



SCHOOL HEALTH PROGRAMME



Operational Guidelines School Health Programme

Good health supports successful learning as much as successful learning supports health. Evidence also indicates that healthy children:

- have higher daily school attendance
- Takes full advantage of every opportunity to learn and thus achieve higher academic excellence, tend to maximise social relationships and interactions at school and at home, thus improving their chances of balanced development.
- Education increases children's opportunities to keep healthy. Acquisition of health related knowledge, attitudes, skills and practices empower children to pursue a healthy life, now and in the future & work as agents of change for the improved health for their families and communities.

Objectives:

- To improve scope for early & complete treatment of diseased school children.
- To improve coverage of immunisation against vaccine preventable diseases among school going children.
- To decrease the incidence of malnutrition among school children.
- To create an environment where most preventable disease can be prevented.
- Improved knowledge on health & hygiene resulting in imbibe the habit- "Health is wealth"
- Children to act as agents of change in the family & community

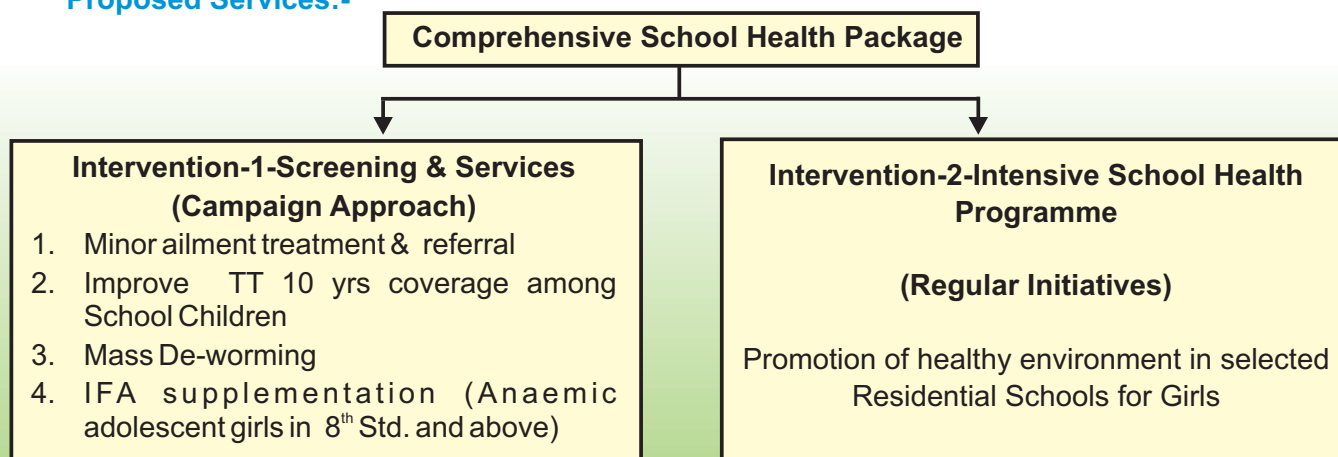
Scope of Operation

The programme aims to provide comprehensive health care services to all students studying in Govt. & Govt. aided Schools under S & ME, SC&ST, NCLP, Special Schools from 1st to 10th standard. Both residential & non residential schools will be covered under this programme.

Coverage

Over 55 lakh student of about 60000 schools will be covered during the first year 2009-10. (Details in Annexure-A)

Proposed Services:-



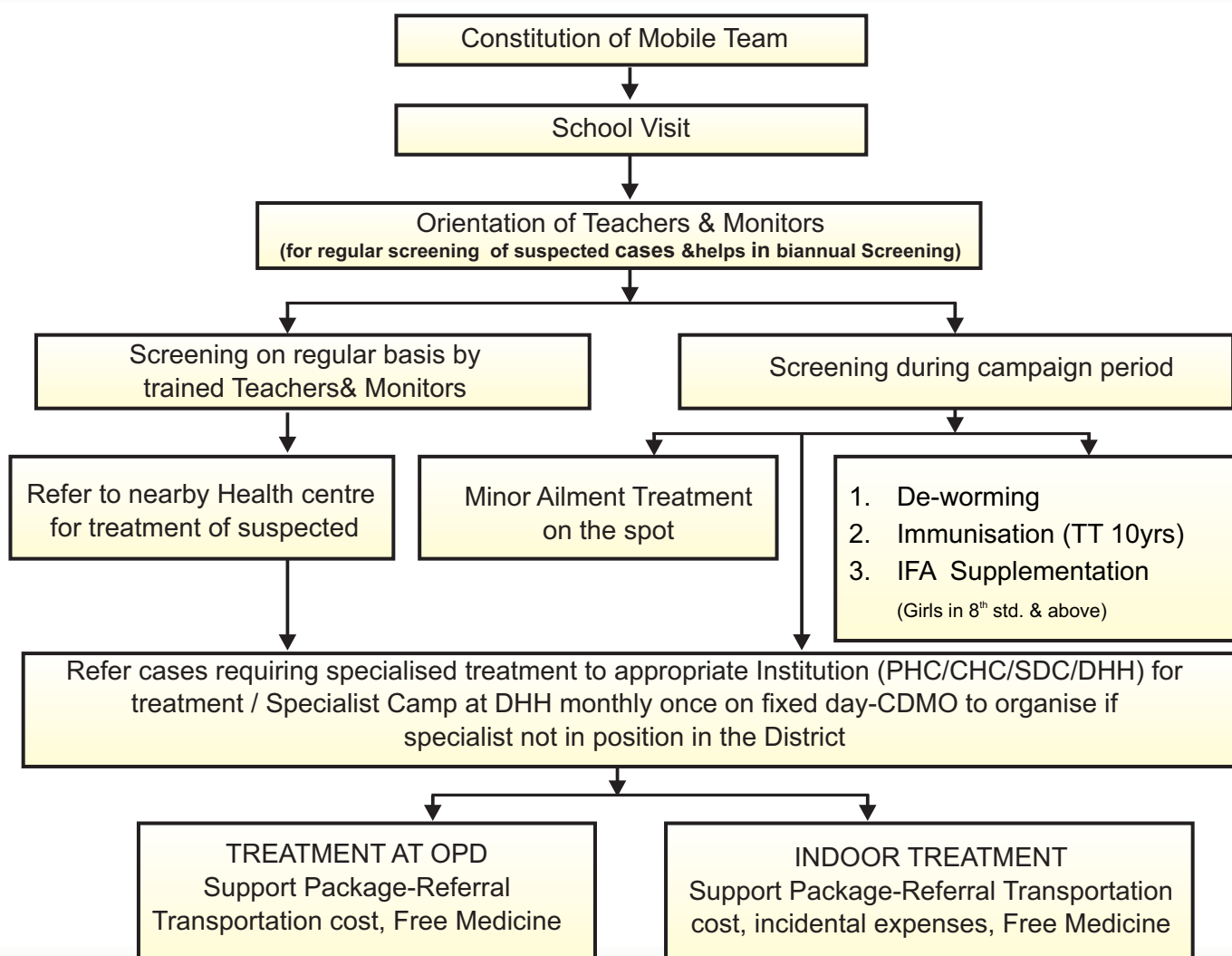


I. Screening & Services

It aims at providing medical examination of school children to detect minor ailment and to provide treatment and in case of major/acute illness, referral services to prevent /cure it.

Strategy: Teachers' to screen students on continuous basis and a team of health professionals will visit bi-annually for treatment of minor ailments and referral.

Implementation Plan (Flow Chart)



IMPORTANT FEATURES

Referral

*Any health facility (SC/PHC(N)/Block CHC/CHC/AH/SDH/DHH) initially as first point of contact for treatment of his/her illness is called the **1st referral hospital**.

Client shall only be referred to higher facility/facility having specialist services of required field (2nd referral hospital**), if not handled in the same institution/camp for some reason or other.

SubCentre/PHC(N) shall not be treated as 2nd referral hospital for this purpose



I. Screening & Services

a) Screening in Campaign Mode

- Screening will be done **biannually in campaign mode &** to be launched in the month of **September-October & February -March every year.**
- It will be held for a period of 1-2 months on each occasion.
- School visit to be made on **specified days** (Monday & Thursday).
- **Micro Plan** to be prepared (Format in Annexure-C) for reaching out to all schools in the target areas.

Finalisation of School visit schedule/Micro Plan & dissemination

Block Level Orientation cum Micro Planning Meeting Following activities are to be initiated for finalisation of Micro plan(Format in annexure-C).

- Orientation on programme modalities & procedures for development of micro plan by MO(I/c)
- Micro planning exercise by service providers {HW (M),HW (F),MPHS,CRCC}of respective Sub centres
- Presentation of micro plan by ANM.
- Feedback from MO(I/c),BRCC, SIS,WEO,CDPO for finalisation of micro plan.

Follow up Meeting: ANM to convene a meeting of CRC, all HMs, ASHAs at Subcentre & discuss the plan finalised for the school & disseminate to all concerned. HMs shall disseminate the visit programme in respective schools.

Constitution of the team

The Team will be of 2 member team with following members:

HW (F) concerned + ASHA concerned + Any **one among** HW (M)/MPHS (M/F)/AYUSH doctor

Screening in the school :

- Screening of students shall be done with the assistance of teachers & monitors already oriented.
- Each case will be screened against parameters provided in the “Health Card” (Annexure-D).
- Health card shall be maintained for each student & kept for record at respective schools.

b) Screening on regular Basis

- Teachers shall screen suspected cases for treatment on continuous basis and can refer to the nearby health Institution for confirmation/treatment.
- School students visiting health institution at **any point of time for his/her illness** so moto are also to be treated at the same institution or referred if required availing the facilities in this package.



Health Conditions to be screened:

Under this programme all students would be screened for a minimum set of predefined conditions, which would include:

- General health and personal hygiene: Weight and Height recording would be done for identification of underweight or overweight children. In the underweight child, support is needed to ensure that adequate food is being accessed and medical examination rules out secondary causes of malnutrition.
- Eye examination: Eyes should be checked for refractory errors, night blindness, trachoma, conjunctivitis.
- Ear discharge and hearing problems: Repeated ear discharge can lead to deafness. Many times deafness remains unnoticed but contributes to poor scholastic performance. Screening to be done to identify such cases.
- 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 best way to check the spread.
- Congenital Heart defects & Rheumatic arthritis for early detection & management for control: There have been successful incidences where these have been detected and managed appropriately through school health programmes.
- Disabilities-Visual, hearing, locomotor, others: Children with disabilities have special needs to be able to keep up with the class. 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/behavioural disorders/ 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 & mark it in the health card for appropriate action.
- Assess the prevalence of anaemia in adolescent girls in 8th std. & above to increase awareness regarding anaemia & appropriate nutrition & referral of severe anaemic cases for treatment at Sub Centres/ referral centres.

II. Other services at the time of screening during the Campaign

a) Mass De worming

Mass administration of albendazole tablets shall also be done during the campaign. A large



number of students have hidden burden of worm infestation leading to anaemia and stunted growth. Children are most susceptible to worm infestation. Good hygiene and timely de worming can eradicate worm infestations and help children lead a healthy and active life.

Major feature of the Programme

- Single dose of Albendazole tablet shall be administered to school children in 6 months gap.
- Teacher concerned in the school shall help in conducting educational session before administering it during the bi-annual screening campaign.
- Mass de-worming drugs shall be administered during the bi-annual screening campaign.

b) Improving Immunisation (TT 10yrs) coverage

An important aspect of preventive adolescent health is immunisation. Currently, however, adolescent vaccination does not routinely occur mostly because of lack of awareness among general population. Effort is also to be made during this campaign for reaching out un-immunised students in schools.

Important activities in School immunisation:

- **Ensuring availability of vaccines** (TT) in the district as per the requirement.
 - **Alternative Vaccine Delivery system** is to be in place **for availability of vaccines** at schools (as per the Micro Plan).
- c) **Hb estimation for girls of 8th Std. & above & supply of IFA to administer by teachers to anaemic adolescent girls on weekly basis.**
- d) **Treatment of minor ailment on the spot & providing referral services for treatment at higher institution.**
- On the spot treatment should be provided to the students as far as practicable. Identified cases requiring treatment at higher institution shall be issued **referral card during the camp.**
 - Referral shall be made to any of the 2nd referral hospital **within the State**. Incentive will not be provided in Medical Colleges, Capital hospital & RGH in the initial phase.
 - If specialist of required stream is not available at any of the hospital in the district, **Specialist from private services** to be hired on a fixed day as decided by the CDMO. This clinic should be opened on a prefixed date at DHH once in a month for treatment of identified cases. In such cases information must be circulated well in advance among all MO (I/c) in written who in turn will intimate to all Health workers & ASHA for mobilising identified cases for treatment.
- Referral day:** Cases may be referred on a particular day **preferably on every Thursday** for streamlining payment of incentives & for ensuring special care at OPD. **But cases which need emergency care can be referred at any time.**



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Support Package

Item	Treatment			Remarks
	OPD		Indoor	
	1 st referral*	2 nd referral		
Referral Transportation Cost	X	Rs.100/-	Rs.100/-	<p>#2nd Referral cases are only eligible to get the incentive under the scheme. But cases referred during the screening camp shall also be eligible to get the benefit.</p> <p>#All Indoor cases are eligible to get the benefit even if not referred.</p> <p># Cases treated at Government health facilities are only eligible to get the benefit.</p> <p>#Distance factor is not to be taken into consideration for provision of referral transportation cost.</p>
Incidental Expenses	X	X	Rs.50/- per day	For Maximum 10 days
Medicine	Free of cost	Free of cost	Free of cost	Drugs if not available, shall be met from RKS fund compulsorily
Total		Rs.100/-	Rs.600/-	Excluding cost of medicine
Performance Incentive to ASHA for each OPD cases treated at 2 nd referral unit & for each indoor cases of her area				
ASHA		Rs.50/-	Rs.50/-	Role of ASHA- She shall mobilise identified cases for attending hospital for treatment.
Support for follow up visits:				
Support package (As mentioned above) shall be provided for each follow up visit (limit to once in a month) to the referral institution as per the recommendation of treating physician. But ASHA incentives shall not be provided for such follow up visit/s.				
Specialist Clinic at DHH				
<p>Hiring of Specialist: Specialist like ENT, Dentist, Paediatric, Eye, Orthopaedic etc. can be hired if not in position at any hospitals of the district. Specialist visit to be organised on a pre-fixed day, every month as decided by the CDMO & Specialist be hired for this purpose. In such cases information must be circulated well in advance among all MO (I/c) in written who in turn will intimate to all Health workers & ASHAs.</p> <p>Provisions:</p> <ul style="list-style-type: none"> -Honorarium @Rs. 1500/- per Specialist to be paid for each such visit. -Contingency @Rs 500/- per session (visit) to each clinic for necessary arrangement. 				



Modalities for payment of incentive

Where to receive	<p>Support Package At institution where client is treated for his/her illness & to be disbursed at JSY counter or special counter as decided by CDMO.</p> <p>Incentive to ASHA It shall be credited to her account for cases brought by ASHA on referral by M.O (I/c) of Block PHC/CHC</p> <p>For treatment at DHH/SDH/AH/OH -on receipt of the statement of cases referred and treated at the given institutions</p> <p>For treatment at Block PHC/CHC - directly by M.O (I/c)</p>
When to receive	<p>Beneficiary package on the day of OPD treatment. Incentive to ASHA on monthly basis.</p>
Payment mode	<p>Beneficiary Package in cheque.</p> <p>Incentive to ASHA shall be credited directly to the account of respective ASHA on monthly basis.</p>
Who is responsible for disbursing benefits	<p>Beneficiary Package</p> <ul style="list-style-type: none"> <input type="checkbox"/> BADA/BPO after approval from MO (I/c) in case of block PHC/CHC. <input type="checkbox"/> District Accountant cum DEO after approval from ADMO (Med) at district level & Asst. Hospital manager from SDMO. <input type="checkbox"/> Post facto approval from authorities may be taken whenever required to avoid unnecessary delay in payment of benefit. <p>Incentive to ASHA</p> <ul style="list-style-type: none"> <input type="checkbox"/> District Accountant cum DEO at DHH, Asst. Programme Manager at SD H will prepare the statement of treated cases and get it approved from ADMO (Med) & SDMO respectively and send it to concerned MO I/c of the Block PHC/CHC for payment. <input type="checkbox"/> BADA/BPO after approval from MO (I/c) shall credit to respective account of ASHA.
What are the documents required for receiving the benefit	<p>Beneficiary Package Referral Slip (Prototype at annexure-E) issued for the purpose must be submitted at treatment centre for receiving the benefit. Referral slip shall be issued every time student is referred.</p> <p>Incentive to ASHA Counter foil attached to the referral slip must be detached & kept for record for providing incentive to ASHA. The duplicate referral slip shall be given to the ASHA if accompanying and to beneficiary for handing it over to ASHA if not accompanied.</p>



Who are the claimants of the incentives	Beneficiary Package <ul style="list-style-type: none"><input type="checkbox"/> It shall be given to parents/relatives of the referred student escorting to the hospital(or)<input type="checkbox"/> It shall be given to ASHA if she escorts the referred student to hospital & stays for entire period in the hospital with the client.(or)<input type="checkbox"/> To any escort from school if stays for the entire period with the client.
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Training/Orientation

a) For Team involved in Screening

The training will be aimed at equipping the health professionals with skills to conduct the screening of students. It will include:

- Brief details about the disease to be screened.
- First Aid techniques
- The details of organising the programme.
- Reporting system adopted for the programme.
- Monitoring of the programme.

Duration:

The training will be of 'one- day' duration.

Persons to be trained:

HW(F)	:	8673
HW(M)	:	4911
Pharmacist	:	2039
Ayush doctor	:	1476
MPHS (M&F)	:	2564
Total	:	19663

b) Orientation of Teachers:

The first hour on the campaign day (bi-annually) will be dedicated for orientation of the **Teachers** about the basics of screening, prevention and management of minor ailments.

c) Special session in the regular CRCCs meeting at block level (before the campaign)

Block Medical Officer will take the responsibility for orientation of CRCCs on modalities of Programme implementation at regular CRCCs meeting at block level before each campaign.



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BCC/IEC intervention

BCC/ IEC intervention in school health programme will have twin focus of generating awareness among school children on specific health issues like anemia, health and hygiene etc. on one hand and change in attitude to access primary health care at hospitals on the other hand.

Theme of focus

- Hand washing
- Use of Tiolet
- Mouth rinsing
- Wearing footwears
- Treatment at hospitals

Correlation with other National Disease Control Programme

The provisions under this scheme are additional over & are above the incentives already available in different National disease control programme.

Monitoring

Reporting Format-1 Screening & Services done in the Camp

(To be filled in by ANM & to be countersigned by HM)

Name of the Sub Centre: _____

Campaign Month: _____

Name of the School	No. of students attended	De worming (No. of beneficiaries)	Hb estimation made for no of children	Nos of children vaccinated (TT10)	No. of cases treated on the spot for minor ailment	No. /Type of cases identified for referral			
						ENT	Dental	Disabilities (Visual, hearing, locomotor)	Others

Periodicity of sending report- Twice in a year & in the following month of campaign to Block PHC



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Reporting Format-2 A Details of Referral Cases

Name of the student & address	Disease diagnosed	Name of the referral hospital	Date of Treatment at referral hospital	Follow up treatment if any					Remarks
				Date	Date	Date	Date	Date	

Periodicity of sending report- To be filled up in & maintained by ANM at the Sub Center

Reporting Format -2B Details of referral Cases

(To be filled in by ANM & counter signed by HM)

Name of the School	No. of cases identified for referral	No. of identified referral cases treated (New cases)		Follow up cases treated (old)	
		During the month	Progressive	During the month	Progressive

Periodicity of sending Report: Monthly to block PHC

Budget Estimates : Details in Annexure- B

II. Regular Initiatives

1. Health promotional activities

Disease can cause sudden, large scale harm to the health & welfare of entire population through epidemics, as well as threaten economic stability & human development in the long run. So **Awareness-cum-action programmes** are being proposed for inculcating healthy habits in pupil for health & well being of the society.

Target:

- To be implemented in 2 residential schools for girls of UGME/High School standards per block in this financial year (2009-10).

Strategies:

- Information promotion
- Individual and community care action
- Regular health check up by Mobile Health Units



I. Information Promotion

Suggested activities

- **Half yearly competitions such as debate, quiz etc.** on health related topics among students.
- **Health Information Corner:** Best paintings, write-ups collected from competitions, health news (message for the week), related posters shall be reflected on a board fixed at strategic place in the school which needs to be changed on regular intervals for sustaining interest of students. A board may be procured & placed at strategic place in the school with the allotted funds.
- **Swasthy Kantha** (Proto Type to be provided)
- **Educative Sessions** by Experts on health related topics.
- **Health Library:** Schools to subscribe for books on health.
- **Health Days** such as World health day (April-7), World No Tobacco day (May-31), World AIDs day(Dec-1) be organised.

II. Individual and Community Action

Suggested activities

- Rally by students in the villages for health awareness (Subjects- use of ORS, use of mosquito net or on any other local health issues etc)
- Hiring of Yoga Teacher
- Maintenance of Toilets (Cost of disinfectants, hiring of sweepers etc.)
- Provisions for personal health care i.e. foot wear, Anti Lice, anti dandruff products for Hair Care, Sanitary Napkins for adolescent girls, regular cutting of nails, hand wash etc.
- Actionable projects for ensuring environmental health (Tree plantation, Street cleaning, Soak Pit, Filter for ensuring clean drinking water etc.)
- Weekly Iron & Folic Acid Tablet administration: Teachers will take the help of monitors to distribute IFA tablets to all children one day (Can be designated as Iron day)in a week & record it in the health card. Repeat Hb estimation after 6 months if < 12gm%, complete investigation to be done, to identify the cause & exclude thalassemia trait.
- Provision of First Aid Kit (for first line treatment for small cuts & injuries & certain illness like skin ailments etc.), Weighing Scale & height measurement scale.
- Awards for promotion of health among students like healthy students who have not fallen sick for last 6 months/1yr etc.



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Don'ts on Utilisation of Untied Fund

- Procurement of any other equipments other than those in the suggested activities, furniture, training-related equipments, vehicles etc. for the use of School
- Payments towards advertisements in any Newspaper/Journal/Magazine
- IEC related out reach activity
- Organizing “Swasthya Mela” or giving stalls in any Mela for purpose of awareness generation
- Contractual appointment -Untied fund shall not be used for any monthly salaries though they can be used to make payments for services rendered.
- This fund should not be used to meet the expenses of the School which do not relate directly or indirectly to health care. This fund should not be used to meet administrative or establishment expenses of the School.

Implementation of School Health Activities:

- Every focused School has to identify a teacher to act as **School Health Coordinator** who shall be given the additional responsibility for coordinating & promoting school health activities.
- Identified teachers will be trained (One day) at district level for taking up the assignment. Training will be on planning & implementation procedures. Exclusive session on First aid will also be provided.
- S/he shall be provided annual performance incentive for this additional assignment.

Provisions/Process for utilisation of Untied Fund:

- Every focus School shall be provided with Rs.10,000/- per annum as untied fund for school specific health initiatives .
- Developing annual action plan& budget is the first step in utilising untied fund given to identified schools. The Planning process shall be initiated by the School Health Coordinator. The plan has to be approved by the HM before implementation. It should be in tune with the funds available at respective institutions in the given financial year. Expenditure will strictly be made in accordance with the approved action plan.

Criteria for Awarding Performance Incentive:

- Developing Annual School Health Plan with time frame.
- Ensuring implementation of designed activities (As per time frame) for creating healthy school environment.
- Keeping account of the expenditure & submit the UC & SOE (At least for 90%) in time (by 15th April2010) to MO(I/c) of respective Block PHC/CHC.



III. Regular Health Check up by Mobile Health Unit

The Medical Officer in-charge of Block PHC/CHC shall in consultation with Medical Officer in-charge of the M.H.U bring out a fortnightly camp programme of the M.H.U functioning in the Block. The camp programme shall be such that selected schools are visited on a fixed day in each fortnight.

Fixed day-Fixed time will be intimated to selected schools in advance & care should be taken to maintain regularity in these camps as per the schedule. The schedule will also be available at District HQ hospitals & nearby PHC (N)s so as to facilitate monitoring the visit of MHU to the school. No additional funds will be allotted to MHU from the component "School Health Programme" for the camp.

Budget: Details in Annexure-B

Management Structure for effective implementation:

a) **An InterDept. Committee (District level)** comprising of the following members chaired by the Collector shall be formed which will meet half yearly to review the progress and resolve the difficulties in implementation of school health activities if any.

- Representatives from H&F.W deptt. i.e. CDMO, ADMO(Med), ADMO(FW), ADMO(PH), DPM, MO(I/c) from each block
- Representative from School & Mass Education i.e. DPC, DI
- Representative from W&CD deptt. i.e. DSWO, PO(ICDS)
- Representative from S.C & S.T deptt. i.e. DWO
- Representative from P.R deptt. i.e. PD, DRDA
- Representatives from Other Dept. PA, ITDA, DLO

b) **Nodal Officer & support mechanism**

School Health Medical Officer shall be the Nodal Officer and in case the post is not in place then ADMO (PH) will take up the responsibility at district level & MO(I/c) at block level. DPMU at district level & BPMU at block level will support in planning & coordinate in the implementation of the programme under the guidance of the Nodal Officer.

c) **Joint Monitoring & report return**

Monitoring is an integral component in the implementation of the programme.

Joint monitoring visit must be planned for monitoring the ongoing activities taking representatives from Health & other proximity deptt. (School & Mass Education, S.C & S.T dept & Labour & Employment, W&CD Deptt. etc.) at district as well as block level.

Nodal Officer of the district has to personally monitor & coordinate with all concerned for timely submission of report. He/She has to ensure submission of monthly reports regularly to state (in the desired format (1 & 2B at 10 & 11/C) by 10th of each month. At the block level, respective MO (I/c) shall take similar responsibility.

**Annexure-D****SCHOOL HEALTH CARD****I. Personal details**

Name of the Student :

Sex : Age :

Class : School :

II. General Examination Findings

Findings	Month of Campaign ____	Month of Campaign ____
	Findings	Findings
Pallor		
Pulse		
BP		
Weight		
Height		
Abdominal Examinations		

III. Systemic Examination Findings

Findings	Month of Campaign ____	Month of Campaign ____
	Findings	Findings
Skin		
ENT		
Eye		
Respiratory		
RTI/STI		
Dental		
Orthopaedics		
Mental retardation		
Others		



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IV. Immunisation

TT 10 yrs (Mention date if vaccinated)	TT 16yrs (Mention date if vaccinated)

V. Deworming

Date of administration/Dose	

VI. IFA intake chart (Tick () on boxes after administering IFA in each week)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52								

VII. Treatment & advice

Date	Treatment & advice	Referral(Mention name of the referred institution)



VII. Referral case details:

1 st Follow up		2 nd Follow up		3 rd Follow up	
Date	Name of the institute	Date	Name of the institute	Date	Name of the institute

Learning disorders/Behavioural problems if any (Class Teacher has to give reasons)

Signature of HM

Signature of Health Professional

**Annexure-E**

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(This form should be made available with ASHA and ANM)	
Personal Details (Part-A)	
Name of the student :	
Home Address :	
School :	
Class :	
Treatment cum Referral details (Part-B)	
Treatment at Camp/Institutions(Name):	
Date of Treatment:	OPD/IPD No. If any
Referred Institution if any:	
Proposed date of referral:	
Signature of the Treating Physician/ANM	
ASHA Incentive Voucher (Part-C)	
(Duplicate voucher of Part C should be handed over to ASHA if accompanying or should be given to Patients to be handed over to ASHA)	
<u>For Office use</u>	
Name :	
Sub-Centre :	
Block :	
Work Done :	
Incentive Amount :	
Signature of the Treating Physician	
<u>For submission at Sector by ASHA</u>	<u>For reference of ASHA</u>
Name :	Name :
Sub-Centre :	Sub-Centre :
Block :	Block :
Work Done :	Work Done :
Incentive Amount :	Incentive Amount :
Signature of the Treating Physician	Signature of the Treating Physician

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