

General Circular No 01/37/2007

My no FHB/af/03/2007
Office of the Secretary Health
85, Baddegama Wimalawansa Mawatha,
Colombo 10
26th November 2007

All Provincial Secretaries of Health
All Provincial Directors of Health Services,
All Regional Directors of Health Services,
All Directors of Special Programmes,
Director NIHS,
All Directors/ DMOO/MOO In charge of Hospitals.
Chief MOH / Colombo Municipal Council,
All Medical Officers of Health,
All School Medical Officers,

School Health Programme

This Circular is issued parallel to the circular issued by the Ministry of Education on School Health Promotion. School Health Programme commenced in 1918 in the Colombo Municipality area by the Ministry of Health. With the establishment of the Health Unit System in 1926 at the present NIHS, School Health was identified as the duty of the Medical Officers of Health, except in the Municipality areas of Colombo, Galle, Jaffna, Matara and Kandy, where there are School Medical Officers assigned for this work.

This programme works towards the goal of "Ensuring that children are healthy, capable of promoting their own health and health of the family and community; and are able to optimally benefit from educational opportunities provided" To achieve this goal objectives and strategies have been identified.

In order to achieve the above goals and objectives the Ministry of Education has agreed with the Ministry of Health to establish schools as Health Promoting Settings, according to the WHO criteria. Accordingly the following strategies have been identified and will be implemented in schools, island wide within the administration of the Ministry of Education.

1. Engagement of health and education officials, teachers, students, parents, and community leaders and other relevant organizations in efforts to promote health.
2. Striving to provide a safe, healthy environment, both physical and psychosocial (Healthy canteen, Safe & Healthy Environment, Sanitary Water Supply,)
3. Provides skills based health education (Life skills) –
4. Reorientation of health services- Eg. Empower children to plan and implement health promotional activities. E.g.- growth monitoring, Iron supplementation
5. Implements health promoting policies that support health e.g.- polythene free environment
6. Strives to improve the health of the community, e.g.- Community mobilization through school health clubs, Community health projects etc.

The Ministry of Health has identified the Family Health Bureau as the focal point for **School and Adolescent Health** and the Director Education / Health and Nutrition of the Ministry of Education has been identified as the focal point for the Health & Nutrition in the Ministry of Education. The officer responsible at the provincial level is the Provincial Director of Health Services. At the implementation level, the focal points for the programme are MOMCH at the district level, MOOH (School Medical Officers in the municipality areas) at divisional level, and the PHI who is responsible to the MOH for all school health activities, is the focal point at the school level.

The Medical Officers of Health/School Medical Officers and their staff with the assistance of the MOMCH and other district staff (RE, RDS, SPHID, HEO, MOMH, MONCD and MO / Planning) should provide all necessary technical guidance to the school community at all stages of planning, implementation, monitoring and evaluation of school health programme.

Main activities of health promoting schools should be identified with the education staff, after problem analysis and needs assessment at school level and a plan of action has to be prepared with the school community.

The responsibilities of the health staff include,

- Working in partnership with the education officials to promote health of the school community.
- Assessing of needs of students for better growth and development and guiding them to identify solutions.
- Assisting in problem analysis and development of a school health plan with the school health club.
- Imparting knowledge, attitudes and skills to take decisions on health matters and matters concerning their lives.
- Developing attitudes and skills to begin and sustain school health promotion programme
- Helping to improve the health of school principals, teachers and students by screening and referral.
- Improving skills of teachers on teaching Reproductive Health, Counseling and psychosocial skills(life skills)
- Providing guidance to keep the environment safe, clean, and free from violence, abuse, bullying and harmful physical and psychological punishment.
- Guiding the school community to prevent communicable and non-communicable diseases
- Supervising the midday meal programme
- Mobilizing community support and support of other agencies for school health activities
- Guiding the students for community activities and health development projects.
- Facilitate improving psychosocial skills of students
- Developing a mechanism to provide assistance to children with special needs.
- Monitoring and evaluation of the school health promotion programme with educational officials and providing feedback

All Provincial Secretaries of Health Services, Provincial Directors of Health Services, Regional Directors of Health Services and other relevant Provincial and District Health staff should assist the Educational authorities to develop schools as " Health Promoting Settings".

Routine school health activities such as Health Day Activities, training programmes to teachers & students on school health promotion, advocacy to educational officials , activities of the School

Health Clubs etc. can be carried out without the permission of Central Health or Educational Authorities but should be planned with the respective Provincial, Zonal and Divisional Directors of Education and included in the Education Sector Development plan as well as health sector development plan for the year.

Planning & Implementation of School Health Activities by partners

- A. All Directors in the Ministry of Health who have planned school health activities within their mandates should take action to inform their school health activities to the focal Director in the Ministry of Education, through the Director Maternal and Child Health, Family Health Bureau before the 1st of October of the preceding year.
- B. All such school health activities should go through PDHS, RDHS and should be implemented through Medical Officer of Health/School Medical Officer of the area. All measures should be taken not to by pass these officers who are responsible for the programme at the implementation level.
- C. Medical Officers of Health/Medical Officers of government sector should not assist or participate in school health activities conducted by NGOO which are not approved by the national level committee at the Ministry of Education and are not included in the provincial Education Sector Development plan.

School Medical Inspection (SMI)

This is one of the very important activities of the school health programme. (Refer annexure 1b) The Medical Officers of Health in consultation with the RDHS and the Heads of the Medical institutions should make arrangements to get the assistance of hospital medical officers for the SMI and to strengthen the referral system.

Evaluation of School Health Programme

- A. It is the duty of RDHS/MOMCH and MOOH to supervise, monitor and evaluate the School Health Programme regularly together with the Education Officials in all Maternal and Child health reviews and PHI reviews.
- B. All Regional Directors of Health Services should supervise and guide the subordinates to improve the school health program; which is of paramount importance in the future health development of the nation.
- C. At Provincial level Provincial School Health Committees should be established. Regional Directors of Health Services/MOMCH and Officers co opted by RDHS as required should be members of the Provincial Health Committee
- D. Should form the Zonal School Health Committees consisting of Medical Officers of Health and Zonal Directors of Education. The SPHID and HEOO should be members of the Zonal School Health Committees.

School Health Club: (Refer annexure 1c)

- A. School Health activities will be planned and implemented with the help of the school community by the school health club.
- B. The responsibilities of the School Health Clubs are preparation of an annual activity plan for school health promotion, getting permission from the officials of the school health committee, implementation of the plan, regular monitoring and evaluation with the assistance of the school authorities and the Public Health Inspector.

School Health Advisory Committee

a) Composition

School Principal (chair person)
Deputy Principal (Health) / Sectional Head / Deputy Principal (Primary)/teacher (Health)
Teachers (depending on the student population, the principal will decide)of Health and Physical Education, Life Skills, Science or any other teacher.
Student Representatives (President, Secretaries and the treasurer of the school health club/committee)
Representatives from parents-Up to five parents
PHI of the area
Samurdhi Development Officer
External well wishers (up to two people)

b) Responsibility

Approval of the school health plan prepared by the school health club Providing support for mobilization of resources etc. and guidance to the School Health Club activities, monitoring and providing feedback on school health activities.

Zonal School Health Promotion Committee

a. Composition

Zonal Director / Education (President)
MO/MCH
SPHID, Health Education Officer
Medical Officers of Health
Divisional Directors of Education
Accountant (Zonal Education Office)
Samurdhi Development officer
Four Principals (One principal from each 1AB,1C, type 2 and type 3)

b. Responsibility

1. To evaluate school health promotion programme using the checklist provided.

- To conduct zonal level meetings quarterly to monitor and evaluate the school health promoting activities
- To provide feedback for the implementation of the health promotion programme in schools
- To provide a list of schools which are eligible for the "Gold medal" to the Ministry of Education

2. Supervision

Provincial School Health Promoting Committee

a. Composition

Provincial Secretary of Education (President)
Provincial Secretary of Health
Provincial Director of Education
Provincial Director of Health Services/Consultant Community Physician/ MOO/MCH
Provincial PHI
Regional Directors of Health Services
Deputy Directors of Education-Health and Nutrition
Provincial Director- Primary Education
Accountant (Provincial Education Department)
District Samurdhi Manager
Provincial Health Education Officer.

b.. Responsibilities

- Development of Provincial School Health Promoting policies according to the National School Health Promoting Policies.
- To have biannual evaluation meetings to evaluate the programme
- Provide feedback to implement the School Health activities successfully.

National School Health Promotion Committee

a. Composition

Secretary of Ministry of Education (chair person)
Secretary of Ministry of Health/Additional Secretary (MS)
Director General of Health Services
Secretary of Ministry of Nation Building and Estate Development /Representative
Additional Secretary (Education Quality Development)
DDG (PHS)
Director (MCH)
Director (HEB)
Director Education (Health and Nutrition)
Director Education (Primary Schools)

b. Responsibilities

Policy Decisions on matters related to school health
Monitoring and evaluation of programme activities
Addressing issues related to school health.

All officials should ensure that the instructions issued in the circular are adhered to for the successful implementation of this programme.

Dr. Athula Kahandaliyanage
Secretary Ministry of Healthcare and Nutrition

Cc to Secretary Ministry of Education
Additional Secretary (MS) Ministry of Health
Additional Secretary (Education Quality Development) Ministry of Education
Director General of Health Services
Deputy Director General Public Health Services, Ministry of Health
Deputy Director General (MS) Ministry of Health
Director MCH
Director HEB
Director Education Health & Nutrition, Ministry of Education

Annexure -1(a)

Objectives

- I. To strengthen the partnership between health and education sectors for promotion of the school child.
- II. To identify the range of needs of the school children for optimal development
- III. To provide appropriate health promotional activities to enable children to have control over and promote their own health
- IV. To empower school children to act as change agents to improve health within the family and community
- V. To promote, healthy and safe school environment, that would facilitate learning
- VI. To protect children from communicable diseases including vaccine preventable diseases
- VII. To screen school children for early detection and correction of health problems
- VIII. To improve nutritional status of school children by continuous monitoring and appropriate intervention
- IX. To enhance community participation for the promotion of school health activities
- X. To provide a system of monitoring and evaluation to assess the effectiveness of the school health programme

Annexure 1 b School Medical Inspection

- A. School Medical Inspection should be conducted annually for all children in Grades 1, 4, 7 and 10, in schools with more than 200 students. When the total student population is 200 or less, SMI should be conducted for all children.
- B. This should be planned by the area PHI in consultation with the MOH/AMOH together with the school principals of the area and the field health staff. The quarterly advance programme for *School Health* should be prepared accordingly.
- C. The Ministry of Education has agreed to declare this day as '*School Health Day*' in which all health activities should be planned and implemented with other health staff (curative & preventive sectors) and school community.
- D. At least two weeks prior to the planned date for SMI, PHI should visit the school and remind about SMI and the immunization programme to school principal. The Principal in turn is expected to inform the parents to participate at the SMI for Grade 1 students and children with health problems.
- E. The school principal is expected to request the parents to send the CHDR and to give consent for immunization (Written consent is preferred).
- F. Screening for health problems has to be completed by the PHI prior to the SMI.
- G. The SMI should always be conducted by MOH/AMOH/MO/RMO/AMO. They should ensure that the findings of the PHI at screening are confirmed when necessary. Schools within close proximity to medical institutions should be identified by the MOH and a plan has to be prepared in consultation with the RDHS & Hospital Administration to release medical officers for SMI, particularly for large schools.
- H. PHI should conduct immunization, on the day of SMI. (The PHNS or the Medical Officer should be available in case of an emergency occurs.)
- I. Immunization should not be done in isolation, but as a component of the total package.
 - DT/OPV - should be given to Grade 1; if not already given.
 - aTd - should be given at Grade 7
 - Rubella - should be given at Grade 8
- All the immunizations should be recorded in CHDR.**
- J. Vaccine return should be given to SPHI to be handed over to the PHNS for completion of the quarterly immunization return before the 15th of the month following the quarter.

- K. School teachers /children should be empowered to assess their own nutritional status and to plan suitable interventions.
- L. Children who were absent on the day of the SMI day should be seen later at the school at or at the central clinic held at the MOH office on Saturdays.
- M. Children with defects at SMI should be referred to the relevant clinic of the nearest medical institution for further management when necessary, with the completed referral card (H 606). These children need not go through OPD.
- N. Follow up visits should be done by the PHI **at 2 weeks, 6 weeks and 6 months**. Class teachers should be given their copy of the defect sheet for them to follow up and ensure that the defects are corrected.
- O. Heads of Institutions should ensure that preference is given to referrals from SMI at the OPD and at the clinics. (General Circular No. 02-32/2002). Kindly make sure that those referrals with completed H 606 should not be made to take their turn with the other patients at OPD and clinic ques. There should be special clinics for these students on Saturdays or on afternoons of weekdays.
- P. Those children who need spectacles or hearing aids should be referred with the prescriptions, to Director/ Special Education at the Provincial Education Office to provide spectacles or hearing aids; or you can refer them to Social Service Officer at AGA Office. Teacher should be informed about the procedure to obtain spectacles.
- Q. If there are children with behavioral problems; they should be referred to a Pediatrician. Back referral should be given to students to go to a Psychologist or a Psychiatrist, if there are psychological problems.
- R. If a child has a cardiovascular problem they should be referred to a Cardiologist **preferably through the Pediatrician**.
- S. All PHII should prepare the monthly return at the end of each month as indicated in the PHI guideline and handed over to the SPHI for preparation of the master sheet
- T. The SPHI should prepare the quarterly return at the end of the quarter and the copies to the RDHS and D/MCH before the 20th of the month following the quarter..

Annexure 1 c: School Health Club

Role of the Health Sector in "School Health Club & some key activities that can be implemented through the Club "

School Health Club (SHC) is an integral part of the School Health Promotion Programme and addresses one of the five core principles of Health Promotion i.e. "participation of the community in their own health promotion". It promotes health of children as well as the other members of the school community and the neighborhood. It also encourages school children to develop necessary skills to promote and protect their own health as well as that of the School community, families and the society.

Public Health Inspectors play a major role in establishment and maintenance of SHC and are guided and supervised by the MOH and other divisional level supervisors. SHC need constant guidance by the field health staff. Regular meeting and organizing events with them at least once a month will strengthen the SHC as well as the health promotion programme of the school.

District level programme officers are expected to provide guidance and supervision to the field health staff to motivate them to continuously follow –up the programme. The MOMCH is the focal point for School Health at district level MO/MOH should be supported by RDS, RE, MONCD, MO Mental Health , SPHID, HEO,MOMCD and RSPHNO to implement HP schools through MOH staff & Educational Officials. Health Education Officers have a major responsibility in SHC activities since community mobilization and developing Behavior Change Communication skills are their core responsibilities. They are expected to build capacities of the field health staff as well as the relevant staff of the educational sector on functioning of SH Clubs.

Some of the key activities of the School Health Club include

Preparation and implementation of school health promotion annual action plan under the guidance and approval of the School Health Advisory Committee.

1. Monitoring and evaluation of the activities of the action plan monthly.
2. Monitor the promotion of health of the School community using indicators.
3. Conducting an annual School Health Day

Activities that may be included in the annual action plan:

- a. Monthly meetings of the School Health Club
- b. Conducting special events such as guest lectures, panel discussions,, role plays, dialogues, short dramas, film programmes, peer consultations etc.
- c. Conduct daily health talks through public addressing system.
- d. Organising health related competitions such as dramas, art exhibitions, talks, debates etc.
- e. Maintenance of Health Promotion "wall news paper "
- f. Maintenance of Health Resource centre with leaflets, videos, posters, news paper articles etc.
- g. Peer education and life skills development
- h. Proper disposal of refuse / recycling and maintenance of a clean environment.
- i. Assisting in provision of safe drinking water
- j. Assisting in maintenance of cleanliness of toilets.
- k. Assisting in school medical inspection
- l. Motivating the school community to practice healthy habits
- m. Assisting in implementation of mid day meal programme.
- n. Community health development programme.

- o. Assisting in implementation of the "healthy Canteen policy'
- p. Maintenance of a first aid centres and provides first aid during special events.