sought to cover the state in a phased manner covering 20% of the Districts (mandals) each year. Coverage of districts was staggered; of the 23 districts in the State, nine were covered in the first year while seven each were covered in two subsequent years. By 1995, the project had covered 494 of the targeted 1104 mandals.
Target Population	The project aimed to improve the health of 7 million school children. By 1995, the project had trained 24,572 teachers and 5196 Multi Purpose Health Workers (MPHWs).
Project Period	Jan 1992 - March 1997
Implementation	British Council, Andhra Pradesh Government
Funding/Donor Agencies	DFID
Source of Information	Andhra Pradesh School Health Project Approach Paper and other APSHP Evaluation Reports. DFID documents

Programme	Mobile Creches Programme
Area	Mumbai
Intervention	The Mobile Creches organization was created to meet the needs of children of migrant construction workers, providing children with their only chance of acquiring literacy and numeracy skills, together with health education. Construction workers and their families move from site to site, making it extremely difficult for children to attend school regularly, with implications for the children's health. The Child-to-Child programme within Mumbai Mobile Creches introduced specific health messages including personal hygiene, environmental cleanliness, safe water, accidents, nutrition, polio, measles, diarrhoea, scabies, leprosy, tuberculosis and bad habits (e.g. alcohol abuse). The CtC approach later became incorporated into the whole curriculum. The CtC health education in the Mobile Creches had a positive influence on both the health of the children involved and their teachers and families.
No. of Schools	Approximately 19 creches operate within the city at any one time.
Target Population	Children of migrant construction workers, aged 0-12 years.
Project Period	Since 1986
Implementation	Mobile Creches Staff
Funding/Donor Agencies	The Aga Khan Foundation
Source of Information	Participatory Evaluations of Child-to-Child Projects in India Funded by the Aga Khan Foundation. Judith Evans, 1993.
Notes	A similar Mobile Creches programme also operates in Delhi. Average stay at any one site is approximately 6 months.

Programme	Adolescent Girls' Health Project
Area	Japalpur City in Madhya Pradesh
Intervention	This programme is designed to address the reproductive health needs of adolescent girls, both married and unmarried, living in the slums of Japalpur city. Medical staff, community health workers and traditional birth attendants are trained in adolescent health issues, reproductive health care and birth spacing. The health care workers train adolescent girls who will educate their peers through school and community group meetings.
Target Population	Nearly 32,000 adolescent girls
Project Period	Six years
Funding/Donor Agencies	CARE
Notes	In addition to the above, the project involves adolescent boys, husbands of adolescent girls, parents, teachers, and community leaders.

Annexure 3 - Looking Ahead:

Designating Child Friendly Schools

Norms suggested by Indian Academy of Paediatrics, Kerala Chapter for designation of a school as being "Child Friendly"

1. No corporal punishment.
2. School bags should not weigh more than 10% of the child's weight. Strict adherence to this, specially in classes upto VI / VII. In each class the size of the bag should be regulated. Written work mostly to be done at school and books to be kept there thus effecting reduction in burden to carry home. Notes on sheets of paper,and to be filed at home, thus enabling reduction in burden. This could reduce headache, backpain and neckpain widely seen in children.
3. Safe conveyance. No uncomfortable overloading in vehicles.
4. Provision of clean, hygienic facility for taking meals.
5. Due role for and provision of facilities for cultural, physical/sports activities. Unwinding needed for children. Ten acres of land for each school (for Primary School 5 acres). When approval is given, ensure that these activities are given due place.
6. Medical check up. Before admission and after it, once annually, compulsory medical check up has to be done. Ensure that immunization is complete before admission.
7. Provision for safe drinking water. Daylong, uninterrupted, safe drinking water source essential.
8. Spacious classrooms.
   - Class strength not to exceed 40. 10 sq. ft. of space for each child.
   - Seating designed to cause no fatigue.
   - primary classes must be on ground floor only.
   - A verandah a must in front of each classroom.
   - Windows and doors to constitute 25% of room space.
9. Assistance at the time of accidents. There must be provision for taking medical care of children in emergencies. A teacher must be specially trained for this.
10. Adequate toilets/urinals.
    - 1 urinal per 60 children.
    - 1 toilet per 100 children.
    - Separate toilets and urinals for boys and girls.
    - Must be cleaned 2 or more times every day.

Ministry of Health and Family Welfare

GOVERNMENT OF INDIA