

SCHOOL HEALTH PROMOTION PROGRAMME

Medium Term Plan 2008 – 2012



Prepared by

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School Health Promotion Programme

Introduction

Education and health are interdependent and there is a critical synergistic relationship between learning and the health status of a child. This has been recognized even in the ancient times when Greek philosophers referred to the relationship between a healthy body and a healthy mind. There is no doubt that the home background, the socio-economic status of the family and school specific factors contribute to better learning; but unless the child is physically healthy and mentally sound he or she will not be able to realize the full potential of the latent talents in him. In turn an educated person will be better equipped with the knowledge and skills necessary for maintaining good health.

The importance of regular school attendance cannot be over-emphasized in improving the learning achievement of school children. Studies in developing countries in general and in Sri-Lanka in particular have shown that children who do not attend school regularly are poor in educational attainment. One of the main reasons for poor attendance is ill health. Constantly falling ill due to bowel diseases, respiratory infections and helminth infections keep children away from schools.

Poor nutrition also affects the physical growth and mental ability of pupils. Malnourished children are listless and apathetic in the class-room. In Sri-Lanka under-nutrition as indicated by stunting, wasting and under-weight continue to be significant problems among school children. Also anemia, vitamin A deficiency and Iodine deficiency have been identified as other nutritional problems.

Health planners have recognized the role of the school in developing countries in disseminating knowledge and good practices in health to the community. In a country like Sri-Lanka where there is a widespread network of schools spread throughout the country with a school in every village, it can be utilized as an effective vehicle for promoting community health programs. In turn the community can also help to meet the needs of the school by mobilizing community resources.

If the aim of national development is to create a nation of future citizens who are healthy and competent to face the challenges that they may confront in the future in a constantly changing environment, a sound school health program which inculcates life skills is an imperative. Dr. Uton Muchtar Refei, Regional Director, WHO summarizes this position succinctly when he says; "The benefits of promoting health of school children extend far beyond meeting their immediate needs for improving health for better learning. Tomorrow's communities are in the making today. Empowering School children with the knowledge, attitudes and skills to promote their own health and well-being, the health of their families and their communities, should be the primary concern of everybody. Promoting health through schools is a singular innovative approach to respond to the needs of school children, school personnel and communities."

The draft School Health Promotion Programme has been formulated with that lofty ideal in view.

A Brief History of the School Health Programme

The School Health Programme had been started in 1918 with the appointment of a Medical Officer to conduct the medical inspection of pupils in the schools in the city of Colombo. In 1926 when the National Institute of Health Sciences was established, the responsibility for school health was vested with the Institute. Since then the subject of school health became the responsibility of the Medical Officers of Health. In large urban areas School Medical Officers were appointed for this purpose. Subsequently the programme was extended to other Urban Councils and later to the rural areas as well. Medical Officers of Health (MOH) were appointed to be in charge of the program and they were assisted by Public Health Inspectors (PHI) and Public Health Nurses (PHN). The School Dental Service was established in 1953 to look after the oral health of school children.

In 1980 the responsibility for the School Health Programme at central level was vested with the Family Health Bureau (FHB). Central level planning, co-ordination, training, supervision, monitoring & evaluation functions were carried out by the FHB, while the district level co-ordination was done by the Medical Officer, Maternal & Child Health. The MOH and his staff continued to implement the programme with the PHI as the person responsible at the grass root level.

The *modes operandi* of the programme was the School Medical Inspection (SMI) conducted by the MOH and his staff and the School Sanitary Survey conducted by the PHI. At the SMI the pupils in grades 1, 4 and 7 were examined, the identified defects were attended to, and the parents were advised to take their children to the relevant clinics for treatment if necessary. In case of small schools with less than 200 children all the pupils were examined. At that time the SMI concentrated mainly on immunization against communicable diseases, personal hygiene, nutritional status and identification of disabilities.

However, due to shortage of personnel, equipment, drugs and logistical problems SMI could not be carried out in all the schools.

The Ministry of Education had provided for the teaching of Health and Physical Education and other health related subjects in the school curricula. Sports and other extra-curricular activities were also encouraged in schools to promote physical health.

The Emerging Issues in Health

Sri Lanka has made considerable headway in controlling communicable diseases although they have not been totally eliminated. It is still necessary to continue with vaccination programs, nutrition interventions and promotion of personal hygiene. But there are newly emerging health priorities such as diabetes, hypertension, heart disease and HIV/AIDS. Therefore the following new areas have been identified as important.

- Development of Life – skills

Education is a preparation for life. Childhood, particularly during the period of adolescence is full of demands, conflicts and stress. The highly competitive education system tied to passing examinations has made the situation worse. Life-skills equip children with the ability to cope with challenges which are increasingly faced by them in a rapidly changing environment. The core life skills that have been identified by WHO include self-awareness, empathy, effective communication, social skills, ability to cope with emotions, creativity critical thinking, problem-solving and decision making. These life-skills have to be integrated to the total curricula and imparted through activity based learning.

- Prevention of the use of Tobacco, Alcohol, Drugs and Substance-abuse

Although the incidence of smoking is prevalent only among a small percentage of adolescent school children, considering its harmful effects and the ingenious methods adopted by the tobacco industry to propagate the habit, every effort should be made to encourage the younger generation refrain from getting addicted. The situation is similar with regard to the consumption of alcohol. The use of mood altering drugs is found among a small percentage of boys. However, the danger is that the prevalence rates among out of school adolescents are much higher and there is the likelihood of school children learning the habit from their friends.

- Reproductive Health, STI, HIV-AIDS,

Studies carried out on adolescents have shown that the knowledge of the physiological changes taking place during adolescence, conception, pregnancy and family planning, child bearing, contraceptive methods, sexually transmitted diseases and HIV-AIDS was not satisfactory. Although, teaching on these concepts is provided in the curricula, teachers are reluctant to discuss these topics in the class-room due to cultural inhibitions very often. New strategies have to be developed to bring about attitudinal changes among teachers and principals of schools to implement an effective RH education program in schools.

- Nutrition Education and interventions.

Nutrition education has been a component in the school health program in the past, yet malnutrition persists to be a problem among school children. Studies carried out by the MRI have found that about 29% of school children are under-nourished. In city schools, obesity too appears to be an emerging problem. Nutrition interventions at school level as well as nutrition awareness programs for parents are necessary to combat this problem.

- Non –Communicable Diseases

Although Sri-Lanka is still a developing country the disease patterns are changing due to alterations in life styles and dietary patterns. Non-Communicable Diseases, such as hypertension, coronary heart disease, and diabetes are on the increase. Therefore knowledge about these diseases and changes in life styles should be inculcated during childhood.

- Psycho –social problems

The incidence of mental illness and emotional problems are also on the increase. The growing social pressures in a changing environment, poor coping skills, break down of the traditional family structures, pressure from parents to perform better in academic achievements through competitive examinations have all contributed to this situation. Creating awareness among parents and teachers to try and understand the child better and developing skills of children to cope with these problems should be a part of the school health education program.

Considering all these factors it is necessary to strengthen and expand the school health program to overcome the shortcomings of the existing program as well as to meet the demands of the emerging problems

The Concept of Health Promoting Schools (HPS)

According to WHO, “Health Promoting School is a setting where educational and health programs create a health promoting environment which in turn promotes learning” A Health Promoting School strives to build health into all aspects of life at school and in the community. In that sense it is a total integration of health and education into all the activities in school.

WHO has identified several key features of a Health Promoting School. These are:

- Engagement of all Partners in Health Promoting Activities

This involves the participation of all stake-holders namely, health and education officials principals and teachers, parents and community leaders in promoting health of the pupils in school. In this context it is necessary to build partnerships at all levels from the centre downwards to the province, district, educational zone division and the school The resources of the community, non-governmental organizations and development partners are mobilized to supplement the government contribution for health promoting activities.

- Striving to Provide a Safe and Healthy School Environment

Environment means both physical and psycho-social environment conducive to promotion of the health of pupils in the school. School garden as far as possible should be landscaped, planted with trees, all bare land utilized for cultivation of nutritious food-crops and attractive. The buildings should be well maintained, with adequate ventilation, classes are not overcrowded, furniture is suitable for the children There is an effective waste management system where garbage is used for composting There is adequate space for pupils to engage in physical activities and recreation. The garden is free of any hazards that may endanger the safety of children There is an adequate number of toilets for boys and girls which are cleaned regularly and water is available for drinking and washing.

The school climate is child-friendly and caring, there is a student counseling service providing guidance for students with problems, students are involved in decision making processes, regular meetings are held with parents to inform them about their children and if any emotional problems are detected the parents are advised to take them to the relevant clinics.

- Provides School Health Education

School curricula provides for imparting knowledge and skills required to enable children to understand factors that influence their health and adopt healthy behaviors throughout their lives. The total school program is designed to develop and reinforce critical health and life skills. The teachers are knowledgeable and competent to teach health related subjects in a practical manner. They undergo regular in service training programs and work closely with health personnel to update their knowledge.

- Access to Health Services

Students are provided access to health services at school and referred to clinics if further investigation and treatment is necessary. This is ensured through the School Medical Inspection (SMI). This is carried out by the MOH and his staff Children are screened for health, vaccinations carried out, vitamins and other micro-nutrients are given to children with deficiencies. Worm treatment is given and those with special needs are sent for referrals. Nutrition intervention programs are organized with government assistance or with community support.

- -Implementation of Health Promoting Policies

The Ministries of Health and Education have prepared a policy on Health Promoting Schools and the system is re-oriented to facilitate the implementation of that policy. The School authorities are aware of the national policy and the thinking behind such policy. They have developed school policies accordingly and strive to implement them to the best of their ability.

- -Improving the Health of the Community

The school is concerned with the health of the community. Parents and community leaders are represented in the health advisory committee of the school. Students carryout health projects in the village through the School Health Club. Teachers try to disseminate health messages to the community through the students.

The concept of Health Promoting Schools have been advocated by WHO,UNESCO,UNICEF and other international agencies These agencies will extend their support to member countries, particularly; the developing countries to implement this program in order to improve the health of school children. However , each country may adopt it to suit their local conditions.

School Health Promotion Policy

A healthy population is key to national development. Education plays a major role in promoting good health and in turn healthy children learn better. The education sector in Sri Lanka caters to nearly 3.9 million children studying in about 9,800 schools. Recognizing the significant inter-relationship between health and education and the capacity to reach a large proportion of the population, the Ministry of Health and the Ministry of Education have jointly initiated a programme to strengthen the existing School Health Programme by implementing the concept of Health Promoting Schools(HPS). This document on "School Health Promotion Policy" has been developed to implement the HPS programme.

Goal

Create a sustainable health promoting school culture enabling the children to optimally benefit from educational opportunities provided, and promote healthy lifestyles among themselves, their families and the community.

Policy Objectives -

1. To develop policy, legal structure and partnerships among all stake holders for promoting health of school community
2. To ensure a safe, healthy environment, both physical and psycho-social that facilitates learning
3. To provide skills-based health education for school children.
4. To ensure access to health services
5. To empower the children to be change agents to improve the health of the family, community and engage the school to be a catalyst
6. To develop and implement plans at all levels for school health promotion

Strategies

Objective 1: To develop policy legal structure and partnerships among all stakeholders for promoting health of school community

- 1.1. Develop a policy/ legal structure that facilitates implementation of HPSs
- 1.2. Advocacy at all levels for health promoting school programme
- 1.3. Mobilise resources to invest in health promoting school programme
- 1.4. Develop partnerships and build alliances with public, private, nongovernmental and international organizations including UN agencies and civil society to create sustainable actions.

Objective 2: To ensure a safe, healthy environment, both physical and psycho-social that facilitates learning

- 2.1 Provide safe and clean physical environment in the school
- 2.2 Ensure an environment to enable all pupils to fulfill their physical and psycho-social needs

Objective 3: To provide skills-based health education for school children.

- 3.1 Provide effective skills-based health education **to** promote healthy lifestyles among school children.
- 3.2 Develop capacity of teachers to promote healthy lifestyles among school children.
- 3.3 BCC needs of school children identified and relevant IEC materials developed

Objective 4: To ensure access to health services

- 4.1 Provide access to health services for the school community
- 4.2 Develop coordinating mechanisms between health and education staff at school level.
- 4.3 Identify children with special education needs and provide necessary remedial measures
- 4.4 Provide appropriate counselling services for adolescents on RH including STI & HIV/AIDS in a gender sensitive manner
- 4.5 Develop programmes for promoting nutritional status of school children.

Objective 5: To empower the children to be change agents to improve the health of the family and community and engage the school to be a catalyst

- 5.1 Develop partnerships with community organizations and well-wishers to strengthen school community relations for health promotion.
- 5.2 Strive to improve the health of the community by mobilising school children through school health clubs

Objective 6: To develop and implement plans at all levels for school health promotion

- 6.1 Development of implementation plans for HPS at all levels
- 6.2 Develop a management information system with a database and instruments for monitoring, evaluation and feedback
- 6.3 Promote research in school health

DESIGN SUMMARY

	Indicators	Means of verification	Risks and Assumptions
<p>Goal</p> <p>Create a sustainable health promoting school culture enabling the children to optimally benefit from educational opportunities provided, and promote healthy lifestyles among themselves, their families and the community.</p>	<p>Percentage increase in school attendance</p> <p>Percentage increase in O/L an A/L results</p> <p>Percentage reduction in malnutrition</p>	<p>Surveys on school attendance</p> <p>DOE statistics</p> <p>Surveys on nutrition</p>	<p>Accuracy of data</p> <p>Validity and reliability of examination</p> <p>Resource constraints</p>
Objectives	Indicators	Means of verification	Risks and Assumptions
<p>Objective 1: To develop policy legal structure and partnerships among all stakeholders for promoting health of school community</p>	<p>Policy documents</p> <p>Percentage of advocacy programmes conducted as planned and participation rates</p> <p>Percentage increase in financial allocations for school health promotion</p> <p>Availability of adequate human resources</p>	<p>Availability of policy documents</p> <p>Records of meetings</p> <p>Annual financial allocations in the central & provincial ministries of health & education</p>	<p>Participation of invitees</p> <p>Shortage of funds</p>

Objectives	Indicators	Means of verification	Risks and Assumptions
<p>Objective 2: To ensure a safe, healthy environment, both physical and psycho-social that facilitates learning</p>	<p>Percentage of schools with adequate sanitary facilities</p> <p>Percentage of schools with adequate safe drinking water & water for washing purposes</p> <p>Percentage of schools subscribing to the provisions of the school canteen policy</p> <p>Percentage of schools with proper garbage disposal</p> <p>Percentage of schools with counselling facilities</p>	<p>School Sanitation Survey</p> <p>School Sanitation Survey</p> <p>School Sanitation Survey</p> <p>School Sanitation Survey</p> <p>Reports of the counselling unit of the MoE</p> <p>School Sanitation Survey</p>	<p>inadequacy of funds</p> <p>Availability of adequate trained counsellors</p>
<p>Objective 3: To provide skills-based health education for school children.</p>	<p>A curricula that promotes HPS</p> <p>Proportion of teachers trained for HPS</p>	<p>revised curricula</p> <p>Data on teacher training at NIE & MoE</p>	<p>Participation of teachers</p>

Objectives	Indicators	Means of verification	Risks and Assumptions
Objective 4: To ensure access to health services	Percentage of schools where SMI completed	Quarterly school health return	Regularity and accuracy of reports
	Percentage of eligible children examined by SMI	Quarterly school health return	Lack of transport facilities for MOOH & PHII
	Percentage of correctable defects corrected at the end of last quarter	Quarterly school health return	Accuracy of data
	Percentage of MOOH carrying out medical inspection of teachers	Quarterly school health return	
	Percentage of school providing first-aid facilities	School Sanitation Survey	
	Percentage of schools with special educational units	Data at Director/Special Education MoE	
	Percentage of schools with teachers trained on special education	Director/Special Education MoE	
	Percentages of teachers trained on RH education methodologies	Data at NIE	
	Percentage of schools supported by the local health staff for RH education	Quarterly school health return	

Objectives	Indicators	Means of verification	Risks and Assumptions
	<p>Percentage of school children screened for nutritional problems</p> <p>Percentage of schools carrying out special nutrition programmes</p>	<p>Quarterly school health return</p> <p>Quarterly school health return</p>	
<p>Objective 5: To empower the children to be change agents to improve the health of the family and community and engage the school to be a catalyst</p>	<p>Percentage of schools with functioning school health management committees</p> <p>Percentage of schools with functioning school health clubs</p> <p>Percentage of schools carrying out community health projects</p>	<p>Quarterly School Health Return</p>	<p>competitive examination system leading to low priority on these matters</p>
<p>Objective 6: To develop and implement plans at all levels for school health promotion</p>	<p>Percentage of schools having annual Implementation plans for HPS</p> <p>Percentage of MOOH forwarding accurate quarterly school health return on time</p> <p>Percentage of Zonal coordination officers submitting quarterly return to D/E Health and Nutrition</p> <p>No of researches conducted on HPS</p>	<p>Information from Quarterly school health returns</p> <p>Information from Quarterly school health returns</p> <p>MOE records</p> <p>MOE/MOH records</p>	<p>Accuracy of data</p> <p>Resource constraints</p>

3. IMPLIMENTATION PLAN FOR HEALTH PROMOTING SCHOOLS (HPS) MEDIUM TERM (2008 - 2012)

This medium term national implementation plan on health promoting schools has been prepared to achieve the goal and the objectives specified in the School Health Promotion Policy. An annual implementation plan will be prepared every year which will take in to consideration the progress achieved and actions necessary to reach the objectives. It is expected that the provincial authorities will take action to prepare Provincial, District/ Zonal and school level implementation plans based on the national policy.

Objective 1: To develop policy legal structure and partnerships among all stakeholders for promoting health of school community

- 1.1 Develop a policy/ legal structure that facilitates implementation of HPSs
- 1.2 Advocacy at all levels for health promoting school programme
- 1.3 Mobilise resources to invest in health promoting school programme
- 1.4 Develop partnerships and build alliances with public, private, nongovernmental and international organizations including UN agencies and civil society to create sustainable actions.

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs.
1.1.1 Reviewing of existing policies for establishing HPS	Existing policies reviewed	FHB and Health & Nutrition unit/ MOE	Policy Development team	Stationery, computer accessories and other materials	WB HSDP 25,000

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs.
1.1.2 Conduction of consultative meetings for policy development	Consultative meetings conducted	FHB		Stationery, conference facilities and honorarium for participants	50,000
1.1.3 Presentation of policy document	Policy document presented to political/administrative leadership and other stakeholders	FHB and MOE Health & Nutrition unit		Printing of policy document (2000 copies) Stationery, conference facilities and honorarium for participants	50,000
1.1.4 Creating awareness regarding policies developed	Awareness created among all stakeholders	FHB and Health & Nutrition unit / MOE Provincial Health & Education authorities HEB, FHB & MOE		Stationery, conference facilities and honorarium for participants	500,000

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs.
1.2.1 Advocacy for political leaderships senior officers, INGOS and media on HPS	Advocacy programme conducted at national and provincial levels	FHB/MOH Health & Nutrition unit MOE and provincial health and educational authorities	-	Stationery, conference facilities for consultative meetings	Rs.900,000
1.2.2 awareness programme for principals a schools	awareness programme conducted	Provincial/ district/ zonal health and education officials	-	Stationery, conference facilities	Rs.5,000,000
1.3.1 Action taken to provide human and financial resources	Human and financial resources are available	MOH and MOE provincial ministries of Health and Education			
1.4.1 Identification of focal points in Ministry of Health & Ministry of Education	Focal points established	Secretary MOH & MOE	-	-	-

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs.
1.4.2 Establishing a National Steering Committee and Coordinating Committee on HPS	Committees established and regular meeting held	Secretary /MOH, & Secretary/ MOE DGHS, DMCH D/E Health and Nutrition MOE		Expenses for quarterly meetings	50,000 per year
1.4.3 Establishment of provincial and Zonal/ divisional committees	Committees established and regular meetings held	Provincial Health and Education secretaries		Expenses for quarterly meetings	2,000,000 per year
1.4.4 Establish health management committees in schools	School health management committees established	School principal, MOH, PHI			

Objective 2: To ensure a safe, healthy environment, both physical and psycho-social that facilitates learning

- 2.1 Provide safe and clean physical environment in the school
- 2.2 Ensure an environment to enable all pupils to fulfill their physical and psycho-social needs

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs.
2.1.1 The school buildings and the garden are clean, well maintained, safe and attractive as per requirements of the school sanitation survey and agricultural activities undertaken	Schools maintain pleasant and clean environment	School principal			
2.1.2 Adequate and well maintained sanitary facilities are available and regularly cleaned	Availability of adequate number of clean toilets	School principal , ZDE		Provision of toilets to needy schools	10,000,000
2.1.3 Drinking water and water for washing and cleaning is available	Availability of drinking water	School principal , ZDE		Provision of drinking water to needy schools	10,000,000

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/Logistics	Funds, Source Rs.
2.1.4 Effective waste management system is in place	Appropriate method for waste management adopted	School principal			
2.1.5 Accident and abuse free school environment created	Accident and abuse free school environment available	School principal and parents			
2.1.6 The school canteen is maintained as per instructions in the circular	School canteen is clean and well maintained	School principal			
2.2.1 An effective student counselling service is developed to serve children with psychosocial problems	Availability of a counselling mechanism	School principal and the teacher counsellor			
2.2.2 Student participation in decision making is encouraged	School prefects participate in decision making process	School principal			

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs.
2.2.3 Development of healthy school policies to ensure practices to promote psychosocial wellbeing of students	Students are given responsibility for organising school activities Corporal punishment not practiced	School principal and teachers			
2.2.4 The teacher counsellors are trained to carry out counselling programmes effectively	All teacher counsellors are trained in counselling	Guidance and counselling unit / MOE School principal		Training work shops for teachers	1,000,000
2.2.5 A proper referral system is established for the teacher counsellor to refer needy children with a mechanism for follow up	Children with problems visit relevant clinics for treatment	School principal ,Hospital directors and Consultants			
2.2.6 Teachers conduct monthly/quarterly meetings with parents and discuss about the needs of children	Records of parents / teacher meetings	School principal and teachers			

Objective 3: To provide skills-based health education for school children.

- 3.1 Provide effective skills-based health education to promote healthy lifestyles among school children.
- 3.2 Develop capacity of teachers to promote healthy lifestyles among school children.
- 3.3 BCC needs of school children identified and relevant IEC materials developed

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs.
3.1.1 A joint committee of health and education specialists to review the existing syllabi, teachers guides and text books of health related subjects and make recommendations for revision of such material	Curriculum in health related subjects revised	MOE, NIE, FHB, & HEB	-	Stationery and work shop facilities	200,000
3.1.2 Health related activities are incorporated in to the curriculum to provide hands on experience for students	Activity based Curriculum developed	MOE, NIE, FHB, & HEB			

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs.
3.1.3 Evaluation instruments are developed to test key competencies in the areas of health	Question papers at National examinations test key competencies	Commissioner general examinations			
3.2.1 The curriculum in National Colleges of Education is revised to improve the health component and strengthen the training programmes	NCOE curricula cover the health component adequately	NIE & Chief commissioner , Teacher education	-	Stationery and work shop facilities	100,000
3.2.2 Provide for professional development of in-service advisers of subjects related to health	ISA are aware of the health needs of children	NIE	-	Stationery and work shop facilities	200,000
3.2.3 Provide regular in service training for teachers of health to up grade their knowledge an skills to teach health with special regard to new methodologies to bring about behavioural change	In service training programmes conducted & teachers have participated	Provincial health & education authorities		Stationery and work shop facilities	3,000,000

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs.
3.2.4 Appoint a teacher to be in charge of health related subjects and activities who will be given special training in health promotion	A teacher dedicated for health programmes appointed for every school	Secretary, MOE & Provincial education secretaries		Stationery and work shop facilities	1,000,000
3.3.1 Assessment of the BCC needs of the school children (Year 1-5, year 6-9, year 10-13)	BCC needs assessed	HEB and Health and Nutrition education unit, MOE		Travelling, subsistence, meetings and stationery	200,000
3.3.2 Development of booklets for Primary school children Healthy behaviours i.Early adolescent's Reproductive health ii.Late adolescent's Reproductive health iii.Parents Parenting and nutritional needs of children	Books developed, printed and distributed	FHB, HEB and Health and Nutrition education unit, MOE		Production, Printing and distribution	10,000,000

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs.
3.3.3 Development of guidelines and activity manuals on life skills based education	Manual developed	FHB , HEB & NIE		Production, Printing and distribution	3,000,000
3.3.4 Publishing of magazine on school health eg. Sapatha	Magazine published	HEB		Production, Printing and distribution	500,000 per year
3.3.5 Development of a news letter on relevant topics related to school health	News letter published regularly	FHB, HEB & Health and Nutrition education unit, MOE	-		1,000,000
3.3.6 Training of health and education staff on BCC methodology	MOH, PHI,ISA and focal teacher trained on BCC methodology	FHB, HEB & Health and Nutrition education unit, MOE and provincial staff		Training work shops	1,000,000

Objective 4: To ensure access to health services

- 4.1 Provide access to health services for the school community
- 4.2 Develop coordinating mechanisms between health and education staff at school level
- 4.3 Identify children with special education needs and provide necessary remedial measures
- 4.4 Provide appropriate counselling services for adolescents on RH including STI & HIV/AIDS in a gender sensitive manner
- 4.5 Develop programmes for promoting nutritional status of school children

Activities	Expected Results	Responsibility	New inputs		
			Personnel	Goods/Material/Logistics	Funds Rs.
4.1.1 Revise guidelines for SMI and prepare a manual	Manual prepared and distributed	FHB		Printing the manual	250,000
4.1.2 Preparation of annual/quarterly plans for SMI in MOH areas	Annual/ quarterly plans prepared	MOH, SPHI, PHI			
4.1.3 Identification of resources (personnel, equipment, drugs etc. required for SMI)	Resources identified	MOH, DPDHS, DMCH	Vacancies of MOH and PHI to be filled , large areas to be re demarcated	Snellen's charts, weighing scales, height measuring tapes, equipment for testing hearing & drugs and vitamins	50,000,000

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/Logistics	Funds, Source Rs.
4.1.4 Carry out SMI according to the plan in conformity with the required standards including immunization activities	SMI carried out	MOH, PHI			
4.1.5 Establishment of properly functioning referral system with collaboration of curative health system	properly functioning referral system established	DPDHS, hospital directors and relevant consultants			
4.1.6 Streamline the programme to address dental problems	Properly functioning school dental services	DDG Dental services, PDHS & PDE		Establish 100 adolescent dental clinics in selected MOH areas	Rs. 50,000,000
4.1.7 Establishment of a first aid units in schools with training of students	First aid units established in schools	MOE			
4.2.1 Establishment of a health management committee at school level	Committee established	Principal, MOH, PHI			
4.2.2 Training of school staff and field health staff on HPS	School based training conducted	MOH, HEO, PHI			

Activities	Expected results	Responsibility	New inputs	Activities	Expected results
4.3.1 Identification of children with special education needs such as impaired vision, hearing, and speech, physically handicapped and developmental delays.	Children with special needs identified	Special education unit MOE, MOH, Provincial officers School Principal and teachers		Workshops	1,000,000 donor funds
4.3.2 Schools to expand facilities for children with special needs.	Special education units establish in 500 schools	Special education unit MOE,		Equipment and materials	10,000,000 donor funds
4.3.3 Establish model centres for different areas in special education at zonal/ divisional levels	model centres established in all zones and selected division	Special education unit MOE		Buildings and materials	50,000,000 donor funds
4.3.4 Develop capacity of teachers in special education.	Teachers and education officers training	Special education unit MOE		Workshops	1,000,000 donor funds
4.3.5 Placement of children identified with special education needs in appropriate settings.	Placement of children with special needs carried out	Special education unit MOE and Provincials educational officials			

Activities	Expected results	Responsibility	New inputs	Activities	Expected results
4.4.1 Implement a strong advocacy campaign to enlist the support of principals, teachers and parents in promoting life competencies and RH education in schools.	Advocacy programme conducted	MOH		Training workshops	5,000,000 donor funds
4.4.2 Provide adequate training for teachers on RH education including STI and HIV/AIDS.	Teachers trained in RH and STI HIV/AIDS	MOH		Training workshops	5,000,000 donor funds
4.4.3 Provide BCC materials on RH education to schools	BCC materials developed and distributed to school	HEB		Preparation and printing materials	50,000,000 donor funds
4.4.4 Conduct programmes for parents to create awareness on adolescent needs and RH education.	Parents a awareness on RH	Teachers and MOH staff		Awareness programmes	
4.5.1 Nutritional assessment of school children is carried out and records maintained using the growth charts provided and the progress monitored	Nutritional assessment carried out	PHI and class teachers		Weighing scales for one thousand needy schools Printing and distribution of Growth charts (60,000)	3,000,000 3,000,000

Activities	Expected results	Responsibility	New inputs	Activities	Expected results
4.5.2 Awareness programmes and nutrition education programmes for parents are carried out	Schools conduct nutrition education programmes for parents	School principal, teachers and PHI			
4.5.3 The school mid day meal programme implemented as per instructions	Mid day meal provided to children in selected schools	Health and nutrition unit/MOE			1000,000,000 (GOSL) and WFP
4.5.4 Nutritive Food items are provided in the school canteen	Availability of safe and nutritious food items in school canteen	School principals			

Objective 5: To empower the children to be change agents to improve the health of the family and community and engage the school to be a catalyst

- 5.1 Develop partnerships with community organizations and well-wishers to strengthen school community relations for health promotion.
- 5.2 Strive to improve the health of the community by mobilising school children through school health clubs

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs
5.1.1 Training of members of the school health club to assist the health authorities in promoting community health	Health club members trained	MOH Provincial health authorities		Workshops	5,000,000 Provincial funds
5.1.2 Involvement of School Development Society to carry out activities to improve the health facilities in school.	SDS has assisted schools to improve health facilities	Principal and SDS			SDS funds
5.2.1 Develop and implement community health projects	School have implemented community health projects	School authorities			Funding from the community

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs
5.2.2 Disseminating health and nutrition messages to families and communities through School children	SHC conducted health education programme for the community	School Health Club			

Objective 6: To develop and implement plans at all levels for school health promotion

- 6.1 Development of implementation plans for HPS at all levels
- 6.2 Develop a management information system with a database and instruments for monitoring, evaluation and feedback
- 6.3 Promote research in school health

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs
6.1.1 Develop medium term and annual implementation plans at national, provincial, distinct/zonal and school level	National plan provincial plan, district/ zonal plan school available	MOE and MOH P/Health and education Authorities DPDHS and Zonal D/E Principal, MOH and PHI		Stationary and workshop	2,500,000
6.2.1 Establish a self monitoring mechanism at school level	Self monitoring scheme established	School principal		Printing a formats	100,000 MOH/MOE

Activities	Expected results	Responsibility	New inputs		
			Personnel	Goods/Material/L ogistics	Funds, Source Rs
6.2.2 Institute a mechanism for collection of health related data from schools regularly through the health and educational administrative channels	MIS in place	MOE, MOH		Printing a formats	5,000,000 MOH/ MOE
6.2.3 Identification of standard criteria and mechanism for evaluation and monitoring of HPS	Criteria identified Evaluation carried out	MOE, MOH, Provincial authorities		Printing a formats, Travel cost and meetings	10,000,000 donor funding
6.2.4 Accreditation of HPS through a programme of assessment and award of certificates and prizes to accredited schools	Accreditation carried out certificates and prizes award	MOE, MOH, Provincial authorities		Certificates and prizes and meetings	20,000,000 donor funding
6.2.5 Carry out action research on HPS	Studies conducted	MOE, MOH		Studies	5,000,000 donor funding