

1. Introduction to School Health

Rationale

For most children, 'going to school' is a historic milestone in their lives. It is a place that plays one of the most important roles in their physical, mental and emotional development. Schools are settings where children learn, where character is moulded, where values are inculcated and where the future citizens of the world are groomed to face life's challenges.

Schools are a strategic means of providing children with educational qualifications that will enable them to find employment and status in life. Schools can be dynamic settings for promoting health, for enabling children to grow and mature into healthy adults, yet the potential of the school to enhance health is often underutilized. 'School Health' has largely remained confined to medical check-ups of children and / or some hours of health instruction in the curriculum.

Today, schools present an extraordinary opportunity to help millions of young people acquire health supportive knowledge, values, attitudes and behaviour patterns. The students can serve as a means of promoting health of other children, their families and community members. Health is a multidimensional concept and is shaped by biological, physical, psychological, social, economic, cultural and political factors. There is a growing recognition that the health and psychosocial well-being of children and youth is of fundamental value and that the school setting can provide a strategic means of improving children's health, self-esteem, Life Skills and behaviour.

There are various initiatives in school health at present, but most of them are topic based and age group specific and often rely on the initiative of the individual school or an agency. The comprehensiveness and sustainability in these initiatives are not clearly laid out.

The need of the time is a Comprehensive School Health Policy integrated within the educational system at the National and State levels. This will harmonize the effective partnership of health and education sectors to facilitate the holistic approach to child and adolescent development in schools.

Historical Review

It has long been recognized that schools provide the most appropriate setting for both health services and health education for children and young persons. Globally, 'school health' has been an important initiative for several decades, comprising largely of school health services and school health education.

In 1960, the Government of India set up a Committee on School Health (**Renuka Ray Committee**) which recommended that "*Health education should be included as part of general education in the primary, middle and secondary schools.*" The report of the Renuka Ray Committee (1961) provided guidelines and recommendations for both the content and the appropriate transaction of health education at various stages of schooling. In the wake of the **National Policy on Education (1986, Revised 1992)** and the **National Health Policy 1983**, steps were initiated to look at school health education in a more comprehensive manner. The **National Health Policy, 2002** envisages giving priority to school health programmes which aim at preventive-health education, providing regular health check-ups, and promotion of health-seeking behaviour among children. The policy suggests that school health programmes can gainfully adopt specially designed modules in order to disseminate information relating to 'health' and 'family life'. This is expected to be the most cost-effective intervention as it improves the level of awareness, not only of the extended family, but the future generation as well. The noteworthy initiatives under this 2002 policy were setting up a well-dispersed network of comprehensive primary health care services linked with extension and health education. It is widely accepted that school students are the most impressionable targets for imparting information relating to the basic principles of preventive health care. The policy attempted to target this group to improve the general level of awareness with regard to 'health promoting' behaviour. The girl child in the rural belt needs to be targeted right from school level. The policy recognized that the overall well-being of the citizen depended on the synergistic functioning of the various sectors in the society. The health status of the citizens would, inter alia, be dependent on adequate nutrition, safe drinking water, basic sanitation, a clean environment and primary education, especially for the girl child.

The National Curricular Framework 2005 by NCERT has categorically stated that health is a critical input for the overall development of the child and it influences significantly enrolment, retention and completion of school. It advocates a holistic definition of health within which physical education and yoga contribute to the physical, social, emotional and mental development of a child. Undernutrition and communicable diseases are the major health problems faced by majority of children in this country from

pre-primary through to the higher secondary school stage. Thus there is a need to address this aspect at all levels of schooling with special attention to vulnerable social groups and girl children. It has proposed that the mid-day meal programme and medical check ups be made a part of the curriculum and education about health be provided which address the age specific concerns at different stages of development.

Introduction to a Comprehensive School Health Program

The idea of a Comprehensive School Health programme, conceived in the 1940's, included the following major components viz. medical care, hygienic school environment and nutritious school lunch and health and Physical Education. These components are important for the overall development of the child and hence need to be included as a part of the curriculum. The more recent addition to the curriculum is yoga. The entire group must be taken together as a comprehensive health and Physical Education curriculum, rather than the fragmentary approach current in schools today. As a core part of the curriculum, time allocated for games and for yoga must not be cut down or taken away under any circumstances.

Given the interdisciplinary nature of health, there are many opportunities for cross curricular learning and integration. Activities such as the National Service Scheme, Bharat Scouts and Guides and the National Cadet Corps, are some such areas. The Sciences provide opportunities to learn about physiology, health and disease and the inter-dependence between various living organisms and the physical habitat. Social Science could provide insights into communities, health as well as understanding the spread, control and cure of infectious diseases, from socio-economic and global perspectives. This subject lends itself to applied learning and innovative approaches can be adopted for transacting the curriculum. The importance of this subject to the overall development needs to be reinforced at the policy level with the health department, administrators, other subject teachers in schools, the health department, parents and children. Recognizing health and Physical Education as core and compulsory, ensuring that adequate equipment for sports and yoga instructors are available, and that doctors and medical personnel visit schools regularly, are some of the steps that can be taken. Further this subject could be offered as an elective at the +2 level.

The '*need based approach*' could guide the dimensions of physical, psycho-social and mental aspects that need to be included at different levels at schooling. A basic understanding of the concern is necessary, but a more important dimension is that of experience and development of health or skills and physique through practical engagements with play, exercises, sports and practices of personal and community hygiene. Collective and individual responsibilities for health and community living need to be emphasized. Several national health programmes like the Reproductive and Child

Health, HIV AIDS, tuberculosis and Mental Health have been targeting children as a focus with prevention in view. These demands on children need to be integrated into existing curricular activities rather than adding on.

Yoga could be introduced from the primary level onwards in informal ways, but formal introduction of Asanas and Dhyana should begin only from class VI onwards. Even health and hygiene education must rely on the practical and experiential dimensions of children's lives. There can be more emphasis on the inclusion of sports and games from the local area. Indigenous knowledge in this area must be reflected at the local level.

Policies make a difference. Appropriate and effective school health policies can have an impact on health behaviors, short-term health outputs, learning/academic achievement and social development. There is a need to develop a uniform, effective code of practice for school administrators and educators undertaking health promotion in schools.

Comprehensive School Health Policy

The WHO defines a health promoting school as one that is constantly strengthening its capacity as a healthy setting for living, learning and working. It focuses on creating health and preventing important causes of death, disease and disability by helping school children, staff, family and community to care for themselves, take informed decisions over circumstances that affect their health and create conditions that are conducive to health.

School health education is comprehensive and meaningful when it;

- views health holistically, addressing the inter-relatedness of health problems and the factors that influence health within the context of the human and material environment and other conditions of life.
- utilizes all educational opportunities for health: formal and informal, standard and innovative approaches in curriculum and pedagogy.
- strives to harmonize health messages from various sources that influence students, including messages from the media, advertising, the community, health and development systems, family and peers and the school.
- empowers children and youth, as well as their families to act for healthy living and to promote conditions supportive of health.

Who is the School Health Policy for?

This policy is for the *Central Board of Secondary Education* and its affiliated schools and educational organizations. The policy will provide useful information to the community

sector and other organizations that also have an interest in engaging in school based health initiatives.

What Does This School Health Policy Aim To Do?

The policy aims to:

- provide an effective guide for school administrators/educators to assist them in developing Health Promoting Schools.
- ensure that school health programmes are based on formally assessed and evidence based practice.
- advocate the value of a comprehensive and planned approach to school health through education sector.
- encourage partnerships for school health promotion with key stakeholders, viz students, parents, health professionals, teachers and counselors.

The overall objective of the Policy is to equip the educational sector to develop Health Promoting Schools.

Components of the Policy

The eight components of the Comprehensive School Health Policy are:

1. *A school environment that is safe; that is physically, socially, and psychologically healthy; and that promotes health-enhancing behaviors;*
2. *A sequential Health Education curriculum taught daily in every grade, pre-kindergarten through twelfth, that is designed to motivate and help students maintain and improve their health, prevent disease, and avoid health-related risk behaviors and that is taught by well-prepared and well-supported teachers;*
3. *A sequential Physical Education curriculum taught daily in every grade, pre-kindergarten through twelfth, that involves moderate to vigorous physical activity; that teaches knowledge, motor skills, and positive attitudes; that promotes activities and sports that all students enjoy and can pursue throughout their lives; that is taught by well-prepared and well-supported staff; and that is co-ordinated with the comprehensive school health education curriculum;*
4. *A nutrition services program that includes a food service program and employs well-prepared staff who efficiently serve appealing choices of nutritious foods; a sequential program of nutrition instruction that is integrated within the comprehensive school health education curriculum and co-ordinated with the food*

service program; and a school environment that encourages students to make healthy food choices;

5. *A School Health Services Program* that is designed to ensure access or referral to primary health care services; foster appropriate use of health care services; prevent and control communicable disease and other health problems; provide emergency care for illness or injury; and is provided for by well-qualified and well-supported health professionals;
6. *A Counseling, Psychological, and Social Services Program* that is designed to ensure access or referral to assessments, interventions, and other services for student's mental, emotional, and social health and whose services are provided for by well-qualified and well-supported professionals;
7. *Integrated Family and Community Involvement activities* that are designed to engage families as active participants in their children's education; that support the ability of families to support children's school achievement; and that encourage collaboration with community resources and services to respond more effectively to the health-related needs of students; and
8. *A Staff Health Promotion Policy* that provides opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities.

How to Implement The Policy?

<i>Key Messages for Plan of Action</i>	
<i>Strategy for action at national, state, district and community level</i>	<ol style="list-style-type: none"><i>A. Form interfaces / Action Groups</i><i>B. Review current situation for School Health Promotion</i><i>C. Plan and Implement School Health Policy</i><i>D. Monitor and evaluate activities</i><i>E. Share experiences / lessons with others</i>

The school administration should provide the lead for health promotion as a major initiative and should include all the stakeholders including parents, teachers, students and the community.

The *Global School Health Survey* aims at providing the profile of the students as Baseline in the following areas;

<ul style="list-style-type: none">• Respondent demographic• Hygiene• Clean drinking water• Protective factors• Tobacco use and smoking• Sleep patterns	<ul style="list-style-type: none">• Dietary behaviours• Personal health• Physical activity• HIV Infection or AIDS Awareness• Alcohol and Drugs• Leisure Activities
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The Central Board of Secondary Education is involved with a Comprehensive School Health Programme and has collaborated with WHO on a Global School Health Survey. A total of 75 schools under various categories were selected under this scheme by WHO on a random sampling basis.

The Survey was conducted through a questionnaire which had various components related to physical growth, drinking and eating habits, personal health, safety concerns, feelings and emotions, substance abuse, physical fitness and personal experience.

The school administration can then take up various initiatives as per the Health Promotion Manual specifically designed for the three major age groups, classes 1-5, 6-8 and 9-12. The checklist can be used to understand the current status and to guide the activities. A *School Health Club* can be formed and can become the focal point of school health promotion. In addition to specific class room based activities and revising school health curriculum, the health promotion programme should encompass the entire school environment and should become a school campus activity. The health promotion programmes should inspire and motivate the teachers, students and parents and should be conceived in a participatory manner. The school should also strive to provide healthy living habits through a conducive environment. The health promotion initiatives can be assessed and based on a scoring system and the school can be declared as a Health Promoting School.

Once the school achieves the status of a Health Promoting School, it should strive to maintain and excel in its initiatives and should become a model for other schools.

Checklist for Situation Analysis of School Health

- What is the status of health education activities in the classroom, school and community?
- Does the school have a clear policy on health promotion, jointly prepared by staff and parents?
- Is health taught effectively across the curriculum? In particular, are the following topics covered
 - ❖ environment health
 - ❖ *personal health*
 - ❖ *safety and accident prevention*
 - ❖ *drug abuse*
 - ❖ *physical education*
 - ❖ *emotional health*
- Are the health topics taught at school based on the needs in the community?
- Are teaching methods learner-centred using the environment as well as the school?
- Are educational materials including visual aids and books available and are they based on health topics?
- Are the water and sanitation facilities adequate, clean and well maintained?
- Is there at least one teacher in the school trained to give first aid, detect simple health problems and refer children to health services?
- Is there an effective and committed school health committee?
- Are parents involved in health promotion activities in the school?
- Are there well developed links with the community and local health workers?
- Do policy makers within health, education and other services provide support to school health promotion?

Responsibilities of The School

Responsibilities of Administrators / Principals:

The Administrators/School principals shall be responsible for:

- Preparing a Comprehensive School Health Plan using eight elements of the co-ordinated School Health Program with input from students and their families;

- Ensuring that the various components of the School Health Program are integrated within the basic operations of the school, are efficiently managed, reinforce one another, and present consistent messages for student learning;
- Developing procedures to ensure compliance with School Health Policies;
- Supervising implementation of School Health Policies and procedures;
- Negotiating provisions for mutually beneficial collaborative arrangements with other agencies, organizations, and businesses in the community; and
- Reporting on program implementation, results, and means for improvement (to whom and how) regularly.

Responsibilities of the School Health Co-ordinator / Teachers / Counsellor

Each school shall appoint/designate a school health co-ordinator to assist in the implementation and co-ordination of school health policies and programs by:

- Ensuring that the instruction and services provided through various components of the School Health Programme are mutually reinforcing and present consistent messages;
- Facilitating collaboration among School Health Programme personnel and between them and other school staff;
- Assisting the administrator/school principal and other administrative staff with the integration, management, and supervision of the School Health Program;
- Providing or arranging for necessary technical assistance;
- Identifying necessary resources;
- Facilitating collaboration between the school and other agencies and organizations in the community who have an interest in the health and well-being of children and their families; and
- Conducting evaluation activities that assess the implementation and results of the School Health Program, as well as assisting with reporting evaluation results.

Monitoring And Evaluation

Obtaining baseline data on the health of the children, the quality of school health services, the environment of the school and health knowledge, skills and practices of students are essential for evaluating the effectiveness of a planned intervention.

The nature and quality of School Health Education Programmes should be evaluated by the extent to which they achieve:

- a) Instruction intended to motivate health maintenance and promote wellness and not merely the prevention of disease or disability.
- b) Activities designed to develop decision-making competencies related to health and health behaviour.
- c) A planned, sequential pre-school to end-of-school curriculum based on student needs and current and emerging health concepts and societal issues.

The content and terminology of the training curriculum for both students and teachers need to be made region-specific and resource-sensitive. Attractive and interesting communication methods should be used.

Strategies in Schools to promote healthy habits :

To be effective, strategies need to be individualized, made context specific, sensitive, within a broad framework using modern day marketing techniques and strategies.

- The mobilization of local resources
- Ownership of the programme by the school
- Training of teachers and health workers
- Participation by parents and the community
- The shared involvement of Government and NGOs from health education and other community services



The main resource comes from teachers, children and parents. There is no school, however poor, that lacks the resource of children.

Promoting School Health

A Health Promoting School:

- Fosters health and learning with all the measures at its disposal.
- Engages health and education officials, teachers, all students, parents, health providers and community leaders in efforts to make the school a healthy place.
- Strives to provide a healthy environment, school health education and school health services along with school/community projects and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion.
- Implements policies and practices that respect an individual's well being and dignity, provide multiple opportunities for success and acknowledge good efforts and intentions as well as personal achievements.
- Strives to improve the health of school personnel, families and community members as well as pupils; and works with community leaders to help them understand how the community contributes to or undermines health and education.

A Health Promoting School focuses on:

- Caring for oneself and others
- Making healthy decisions and taking control over life's circumstances
- Creating conditions that are conducive to health (through policies, services, physical / social conditions)
- Building capacities for peace, shelter, education, food, income, a stable ecosystem, equity, social justice and sustainable development.
- Preventing leading causes of death, disease and disability: tobacco use, HIV/AIDS/STDs, sedentary lifestyle, drugs and alcohol, violence and injuries, unhealthy nutrition.
- Influencing health-related behaviours: knowledge, beliefs, skills, attitudes, values and support.

Why should we become a Health Promoting School ?

The Health Promoting School's framework or model provides the most effective way that schools can promote health and well being for all members of the school communities: students, teachers, parents and the local communities around it. It's a global movement with a local focus.

The model recognises the importance of the participation and consultation of all stakeholders in a school community. Priority is given to the specific health issues and needs of the school. There is an inbuilt reflection and evaluation process to effectively review and align programs within the setting of the school.

A Health Promoting School encourages planning and co-ordinated action and use of resources rather than a reactive response to crises. It involves curriculum planning, whole school organisational alignment and partnerships with people and agencies to support programs and projects.

When can we call ourselves a Health Promoting School ?

A Health Promoting School is on a continuous and deepening journey. When a school has formed a representative committee, surveyed the school communities to clarify the needs and established an implementation plan with a time line for action, then it could be said to be a Health Promoting School.

One off projects can initiate the process of becoming a Health Promoting School but one off projects do not make a school health promoting.

One or two people in a school community may get things started but forming a committee, setting up structures for communication and procedures, writing policies and implementing them are important parts of the process towards becoming a Health Promoting School. Internal partnerships become crucial for integrating the health promoting school framework into school culture. Even if the enthusiastic energy of one or two goes then the framework for health promotion is better able to continue and be taken up by others.

Why are partnerships so important in Health Promoting Schools ?

The important feature of Health Promoting School is shared responsibility: the whole school needs to work in a collaborative way to implement projects and programs. Internal partnerships become crucial again. Teachers, Parents and students need to communicate, reach across and support the school. Health agencies can provide support for school program where it is required, delivering their support in relevant and effective ways.

There are numerous community health issues that loom large: mental health increasing weight and physical inactivity, sun protection and risks of skin cancer, drug and alcohol abuse, bullying and violence etc. A planned and co-ordinated approach to tackling any of these is crucial. Resources need to be better designed and utilised, funds must be targeted and spent effectively. Projects and programs need to be co-ordinated, linked or joined together. An issue can galvanise a team into action but instead of being in a reactive mode, a planned and co-ordinated co-ordination approach is far better. You could say that the Health Promoting School approach is an organisational tool.

How can we encourage parents/guardians to get involved in our School Health Programmes?

Being a Health Promoting School is a great way to involve parents with the school community. Requests for support for tailored programs that fit with a bigger plan or goal can be drawn for parents. Whereas some may not come to a meeting, they may be happy to help set up a vegetable patch or talk to adolescents. Parents/ guardians do like to be consulted and participate in a vision of the school community when the health and well being of their children is concerned. The activities such as writing a policy or volunteering on a project can provide an opportunity for parent participation.

Communication through newsletters, noticeboards and displays, information at PTM's (Parents Teacher Meetings) and conferences can help keep parents/guardians in touch.

How can we involve students in shaping our School Health Programmes?

Student Representative Council and Student Health Committees are excellent teams who can help survey students about their health concerns and needs. Teachers, parents/guardians and students may have very different ideas about what is the most important health issue to address and the way that health activities are implemented. Consultation and the resulting discussions create the best foundation for student engagement, ownership of the process and student participation in the health issues relevant to their lives.

Which organisations in the local community can help with our health programmes and plan?

Through the links to local health promotion sites you can find contacts to a wide range of

organisations and agencies that support School Health Programs. The Health Promotion Schools Officers can help too with contact information if you don't know where to start .

How can we get funding to support new ideas and initiatives?

Depending on your project, funding through partnerships with community organisations and businesses can be a source of support. Staying in touch with information through the networks can keep you abreast of current funding opportunities.

Implementation of School Health Programmes

The three main areas of a **Health Promoting School** are :

- The Curriculum
- The School Ethos (Physical and Social Environment)
- School-based health programmes can be **Environment-Centred** or **Child-Centred**.

1. Environment-Centred Approaches

In this approach, the aim is to improve the educational climate of the school and to provide opportunities for child to utilize the School Health Programme. The positive mental health atmosphere includes the amount of time spent in school, the structuring of playground activities, the physical infrastructure of the school and the classroom decoration.

What kind of programmes can the school conduct?

- a Programmes/workshops can be organized to enhance the ability of administrators, teachers and support staff to deal with specific areas of emotional or behavioural disturbances that they encounter.
- b Programmes for improving teachers' capacity to understand how to make use of other agencies providing mental health services for children.
- c National campaigns to reduce the incidents of certain mental health damaging behaviours e.g., bullying, ragging, corporal punishment etc.

d Improvement in the school's social environment can be brought about by encouraging parent participation through parent programmes in support of school activities.

e A multidisciplinary mental health team can be established in the school to provide consultation in the management of student behaviour problems.

f The mental health team can include representatives from the governing body, teachers, support staff and parents. The governing body can identify problems and opportunities within the school.

g The school mental health team can monitor and evaluate the outcome and provide feedback so that appropriate modifications can be made to the programme.

h School can be the centre for community enhancement projects including programmes to improve physical and emotional health. They can serve as training centres for parenting skills where parents learn more about child development and parent effectiveness skills and receive support to enhance feelings of self worth and competence.

Such a programme provides a co-ordinated, collaborative effort to improve communication, understanding and respect between staff, students and parents. This provides a sense of direction and ownership of the programme.

2. Child - Centred Approach

Child-centred approach includes individual mental health consultations and specific problem-focused interventions as well as more general classroom programmes to improve coping skills, social support and esteem.

What kind of programmes can the school conduct?

a A particular child who exhibits difficult behaviour can be referred to the school counsellor or mental health professionals.



- b The counselor is involved in giving recommendations to the parents, the teachers and in some cases referral for treatment outside the school.
- c Maladjustment can be prevented by locating children *at-risk* and involving them in an intensive goal-directed intervention that should include close contact with special educators, nodal teachers, counsellors and peer mentors.
- d The use of parents as teacher's aides can be a helpful learning experience for the parents, the teacher and the child. Working in the classroom provides parents with perspective of their child as they observe other children and talk with other parents and the teacher.
- e Early intervention programmes with high risk behaviours such as aggressiveness, smoking, excessive shyness, worsening of interpersonal relationships, poor school attendance, declining academic performances, irritable and fluctuating moods and changes in peer groups can prevent serious consequences.
- f School can also use screening tools for identification of psycho-social problems and mental disorders. This can help the schools in determining if children have (or are at risk of having) significant mental health problems. Although, there is a danger of *labelling* and stigma nevertheless the instruments can be very useful in planning management strategies.
- g School based Health Centres located within the school have an important role in supporting better health care for children and adolescents. The mental health services in these school-based health clinics can provide screening, counselling for common adolescent concerns, information about substance abuse, HIV / AIDS, reproductive health, depression, stress, anxiety, etc. Because these clinics are located within the daily environment of the children mostly youth, they offer particular benefit to young people who might not otherwise receive assistance.

Steps In Setting Up School Health Programme

Step 1: Establishment of a Team

Planning for a Comprehensive School Mental Health Programme begins with the collaboration of school personnel, family members, community members, health professionals and students who come together to create an environment that is productive, positive and supportive.

Step 2: Assessment of School and Community Environment

Basic information regarding regional demographics, health risks and resources should be available for the team to consider. When possible, an assessment focusing on community

strengths and available resources, as well as needs should be done to provide the planning team with the information they need to develop objectives.

Step 3: Development of a Plan

Once the need and potential for a mental health programme are assessed and most suitable elements of the model framework are chosen after discussions with parents, educators, student community members and mental health professionals, the next task is to develop a specific plan of action including clearly stated objectives, assignment of responsibilities, a time-line and a co-ordinating mechanism with an outside agency.

Step 4: Monitoring and Evaluation

Obtaining baseline data on the physical and emotional health of children, the quality of school health services, the environment of the school and the health knowledge, skills and practices of students are all essential for evaluating the effectiveness of a planned intervention.

One approach to measuring outcomes which may be particularly useful for school-based health programmes utilizes goal attainment changes as the unit of measurement. Initially the team of school professionals, students, parents and community members meet with professionals, skilled in outcome research, to define how successful outcome will be defined in a way that can be measured reliably. The evaluation process is then planned, implemented and the outcome data analyzed and disseminated. The initial planning team meets again and discusses whether or not the goals were met and makes appropriate modifications.

Health Intervention is Accepted and Most Effective if :-

- It is part of the general educational system.
- Implemented through Health Care in the school.
- Supported and developed by families and parent groups.
- Brought in and through the support of school counsellors and / teachers who recognize that poor social functioning interferes with learning.
- Brought in through School management or which recognizes that schools are a good setting to foster overall health and wellness among school going children.

Canteens Carry a Health Responsibility : Creative Canteens

Canteens in the schools should not be treated as commercial outlets. The schools carry a social responsibility towards inculcating healthy eating behaviors. They are used as places to motivate children to consume healthy and hygienic food. When a child sees other children consume foods with healthy components, their food choices get reinforced and also transmitted to the family back home.



Quality control measures to be observed in the school canteen:

- **Stringent hygiene** regulations to be strictly implemented in the canteen and serving area.
- **Quality of fats/oils used for cooking to be monitored.** Foods containing fatty acids to be banned or moderated.
- **Strict control to prevent carryover of the left over food** (healthy foods have a shorter shelf life-especially when the outside temperature is high).
- Use of whole grains and pulses should be encouraged wherever possible.
- Seasonal cheap and uncut fruits and locally available nuts/fruit seeds.
- Ban on use of preservative, colours and additives in the food preparation.
- **Sale/serving of junk food like burgers, chowmein, chips, carbonated cold drinks to be banned in schools and colleges.**
- Introduce freshly made vegetable pulao, idli-dosa, rajma-rice, dal-rice, milk, fresh lime juice, juices etc. in the canteen menu.

- Attractive pictorial stickers which communicate nutritional messages can be put in sections which sell nutritious foods. Healthy attractive posters in the canteen can reinforce the nutrition related messages.

A Health Promoting School

Health is the responsibility of all. The lesson and experiences gained as children stay with us throughout life. So there is a need to develop a uniform effective code for school administrators and educationists to promote health in schools. This will harmonize the effective partnership of health and education sectors to facilitate a holistic approach to children and adolescent development in schools.

Many of today's and tomorrow's leading causes of death and disease can be significantly reduced by preventing behaviour that is initiated during youth, through education, understanding and motivation and fostered by social and political conditions.

A Health Promoting School is a setting where education and health programmes create a health promoting environment which in turn promotes learning. It constantly strengthens its capacity as a healthy setting for learning and preparing for life.

A School fostering health:

- Fosters health and learning with all the measures at its disposal.
- Engages health and education officials, teachers, teachers' unions, parents, health providers and community leaders in efforts to make schools a healthy place.
- Strives to provide a healthy environment, school health education health services along with school/community projects and outdoor promotion programmes for staff, nutrition and food, safety opportunities for Physical Education and recreation and programmes for counselling, social support and mental health promotion.
- Implements policies and practices that respect an individual's welfare, dignity, provide multiple opportunities for success and acknowledge intentions as well as personal achievements.
- Strives to improve the health of school personnel, pupils as well as families and works with community leaders to understand how the community contributes or undermines education.
- Cares for oneself and others.
- Makes healthy decisions and takes control over life's circumstances.
- Creates conditions that are conducive to health.

2. Improving School Performance through Health Promotion

Health-Promoting Schools (HPS) Fact Sheet

A health-promoting school uses its full organization potential to promote health among students, staff, families and community members.

A Health Promoting School:

1. Engages health and education officials, teachers, students, parents and community leaders in an effort to promote health with:

- Families and community groups involved in the school
- Community services, business and organizations linked to the school
- School/community projects
- Health promotion for school staff

2. Strives to provide a safe, healthy environment, including:

- Clean water and sufficient sanitation facilities
- Freedom from abuse and violence
- A climate of care, trust and respect
- Social support and mental health promotion
- Safe school grounds
- Opportunities for physical education and recreation

3. Provides skill-based health education with:

- Curricula that improve students' understanding of factors that influence health and enable them to make healthy choices and adopt healthy behaviours throughout their lives
- Curricula that include critical health skills, a focus on promoting health and well-being as well as preventing important health problems and information and activities appropriate to children's intellectual and emotional abilities
- Training and education for teachers and parents

4. Provides access to health services with:

- Services (early screening, diagnosis, monitoring growth and development, vaccination, selected medications) that may be most efficiently provided in the school setting depending on school resources and mandates

- Link-ups with local health agencies that can provide services
- Nutrition and food safety programmes

5. Implements health-promoting policies, such as:

- An overall policy supported by school administration and management as well as teaching practices that help create a healthy psychosocial environment for the students and staff
- Policies on equal treatment for all students
- Policies on drug and alcohol abuse, first aid and violence that help prevent or reduce physical, social and emotional problems

6. Strives to improve the health of the community by:

- Focusing on Community Health concerns
- Participating in Community Health Projects



Fostering Health And Wellness



Health and Wellness

- Emergency services
- Teacher Health care
- Health and Wellness Clubs
- Health checks, screening
- Health cards for students
- Counselling services
- Canteens as socially responsible outlets
- Physical Activity



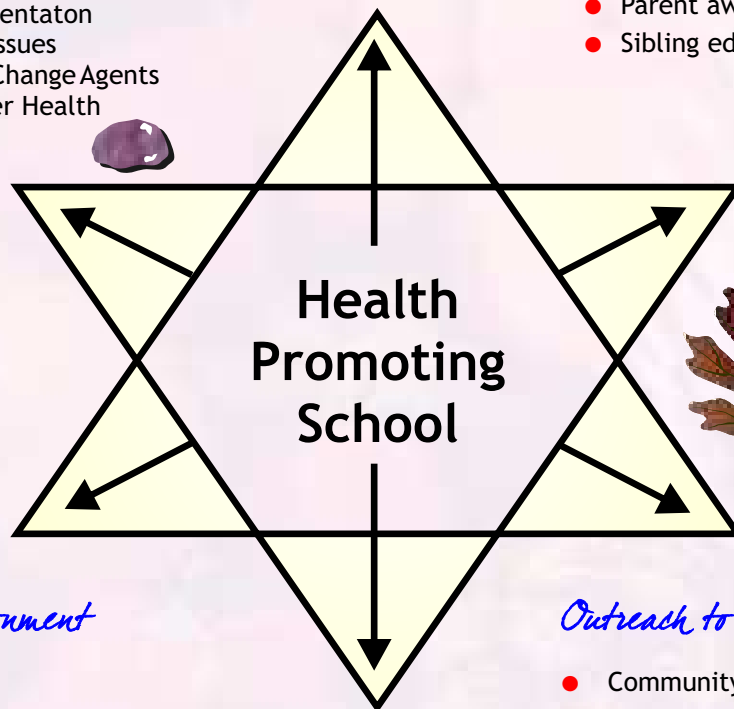
Health Education

- Balanced program 1-12
- Health knowledge, attitudes, skills
- Life Skills orientaton
- Adolescent issues
- Students as Change Agents
- Creating Peer Health Educators



Outreach to Family

- Parent's involvement
- Parent communication
- Parent awareness
- Sibling education



Health Promoting School



Health Environment

- Organisation
- School buildings
- Clean water supply
- Behaviour policies
- Emotional environment
- Teacher attitudes
- School cleaning
- Grounds and gardens
- Clean latrines



Administrative Support and Policy Formulation

- Equity
- Resourcing
- Discipline
- Health Promotion
- Preventive Healthcare
- Canteens - Socially Responsible Outlets

Outreach to Community

- Community education
- Social networking
- Inter-agency Co-ordination and Support (ICAS)
- Close links with Community programs
- Environmental issues
- Social issues
- Culture issues



Focusing Resources on Effective School Health

Much of tomorrow's diseases can be prevented by fostering health in Schools today

Fact Sheet

School Health Policies:

Health policies in schools ensure conditions that promote the overall health such as skills based health education and the provision of appropriate health services, a safe and secure physical environment and a positive psychological environment, preventing abuse of students, physical harassment and bullying. School health policies will help promote inclusion and equity in the school environment. The policies are best developed if all the levels, be it state, national or school are actively involved in it.

Skill-Based Health Education:

This approach focuses on the development of knowledge, attitudes, values and Life Skills which are needed to make and act on the most appropriate and positive health-related decisions. Health in this context extends beyond physical health and includes psycho-social and environmental health issues. Changes in social and behavioral factors have given greater prominence to such health related issues such as HIV/AIDS, injuries, violence, tobacco and substance abuse. The development of attitudes related to gender equity and respect between girls and boys, and the development of specific skills such as dealing with peer pressure are central to effective skills based health education and positive psycho-social environment building. When individuals have such skills they are more likely to adopt and sustain a healthy lifestyle during schooling and for the rest of their lives.

School Based Health and Nutrition Services:

Schools can effectively deliver some health and nutritional services provided that the services are simple, safe and familiar and address problems that are prevalent and recognized as important within the community. For example, micronutrient deficiencies and worm infections may be effectively dealt by sporadic (six-monthly or annual) oral treatment eg. by changing the timing of meals, or providing a snack to address short term hunger during school- an important constraint on learning which can contribute to better school performance. The school can carry proper health check ups and deal with the health problems faced by the students.

Provision of safe water and sanitation:

Hygiene education is meaningless without clean water and adequate sanitation facilities. It is a realistic goal in most countries to ensure that all schools have access to clean water and sanitation. By providing these facilities, schools can reinforce the health and hygiene messages, and act as an example to both students and the wider community. This in turn can lead to a demand for similar issues such as gender access and privacy. Separate facilities for girls, particularly adolescent girls are an important contributing factor to reduce dropout rate. Sound maintenance policies will help ensure the continuing safe use of these facilities. This is the first step towards creating a healthy school environment.

Supporting Activities:

The following activities provide the context in which the basic components can be implemented.

- Effective partnerships between teachers and health workers and between the education and health sectors
- Effective community partnerships
- Pupil awareness and participation

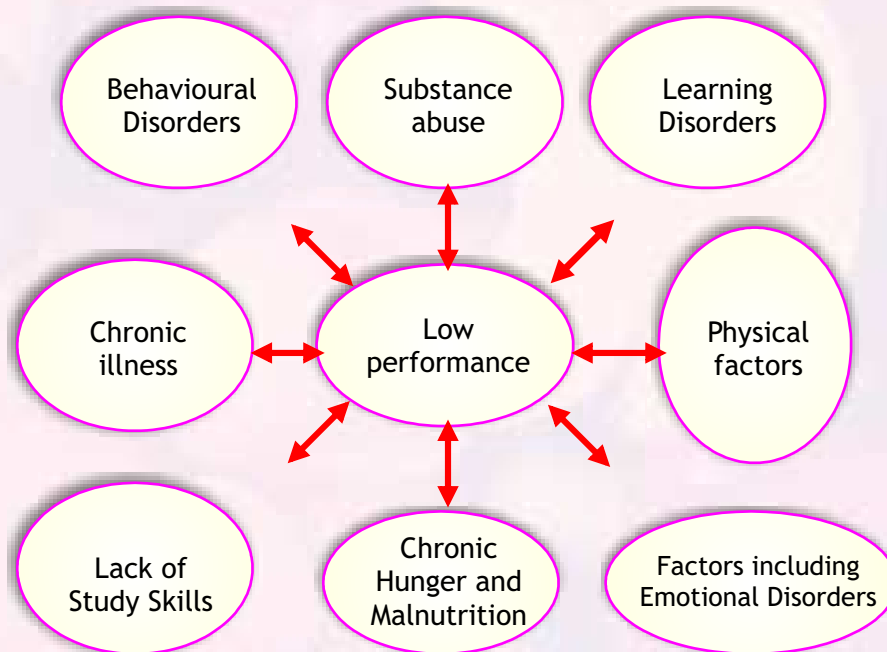
Improving School Performance Through Health Promotion:

Children cannot learn effectively until they are in good health. Similarly, it is not possible to acquire good health without good education. Thus it is in the interest of school to make best efforts to help the students acquire good health and improve it. In order to impart good health, we need to know the various causes of low performance of a student and how a school can help a child to improve his/her performance.

Causes of low performance of students are many and varied:

Physical and emotional disorders are the commonest causes of low performance of students. They can be greatly reduced by physical exercise and regular health care services.

A combination of a good physical fitness programme with a healthy lifestyle programme has been recommended by the experts. A research study has demonstrated a correlation in levels of hunger, poverty, nutrition and academic performance. It has been found that chronically under-nourished children achieve lower scores on standardized achievement tests, especially language ability tests.



Research has shown that physically fit middle school students score higher grades and exhibit higher levels of self esteem than non fit students.

Malnutrition / chronic hunger, use of drugs, alcohol and tobacco have negative consequences in terms of school performance. All these factors can make learning and concentration more difficult.

There are certain factors such as learning disorders or behavioural disorders which need appropriate diagnosis by a health professional. If detected at the right time and at the right age, they can be addressed and remedial action taken to ensure improved performance in school.

H. Gardner in delineating his theory of multiple intelligence has identified seven types of intelligence : Linguistic, Logical-Mathematical, Spatial, Musical, Kineasthetic, Interpersonal, and Intra-personal. It is important to use varied learning strategies to ensure a broad based approach to intelligence to better school performance in both the scholastic and co-scholastic domain.

Empirical evidence based on research work undertaken in several countries shows that increased sports activity behavioural results in better academic performance besides leading to a significant reduction in crime, growth in leadership and team spirit and greater social inclusiveness and cohesion.

