Ministry of Human
Resource Development
Government of India

सत्यमेव जयते

Ministry of Health
and Family Welfare
Government of India

Operational Guidelines on School Health Programme under Ayushman Bharat

Health and Wellness Ambassadors partnering to build a stronger future

April 2018

A Joint initiative of Ministry of Health & Family Welfare
and Ministry of Human Resource & Development,
Government of India

जगत प्रकाश नड्डा
Jagat Prakash Nadda

सत्यमेव जयते

स्वास्थ्य एवं परिवार कल्याण मंत्री
भारत सरकार
Minister of Health & Family Welfare
Government of India

Message

Good health is a prerequisite for national development. In our quest for the achievement of Suistanable Development Goals 2030, health and education are fundamental. Schools create a unique opportunity to improve both the education and health status of learners throughout the nation. The School Health Programme under AYUSHMAN BHARAT is a joint collaborative programme between the Ministry of Health and Family Wefare and Ministry of Human Resource & Development. This initiative is targeting both Education and Health implementers and is envisaged to facilitate an integrated approach to health programming and more effective learning at the school level.

It is often assumed that government alone should provide a healthy school environment. However, quality education and better health remains the task of all of us. It is therefore vital that learners, teachers, health workers, parents and communities are jointly engaged to bring about an improvement of the overall situation of health and well being of the students. Through better health promotion, strengthened prevention, and appropriate curative measures, the many health barriers experienced by them can be greatly reduced. I, therefore encourage all stakeholders involved in our School Health Programme to utilise these guidelines extensively and to work tirelessly to ensure its success.

(Jagat Prakash Nadda)

348,ए–स्कंध, निर्माण भवन, नई दिल्ली–110011
348, A- Wing, Nirman Bhawan, New Delhi-110011
Tele: (O) : +91-11-23061661, 23061751, Telefax : 23062358, 23061648
Email: hfwminister@gov.in

सत्यमेव जयते

Foreword

The health of children is a reflection of the future. Good education is possible only when the child is in good health. With the world's largest youth population, India represents an inspiring demographic dividend that can have lasting impact on the social and economic development of the country. Therefore, investing in the health and wellbeing of children is a critical priority in nation-building efforts.

Children are vulnerable to wide spectrum of communicable and chronic disease conditions including nutritional deficiencies, substance abuse, mental health concerns, violence, injury and reproductive and sexual health problems. A number of these issues can be prevented through informed health choices. A focused and comprehensive intervention that targets risk factors and social determinants of health conditions as well as empowers children and adolescents to adopt healthy behaviours can play an important role in reducing the burden of these diseases.

More children than ever are attending school, and for longer periods of their lives, therefore, schools can do more than perhaps any other single institution to improve the wellbeing and competence of children and adolescents. It is a well-known fact that establishing healthy behaviours during childhood is easier and more effective that trying to change unhealthy behaviour during adulthood. Therefore, schools play a critical role in helping students establish healthy behaviours for their lifetime.

Thus, the Department of School Education, Ministry of Human Resource Development and Ministry of Health and Family Welfare is proposing a joint initiative to improve the health of school children under AYUSHMAN BHARAT. Two teachers in every school will be declared as "Health and Wellness Ambassadors" preferably one male and one female and who will transact weekly health promotion and disease prevention information in the form of interactive activities.

These 'Operational Guidelines' have been prepared to serve as a handbook and a resource for Program Managers for effective planning and implementation. We are certain that these guidelines will prove to be useful at the Block level which is deemed to be the hub of the school health programme.

Anil Swarup
Secretary, Department of School Education & Literacy
Minister of Human Resource Development
Government of India

Preeti Sudan
Secretary
Ministry of Health & Family Welfare
Government of India

सत्यमेव जयते

Preface

Healthy children are the foundation for a healthy nation and nation's future depends on the status of the children. Leaders around the world have acknowledged schools as an important setting where children develop behaviour skills for physical, emotional and social well-being. Other than the family, no social institution has greater influence on the lives of children than schools. Every day millions of children in the country go to school and spend a considerable amount of time interacting with their peers and teachers gaining knowledge, building attitudes and skills, and developing behaviours. Behavioural patterns that develop during childhood and adolescence are retained for life. Schools, therefore, play a crucial role in building healthier nations around the world.

Keeping this in mind, Ministry of Health and Family Welfare and Ministry of Human Resource & Development, Government of India has taken a distinctive step to address the need for comprehensive preventive and promotive health education program at school for children. This program envisages training of two teachers from each school as "Health and Wellness Ambassadors" who will impart health and wellness education to the students. These activities will reach about 26 crore school children and through them, their families and communities to accelerate better health outcomes and sustainable development in the country.

There is universal evidence to suggest that the healthier children have improved scholastic achievements. We are confident that School health programme under AYUSHMAN BHARAT, together with several other initiatives of both the Ministries would bring long term health and scholastic benefits to children and adolescents.

I wish all those involved in this initiative great success and I am confident that together we will be able to translate the vision of the programme into practice and transform the lives of crores of children, adolescents and their families across our country.

Manoj Jhalani
Additional Secretary & Mission Director
National Health Mission
Ministry of Health & Family Welfare
Government of India,New Delhi

सत्यमेव जयते

Prologue

The school environment is a natural entry point for reaching children and adolescents with health education, health promotion and health services. Schools present the ideal ecosystem for students to imbibe from peers and learn from role models, such as teachers and head of school. Students can be effective advocates for creating a healthy school and can become change agents for the community health initiatives. Health and education are strongly connected-healthy children achieve better results at school, which in turn are associated with improved health later in life. Setting up positive and healthy school environment, then, plays an important role in improving the health, well-being, overall academic achievement.

Recognizing schools as useful platform, Government of India has launched "School Health Program" under Ayushman Bharat to strengthen health promotion and disease prevention intervention. Intensification of school activities will serve as a booster program which will encompass a comprehensive and evidence based health promotion intervention in addition to offering age appropriate health education, health promotion activities, health screening, preventive services, documentation of health related data, and better skills for emergency care in government and government aided schools of India. This initiative will aim to strengthen the existing programs: Rashtriya Bal Swasthya Karyakram (RBSK) and Rashtriya Kishor Swasthya Karyakram (RKSK) by strengthening the preventive and promotive aspects of health in environment of schools in line with the overall approach of Ayushman Bharat.

I urge the states to use the Operational Guidelines for School Health Programme under AYUSHMAN BHARAT to implement this important initiative in their schools and wish them the very best in their endeavors.

Ms Vandana Gurnani,
Joint Secretary, RMNCH+A
Ministry of Health & Family Welfare
Government of India
New Delhi

Acknowledgement

The operational guidelines for School Health Programme under AYUSHMAN BHARAT have been prepared after numerous consultations among the Ministry of Health & Family Welfare, Ministry of Human Resource Development, NCERT, PHFI and various development partner organizations namely WHO, UNICEF and UNFPA.

I would like to acknowledge the overall guidance and vision provided by Ms. Preeti Sudan, Secretary, MoHFW, Mr. Anil Swarup, Secretary MHRD, Mr. Manoj Jhalani, AS&MD, MoHFW and Mr. V. Shashank Shekhar, JS (EE-I), MHRD in drafting these guidelines. The support of Ms. Vandana Gurnani, Joint Secretary, (RCH), MoHFW throughout this process has been particularly instrumental in conceptualization and development of operational guidelines from implementation perspective.

I am particularly thankful for technical contribution provided by Mr. G.Vijaya Bhaskar, Director, MDM, MHRD, Dr. Meenakshi Jolly, Director (EE-I), MHRD, Dr. Sushma Dureja, Deputy Commissioner (Adolescent Health), MoHFW, Dr. Zoya Ali Rizvi, Assistant Commissioner (Adolescent Health), MoHFW and Prof. Saroj Yadav, Dean (Academic), NCERT for finalizing this document. The effort of Dr. Prairna Koul, Consultant, Adolescent Health, MoHFW and Technical Support Unit (JHPIEGO) led by Dr. Atul Mittal in finalizing the guidelines are highly appreciated.

We are hopeful that the policy makers and other stakeholders across different departments and different levels of implementation will find these guidelines as a resource to for effective implementation of the strategy as envisaged.

Dr.Ajay Khera
M.D. (Public Health)
Public Health Specialist
& Deputy Commissioner In charge
Ministry of Health & Family Welfare

List of Contributors

Ministry of Human Resource and Development

- Mr. Anil Swarup, Secretary, Department of School Education and Literacy
- Mr. V. Shashank Shekhar, Joint Secretary (EE-1), Department of School Education and Literacy
- Mr. G. Vijaya Bhaskar, Director MDM
- Dr. Meenakshi Jolly, Director (E-II), Department of School Education and Literacy
- Prof. Saroj Yadav, Dean (Academic), NCERT
- Dr. Anindita Shukla, Senior Consultant - Food and Nutrition, MDM
- Ms. Sohela Bakshi, Consultant-Inclusive Education, SSA

Ministry of Health & Family Welfare

- Ms. Preeti Sudan, Secretary (H&FW)
- Mr. Manoj Jhalani, AS&MD (NHM)
- Ms. Vandana Gurnani, Joint Secretary-RMNCH+A
- Dr. Ajay Khera, Deputy Commissioner (I/C) Child & Adolescent Health Division
- Dr. Sushma Dureja, Deputy Commissioner Adolescent Health Division
- Dr. Zoya Ali Rizvi, Assistant Commissioner Adolescent Health Division
- Ms. Risha, Senior Consultant, Adolescent Health Division
- Dr. Prairna Koul, Consultant, Adolescent Health Division
- Mr. Deepak Kumar, Consultant, Adolescent Health Division
- Technical Support Unit, Adolescent Health Division, USAID-MCSP, Jhpiego

Other Contributors

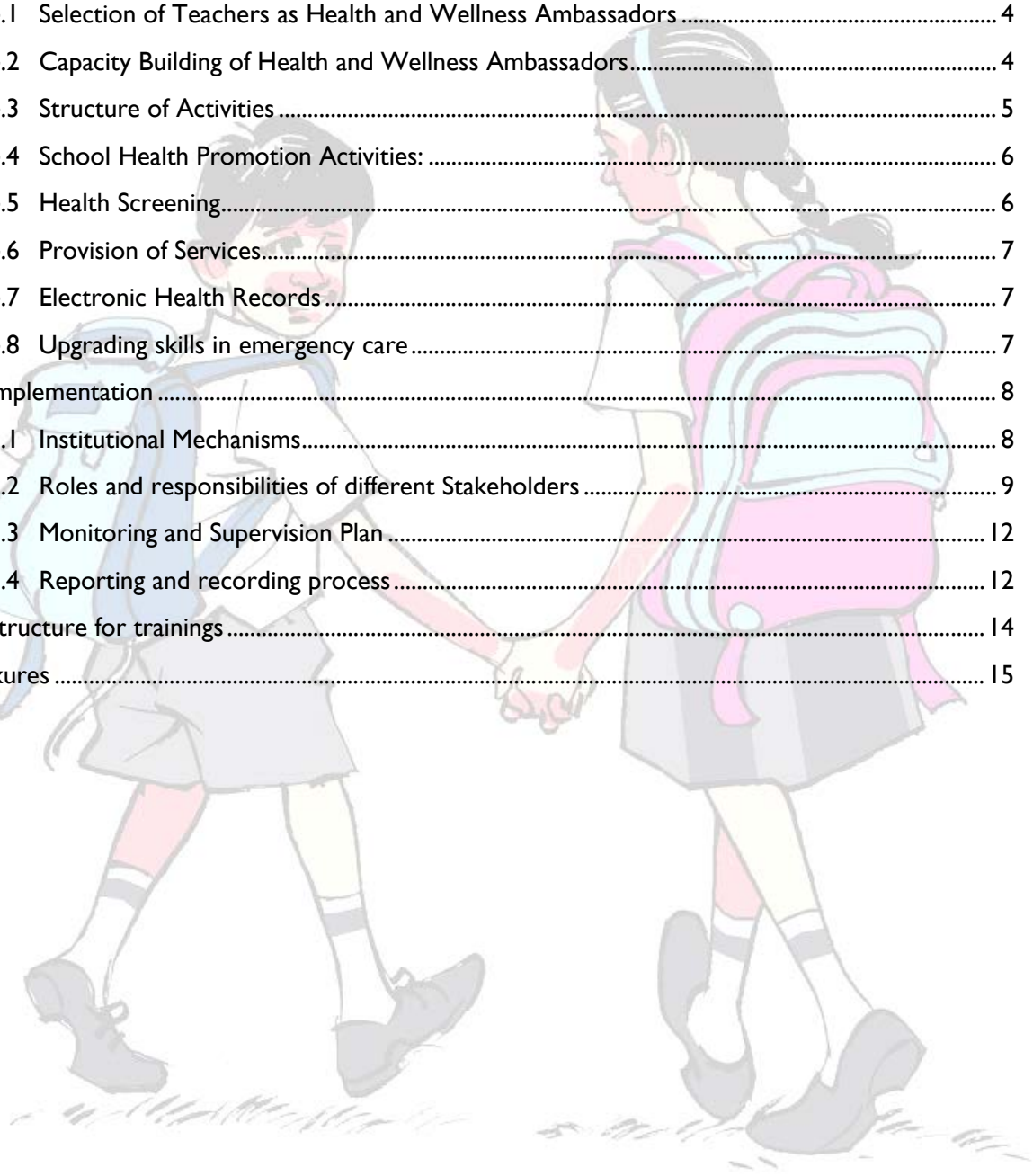
- WHO
- UNFPA
- UNICEF
- PHFI

Abbreviations

AEP	Adolescent Education Programme
AFHC	Adolescent Friendly Health Clinic
AH	Adolescent Health
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BCC	Behavior Change Communication
BMO	Block Medical Officer
BDO	Block Development Officer
BPO	Block project officer
BRC	Block Resource Center
CABE	Central Advisory Board on Education
COTPA	Cigarettes and other Tobacco Products Acts
CHC	Community Health Center
CRC	Cluster resource center
DEIC	District Early Intervention Center
DIET	District Institute of Education and Training
HFW	Health and Family Welfare
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICDS	Integrated child development scheme
IEC	Information education Communication
IFA	Iron Folic Acid
MoHFW	Ministry of Health and Family Welfare
MHRD	Ministry of Human and Resource Development
MHS	Menstrual Hygiene Scheme
MoU	Memorandum Of Understanding
NACO	National AIDS Control Organisation

NCERT	National Council of Educational Research and Training
NCD	Non-communicable Disease
NDD	National Deworming Day
NFHS-4	National Family Health Survey-4
NHM	National Health Mission
NHP	National Health Policy
PHC	Primary Health Center
PIP	Program Implementation Plan
RBSK	Rashtriya Bal Swasthya Karyakram
RKSK	Rashtriya Kishor Swasthya Karyakram'
RTIs/STIs	Reproductive tract Infections/Sexually Transmitted Infections
SCERT	State Council of Educational Research and Training
SDGs	Sustainable Development Goals
SSA	Sarva Shiksha Abhiyan
STH	Soil-transmitted helminths
U-DISE	Unified district information system
WHO	World Health Organization
WIFS	Weekly Iron Folic Acid Supplementation

Contents



Background

Investment in education is an investment in health. Addressing health and education together underpins all Sustainable Development Goals (SDGs). National Health Policy (NHP) 2017 also envisages attainment of the highest possible level of health and wellbeing for all ages, through preventive and promotive health care. The policy lays greater emphasis on investment in school health by incorporating health education as part of the curriculum, promoting hygiene and healthy practices within the school environs

India is home to 47.3 crore children (0–18 years) comprising 39 percent of the country's total population (Census 2011). The recent data suggests around 26 crore children in the age group of 6-18 years are attending schools. As more children survive to school age and with increased emphasis on Sarva Shiksha Abhiyan (SSA) and Right to Education Act (2010), the number of children attending school has increased considerably.

For millions of young people including adolescents around the world, the onset of adolescence brings not only changes to their bodies, but also new vulnerabilities due to limited access to quality services, and health information, particularly on sexual and reproductive health, injuries and violence and digital challenges (e.g. cyber-bullying and pornography, Internet addiction). As per National Mental Health Survey 2015-16, prevalence of mental disorders in age group13-17 years was 7.3% and nearly equal in both genders. Approximately 54 % of the girls and 29% of boys in the age group of 15-19 years are anaemic in India (NFHS-4). A large proportion of girls are coerced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections, including HIV. AIDS-related deaths have fallen for every other age group except for adolescents where it has increased. As per NFHS 4, more than one-fourth (26.8%) of the girls in the country are still getting married below the legal age, 8% of girls aged 15-19 years were already mothers or pregnant at the time of survey, 58% girls in the age of 15-24 years use a hygienic method during menstruation and more than one-third married female 15-24 years (37%) have experienced physical, sexual, or emotional violence by their husbands.

India has over a billion mobile users but access to toilets is only 66%. World Health Organization (WHO) indicates that India has the highest burden of soil-transmitted helminths (STH) in the world, with 220 million children aged 1-14 years estimated to be at risk of worm infestations. NFHS 4 data also shows that in the age 15-19 yrs 4.2% girls and 4.8% boys are obese while 42% girls and 44% boys are thin.

It is important to educate the children early in life, about their health and the right behaviours, so that they lead a healthy life and realize their full potential. These educated, healthy and productive adults, will form the base of resilient, prosperous and sustainable communities.

One of the key strategies to reach children and adolescents is through schools as schools serve as an ideal platform to impart education on health issues, instituting in them healthy behaviours, forge linkages with services and reach parents and community through the students. Evidence shows that school health programme offer high cost benefit ratio and schools can be used to efficiently implement health activities.

In 2013, Government of India launched the Rashtriya Bal Swasthya Karyakram (RBSK) under the National Health Mission for early detection and timely management of illnesses among children (0-18 years) by periodic screening through the platform of Schools and Anganwadi centers. Government also launched a comprehensive programme called, 'Rashtriya Kishor Swasthya Karyakram' (RKSK) in 2014 to respond to the health and development requirements of adolescents in a holistic manner.

Furthermore, the School Health Programme has been incorporated as a part of the Health and Wellness component of the Ayushman Bharat Programme of Government of India to strengthen the preventive and promotive aspects through health promotion activities. These activities will combine health education,

health promotion, disease prevention, and improve access to health services in an integrated, systemic manner at the school level. There will be increased focus on emerging social morbidities like injuries, violence, substance abuse, risky sexual behaviors, psychological and emotional disorders.

The School Health Promotion Activities under Ayushman Bharat Programme a joint initiative of Ministry of Health and Family Welfare and Department of School Education & Literacy, Ministry of Human Resource & Development.

1. Objectives

- To provide age appropriate information about health and nutrition to the children in schools.
- To promote healthy behaviors among the children that they will inculcate for life.
- To detect and treat diseases early in children and adolescents including identification of malnourished and anemic children with appropriate referrals to PHCs and hospitals.
- To promote use of safe drinking water in schools
- To promote safe menstrual hygiene practices by girls
- To promote yoga and meditation through Health & Wellness Ambassadors.
- To encourage research on health, wellness and nutrition for children.

2. Target Population

The school health promotion activities will be implemented in all the government and government aided schools in the country. This will be achieved through the joint efforts and close coordination between Ministry of Health & Family Welfare and Department of School Education and Literacy, Ministry of Human Resource and Development at all levels (Centre and State).

3. Package of Services under School Health:

School Health Promotion Activities	•Age appropriate incremental learning for promotion of healthy behavior and prevention of various diseases •Delivered through school teachers/Health and Wellness Ambassadors trained in each school
Health Screening	•The screening of children for 30 identified health conditions for early detection, free treatment and management through dedicated RBSK mobile health teams. List enclosed as **Annexure I**
Provision of Services	•Provision of IFA and Albendazole tablets by teachers through WIFS and NDD programme respectively. •Provison of sanitary napkins •Age appropriate vaccination
Electronic Health Records	•Electronic health record for each child
Imparting skills of emergency care	•Training of teachers on basic first aid

4. Operationalization of the School Health Programme

The Programme has been developed based on the learning and experiences from a variety of global and national school based interventions.

Two teachers, preferably one male and one female, in every school designated as "**Health and Wellness Ambassadors**" will be trained to transact health promotion and disease prevention information in the form of interesting activities for one hour every week. These health promotion messages will also have bearing on improving health practices in the country as students will act as **Health and Wellness Messengers** in the society. Every Tuesday may be dedicated as **Health and Wellness Day** in the schools.

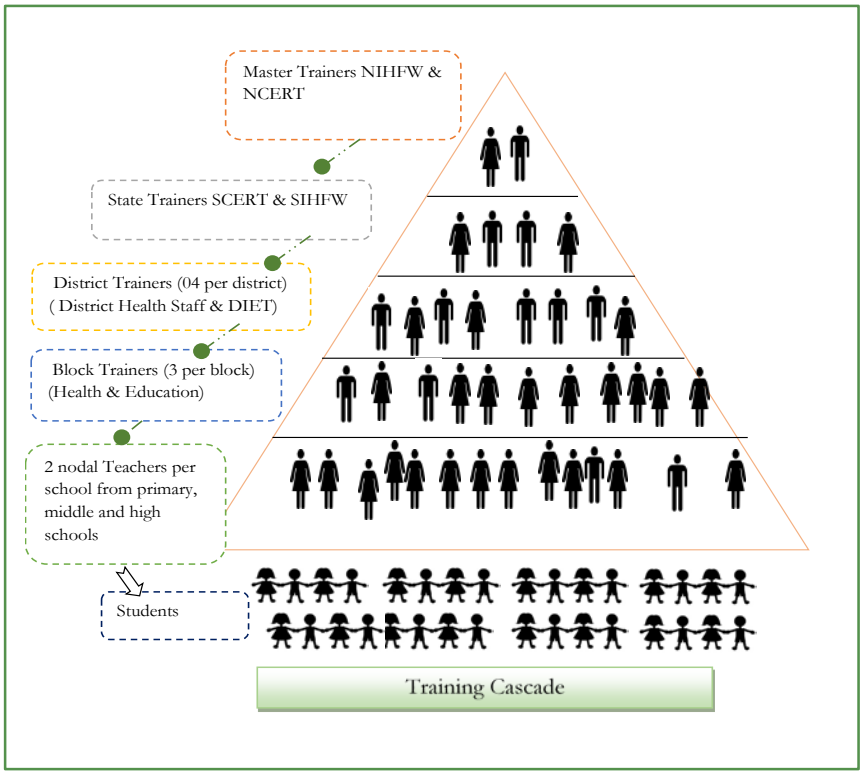
4.1 Selection of Teachers as Health and Wellness Ambassadors

It is recommended that proactive and self-motivated teachers with good communication skills, and ability to connect with students should be selected. The teachers from science, physical education background may be given preference. The age of teachers selected as Health and Wellness Ambassadors should be preferably below 45 years. States may consider giving special recognition at the time of promotions as an incentive for their contribution in promoting health in their respective schools.

Health and Wellness Ambassadors will then carry out the health promotion activities with the students. The training module for this activity will include the themes of the existing Rashtriya Kishor Swasthya Karyakram of MoHFW viz: Improving Nutrition, Improving Sexual and Reproductive Health, Enhancing Mental Health, Preventing Injuries and Violence (including GBV), Preventing Substance Misuse, Addressing conditions for Non-Communicable Diseases and any other topics decided in consultation with MHRD.

4.2 Capacity Building of Health and Wellness Ambassadors

A cascade model of training will be followed. The National Level training will be conducted jointly by trainers from Ministries of Health & Education. The National Level Master Trainers will train, four State level trainers (State Council of Educational Research and Training (SCERT), Department of Health/State Institute of Health and Family Welfare) at National level. These State trainers will then train three trainers per district at the State level. The three district level trainers will be from the District Institute of Education and Training (DIET) and those from the Department of Health



may be Medical Officer and Counsellor. They will train three trainers per block, at the district level, who can be Block Medical Officer, RBSK doctor and Block Resource Centre (BRC) Coordinators. The block level trainers will train two teachers per school (Health and Wellness Ambassadors) at block level. All these trainings willbe for five days' duration with 30 participants per batch. The block trainers will also conduct a two-day orientation, for all the school principals of their respective block.

Existing teacher capacity building mechanisms may be considered for trainings. Moreover, infrastructure of DIET may be appropriately utilized for the same.

4.3 Structure of Activities

The trained teachers/ Health and Wellness Ambassadors will conduct weekly sessions and complete the modules in the academic year as per the proposed schedule. The sessions have to be preferably included in the time table and regular curriculum of the classroom teaching. It is also proposed to have Tuesday of every week as the Health and Wellness Day. Age appropriate material is being adapted from various programmes such as Life Skills, AEP, Peer educator module, ASHA modules for conducting activities in the schools. The current sessions will build on the existing process to make it more comprehensive with respect to health.

Health and Wellness Ambassadors shall utilize training material provided to them. In case they are facing any difficulties in transaction of the sessions, they may seek help from the Medical Officer from PHC/CHC, Block Health Coordinator or the RBSK team doctor.

To address the queries of the students, a question box will be installed in schools where the students can put in their individual queries anonymously to prevent any bias based on question-asking. The Health and Wellness Ambassadors will take up these questions at the start of each new session and use them for discussion.

The Health and Wellness Ambassadors will be supported by two students of each class who would help them facilitate the initiatives and activities under the school health component. They will be termed as "Health and Wellness Messengers". Along with them the school and community based Peer Educators/Saathiyas, Block Adolescent Health Coordinator and ANMs would further support during their outreach activities. Block Adolescent Health Coordinator may also use AV aids to display various audio-visual BCC materials where available. The teachers may also use the "Saathiya" application and helpline numbers during discussions and transacting sessions. Adolescent Health Days may also be planned in schools sometimes and the students may decide its theme. Various material can be developed by the students for the planned Adolescent Health Days. Parents and other stakeholders may also be invited on these adolescent health days in the schools. Activities have been designed to empower students to take charge of their health and make appropriate choices for practicing healthy behaviours. A resource kit containing activity kit and aids, audio visuals, films, posters, postcards, fact sheets, pamphlets have been developed to facilitate the sessions. The training/sensitization kit for teachers includes manuals for mentoring and monitoring activities at schools. In addition, intra school competitions (like poster-making, slogan writing, health quiz etc.) may be organized. Mobile apps, e-health/m-health platforms and other social media platforms will also be promoted for counselling support.

Activities in School

WEEKLY	FORTNIGHTLY/ MONTHLY	QUARTERLY	BI-ANNUAL
• Classroom Transactions by Health and Wellness Ambassadors • Administration of IFA tablets	• Thematic School Assembly • Question Box Responses	• Thematic AHDs • Parent Teacher Meetings	• Administration of Albendazole tablet (National Deworming Day)

The Health and Wellness Ambassadors will also facilitate linkages with other ongoing school based programmes like WIFS, NDD, MHS and RBSK. The Health and Wellness Ambassadors will also coordinate referral of students requiring any support or treatment to the Adolescent Friendly Health Centres and Health & Wellness Clinics. For any greater information that the students require, they may also be referred to the Adolescent Friendly Health Resource Centres at the District level.

4.4 School Health Promotion Activities

The health promotion activities will be given a special focus. Age appropriate health education for the students will be taken up to influence behavior and enhance skills. The framework developed pays special attention to physical, psycho-social and mental aspects based on the developmental stages of the child. The broad components are:

Age Appropriate Health Promotion		
Primary School	**Middle School**	**High School**
• Health, growth and development • Personal safety • Nutrition and physical activity • Hygiene practices • Prevention of Diseases like Malaria, Dengue, TB, worms infestation, diarrohea and vaccine preventable diseases	• Puberty and related changes • Eye care, oral hygiene • Nutrition • Bullying prevention • Meditation and Yoga • Internet safety and media literacy • Prevention of substance abuse • HIV/AIDS • Mental Health	• Prevention of substance abuse • Sexual & Reproductive Health • Violence Prevention • Unintentional Injury • Road safety • Nutrition • Meditation and Yoga

4.5 Health Screening

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. The 0-6 years' age group will be specifically managed at District Early Intervention Center (DEIC) level while for 6-18 years' age group, management of conditions will be done through existing public health facilities. DEIC will act as referral linkage for both the age groups.

Once the child is screened and referred from school, it would be ensured that the necessary treatment/intervention is delivered at zero cost to the family.

4.6 Provision of Services

Weekly Iron Folic Acid Supplementation through 6–19 years of age will follow the existing guidelines in the schools. These services will continue to be delivered through school teachers.

Age group	Intervention/Dose	Regime	Service Delivery
6–10 years	Tablets of 45 mg elemental iron and 400 mcg of folic acid	Weekly, throughout the period 6 –10 years of age	Through teachers
10–19 years	Tablets of100 mg elemental iron and 500 mcg of folic acid	Weekly throughout the period 10–19 years of age	Through teachers

Deworming: To combat parasitic worm infections, Government of India has declared 10th August and 10th February as fixed days to provide Albendazole tablets for deworming school-age children. During NDD, Albendazole 400 mg chewable tablets will be administered to children at government, government-aided, and private schools. This will continue to follow the current NDD guidelines.

Menstrual Hygiene Management: Sanitary napkins may be provided in the schools for adolescent girls as per MHS guidelines.

Health Screening: Under RBSK, identification of 30 diseases including malnutrition and anaemia with appropriate referrals. Identification of children with refractive errors may be done and spectacles provided.

Physical and Mental Fitness: Classes on yoga and meditation through Health & Wellness Ambassadors may be promoted on the lines of "International Yoga Day" to inculcate the habits of yoga and meditation among children since their childhood.

Research: Provisions may be made for research and studies on health, wellness and nutrition for children to assess the impact of the programme.

Other preventive services in the form of regular age appropriate vaccination of children through local health staff are being considered

4.7 Electronic Health Records

It is envisaged to develop an electronic health record for each student. Student Health Card will include health screening and service access data for each student. Under the RBSK, the screening and referral records of all the school children will be digitalized. The relevant information related to school health activities/ will be added to existing electronic records maintained under RBSK.

4.8 Upgrading Skills in Emergency Care

A child spends a considerable part of the day in school, which makes it the responsibility of the school to ensure the safety of all children in every possible way during their stay at school. Thus students and teachers should know the basics of first aid and should be able to respond to emergencies. There should be a first aid box available in each school. The teachers and students will be made aware of the various services available to attend to emergencies like the ambulance, fire brigade, police, closest health facility

etc. Sessions on basic first aid will be taken up and linkages with local disaster response teams will be made, to build the capacity of school teachers and children to respond to emergencies.

5 Implementation

5.1 Institutional Mechanisms

National Level Coordination Committee (Constitution and scope of work)

The MoHFW and MHRD will be nodal Ministries for implementation. Other members of the committee will include representatives from Ministry of Women and Child Development, Ministry of Panchayati Raj, Ministry of Drinking Water and Sanitation, Ministry of Youth affairs and Sports, National agencies under Department of School Education and Literacy and other development partners or stakeholders as appropriate. A National Level Coordination Committee under the co-chairmanship of MoHFW and MHRD is responsible for policy formulation, technical support, planning of the programme including the budget allocation under programme Implementation Plan (PIP), providing resource material for training, establishing monitoring systems and reviewing progress on programme preparedness. The Committee will monitor effective implementation of the programme across the country. Similar structures to be established at State and district level also.

State Level Coordination Committee (Constitution and scope of work)

At the State level, Coordination Committee will be constituted under the co-chairpersonship of Principal Secretary (s) Health and Education with Secretaries of Women and Child Development, Drinking Water and Sanitation, Panchayati Raj and other relevant department as members. The function of the committee will be to monitor the progress of the programme, convergence between different departments, resolve programme related issues and gaps at the State Level and provide guidance to Districts for effective implementation. The committee will meet once a year and can support the implementation of the programme.

A State level sub-committee under the chairpersonship of Mission Director (National Health Mission) may be formed for better coordination with partner departments and will meet twice a year. The existing State committees for Adolescent Education programmemay be consulted or involved as per the vision of the State.

The composition of State Level Coordination Committee will be:

I.	Secretary, Health	Co-Chair
II.	Secretary, Education	Co-Chair
III.	Secretary, Panchayati Raj	Member
IV.	Secretary, Women and Child development	Member
V.	Secretary, Urban Development	Member
VI.	Secretary, Tribal Affairs	Member
VII.	Secretary, Sports and Youth Affairs	Member
VIII.	Secretary, Rural Development	Member
IX.	States Advisory Boards (Education)	Member
X.	Mission Director, NHM	Convener

District Level Coordination Committee (Constitution and scope of work)

A District Level Coordination Committee should be led by District Magistrate with Civil Surgeons/CMHOs, District Education officer, District Institute of Education & Training officer, District ICDS programme Manager, and representatives from other departments and development partners as members if so desired. The function of the committee will be to implement and monitor the progress of the programme, resolve programme related issues and gaps and provide guidance for effective implementation. The committee will meet quarterly to review the progress of the programme.

Block Level Coordination Committee (Constitution and scope of work)

At Block Level, Coordination Committee be constituted under the chairpersonship of Sub-Divisional Magistrate (SDM) with BMO, Block Education Officer, Block Development Officer (BDO), selected principals and representatives from other relevant departments as members. The committee would ensure effective implementation of the programme and be actively involved in training of Health and Wellness Ambassadors (Nodal Teachers). The committee will ensure data flow from Schools to the District Level.

5.2 Roles and responsibilities of different Stakeholders

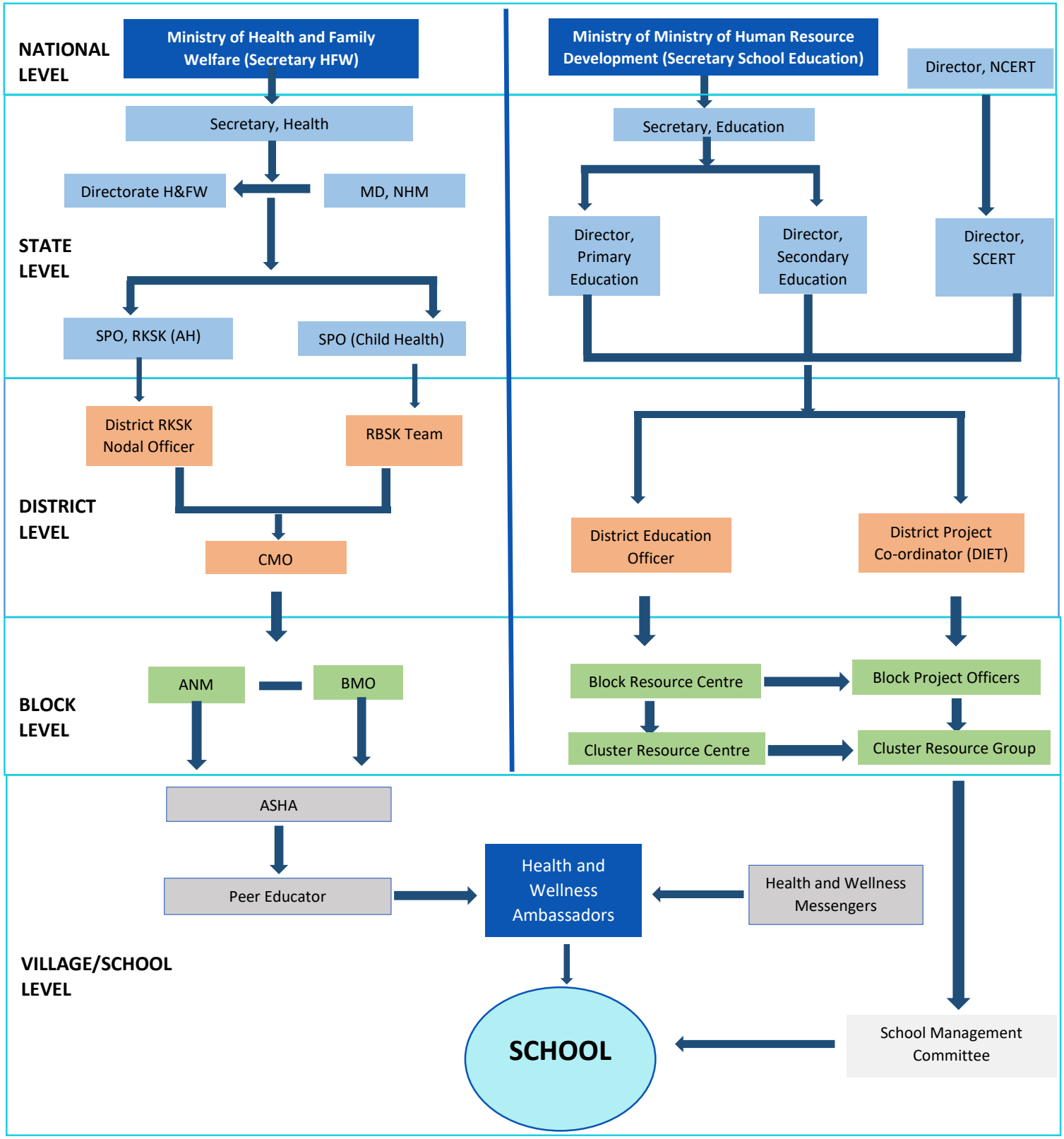
The programme is a joint initiative of MoHFW and MHRD. Thus, the convergence between both the Ministries is critical for the successful implementation. Adolescent Health Division on behalf of MoHFW will work jointly with Department of School Education and Literacy (MHRD) to provide toolkit to the States which will include materials for training, community mobilization and awareness generation, reporting formats, monitoring checklist, guidelines on financial and budgetary provisions etc. MoHFW and MHRD has the following responsibilities and not limited to the following.

Activity	***Responsibilities***	
	Health & Family Welfare	***Education***
Letter for implementation (National/State)	Joint letter with guidelines	
Convergence Meetings	Between Health and Education at all levels for effective implementation	
Development of protocols and standardized resource materials for different stakeholders (National)	Technical Advisory Group (TAG) comprising of experts from MoHFW and MHRD	
Budget	Programme Implementation Plan of National Health Mission	Existing allocation of funds for teachers training
Training of Master Trainers (At National Level)	Experts from NIHFW, MoHFW and other development partners	NCERT, SCERT and DIET
Training of District Level Trainers (At State Level)	Identify trainers, issue letters	Nominate trainers ,issue letters, provide space and coordinate for organizing the training
Training of Block Level Trainers (At District Level)	Nominate trainers, issue letters, coordinate for organizing the training	Identify trainers, issue letters, provide infrastructure

Training of Health and Wellness Ambassadors (At Block Level)	Nominate trainers, issue letters, coordinate for organizing the training	Identify two teachers per school, issue letters, provide infrastructure for training
Sessions in School	Monitoring by RBSK teams	By Health and Wellness Ambassadors, with support from State Health Department.
Health Screening	RBSK teams	By MHRD with inputs from Ministry of Health & Family Welfare
Preparation of training material and release of funds for activities (National)	MoHFW	MHRD will support through their on- going training programmes
Monitoring & Supportive Supervision	Jointly by both the departments	
Reporting/Data Collection	Block up to the National level using Shalakosh(U DISE)	School to the Block level using Shalakosh (U DISE)

The detailed roles and responsibilities of different stakeholders is placed at **Annexure-2**.

Flow chart of convergence between Department of Health and Family Welfare and Education



5.3 Monitoring and Supervision Plan

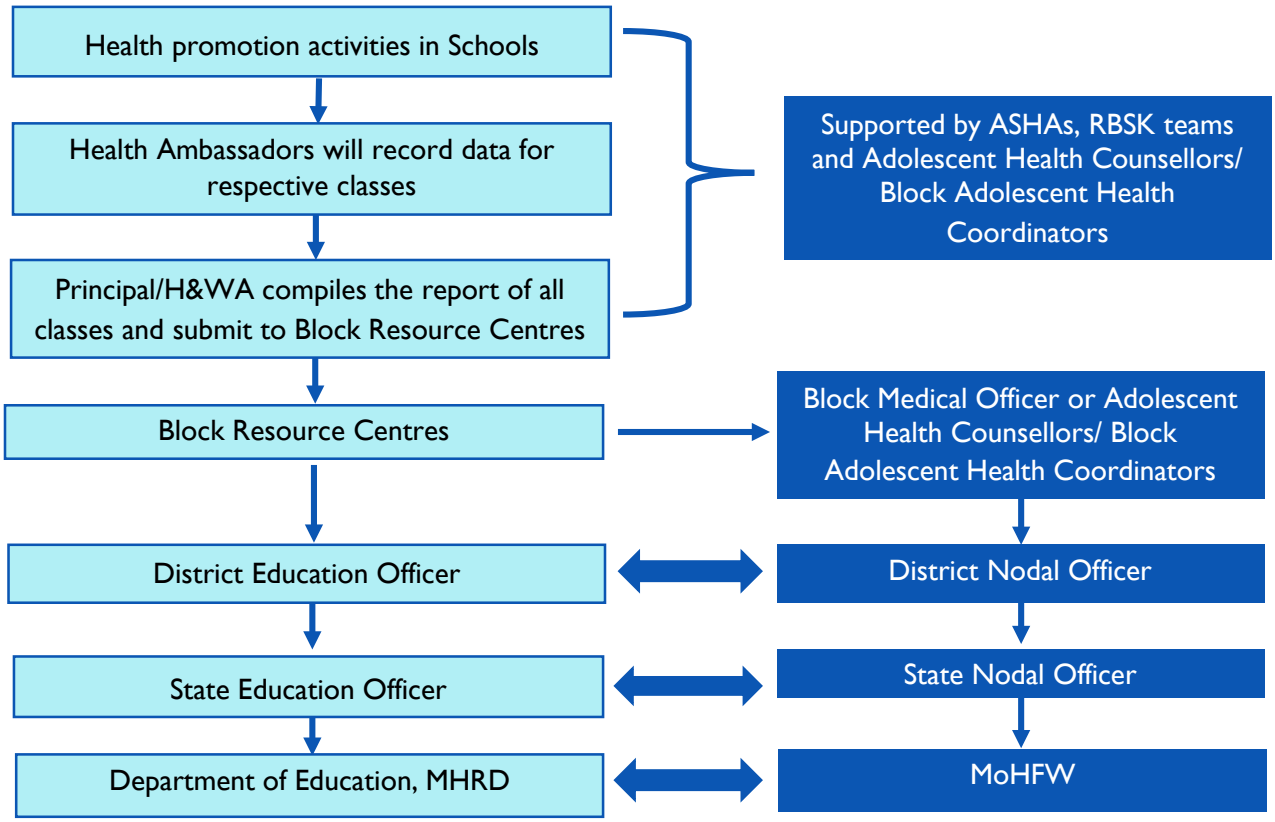
Monitoring and supervision are essential management tools which will help ensure that the programme being implemented as planned and to assess whether desired results are being achieved. Specific monitoring and supervision guidelines are as follows:

- Designated teams from the MoHFW and MHRD will monitor the activities by randomly visiting schools across all States/UTs.
- Similarly, States/UTs, Districts from Health and Education departments will also designate teams/officials for field monitoring. States/UTs and Districts will be provided with the necessary budget for conducting this activity effectively.
- The Block Medical Officer, BRC Coordinators from Education department, RBSK teams at the block level and Block Adolescent Health Coordinators will carry out programme supervision and monitoring on a periodic basis. District Nodal Officer may decide the periodicity of these visits.
- Block Adolescent Health Coordinators will ensure the implementation of monitoring plan at the block level.
- All monitoring teams and officials from all levels will use a standardized common format for field level monitoring.
- The key performance indicators will be used to assess the performance annually (**Annexure-3)**

5.4 Reporting and recording process

- Enhance the indicators in ***Shalakosh-U DISE*** to include all relevant health promotion activities in schools.
- The designated nodal officers looking after Adolescent programme at the State, District and Block levels will be responsible for recording and reporting of the activities.
- Health and Wellness Ambassadors will record the progress of each class every month in a prescribed format (**Annexure 4)**.
- The principal or Health and Wellness Ambassadors will compile the reported class data into the School reporting format **(Annexure 5**) every month and submit to Block Resource Centre of education department by 7th of next month.
- The nodal officer at Block Resource Centre will share the compiled reports **(Annexure 6)** of all schools from respective blocks to the Block Medical Officer by 10th of next month.
- Block Adolescent Health Coordinators will ensure the coordination between the two departments. He or She will ensure reporting of block level report on the e-MIS by 15th of next month.
- The District Nodal officer or District Level Adolescent Health Counsellor (if in position) will compile data of all blocks and submit the duly signed compiled report to the State Nodal Officer under Health Department. He or She will also ensure the sharing of reports with the District Education Officer.
- The State Nodal officer will compile the reports of all the districts in the State level format and submit the duly signed report to Adolescent Health Division at MoHFW.

Flow Chart for submission of reports



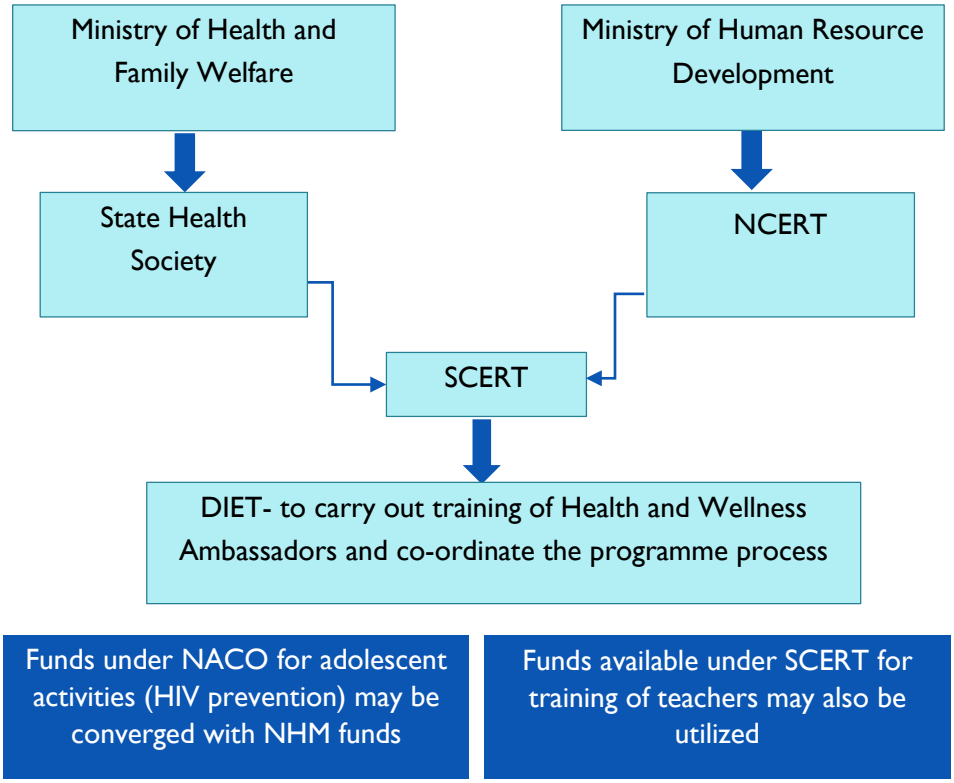
6 Structure for trainings:

6.1 The existing funds available under NHM may be utilized for training and IEC activities. The funds for training of teachers and sensitization of school principals will be given to SCERTs through State Health Society. Certain budget for monitoring and quality assurance will be given to NCERT. The suggestive structure for trainings is outlined as under.

6.2 Alternatively the State Government/UT administration may also conduct trainings through district collectors in collaboration with NCERT.

6.3 In either case above specific proposals may be given to Government of India for approval.

Illustrative Structure for Trainings



Annexures

Annexure-I

Health Conditions Identified for Screening

Child Health Screening and Early Intervention Services under NHM envisage to cover 30 identified health conditions for early detection and free treatment and management. Based on the high prevalence of diseases like hypothyroidism, sickle cell anaemia and beta thalassemia in certain geographical pockets of some States/UTs, and availability of testing and specialized support facilities, these States and UTs may incorporate them as part of this initiative.

Identified Health Conditions for Child Health Screening and Early Intervention Services	
Defects at Birth 1. Neural Tube Defect 2. Down's Syndrome 3. Cleft Lip & Palate / Cleft Palate alone 4. Talipes (club foot) 5. Developmental Dysplasia of the Hip 6. Congenital Cataract 7. Congenital Deafness 8. Congenital Heart Diseases 9. Retinopathy of Prematurity	**Deficiencies** 10. Anaemia especially Severe Anaemia 11. Vitamin A Deficiency (Bitot spot) 12. Vitamin D Deficiency (Rickets) 13. Severe Acute Malnutrition 14. Goitre
Childhood Diseases 15. Skin conditions (Scabies, Fungal Infection and Eczema) 16. Otitis Media 17. Rheumatic Heart Disease 18. Reactive Airway Disease 19. Dental Caries 20. Convulsive Disorders	**Developmental Delays and Disabilities** 21. Vision Impairment 22. Hearing Impairment 23. Neuro-Motor Impairment 24. Motor Delay 25. Cognitive Delay 26. Language Delay 27. Behaviour Disorder (Autism) 28. Learning Disorder 29. Attention Deficit Hyperactivity Disorder
30. Congenital Hypothyroidism, Sickle Cell Anaemia, Beta Thalassemia (Optional)	

Annexure-2

Roles and Responsibilities of different Stakeholders

Stakeholders	Roles	Responsibilities
Policy Makers	• Integration in Health and Education policy • Follow up of policy implementation	• Ensure that the need for adequate evidence is incorporated in the policy and steps are taken for creating adequate evidence base through concerned institutions/agencies • Reflect responses to adolescents' issues and concerns in the policy perspective • Promote expanded consultations with State level policy makers and all other stakeholders including religious, op inion leaders, media and society at large • Ensure priority on National Health Mission and Central Advisory Board on Education(CABE) agenda • MoHFW and MHRD to ensure convergence among Inter ministerial initiatives of similar nature and ensure coordination among concerned educational bodies; • MoHFW and MHRD to ensure allocation of adequate financial resources and availability of infrastructure support and human resources respectively
Health, Education and Other Government Officials	• Develop clear monitoring protocols and reporting channels. • Develop appropriate tools to promote integration in content and process of education and to assess learning environment in schools and life skills development among learners • Ensure quality in implementation and adherence to the basics of the Framework	• Institute needed mechanism and adopt process at national level to ensure integration in content and process of education and coordination in the implementation process of the programme • State Health and Education Secretaries to put in place necessary mechanisms and processes in view of the systemic constraints • Allocation of financial resources, ensuring infrastructure support and availability of human resources • Ensure effective engagement of health, education and other government/non-government officials at different levels to ensure qualitative implementation • Actualize functional coordination committee meetings among concerned departments/agencies at different levels • Advocacy to sensitize all the stakeholders including the media to create and nurture conducive environment to implement

Stakeholders	Roles	Responsibilities
School Management: Principals, Parent Teacher Associations	• Build an enabling environment to transact health promotion activities • Consensus building with school teachers, parents and local opinion leaders • Adequate time and resource allocation • Implement clear monitoring protocols and reporting channels • Appropriate use of tools to assess effectiveness and quality of learning environment in schools and life skills development among learners	• Ensure necessary human resource and infrastructure support for effective implementation within definite time- frame • Create needed spaces and ensure the availability of institutional support • Identify and engage committed and well-informed resource persons (within and outside) • Regular interactions with parents, local opinion leaders and school staff for creating and nurturing conducive environment that is so essential for effective implementation of the programme
Health and Wellness Ambassadors	• Transact health promotion activities in schools • Create and promote a conducive environment for appreciation of adolescents' needs and concern • Appropriate use of tools to assess effectiveness in school settings	• Create and utilize opportunities for interactive/ experiential learning in which learners are equal and active partners and not passive listeners • Sensitize other members of staff of the school/institution and management • Avail opportunities for capacity building • Encourage learners to share their experiences at home • Develop and employ process-based and not the outcome-based assessment tools for qualitative evaluation of the inputs
Adolescents	• To articulate their growing up concerns without inhibitions • To actively participate in all the learning activities	• Be active participants in the learning process • Share the concerns of themselves and their peers with parents, teachers and other authentic sources • Educate the siblings on their concerns • Avail opportunities and be part of the process focused on life skills development

Annexure-3

Key Performance Indicators

Health topics	Thematic indicators	Data Collection Frequency	Data Collection Methods
Personal Hygiene (including menstrual hygiene)	Percentage of schools with a source of clean drinking water for students	Annually	
	Percentage of schools with separate toilets or latrines for boys & girls	Annually	
	Percentage of schools with functional hand washing facilities and soap available for students in the school	Annually	
	Percentage of girls in secondary school who had received counselling regarding menstrual hygiene	Annually	
Nutrition (including anaemia)	Percentage of students (by sex) who received IFA Tablets	Monthly	
	Percentage of students who received Tab Albendazole	Biannually	
	Percentage of schools offering mid-day meals.	Monthly	
Tobacco, Alcohol & Drugs	Percentage of schools adhering to COTPA, 2017 directives	Annually	
	Percentage of students that were taught about alcohol, tobacco or other drug use prevention during the last year	Annually	
Mental Health (Include suicides, depression)	Percentage of schools conducted session on mental health	Annually	
	No. of students recognised and referred by teachers to AFHCs for counselling for mental health issues	Biannually	
Road Safety, Injuries	Percentage of schools with trained teachers to monitor and administer first aid and basic safety	Annually	
	Percentage of students taught about injury prevention and safety, e.g. road safety	Annually	

Health topics	Thematic indicators	Data Collection Frequency	Data Collection Methods
Relationships	No. of session held in the school regarding relationship and peer pressure issues	Annually	
Early marriage and child bearing, Sexual and reproductive health including STI/ HIV	Percentage of students received information regarding sexual and reproductive health	Annually	
Gender and Gender Based Violence and other violence	Percentage of schools that provided life skills-based HIV/STI/RTI education in the previous academic year	Annually	
	Percentage of students exposed to sessions in which they were taught how to avoid physical fights and violence	Annually	
	Percentage of students exposed to sessions in which they were taught about gender and gender based violence	Annually	
Physical activity	Average number of physical education sessions per week in schools	Monthly	
Rights of adolescents	Percentage of students received session on different Rights, Policies, Laws related to Adolescents	Annually	
My commitment to my health	Percentage of children who prepared individual health plan	Annually	
Yoga & Meditation	Average number of physical education sessions per week in schools	Monthly	

Annexure-4

REPORTING FORMAT: CLASS

Name of the School:
DISE Code:
Class:
Complete Address (including district, State):
Reporting Month/Year:

Indicator	Numbers in reporting Month								Remarks
No. of children enrolled in the class	Girls		Boys		Total				
Session organized									Please mention the name of session (out of 10 sessions)
Total no. of sessions organized till date	……/10								
No. of weeks where session organized	Week 1		Week 2		Week 3		Week 4		
	Yes/No		Yes/No		Yes/No		Yes/No		
No. of children in class who attended the session	Week 1		Week 2		Week 3		Week 4		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Number of children consuming the IFA tablet	Week 1		Week 2		Week 3		Week 4		WIFS data
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Number of children dewormed	Feb 10				Aug 10				NDD data
	Boys		Girls		Boys		Girls		
Number of Girls who took Sanitary Napkins									
Number of children who underwent medical check-up through RBSK teams									RBSK data
Number of children referred to AFHCs									

Annexure-5

REPORTING FORMAT: SCHOOL

Name of the School:
DISE Code: Category of School: Primary/Upper Primary/Secondary/Senior Secondary
Complete Address (including district, State):
Reporting Month/Year:
Number of teachers trained:

Indicator	Numbers in reporting Month								Remarks
No. of children enrolled in the class	Girls		Boys		Total				
Session organized									Please mention the name of session (out of 10 sessions)
Total no. of sessions organized till date	……./10								
No. of weeks where session organized	Week 1		Week 2		Week 3		Week 4		
	Yes/No		Yes/No		Yes/No		Yes/No		
No. of children in the school who attended the session	Week 1		Week 2		Week 3		Week 4		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Number of children consuming the IFA tablet	Week 1		Week 2		Week 3		Week 4		WIFS data
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Number of children dewormed	Feb 10				Aug 10				NDD data
	Boys	Girls			Boys		Girls		
Number of girls who took Sanitary Napkins									
Number of children who underwent medical check-up through RBSK teams									RBSK data
Number of children referred to AFHCs									

Annexure-6

REPORTING FORMAT (BLOCK/ DISTRICT/ STATE)

Name of the State/District/Block: …….

Reporting Month/Year: …….

Total number of Schools in State/District/Block:

Category of Schools in the State/District/Block:

Primary	Upper Primary	Secondary	Senior Secondary

Number of children enrolled in the State/District/Block:

Primary	Upper Primary	Secondary	Senior Secondary

Indicator	Numbers in reporting Month		Cumulative till April		Remarks
District resource persons trained					
Block resource persons trained					
No. of teachers trained					
No. of children in primary schools imparted session in the reporting month	Girls	Boys	Girls	Boys	
No. of children in upper primary schools imparted session in the reporting month	Girls	Boys	Girls	Boys	
No. of children in secondary schools imparted session in the reporting month	Girls	Boys	Girls	Boys	
No. of children in senior secondary schools imparted session in the reporting month	Girls	Boys	Girls	Boys	
Number of children consuming weekly IFA tablet	Girls	Boys	Girls	Boys	
Number of children dewormed	Girls	Boys	Girls	Boys	
Number of girls who took Sanitary Napkins					
Number of children who underwent medical check-up through RBSK teams	Girls	Boys	Girls	Boys	
Number of children referred to AFHCs	Girls	Boys	Girls	Boys	

A Joint initiative of Ministry of Health & Family Welfare
and Ministry of Human Resource & Development,
Government of India