

School Immunization Programme in Sri Lanka

26 May – 2 June 2008



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Acronyms

AEFI	adverse event following immunization
AMO	Assistant Medical Officer
CHDR	Child Health and Development Record
DDG	Deputy Director General
DDHS	District Director of Health Services
DGHS	Director General of Health Services
DMO	District Medical Officer
DPDHS	Deputy Provincial Director of Health Services
DT	Diphtheria – tetanus toxoid
DPT	Diphtheria - pertussis - tetanus vaccine
EMA	Estate Medical Assistant
EPI	Expanded Programme on Immunization
Epid	Epidemiology (unit)
FHB	Family Health Bureau
GIVS	Global Immunization Vision and Strategy
HepB	hepatitis B vaccine
Hib	haemophilus influenzae type b vaccine
IEC	information, education, communication
IVB	Immunization, Vaccines, and Biologicals
JSI	John Snow, Inc.
MCH	Maternal Child Health
MOE	Ministry of Education
MOH	Medical Officer for Health
MOH(MCH)	Medical Officer for Health (Maternal and Child Health) supervisor
MRI	Medical Research Institute
NIDs	National Immunization Days
OPV	Oral polio vaccine
PDE	Provincial Director of Education
PDHS	Provincial Department of Health Services
PHI	Public Health Inspector
PHM	Public Health Midwife
PHN	Public Health Nurse
PHS	Public Health Services
RDHS	Regional Department of Health Services
RE	Regional Epidemiologist
SEARO	WHO Regional Office for South-East Asia
SMI	School Medical Inspection
SNIDs	Sub-national Immunization Days
Td	Tetanus – diphtheria toxoid
TT	Tetanus toxoid
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

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A special thanks to health staff working at national, provincial, district, and health facility levels, as well as school staff who provided detailed information/data and shared useful insights that will benefit other countries which are thinking of introducing school-based immunization programmes.

1. Background

Among its goals, the Global Immunization Vision and Strategy (GIVS) of WHO and UNICEF aims to “protect more children in a changing world,” including the expansion of “vaccination beyond the traditional target group.” School-based immunization is one strategy that can be used to reach older children. As many countries have requested information on school-based immunization strategies, WHO and other partners have collected experiences from a few countries with existing school-based immunization programmes. This information can then be shared with other countries that contemplate introducing a similar strategy. Several countries have been selected by the WHO Regional Offices to be part of this documentation, including Sri Lanka, which is described in this report. (Indonesia and Malaysia were also visited previously.)

1.1 Terms of reference

- To collaborate with the Ministry of Health and other government institutions in documenting the national school-based immunization programme.
- To collect information on the school-based immunization programme at various levels using structured questions, reported data and observation of processes.
- To synthesize the information collected from Sri Lanka (with Indonesia, Malaysia and other countries) to produce a joint collaborative report on documentation of national school-based immunization programmes.

The team stressed that the purpose of the visit was to document the routine school immunization programme and that this was not an evaluation.

1.2 Team composition

The team was composed of Dr. Kaushik Banerjee (WHO/IVB, Geneva) and Ms. Lora Shimp (JSI/IMMUNIZATIONbasics). For the visit to the MOH office in Kelaniya and the school visit to Wedamulla, the team was joined by Dr Ayesha Lokubalasureya, Consultant, Family Health Bureau, Ministry of Health. For the visit to Royal College, the team was joined by Dr. Chintha Karunaratne, MO in charge, School Health Office, Colombo. For the visit to the schools in Badulla, the team was joined by Dr Janitha Tennekoon, MO (MCH), Badulla.

1.3 Activities and method of work

WHO and the Ministry of Health Epidemiology Unit, in collaboration with the health team in Badulla District, kindly and aptly arranged the schedule of meetings and school visits for the team. The school visits were based on the existing school SMI schedules for Colombo and Badulla. Badulla District was chosen given its estate sector schools, which are a unique part of the Sri Lankan system.

The team participated in meetings with health and education staff at central, provincial, and regional level in Colombo, using the questionnaires attached in Annex 1 and 2. While in Colombo, the team also visited two school SMI/immunization activities (one urban, one sub-urban). The team then traveled to Badulla District to meet with health, education and estate sector representatives as well as visiting two school SMI/immunization activities (one rural and one estate sector). The schedule of meetings and visits is outlined below.

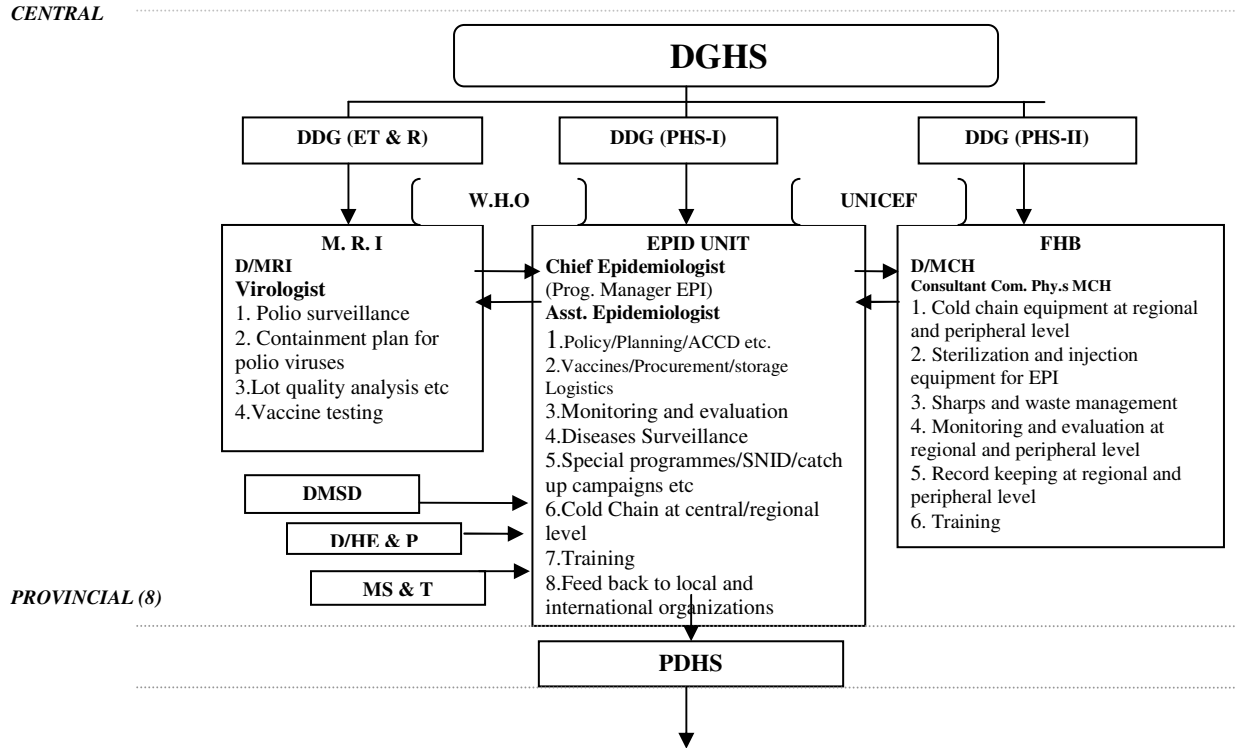
- 26th May - Joint Meeting with Epidemiologist & D/MCH
- 27th May - Meeting with MOH (Electorate Kelaniya) and visit to school SMI/immunization in sub-urban Colombo (Wedamulla Senior School)
- Meeting with officials of the Ministry of Education
- 28th May - Meeting with MOH, School Health Office, Colombo
- Visit to school SMI/immunization in urban setting (Royal College)
- Meeting with Colombo Provincial and Regional health authorities
- Travel to Badulla
- 29th May - Meeting with PDHS, RDHS, RE, MO (MCH), and PDE, Badulla
- Meeting with estate sector representatives (Plantation Human Development Trust)
- 30th May - Visit to rural school SMI/immunization (Humbahamada), Badulla District
- Visit to estate sector school SMI/immunization (May Mallay)
- Travel back to Colombo
- 31st May-
1st June - Report Writing
- 2nd June - Debriefing with WHO
- Debriefing with Epidemiologist and D/MCH

2. Health system context

The total population of Sri Lanka is estimated at approximately 20 million. Immunization services in Sri Lanka are managed within the Epidemiological Unit of the Department of Health Services (established in 1959), under the overall leadership of the Director General and Deputy Director General (Public Health Services). The Epidemiological Unit handles control of all communicable diseases including vaccine preventable diseases and surveillance of vaccine-preventable and other priority communicable diseases and programmes, with the exception of vertical campaigns for malaria, STD and TB.

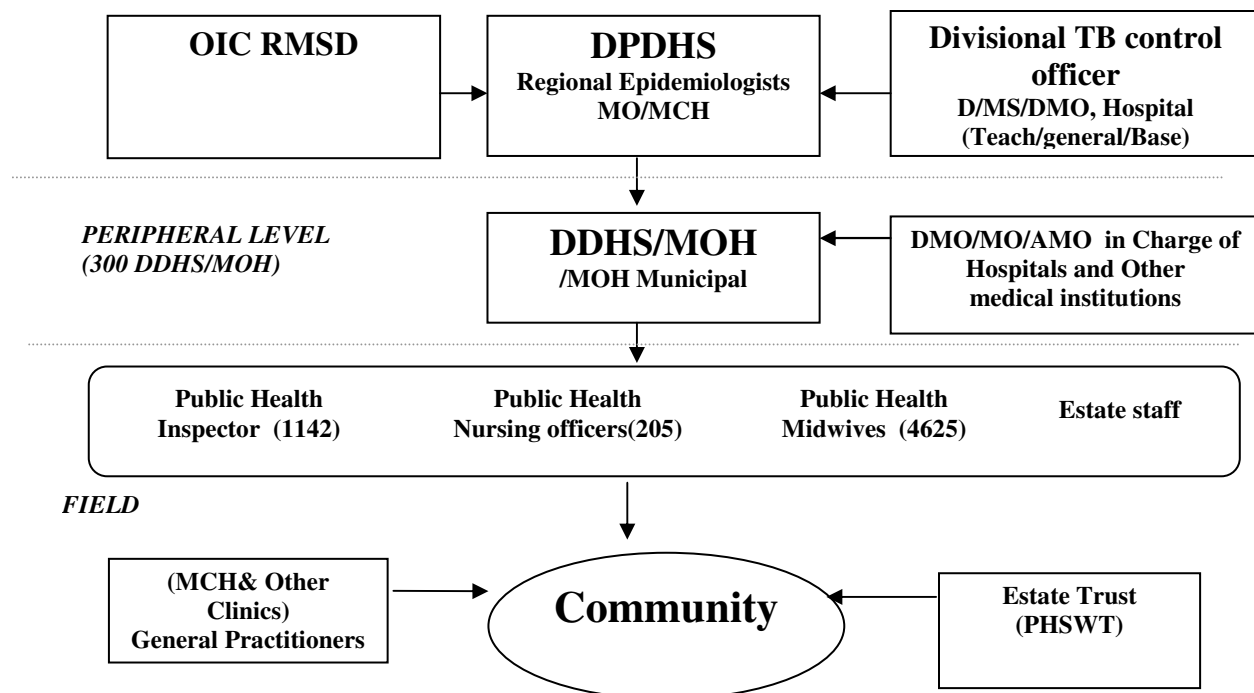
The school health programme is run under the Family Health Bureau (established in 1968) and is a combined programme for health promotion, prevention (including immunization), and medical inspection and screening. The immunization services provided through the school health programme are coordinated with the Epid unit (e.g. for vaccine procurement, programme management, quality of services, etc).

The organizational structure and overall responsibilities of these units are outlined in the graphics below. The second graphic shows the system structure at district and peripheral levels. There are 26 districts in the country and 9 provinces. At the district level, health services are managed under the District Director of Health Services and the Medical Officers of Health. Provision of health services through clinics and the school-based program are conducted jointly by the MOH, PHN, PHM, and PHI teams. In the estate sector areas, which have a combined total population of approximately 900,000, these teams also collaborate with the Estate Medical Assistants, where they are still in place¹.



¹ The estate sector programmes were run separately until approximately 1971, when the Land Reform Act was passed. Healthcare was handled primarily by EMAs, who were hired through the estate and had basic medical training. For advanced or referral care, the EMAs collaborated with the nearby MOH clinic or hospital. In 1986, the estate residents were given citizenship and healthcare was gradually shifted under the MCH. Schools were also being taken over by the MOE during this time period. Pre-natal and ante-natal care, child health, school health, and medical consultations are now being conducted by the MOH, with the EMAs, where still in place, continuing to provide basic health services and referral. The EMA positions are being phased out as this cadre of staff retire or leave service.

DISTRICT/REGIONAL (26)



The Sri Lankan immunization program has a long and well-documented history, as outlined below:

- ✳ 1886 – Vaccination against **smallpox** introduced
- ✳ 1949 – **BCG** vaccination for adults
- ✳ 1961 – Introduction of “**triple**” (DPT) vaccine
- ✳ 1962 – Introduction of **Oral Polio Vaccine**
- ✳ 1963 – BCG vaccination for **newborns**
- ✳ 1969 – Tetanus Toxoid for **pregnant mothers**
- ✳ 1978 – Launching of the **EPI**
- ✳ 1984 – Introduction of **measles** vaccine
- ✳ 1989 – Achievement of UCI status
- ✳ 1991 – Introduction of **TT 5 dose schedule** for pregnant women
- ✳ 1995 – Launching of **NIDs** to eradicate polio
- ✳ 1996 – Introduction of **rubella** vaccine for women of child bearing age
- ✳ 2000 – NIDs to **SNIDs**
- ✳ 2001 – Introduction of **new** immunization schedule
 - ◆ Triple (DPT) 2.4.6.
 - ◆ MR at 3 years
 - ◆ Td at 10 years
- ✳ 2003 – Introduction of HepB vaccine
- ✳ 2007 – Formalization of school health programme² (DT - grade 1, Td - grade 7, rubella - grade 8)
- ✳ 2008 - Introduction of Hib pentavalent Vaccine

Following are the vaccination schedules used in the Sri Lanka health system:

² Vaccination had been given prior to this in schools and was largely managed through the MinHealth. Co-management of the process with the MOE was formally established as a result of joint MOH and MOE circulars signed in 2007.

Routine immunization schedule for children from 0-24 months

Age	Vaccine
<u>IN 1ST YEAR INFANCY)</u>	
0 – 4 Weeks	BCG
On completion of 2nd month	DPT,HepB,Hib & OPV (1st dose)
On completion 4th month	DPT, HepB, Hib & OPV (2nd dose)
On completion 6th month	DPT, HepB, Hib & OPV (3rd dose)
On completion of 9th month	Measles
<u>IN 2ND YEAR</u>	
About 18th months	OPV (Booster) – 4th dose DPT (Booster) – 4th dose

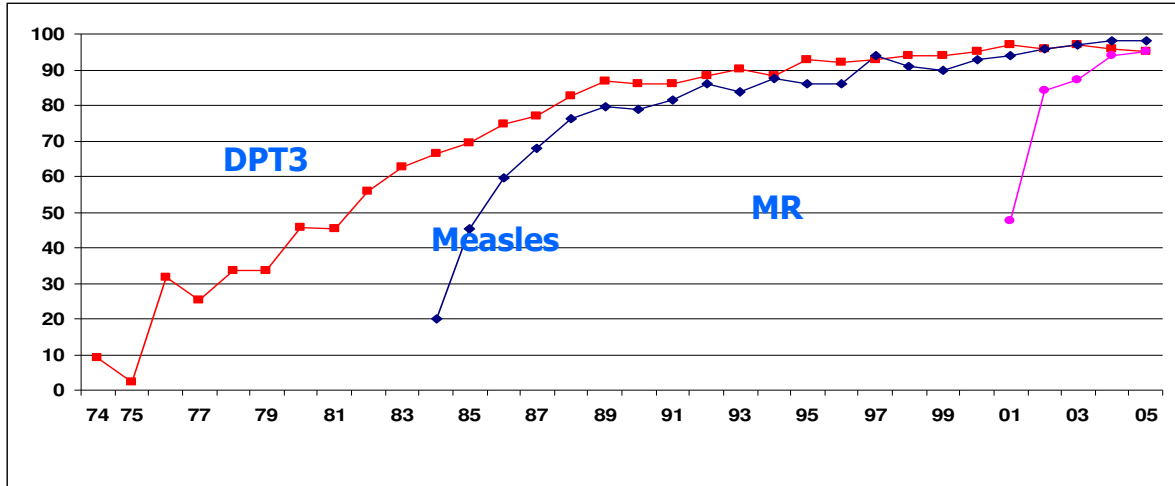
Pre-school, school-based immunization, and women of childbearing age

<u>PRE SCHOOL AGE</u>	
On completion of 3rd year	Measles - Rubella (MR)
<u>SCHOOL AGE</u>	
At school entry (5 Years)	DT O.P.V. (Booster) – 5th dose DT
<u>IN SCHOOL</u>	
12 – 15 years	Td (adult Tetanus – diphtheria)
13 Years	Rubella (all children)
<u>FEMALES (CHILD BEARING AGE)</u>	
(11 – 44 Years)	Rubella

Pregnant women

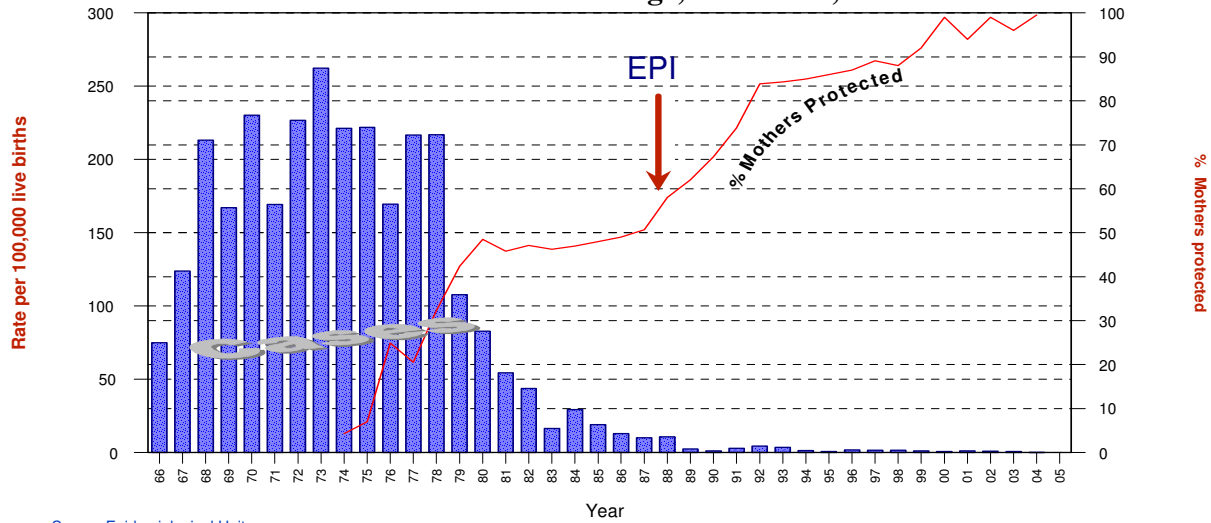
First pregnancy	After the 12th week of pregnancy	Two doses of tetanus toxoid should be given during the first pregnancy to prevent Neonatal Tetanus. One dose of tetanus toxoid should be administered during every subsequent pregnancy up to maximum of five doses in all (i.e.TT1-TT5)
TT1		
TT2	6-8 weeks after the first dose	
Subsequent pregnancies	One tetanus toxoid for the subsequent 3 pregnancies	
TT3, TT4, TT5		

Routine immunization coverage in Sri Lanka has been reported above 90% for DPT3 and measles (see graph) for the last several years. BCG and DPT1 are also high, with 2007 coverage reported at 99% and 92%, respectively. DPT3 coverage in 2007 was reported at 91.5% and measles was 96%³.



Over the last several years, tetanus cases have reduced dramatically, as shown in the graph below. With improvements in assisted deliveries, tetanus vaccination, and surveillance, there have been two or less neo-natal tetanus reported annually since 2003.

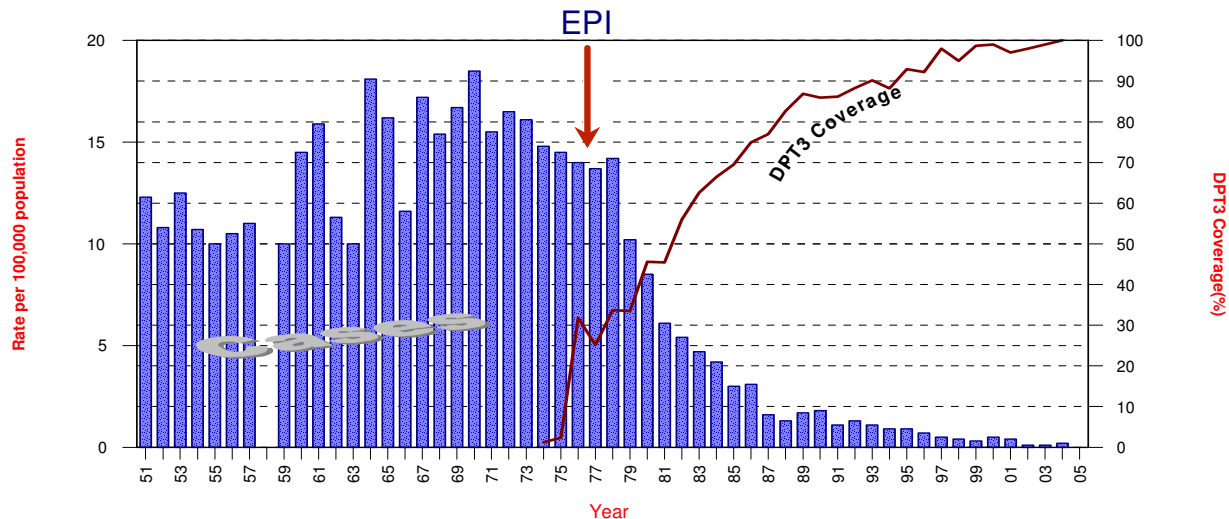
Incidence of Neonatal Tetanus and TT2 coverage, Sri Lanka, 1951 – 2005



Source: Epidemiological Unit

³ Sri Lanka has some discrepancies in their denominator, with three different sources available: (1) official estimate (from 2001 census) derived from previous year's birth and death registry; (2) calculations from district quarterly reports; or (3) DPT1. The computerized immunization system is able to calculate from any one of these denominators. The 2007 figures noted above are calculated from the official estimate.

Incidence of Tetanus and DPT3 coverage. Sri Lanka. 1951 – 2005



Source: Epidemiological Unit

Note: The “EPI” arrows in the above graphs reflect the approximate timeperiod when routine immunization activities were introduced or expanded.

3. School Health Promotion Programme

The school population in Sri Lanka consists of approximately 3.94 million children, representing about 20% of the total population. Over 60% of these children are adolescents (10-19 years old). School enrollment is reported to be 98%, with an estimated 2% drop-out in primary school and 14% drop-out up to grade 9 (for boys and girls combined).

There are currently 9826 schools in the country, based on the 2007 school census (conducted each year). These schools are distinguished by size, with 47% considered to be small schools with less than 200 children, and 53% are larger schools with more than 200 children.

School health in Sri Lanka has a long history and is linked with the expansion of the health system:

- 1918 - Commenced with one medical officer
- 1926 - Integration with Health Unit System
- 1935 - Expansion of school health work to other areas
- 1953 - Introduction of School Dental Services
- 1979 - Health units expanded to 102 (establishment of Family Health Bureau in 1968)
- 1980 - Incorporation of School Health into Family Health Programme
- 2000 - Coordination with MOE for School Health – medical examinations conducted
- 2007 - Health units expanded to 297 (with MOH assigned to each unit)
- 2007 - Health Promoting Schools Programme established

Components of the school health programme include:

- Health-related school policies

- School medical services (including counseling, medical examinations/screening, vaccination, preventive treatment, nutrition supplementation)
- Healthy school environment (including safe water, sanitation, and canteen inspection)
- Life skills-based health education
- School community participation

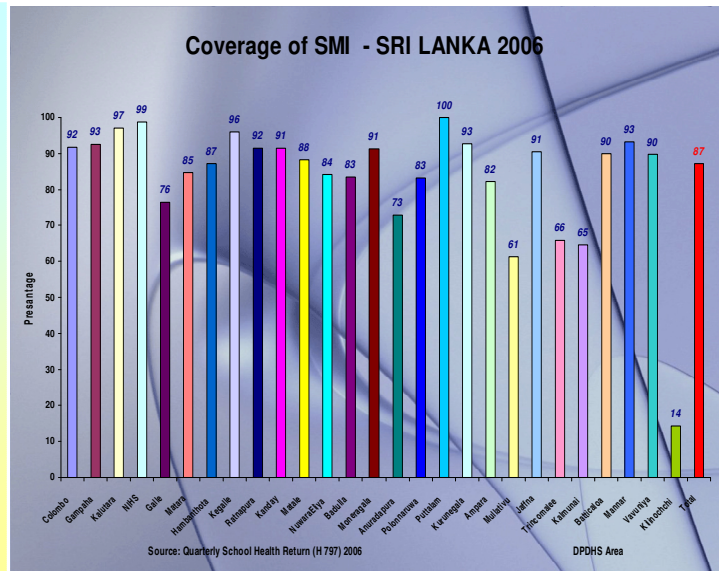
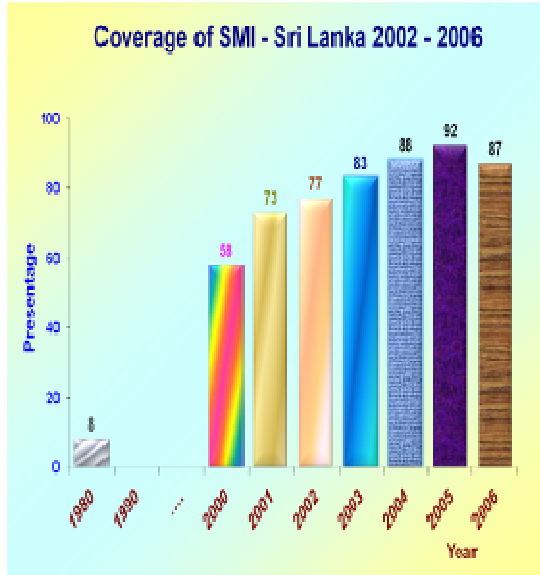
3.1 SMI and “Health Promoting Schools”

The current school health programme involves a school health survey (Annex 4) that is conducted annually in each school by a PHI, in collaboration with the Principal and teachers. (Most schools are involved in the programme, with the exception of a small number of private and international schools.) A School Medical Inspection (SMI) is to be arranged in advance and conducted annually for all children in grades⁴ 1, 4, 7, and 10 in schools with a student population above 200. The SMI is conducted for all children in schools with a student population less than 200. Various activities, including medical examination, weighing, vision and hearing screening, dental examination, immunization, deworming, vitamin A and iron supplementation, and behavioral analysis are included in the school health package. A description of the SMI process and components can be found in the Ministry of Health - School Health Programme circular, Annexure 1b (Annex 5). Immunization services are provided at the same time as the medical examination, when the MOHs, PHNs, and/or PHMs – in collaboration with the PHIs and EMAs (in the estate sector areas) - are present to conduct this (and transport the vaccines and injection equipment).

As part of the SMI, a Student Health Record (Annex 6) is completed for each student. Recently, an Adolescent School Health Record (Annex 7) has also been added for students in grade 10. These records are to be kept with the student’s file at the school. The SMI in smaller schools is usually conducted in one day, although the basic information that does not require medical staff presence may be taken in advance for completion of part of the Student Health Records. In larger schools, the SMI may be conducted over 2-3 days, with basic information completed in advance by teachers and PHIs and Medical Examinations and vaccinations organized by grade on consecutive days (e.g. grades 1 and 4 done on one day, and grades 7, 8 and 10 done on a second or third day).

The coverage of the SMI, based on the number of schools in the country, is noted in the graph below. The second graph shows SMI coverage in 2006 by district. In an effort to intensify efforts to reach 100% of the schools, a joint circular was developed by the Ministry of Health and Ministry of Education and sent to their staff in 2007 to formalize the School Health Promotion Programme. Copies of these circulars are in Annex 5.

⁴ In schools with >200 students, medical exams are conducted only for grades 1, 4, 7 and 10. For grade 8, rubella vaccination is given but no medical exam is conducted. In schools with <200, SMI (including medical exams) are done will all children.



Although immunization and health services have been provided in schools for many years, the School Health Promotion Programme was formally established, with services and responsibilities for the health and education departments detailed, through the joint MOH and MOE circulars distributed in 2007. The School Health Promotion Programme is designed to strengthen the partnership between the health & education sectors for promotion of the health of school children. It involves a variety of strategies, including:

1. Engaging 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 psycho-social (Healthy canteen, environment free of breeding sites, sanitation water supply, child friendly).
3. Providing skills based health education (Life skills) – Decision making, self awareness, effective communication, etc.
4. Reorienting health services (SMI in Grade 10, iron supplementation)
5. Implementing health promoting policies and practices that support health (e.g., polythene-free environment)
6. Striving to improve the health of the community (e.g. Community health projects)

3.2 Immunization Component in School Health Promotion

As noted above, immunization is one of many components included with the school health promotion activities. Given the history of the programme, immunization services have been a standard part of the school package for many years. The present schedule for school immunization (outlined in Section 2), includes all children in the following grades:

- ◆ DT in Grade 1 (if child not already vaccinated, verified by CHDR or through parent)
- ◆ Td in Grade 7

◆ Rubella in Grade 8

Immunization coverage for the school-based programme is tracked as part of the overall immunization reporting through the FHB and Epid Unit. The data from the school reports is included in the electronic reporting system maintained by the Epid Unit. The SMI data from the 2006 Quarterly School Health Returns is as follows:

- DT coverage⁵ (92049/266177) 35%
- Rubella (173116/260133) 66%
- Td (255642/262798) 97%

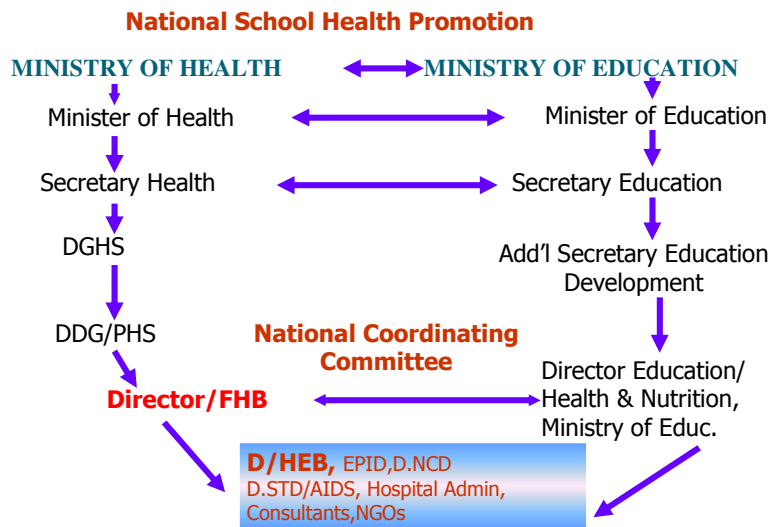
The vaccine received – including date and batch number - is recorded in each student’s Student Health Record. The vaccination received is also recorded in the student’s CHDR (if brought with him/her to the SMI/immunization day, as instructed). In some schools, if the child does not have his/her CHDR, a note on the vaccine received is given by the MOH or PHI to the student to take home and have the parents enter or attach to the CHDR.

The MOH and PHI generally stay at the school for at least an hour after the vaccination is completed in case there are any reactions. The team travels with an emergency kit to handle any allergic reactions or injection problems. Teachers and principals are instructed to monitor for any reactions that may occur after the health team leaves. If a child has a reaction later in the day, the Principal will report it to the PHI or MOH (or EMA in estate areas) and the child will be instructed to go to the clinic. Any AEFI is reported through the normal epidemiology reporting system.

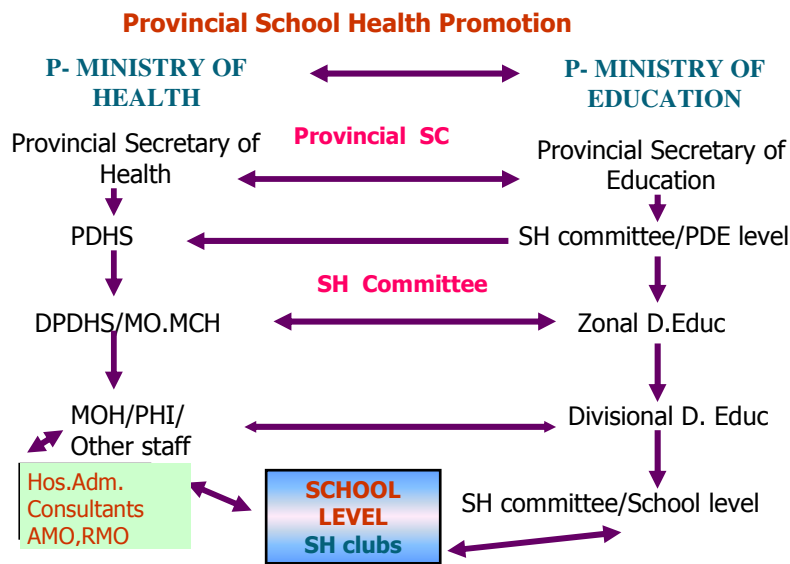
4. Health and Educational System Linkage

School health services are jointly coordinated between the Ministry of Health and MOE, as outlined in the organizational charts below. A key difference between the health and educational systems is that the health structure is organized by district (total = 26) whereas the educational structure is organized by zone (total = 92). School Health Committees have been formed at the various levels, as outlined in the joint circulars distributed by the Ministry of Health and MOE (Annex 5).

⁵ Per the suggested immunization schedule (pg 10), many children are vaccinated with DT at health facilities or through outreach prior to school entry. Their vaccination status is checked through their CHDR. Parents of children in Grade 1 are also instructed to accompany children and bring the CHDR with them to the school on the SMI day.



Provincial level



4.1 Role of health and education departments and staff

Central

School health is coordinated at the national level through the NCC, which began in 2002 and meets every other month. A Director of School Health within the Ministry of Education was appointed in 2005. Within the FHB, there is a Director of Health Education who is responsible for overall management of the School Health Programme.

Provincial/regional

The provincial level is now similarly structured, with Regional Directors providing overall management and supervision of the districts and PHIs. Provincial committees for school health promotion were established in 1989. Annual meetings on school health are held by the provincial offices, and school health is included in quarterly review meetings of district staff with the provincial office.

Districts and Zones

District Directors and the District MOH (MCH) provide supervision of the MOHs. Quarterly review meetings are conducted with the MOH, PHIs, PHNs and PHMs, which includes the school health programme and discussions of SMI coverage (including immunization), health problems discovered, and other health issues. The MOH and PHI teams have monthly review meetings (half day) to improve programme support and discuss health issues. Health talks or refresher training may also be conducted. Within the districts, school health committees have also been formed with variations in meeting schedules (e.g. quarterly, monthly) between the health and education teams. Within education zones, there are annual meetings (which include Principals), which the MOH and PHIs will attend.

MOH, PHI, PHN, and PHM

School health is part of the portfolio for the MOH and PHI, with the MOH coordinating his/her participation in the SMI with the PHI. The PHI is based out of the health facility and covers health inspections (e.g. at restaurants, markets, canteens) and monitors public sanitation and water quality in the community, in addition to the school health programme. The PHI is supervised by a District PHI Supervisor, who works with the DDHS. A PHI covers on average 10 to 20 schools. For larger schools, 2-4 PHIs in an area will work together on the day(s) of the SMI to ensure that the programme for that school is covered.

As noted in section 3 and in the MOH School Health Programme circular (Annex 5), the main SMI organization is handled by the PHI, in consultation with the MOH and school Principals. Notification and coordination of dates for the SMI, school visits and health education and compiling of school health reports and records, and assistance with organization of student School Health Clubs are handled primarily by the PHI. School health data collected, including immunization coverage, is submitted to the MOH and compiled as part of their health statistics reporting (see section 8 for a description of the various school health records and reports).

Principals, Assistant Principals and teachers

Within the schools, the Principals (or Assistant Principals in larger schools) coordinate with the PHI on the dates and planning, as well as supervising implementation of the SMI. This may include informing parents and students and drafting consent forms, where used.⁶ In some

⁶ No standard consent form is used in Sri Lanka, although the potential need for this, particularly with larger schools, is being discussed. Schools (usually teachers and sometimes Principals) inform parents about the SMI

schools, a school health day has been established, in which the SMI is conducted with the target grades as well as health education and promotion activities for all classes. Teachers assist with sending prior information on SMI dates to parents, as well as providing enrollment lists and/or ensuring that their students are present and accounted for during the SMI. Designated teachers (e.g. science, health and physical education, or others) also assist with coordination and organization of student School Health Clubs. During the SMI and vaccination activities, teachers will also accompany the class and assist with organization of the students. Parents are informed to accompany students in grade 1. For other grades, parents are permitted to accompany students, if desired.

5. Cold chain management and logistics

All vaccines used in the immunization programme including those for immunization in schools are procured centrally by the Epidemiology Unit in the Ministry of Health directly from manufacturers. The districts are supplied once every two months from the central level. The MOH offices are supplied monthly from the district level. No shortages were reported in the past few years. From the MOH office vaccines (Td, Rubella, OPV and DT) are carried in vaccine carriers to the schools on the days of school medical inspections (SMI).

There are cold rooms at the central, province and district level. Normal domestic refrigerators are available at the MOH offices. The supply of electricity is excellent and no problems exist with the maintenance of appropriate temperatures. Temperature records are maintained for each piece of equipment. There is adequate storage capacity at central, province, district and MOH levels.

6. Budget and finance

Financing for the school health programme is part of the budget for the immunization and health programmes, with Government of Sri Lanka money received for programme use. At the MOH level, the SMI activities are fully integrated (including vaccination), and expenses are met from Government of Sri Lanka funds received as part of the immunization and health programme budgets. A separate line item for SMI activities does not exist. Any expenses related to school participation in the School Health Promotion Programme (e.g. teacher involvement, health club activities) are covered through existing school funds or funds raised by the health club. Although the majority of the funding comes through the Government, in some areas, small supplemental funds for operational costs (e.g. transport, logistics) are received through UNICEF or NGOs to support school activities, including health promotion.

7. Non-compliance, absenteeism, tracking missed students, and reaching the non-enrolled

A school health survey (see Annex 4) is conducted by the PHI, in cooperation with the school administration (e.g. Principal and/or Assistant Principal; sometimes with assistance by teachers), at the beginning of the school year. The number of children targeted for vaccination from this

through notes or circulars sent home with students or on a notice board kept at the school. See section 7 for details on consent.

survey – based on the enrollment lists - is used to estimate vaccine needs. In some schools, the class list is used to verify the students eligible for vaccination by class. In smaller schools, teachers know if children are absent and will either send notices or contact the families directly to instruct them to go to the clinic for vaccination.

A formal system for consent has not been established across schools in Sri Lanka, with overall compliance not previously considered to be a significant problem. Some urban or larger schools, however, are starting to note problems with absentee children, notably for rubella in grade 8. Although not yet standardized or mandated, some larger schools have developed their own written consent forms that are sent home with the students, with a signature requested from the parents in advance. These signed consent forms are then given to the teacher or brought by the student to the SMI session. If consent has not been given, the student will be given a referral form by the MOH to give to the parents (Annex 8) or the parents will be told by the PHI or teacher to take their children to the clinic for vaccination. For children who are absent on the day of the SMI, the team may schedule a follow-up visit to the school or the parents will be instructed by the teachers and/or PHI to take their child to the clinic for vaccination and medical examination.

Given the high enrollment in schools in Sri Lanka, most children are reachable until grade 9. In communities where children may not be enrolled, the PHI and MOH team will work with the community to identify these children and follow-up with the families to ensure that the children are vaccinated at the field clinic. In some communities, non-enrolled children may be brought by the parents to the schools on the day of the SMI, and these children will be vaccinated.

8. Monitoring

A well-established and detailed reporting and monitoring system is in place for the school health programme. This is organized as part of the overall health reporting system and coordinated between the Ministry of Health and FHB at the national level. School health records and reports are compiled by the PHIs and submitted to the MOH. Although effectively managed, the workload for some health teams is heavy (particularly those with more than 50 schools to cover), as they must conduct SMI and reporting activities weekly.

The MOH includes the school health data with their quarterly returns, and the data are combined by the districts and provinces for submission to the central level. The FHB prints and distributes the blank school health forms to the health teams and collects the completed reports at the central level. The various reports used during the SMI in the schools are listed and briefly described below. Copies of each report form are attached as Annexes in this report.

- School Health Survey Report - completed annually by the PHI with each school, including school enrollment numbers, overall inspection of facilities and services, and health promotion functions; filed by PHI or MOH. (Annex 4)
- Adolescent School Health Record – detailed health, history, and medical exam form completed for students in grade 10; kept by school with student file. (Annex 7)

- Student Health Record – detailed health, medical inspection, and treatment form, including vaccination history; kept by school with student file. (Annex 6)
- School Health Examination Record of Health Problems - list of children identified with problems and given referrals for additional screening/treatment during the Medical Inspection; kept by health staff. (Annex 9)
- School Health Referral Card - completed by the MOH if a health problem is identified or if a child did not receive vaccination due to no consent or absenteeism; given to student to take to parent or to parent, if present. (Annex 8)

The monitoring and reporting system used by the health system for tracking the SMI data, including school vaccination coverage, includes the following forms:

- School Health Promotion Program Evaluation Report – includes key/priority indicators taken by the MOH and PHI from the School Health Return and marked on a numerical scale (e.g. 0-5 or 0-10) to denote strong and weak programme activities and make programme adjustments; developed and completed by the MOH and PHI, with variation between districts. (example in Annex 10)
- Monthly Statement of School Health Activities – summary of school statistics and health data collected from the schools and compiled from reports of the PHIs; completed and kept by the MOH and used to complete the Quarterly School Health Return. (Annex 11)
- Quarterly School Health Return – summary of data collected and compiled from the Monthly Statement of School Health Activities; completed by the MOH and original submitted to the FHB by the 20th day of the next quarter, with copies to the DPDHS and kept by the MOH office. (Annex 12)
- Immunization monitoring database and annual report – data collected by the FHB from the Quarterly School Health Returns is compiled and submitted to the Epidemiology Unit, Department of Health Services/Ministry of Health, which enters this into their computerized immunization database.

9. Conclusions

The school health programme in Sri Lanka is well-established, with immunization as a key component. Leadership by the Ministry of Health and joint programming with the MOE have been key to the success and continuity of the programme as well as for ensuring the quality of services provided. Collaboration between the Ministry of Health and MOE has strengthened and become more formalized since joint circulars were sent on the “School Health Promotion Programme” in 2007. High level advocacy between the Ministry of Health and MOE enabled this to happen, including a series of meetings at the central level (at least 4) and five meetings with the Provincial Coordinators of Health to formalize this.

The organization of the SMI between the PHI, MOH and their team, and the schools is good, with advance (annual / monthly) planning and funding that is ensured through the health and education budgets. School health teams are trained and knowledgeable about the programme, activities and reporting. The school health programme is generally held according to schedule, with good participation and collaboration with the schools and management and supervision from districts. Strong school enrolment and low drop-out, as well as effective planning and communication with parents, have enabled the program to reach the majority of eligible children. Although some difficulties in ensuring high coverage with rubella vaccine have been encountered in larger urban schools, IEC and parent advocacy/consent strategies are being considered by the programme to address this.

The quality of immunization services provided through the school health programme is good and a priority of the Ministry of Health and health teams. Vaccines and injection equipment are adequately estimated, available, and managed, with proper storage and safe disposal practices. A system for AEFI management is well-established. Funding and transport are adequate to ensure that services can be conducted. The paperwork for reporting is comprehensive, well-documented and organized. Although it takes time to thoroughly complete the various records and reports, they are an accepted part of the workload for the PHI and MOH. The reports enable full tracking of the school health indicators, including the vaccination coverage data by antigen and grade. The workload for the health teams is heavy, particularly for MOH teams that have more than 50 schools to cover in their area. However, despite this, the teams are able to implement the school health programmes within the year, and SMI coverage continues to increase towards the 100% coverage goal.

Annex 1: Questionnaire used in Sri Lanka

To be administered at all levels (as appropriate)

Background Information

1. What is the over-all organization of health services in the country (e.g. is it controlled from the national level or is it decentralized)?
2. Is there a school health program in the country? If yes, what are the components of this program?
3. More specifically: is the school-based immunization part of a larger health program? If yes, please describe.
4. Are there other (integrated or separate) health programs or interventions that are school-based? If yes, please list these, and describe how (and if) they fit together.
5. What is the funding mechanism of this programme? (e.g. is it entirely government funded or donors provide funds too)
6. When was the school-based immunization introduced? Have there been any interruptions or adjustments since then?
7. What were the reasons behind the introduction of a school-based immunization program / a school-health program?
8. The number of students enrolled at school (how compiled, public, private, by sex)

Service delivery

9. Is a school based immunization programme in operation throughout the country or only in some places? If only in some places, please specify the places.
10. Is the approach used only in areas where primary school enrolment rates for girls are above a certain defined level? Or is it nation-wide? Or any other criteria used to decide where to implement school-based immunization?
11. Are both public and private schools included in the program? If yes, is there a different approach for both? If no, how are children in the schools that are not covered immunized?
12. What vaccines are given in the school-based program?
13. What is the vaccination schedule (e.g., which grades are eligible to receive how many doses of which vaccines with what intervals?)

14. Were other (different) grades targeted in the first few years of start-up (e.g., to "catch up") compared to later years? If so, please specify which grades and which vaccination schedules were used.
15. Was the approach phased-in over geographic areas or over the years, or was it implemented everywhere at once?
16. What other services, if any, are offered in school? Are these other interventions offered on the same day as immunization?
17. Who makes the workplan? (i.e. who decides when which schools are to be visited)
18. Who does the immunization work? (e.g. school health workers, a mobile team from district level, a local health worker,...)
19. Are extra staff employed to do this exercise? (if not, what activities are "dropped" when school immunization is done)
20. How many times in one year does the team visit the same school for vaccination?
21. Are services provided during the entire academic year or only during a designated month or two?
22. Are both girls and boys targeted?
23. Are non-enrolled children from the surrounding community also vaccinated at the school or is there a different approach to vaccinate this group? If yes, how are they informed? If no, is anything done to vaccinate later those that were missed? How?
24. Are data collected on the per cent of non-attendees on the day of the visit? Is anything done to vaccinate later those that were missed? How? (This may prove difficult.)
25. [NOTE: collect examples of immunization cards, tally sheets, reports,...]

Vaccine supply, quality, logistics, cold chain

26. Who orders and pays for the vaccine? Differentiate between vaccine in the routine immunization program, and vaccine used in schools.
27. Who provides the syringes? Who pays for them? (differentiate between school and non-school immunization)
28. Who pays for the operational costs? (transport, per diems,...) (differentiate between school and non-school immunization)
29. How is the calculation of requirements for vaccine, syringes, safety boxes, staff,...made? (e.g.: schools give the number of students; or a % of the population is used...)

30. Where is the vaccine stored (e.g. in the health center near the school, in the district health office or hospital)
31. Is additional cold chain equipment needed to be able to do the school-based program? (If yes, what kind? Is this equipment idle (not used) in the periods without school-based immunization?)
32. How is waste dealt with? (i.e. used syringes etc)

Linking services with the community and communications

33. Are community groups, mechanisms, or leaders systematically engaged at any point in the school immunization program? If yes, please describe.
34. What messages have been prepared to communicate the program/services to headmasters, teachers, community groups, and parents?
35. Are parents informed in advance? Are students advised in advance?
36. Is parental consent needed? If yes, how is it obtained?
37. How do the schools cooperate?
38. What is the role of the teachers? Of the Head Master?

Surveillance and monitoring

39. How are doses recorded? (e.g. do you use a tally? A register?... Ask for a copy, or at least to see the forms). How are results tallied?
40. What is the link with infant vaccination records? (are the doses recorded on the child's immunization card? Are copies of the school health record kept with the school health team or at HC?)
41. How is performance measured? What indicators (numerators and denominators) are used? Is coverage monitored? How and by whom?
42. What has been coverage in past years? (ask for a copy of coverage results, which mention numerator and denominator. Compare denominator to birth cohort and enrolment/attendance numbers)
43. Do teachers receive information from health workers about possible adverse events? How are adverse events handled? What is the reaction of students to the immunization?

Programme management

44. Who has overall responsibility for the programme at central and peripheral levels? (e.g. EPI Manager, School Master,...). What programs/ministries are involved in planning and delivering the program?

45. What kind of report is made? How frequently? Who receives the report?
46. Is there any attempt to react to performance reports? (i.e. to improve things if the report shows problems)
47. Has any formal or informal assessment/description of school-based program been done? If so, can we have a copy?
48. Are there any plans for expansion of the school-based immunization or of the school health program? When would this happen? What interventions?
49. How is the supervision organized? (who supervises, how frequent, impact, feedback,..)
51. What are the lessons learned?
52. What are the main challenges?

Annex 2: Question list prepared for sub-national level/site being visited

1) Observations at vaccination site:

1. Cold chain maintained?
2. Sufficient quantity of vaccines, syringes?
3. Safe Injection practices (re-capping, waste)?
4. Counseling/health education?
5. Register book and cards used?
6. Tally sheet used?
7. Individual cards in use?
8. Reporting format from school to health centre?
9. Any supervisory checklist in use by health staff?
10. Other services provided today?
11. How is consent considered to have been given?
12. Role of classroom teacher?
13. Reaction of students, refusals?

2) Interview with Principal or teacher at school on day of vaccination session:

1. When did you learn that today was vaccination day?
2. Number students registered?
3. Average number of absentees each day and today?
4. Appointment slips or referrals for absentees?
5. Number of refusals today?
6. How is consent considered to have been given? Consent letters on file?
7. Any non-enrolled school-aged kids at session today?
8. How are children screened and registers filled/used?
9. Were students ever screened and why was it stopped?
10. Is a vaccination card given to student (at school leaving or before?)
11. How many times does health worker visit school during year? To do what on each visit?
12. Do health workers provide health education to students about vaccination or related diseases?
13. Coverage last year and versus other schools?
14. Abscesses? AEFI?
15. Would you agree to allow students to receive two shots today?
16. Satisfied with programme?
17. Know the purpose of school health programme, names of vaccines and diseases?
18. If mothers encountered:
 - Would you agree to allow students to receive two shots today?
 - When did you first learn that today was vaccination day?
19. Ask the children : how they came to know about the school health activity and when, what kind of vaccine they got and for what?

3. Visit to HC to interview head and see some data:

1. Number and type of health staff?

2. Any micro-plan (number and line listing or map of schools, number of students by school, supplies required, visiting schedule, and who will visit each school)?
3. Information letter sent to school with scheduled date of visit?
4. See school visiting schedule
5. % of schools that don't agree to participate?
6. What services are provided? (De-worming in separate month?)
7. Are health workers and chief satisfied with services? Are they familiar with the school health programme guidelines?
8. Burden on staff (what gets dropped?)
9. How many times per year do your health workers visit the same school? What happens if students miss their vaccinations on the school health day?
10. Are health promotion staff involved? How?
11. School health programme coverage last year and versus other districts? Compare their district data to data provided for this district at provincial level.
12. What operational costs must be covered to make the school health programme a success?
13. Separate budget for school health programme? Which budget used for transport?
14. Budget for school health operational costs sufficient?
15. How much spent for transport or stipend (competes for resources?)
16. Are staff sent back to same school for catching absentees?
17. What data are shared with whom?
18. Local IEC, media, community volunteers/groups used?
19. What do you do with the used syringes after the session?
20. Do you have a supply of cards and records in your health center?
21. Would you agree that health workers could vaccinate students with two shots on same day?

4) At MOH district office:

1. Work planning
2. Workload issues
3. Presence of and familiarity with School Health Promotion guidelines
4. Ask all surveillance and monitoring questions from master questionnaire. (#38-43)
5. Who data are shared with and what type?
6. Supervisory checklist and schedule?
7. Ask budget questions above for health centre.
8. How to mobilize resources within sub-district to cover operational costs for SMI?
9. Local IEC, media, community volunteers/groups for SMI?
10. Have there been any meetings to review SMI/School Health Promotion with other health programmes or sectors (health promotion, religious affairs, home affairs, education)?

5) At district MOE:

1. Number of students enrolled by school (how determined? public, private, religious?) and sex
2. How is the overall district budget for MOE determined? (based on number of students?)
3. How was their performance on SMI last year?
4. Headmasters and district officials satisfied with SMI and School Health Promotion?

Annex 3: List of contacts

Colombo

1. Dr Nihal Abeysinghe, Chief Epidemiologist, Ministry of Health
2. Dr Vineetha Karunaratne, Director (Maternal & Child Health), Family Health Bureau, Ministry of Health
3. Dr Sudath Peiris, Assistant Epidemiologist (In charge of Immunization), Ministry of Health
4. Ms. Priyatha Nanayakkare, Director, Bi-lingual Education, Ministry of Education
5. Dr Ayesha Lokubalasuriya, Consultant, Community Physician in charge of School Health Programme, FHB, MinHealth
6. Dr. Nellie Rajaratne, Ex. In-Charge, School Health Programme, FHB, MinHealth
7. Dr A.L.A.L. Padmasiri, PDHS, Western Province
8. Dr. L.B.H Denuwara, RDHS, Colombo District
9. Dr N. Pannila Hetti, Regional Epidemiologists, WP
10. Dr L.R. Liyanage, MO (MCH), WP
11. Dr Rajapaksa, MOH, Kelaniya Electorate
12. Dr. Chintha Karunaratne, MO in charge, School Health Office, Colombo

Badulla District

13. Dr Adikary, Regional Epidemiologist, Badulla
14. Dr Janitha Tennekoon, and Dr. Shiromi de Silva, MO (MCH), Badulla
15. Mr. W.A. Somapala, District Supervising PHI, Badulla District
16. Dr Attanayaka and Dr J. Hettiarachchi, MOH
17. Mr. Athula Bowatta and Ms. Mandalika Jayasuriya, Plantation Human Development Trust, Badulla
18. School health teams, teachers and students of the Wedamulla, Humbahamada and May Mallay schools

Annex 4: School Health Survey Report

සෞඛ්‍ය 1015/ සංශෝධිත 2008
 H. 1015 திருத்தப்பட்டது 2008
 H. 1015 Revised 2008

පාසල් සෞඛ්‍ය සමීක්ෂණ වාර්තාව
பாடசாலை சுகாதார ஆய்வு அறிக்கை
School Health Survey Report

ම.සෞ.ප. ප්‍රදේශය
 பொ.க.ப. பி.அ.வு
 PHH area

සෞ.සෞ.ව.වි. කොට්ඨාසය
 ச.ச.வ.அ. பி.அ.வு
 MOH area

සමීක්ෂණය කරන දිනය
 பரிசோதித்த திகதி
 Date of Inspection

1. පාසල පිළිබඳ තොරතුරු

பாடசாலையின் அடிப்படைத் தகவல்கள்
 Background information of School

- පාසලේ නම/ பாடசாலையின் பெயர்
 Name of School
- හඳුනාගැනීමේ අංකය/ அடையாள இல.
 Identification Number
- ලිපිනය/ வீளசம்
 Address

ශ්‍යෙස සංඛ්‍යාව சிறார்கள் தொகை No. of Children	பිරிම ஆண் Boys	ගැහැණු பெண் Girls	එකතුව மொத்தம் Total	ශ්‍රේණිය/ தரம் / Grade													වෙනත් ஏனைய Other	එකතුව மொத்தம் Total							
				1	2	3	4	5	6	7	8	9	10	11	12	13									

	பිරிම / ஆண் Male	ගැහැණු / பெண் / Female
ගුරුවරුන්ගේ මුළු ගණන (විදුහල්පති ද ඇතුළුව) மொத்த ஆசிரியர் (அதிகள் உட்பட) தொகை Total No. of teachers (including Principal)		
සෞඛ්‍ය සම්බන්ධ සඳහා පුහුණු ගුරුවරු ගණන சுகாதார செயற்பாடுகள் தொடர்பாக பயிற்றுப் பெற்ற ஆசிரியர்கள் No. of teachers trained in health related activities		
උපදේශනය සඳහා පුහුණු ගුරුවරු ගණන உள்ள ஆலோசனை வழங்க பயிற்றுப்பெற்ற ஆசிரியர்கள் No. of teachers trained in Counselling		

2. පාසල් ගොඩනැගිලි /பாடசாலைக் கட்டிடங்கள் /School Buildings

1. සෞඛ්‍ය ආරක්ෂිත නොවන ගොඩනැගිලි මොනවාද? ඒවා ආශ්‍රිත ගැටළු මොනවාද?
 ஆரோக்கியத்திற்கு பாதுகாமான கட்டிடங்கள்? அவை தொடர்பான பிரச்சனைகளை விபரிக்க.
 What are the buildings, which are not hygienic? State the problems related to them

3. ගුරු කාමරය /உத்தியோகத்தார்கள் அறை /Staff Room

1. ගුරු කාමරය මිනිසුන් සඳහා සුදුසු ගුරු කාමරයක් තිබේද? ගැටළු ඇති නම් සඳහන් කරන්න.
 உத்தியோகத்தர்களுக்கென அறை உள்ளதா? அவை தொடர்பான வசதிகளும் பிரச்சனைகளும்
 Availability of staff room / Facilities, problems related to staff rooms?

උපදෙස් - මිනිසුන් විසින් එක් පාසලකට එක් ආකාරී පත්‍රය වැනින් පිරවත් 3කින් සම්පූර්ණ කර එක් පිරවුමක් සෞඛ්‍ය සේවය තිබූවරු ද පිරවුමක්
 විදුහල්පතිවරුට ද හර දිය යුතු වේ. අනෙක් පිරවුම මිනිසුන්වරුන්ගේ ප්‍රයෝජනය සඳහා ය.
 அறிவுறுத்தல் - ஒவ்வொரு பாடசாலை ஆய்வின்மூலம் இப்படிவத்தில் 3 பிரதிகளை தயார்செய்து, ஒரு பிரதியை ச.ச.வ. அதிகாரிக்.கும், இரண்டாம்
 பிரதியை பாடசாலை அறிபுருக்கும் மற்றைய பிரதியை தனது சார்யால் உபயோகத்திற்கும் வைத்திருக்க வேண்டும்.
 Instructions - PHH has to fill 3 copies of this form and hand over to MOH, and to the principle. Other copy is for the use of PHH.

4. සෞඛ්‍ය ප්‍රවර්ධන / සුදැකුම් ඒකකය/ සுகාතාර මෙம்பාட்டுක් ආභු
Health Promoting Unit

	ඔව් දාම Yes	නැත මූලික No
සෞඛ්‍ය ප්‍රවර්ධන ඒකකයක් තිබේද?/සුකාතාර මෙம்பාட்டுක් ආභු දැනද?		
Availability of a Health Promoting Unit		
ප්‍රථමාධාර පහසුකම් තිබේද?/ප්‍රථමාධාර ව්‍යුහයක් දැනද?		
Whether first-aid services are provided		
පුහුණු වූ ප්‍රථමාධාරකරුවන් සිටීද?/ප්‍රථමාධාර ආවේණික පුහුණුවක් දැනද?		
Trained personnel for first-aid		
පහසුකම් සපයා තිබේද?/ඉඩම්, ව්‍යුහයන්ද?		
Availability of facilities		
ඒකකයේ අනෙකුත් ක්‍රියාකාරකම් සඳහාත් කරන්න./ ආභුයේ ඉඩම්, ව්‍යුහයන් සපයා ඇත්ද?		
State other activities of the unit		

5. දන්ත සායනය / පුහුණුකරණ නිලායනය
Dental Clinic

1. දන්ත දන්ත සායනයක් අතර පුහුණුකරණ නිලායනය Availability of a dental clinic	ඔව් දාම Yes	නැත මූලික No	4. නැතිනම් හේතු මොනවාද? /සෞඛ්‍ය.විද්‍යාඥයාගේ හේතුව/ If not what are the reasons
2. දන්ත සායනයක් / ිෂුණු පුහුණුකරණ නිලායනය/Child Dental Clinic			5. දන්ත සායනයක් නැතිනම් අනුබද්ධ කර ඇත්තේ කවර දන්ත සායනයටද? පුහුණුකරණ නිලායනයක් නොමැති නම්, ඒකකයට සමීපව පවතින දන්ත සායනයකදීද? If there is no dental clinic, to which dental clinic is the school attached?
දරුවන්ගේ දන්ත සායනයක් /අවුරුදු පුහුණුකරණ නිලායනය/Adolescent Dental Clinic			
3. එය ක්‍රියාත්මකද? සෞඛ්‍යයක්ද? Is it functioning			6. දන්ත සායනයට ප්‍රමාණවත් ජල සැපයීමක්ද? ප්‍රමාණවත් ජල සැපයීමක් දැනද? Is the water supply adequate?
			7. දන්ත සායනයට විදුලිය සැපයීමක්ද? විදුලිය සැපයීමක් දැනද? Is electricity supplied?

6. වැසිකිළි පහසුකම් / මලසලා සැල ව්‍යුහයන් /Toilet facilities

1. වැසිකිළිවල ස්වභාවය (මලසලා සැල ව්‍යුහයන්) Nature of the toilets					
සාධනීය සැල සැල වැසිකිළි සංඛ්‍යාව මලසලා සැල සැල No. of usable toilets	සාධනීය සැල සැල සඳහා දැනට භාවිතා වන සැල සැල for staff		දරුවන් සඳහා භාවිතා වන සැල සැල for children		
	බාහිර බාහිර Female	පිරිමි පිරිමි Male	මිනිසුන්/Boys මිනිසුන්/Boys		මිනිසුන්/Girls මිනිසුන්/Girls
			සිරිදේශයක් නොමැත අත්කිරීමට නොහැකි No. recommended	තිබෙන තිබෙන No. available	සිරිදේශයක් නොමැත අත්කිරීමට නොහැකි No. recommended
					තිබෙන තිබෙන No. available
පල සැල / ජල මලසලා සැල/Water seal					
වල / වල / Pit					
නිකර / ඉඩම්/ Others					
එකතුව / මුළුමන / Total					
2 වැසිකිළි වල ප්‍රමාණවත් ජල සැල සැල සැල /දැනට භාවිතා වන සැල සැල /No. of toilets with water facilities					
3 වැසිකිළි පිරිසිදු තිබේද? /මලසලා සැල සැල සැල සැල /Are the latrines kept clean?					
4 පිරිමි දරුවන් සඳහා වැසිකිළි සැල සැල තිබේද? /දැනට භාවිතා වන සැල සැල /How many Urinals are available?					
5 වැසිකිළි පිරිසිදු තිබේද? /මලසලා සැල සැල සැල සැල /Are the urinals kept clean?					
6 පිරිසිදු කිරීම සඳහා අනුගමනය කරන ක්‍රියාමාර්ගය කුමක්ද? /සැල සැල සැල සැල /What are the measures taken for cleaning?					
7 කවර ක්‍රියාමාර්ගය අනුගමනය කරන ක්‍රියාමාර්ගය කුමක්ද? /මලසලා සැල සැල සැල සැල /What are the measures taken for maintenance?					

7. ජල පහසුකම් / நீர் விநியோகம் / Water Supply

ජල සැපයුම් මාර්ගය நீர் பெறுதல் வழிகள் Source of water supply	ආරක්ෂිත කළු පලුය/පාලනයකට ලක්වූ ජලය / Protected Pipe borne water	
	ආරක්ෂිත ජිලි / පාලනයකට නොලැබූ ජලය / Protected well	
	නොරක්ෂිත ජිලි / පාලනයකට නොලැබූ ජලය / Unprotected well	
	කළු මිලි / ඉවුරාගල කණු / Tube well	
	වෙනත් කළුයක් සඳහා විස්තරයක් (විස්තරයක්) / Other (Specify)	
ජල පහසුකම් ප්‍රමාණවත්ද? / ප්‍රමාණවත් දැයි විස්තරයක් දෙන්න?	Is the water supply adequate?	
ජල පහසුකම් ආරක්ෂිතද? / පාලනයකට ලක්වූ ජලයද දැයි විස්තරයක් දෙන්න?	Is the water supply safe?	
පානීය ජලය නිවැරදිව නොමැති අනුකූල කාරණා කුමක්ද? ඉහත විස්තරයකින් අනුකූල කාරණා කුමක්ද? විස්තරයක් දෙන්න? If drinking water not available whether alternative measures are taken? explain.		

8. කසල කළමනාකරණය / கழிவுகற்றல் முகாமைத்துவம் / Waste Management

	කරයි/සිදුයි/සිදුකර ඇත / Done	නොකරයි/සිදුයි/සිදුකර නැත / Not done
කසල වර්ග කිරීම/කුණු වර්ගීකරණය / Classification of garbage		
කසල වීදිමින් ඉලඳා දීම/සුදුසු ලෙසින් කුණු කළමනාකරණය / Proper disposal of waste		
කොම්පෝස්ට් කිරීම/සිදුකර ගන්නා තර්මයක් / Composting of waste		

9. පාසල් භූමිය / පාලනාලය / School Premises

පරිසරය/පරිසරය / Surroundings	විරහිත/සුදුසු / Kept clean	නොවිරහිත/සුදුසු / Not Clean
සෞඛ්‍ය සාධක සහිත ස්ථාන / සෞඛ්‍ය සාධක සහිත ස්ථාන / Health hazardous sites	ඈත / ඉවුර / Yes	නැත / ඉවුර / No
මදුරුවන් වැඩි වන ස්ථාන / ස්ථාන (ඈත/නැත) (ඈත/නැත) (ඈත/නැත) / මදුරුවන් වැඩි වන ස්ථාන (ඈත/නැත) (ඈත/නැත) (ඈත/නැත) / Mosquito breeding sites (State if present)		
මදුරුවන් වැඩි වන ස්ථාන / ස්ථාන (ඈත/නැත) (ඈත/නැත) (ඈත/නැත) / මදුරුවන් වැඩි වන ස්ථාන (ඈත/නැත) (ඈත/නැත) (ඈත/නැත) / Fly breeding sites (State if present)		
අනතුරුදායක ස්ථාන / ස්ථාන (ඈත/නැත) (ඈත/නැත) (ඈත/නැත) / අනතුරුදායක ස්ථාන (ඈත/නැත) (ඈත/නැත) (ඈත/නැත) / Accident prone sites (State if present)		
දඩුවන් සහ සතුන් / සතුන් / Stray animals		
කුඩා භූමියක්/විනෝදන ස්ථානයක් / Availability of a play area		
ගෙවතු වගාවක්/විනෝදන ස්ථානයක් / Home gardening		

10. ආපනශාලාව / පාලනාලය / School canteen

	ඈත / ඉවුර / Yes	නැත / ඉවුර / No
ආපනශාලාවක් / පාලනාලයක් / Availability of a canteen		
එම් 800 මගින් අධීක්ෂණය කිරීම / එම් 800 මගින් අධීක්ෂණය කිරීම / Monitored by H 800		
එම් 800 වර්ගීකරණය / එම් 800 වර්ගීකරණය / Grading according to H 800 classification		
පාසල ආශ්‍රිතව සෞඛ්‍ය සාධක සහිත ස්ථාන / ස්ථාන (ඈත/නැත) (ඈත/නැත) (ඈත/නැත) / පාසල ආශ්‍රිතව සෞඛ්‍ය සාධක සහිත ස්ථාන (ඈත/නැත) (ඈත/නැත) (ඈත/නැත) / Unhygienic food handling places in the vicinity of the school		
ඈත/නැත විස්තරයක් / විස්තරයක් / If available, specify.		
ආපනශාලාව ප්‍රතිපත්තිය අනුගමනය කරයි / ප්‍රතිපත්තිය අනුගමනය කරයි / Canteen policy adopted?		

11. දිවා ආහාරය පිළියෙල කිරීම / மதிய உணவு தயாரிப்பு / Preparation of mid day meals

දිවා ආහාරය පිළියෙල කිරීම ස්ථාන එම් 800 මගින් පරීක්ෂා කෙරේ / පරීක්ෂා කෙරේ / Inspection of places where mid day meals are prepared	ඈත / ඉවුර / Yes	නැත / ඉවුර / No

12. පාසල් මුදාහැරීම/ගෘහ විද්‍යා ඒකකය / පාලනාලය / School Kitchen/Home Science unit

	ඈත / ඉවුර / Yes	නැත / ඉවුර / No
පාසල් මුදාහැරීම / පාලනාලයක් / Availability of a kitchen		
එය සෞඛ්‍ය සාධක සහිතයි / සෞඛ්‍ය සාධක සහිතයි / Is it hygienically in good condition?		
ගෘහ විද්‍යා ඒකකයක් / ගෘහ විද්‍යා ඒකකයක් / Availability of a Home Science unit		
එය සෞඛ්‍ය සාධක සහිතයි / සෞඛ්‍ය සාධක සහිතයි / Is it hygienically in good condition?		

13. ජීවිතාකාර පහසුකම් / விடுதி வசதிகள் / Hostel facilities

	අත/ஆம்/Yes	නැත/இல்லை/No
ජීවිතාකාර පහසුකම්/விடுதி வசதிகள் உள்ளද?/ Availability of hostel facilities		
අතීතේ, ජෛවික පහසුකම් ප්‍රමාණවත්ව සිංදිද? නැතිනම් ඒ මොනවාද?/ஆம் எனில், கனத்தரமுத?/If yes, whether hygienic? or not?		
මුළුතැන්මලයේ ජෛවිකවත්තද?/அடுப்படி கனத்தரமுத?/ Is the kitchen hygienic?		
ජීවිතාකාරවල අවදානම් ස්ථාන/විද්‍යුත් විඛණණීය ස්ථාන මුද්‍රණය කළද?/ Availability accident prone sites		
සඳහන් කරන්න/இருப்பின் விபக்க/State them		

14. සෞඛ්‍ය ප්‍රවර්ධනය / சுகாதார மேம்பாடு / Health Promotion

	සැදුම්ලයකි/தൃப்த/ Satisfactory	සැදුම්ලය නැත/தரமற்ற/Unsatisfactory
සෞඛ්‍ය ප්‍රවර්ධන ප්‍රතිපත්ති තහන් සිරිම/சுகாதார மேம்பாடு செயற்குறிப்புகள்/ Availability of health promotion policies		
ඒම ප්‍රතිපත්ති ප්‍රදර්ශනය සිරිම/செயற்குறிப்புகள் பார்க்கக் கிட்டுப்படுகிறது/ Display of such policies		
වැඩිපටුන සුපරීක්ෂණය සිරිම/முறைப்படுத்தப்பட்ட வழங்கல் அமைச்சித்தல்/ Monitoring of the implementation		
පාසල් සෞඛ්‍ය සමිතිය ක්‍රියාකාරී සැලැස්මකට අනුව ක්‍රියාත්මක වීම செயற்குறிப்புகளைப் பாடசாலை சுகாதார செயற்குறு செயற்படுவது Functioning of School Health Committees according to action plan		
ඒම ප්‍රතිපත්ති ක්‍රියාත්මක සිරිම வகுக்கப்பட்ட கொள்கைகள் அமுல்படுத்தப்படுவது Implementation on of the formulated polices		

සෞඛ්‍ය ප්‍රවර්ධනය සඳහා පුළුල් සහභාගීත්වය / சுகாதார மேம்பாட்டுக்கான சமூக பங்களிப்பு / Community participation for Health Promotion

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කිරිපෙන්/கිරீදேசு සහ පසු විපරම් / கண்காணிப்பும், பரிந்துரைகளும், பின்தொடர்களும் / Observations, Recommendations & follow up

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ම.සෞ.ජ. නම/மொ.க.ப. பெயர்
Name of PHI

අත්සන/கையொப்பம்
Signature

දිවුරුම් කරන දිනය/கையொப்பமும் தகதி
Date of handing over

සෞඛ්‍ය වෛද්‍ය නිලධාරීන්ගේ කිරිදේශය / ச.க.வ. குறிக்காரியின் பரிந்துரை / Recommendations of the MOH

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සෞඛ්‍ය වෛද්‍ය නිලධාරීන්ගේ නම
ச.க.வ.து. பெயர்
Name of the MOH

අත්සන/கையொப்பம்
Signature

නිල මුද්‍රාව/காரியாலய முத்திரை
Official stamp

Annex 5 : School Health Programme Circulars

Ministry of Health

General Circular No 01/37/2007

My No: FHB/af/03/2007
Office of the Secretary Health
385, Baddegama Wimalawansa Mawatha,
Colombo 10
26/11/2007

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, Sanitation facilities & Water Supply)
3. Provides skills based health education
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, SPHD, 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 bypass 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 NGO 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 SPHD 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 & Supervising Public Health Inspector(SPFI)
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 & Supervising Public Health Inspector (SPFI)
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 (Maternal & Child Health)
Director (Health Education Bureau)
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 PHII 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 neighbourhood. 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 organising 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 mobilisation and developing Behaviour 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:

1. Preparation and implementation of school health promotion annual action plan under the guidance and approval of the School Health Advisory Committee.
2. Monitoring and evaluation of the activities of the action plan monthly.
3. Monitor the promotion of health of the School community using indicators.
4. 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 centre and provides first aid during special events.

දුරකථන / தொலைபேசி இல / Telephone Nos.

අමාත්‍යවරයා } 2784832
 அமைச்சர் } Fax: 2784825
 Minister }

සේකරවරයා } 2784812
 செயலாளர் }
 Secretary }

කාර්යාලය } 2785141-50
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විද්‍යුත්-පොස්ට් / E-mail : isurupaya@moe.gov.lk

ඔබේ අංකය }
 உமது இல. }
 Your No. }



අධ්‍යාපන අමාත්‍යාංශය

கல்வி அமைச்சு

Ministry of Education

"ඉසුරපාය"
 விறகரிலுரு.

'இசுரூபாய்'
 பத்தரமுல்ல.

"Isurupaya"
 Battaramulla.

මගේ අංකය }
 எமது இல. }
 My No. }

E0/1/21/1/2/2

දිනය }
 திகதி }
 Date }

08.10.2007

Circular No: 2007/21.

- All Provincial Secretaries of Education
- Provincial Directors of Education
- Zonal Directors of Education
- Principals of Schools.

School Health Promotion Programme

Various research studies and reports published in the media have revealed that the health status of Sri Lankans especially the school children is not at a satisfactory level. As schools can play a major role in overcoming this problem. This circular has been issued for launching a sustainable programme with the corporation of the Ministry of Health for the promotion of Health of the school community including the students and teachers.

The main objective of this program is to lead the school to work for the health promotion of the school community including the students and teachers by utilizing its fully organizational capacity building. Principal should take action to obtain the highest cooperation from the school community including the students and teachers for the school health promotion program.

2.0 Objectives:

In order to achieve the main objectives indicated above it is imperative that school fulfills the following requirements.

- 2.1 Formulation of health promotion school policies
- 2.2 Evaluate health promotion knowledge and skills among students.
- 2.3 Create a favorable environment within the school for health promotion

- 2.4 Obtain cooperation from the school community including students and teachers for school health promotion.
- 2.5 School health services conducted with assistance from Ministry of Health to be utilized for health promotion purposes.

3.0 Main features for which attention should be drawn for health promotion within Schools.

In planning programs for the fulfillment of the above objectives attention should be drawn to the following main features.

- 3.1 Maintain the school premises in a beautiful, safe and pleasing manner.
- 3.2 Maintain the bathrooms and urinals sufficiently and cleanly (Annex.1)
- 3.3 Availability of drinking water
- 3.4 Vigilance on students' health and nutritional status.
- 3.5 Maintain the canteen in a manner that contribute to the promotion of health and nutritional status.
- 3.6 Create a child friendly school environment.

4.0 Implementation and monitoring of the program.

It is essential to set up student health clubs and health promotion committees for effective the implementation of this program in schools and in institutions related to school.

4.1 School health promotion students clubs.

It is necessary to establish school health promotion student clubs for deciding the school health promotion activities and for their implementation. For this purpose it is advisable to have school health promotion students clubs separately for the Primary and Secondary divisions. All official positions and responsibilities in school health promotion student clubs should be entrusted to the students.

4.1.1 Composition

Consist of President, Vice president, Joint secretaries, Treasurer and committee members is open to any student.

4.1.2 Responsibility:

- Prepare an Annual Plan on School Health Promotion and implement it with the approval of the Health Promotion Advisory Committee
- Hold meetings monthly. review the progress in relevant activities, implement and monitor the program
- Adopt necessary procedures in accordance with the Health Promotion evaluation criteria
- Hold a school Health Day.

4.2 School Health Promotion Advisory Committee:

4.2.1 Composition

Principal (Chairman)

Vice Principal in charge of Health Programs / Heads of divisions/Teachers concerned.

Vice Principal in charge of Primary section/ Head of division

Maximum of 03 teachers / Principal may appoint them based on number of students.

(Health & Physical Education/Life Skills/Science or other teachers)

Student representatives – Chairmen, Joint Secretaries & Treasurer of School Health Clubs

Parent representatives (Maximum 05 persons)

Public Health Inspector

Samurdhi Development Officer

External Well Wishers (Maximum 02 persons)

4.2.2. Responsibility:

- Guidance for activities in School Health Promotion Student Clubs and monitoring and feedback of programs.
- Hold quarterly meeting and focus on school health promotion.
- Obtain active community participation for health promotion programs.

4.3 Zonal level Education Health Promotion Committee:

4.3.1 Composition

Zonal Director of Education (Chairman)

Deputy Director of Education /Assistant Director of Education in charge of the Health Promotion Programs in the Zone.

Deputy Director of Education /Assistant Director of Education in charge of the Non Formal and Special Education officer in the zone.

Maternal and Child Health Medical Officers 01.

A representative nominated by the Regional Director of the Health Service.

Medical Officers of Health (In the Medical Office of Health in the Zone)

Divisional Directors of Education (in the Divisional offices in the Zone)

Accountant (Zonal Education Office)

Samurdhi Development officers 02.

Principals of schools 04

(1A -1 school, 1C-1 school, Type 2 -1 school & Type 3-1 school)

4.3.2 Responsibilities

- Hold zonal meetings quarterly to evaluate and monitor activities relating to school health promotion.
- Provide feed back for the successful implementation of school programmes.
- Provide necessary assistance.
- Submit the list of schools obtaining Golden Awards to the provincial committee

and the Ministry of Education.

4.4 Provincial levels Education Health Promotion Committee:

4.4.1 Composition

Provincial Secretary of Education (Chairman)
Provincial Secretary of Health.
Provincial Director of Education.
Provincial Director of Health Service.
Regional Directors of Health Services
Deputy Director of Education in charge of Provincial Health Programs.
Deputy Director of Education in charge of Provincial Nutrition Programs.
Provincial Director of Primary Education.
Provincial Director of Special Education.
Accountant (Provincial Education Department).
District Samurdhi Managers.

4.4.2 Responsibilities.

- Decide provincial level health promotion policies according to the national policy.
- Hold provincial meetings twice a year to evaluate and monitor activities relating to school health promotion.
- Provide feed back of the successful implementation of school programmes.

4.5 National level Education health promotion committee

4.5.1 Composition

Secretary, Ministry of Education
Secretary, Ministry of Health
Director General, National Institute of Education
Director General (Health Services), Ministry of Health
Deputy Director General (Public Health Services) Ministry of Health
An officer nominated by the Secretary, Ministry of Nation
Building and Estates Infra Structure Development
An officer nominated by the Secretary, Media and Information
Additional Secretary, Ministry of Education (Education Quality Development)
Additional Secretary, Ministry of Education (Planning & Performance Review)
Chief Accountant, Ministry of Education
Director, Family Health Bureau
Director, Health Education Bureau
Director in charge of Health & Nutrition Programs, Ministry of Education
Director, Primary Education, Ministry of Education
Director, Non Formal and Special Education, Ministry of Education
Director, Sports and Physical Education, Ministry of Education

4.5.2. Responsibilities:

- Decide National level school health promotion policies.
- Hold meetings bi-annually and evaluate and monitor activities relevant to school health promotion.
- Provide necessary feedback to implement school programs successfully.

Establishment of Committees, holding Committee meetings according to the prescribed periods are the responsibilities of Chairmen of each Committee.

5.0 Evaluation:

Health promotion programs implemented in the various schools based on objectives and main features for which attention should be drawn for health promotion within the school, should be subjected to an evaluation (Annexure 2-Evaluation report) and by the Zonal Directors of Education should take action to identify the schools which have reached the expected level and an evaluation certificate should be issued to them.

5.1 Zonal Evaluation Board.

Zonal level evaluation should be made by a Committee consisting of 03 members of the Zonal Committee which shall include the Divisional Director of Education, Health Medical Officer of Health or his representative and another officer nominated by the Zonal Director of Education. Certificates should be awarded as indicated below at Zonal level for the schools obtaining higher marks for the evaluation sheet.

For Marks between 100 – 80 Golden Award Certificate

For marks between 79-70- Silver Award Certificate

For marks between 69-70 Bronze Award Certificate

Information relating to schools obtaining over 80 marks should be submitted to the Ministry of Education and such schools will be included for a National Level evaluation.

5.2 National Evaluation Board.

This Committee shall consist of officers nominated by the Secretary, Ministry of Education, an officer nominated by the Secretary, Ministry of Health, an officer nominated by the Provincial Director of Education and an officer nominated by the Director, Provincial Health Services. A National level school health promotion evaluation certificate will be issued for the schools obtaining more than 80 marks.

It is the responsibility of all Principals, teaching staff and other officers to extend their cooperation for the successful implementation of this Program.

Ariyaratne Hewage
Secretary,
Ministry of Education.

Annex 7: Adolescent School Health Record



සාසල නවයොවුන් සෞඛ්‍ය සටහන් පත - 10 ශ්‍රේණිය
 பாடசாலை வளரிளம் பருவத்தினரின் சுகநலக் குறிப்பேடு - தரம் 10
 Adolescent School Health Record - Grade 10

I කොටස - මූලික තොරතුරු
 பகுதி 1 - அடிப்படைத்தகவல்கள்
Part - 1 Basic Data

සෞඛ්‍ය කාර්ය මණ්ඩලය විසින් සම්පූර්ණ කළ යුතුය.
 இப்பகுதி சுகாதார உத்தியோகத்தினரால் நிரப்பப்படவேண்டும்
Should be completed by the health staff

01. සෞ.සෙ.භි.කො. / පා.සෙ.භි.කො. சுகாதார வைத்தியஅதிகாரி பிரிவு MOH / SMO Area	ම.සෞ.ස.කො. / ම.සෞ.ප. කොට්ඨාසය பொதுச்சுகாதாரபரிசோதகர் பிரிவு PHNS / PHI Area	පා.සෞ.ස.භි. කොට්ඨාසය பொதுச் சுகாதாரமருத்துவ மாதுபிரிவு PHM Area
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සිසුවා විසින් සම්පූර්ණ කළ යුතුය.
 இப்பகுதி மாணவரால் நிரப்பப்படவேண்டும்
Should be completed by the student

දිනය
 திகதி
 Date

02. නම பெயர் Name	04. උපන් දිනය பிறந்த திகதி Date of birth
03. ස්ථිර මිලිය நிரந்தர முகவரி Permanent address	05. ස්ත්‍රී පුරුෂ භාවය பால் Sex ස්ත්‍රී <input type="checkbox"/> ஆண் <input type="checkbox"/> Female Male පුරුෂ <input type="checkbox"/> பெண் <input type="checkbox"/> Male
06. පාසලේ නම பாடசாலையின் பெயர் Name of School	07. ශ්‍රේණිය හා කොටස தரமும் பிரிவும் Grade & Section

2 වන කොටස - සෞඛ්‍ය තොරතුරු

பகுதி 2 - சுகநலத்தகவல்கள்

Part 2 - Health Information

සෞඛ්‍ය කාරක මණ්ඩලය විසින් දැරුවාගේ අත නම්දරුවා කළ යුතුය
 ஆசிரியருடன் கலந்துரையாடி, சுகாதார ஊழியரால் நிரப்பப்படவேண்டியது
 To be completed by health staff.

01. වර්තමාන සෞඛ්‍ය තත්ත්වය தற்போதைய சுகநல நிலைமை Present health status					
02. ඔබ ඔබේ රෝගයන් සඳහා දිගුකාලීනව ප්‍රතිකාර ලබන්නේද? நீங்கள் ஏதாவது நீண்டகால நோய்க்கு மருந்து எடுக்கின்றீர்களா? Are you on long term treatment for any illness?			ඔව් <input type="checkbox"/>	නැත <input type="checkbox"/>	ஆம் <input type="checkbox"/>
03. ඔබේ නම් විස්තර කරන්න. ආගම, විවාහයන්, වෛ. ආදිය. If yes, specify			ඔව් <input type="checkbox"/>	නැත <input type="checkbox"/>	ஆம் <input type="checkbox"/>
04. පෙරදී සෞඛ්‍ය ඉතිහාසය (දියවැඩිබව, හෘද රෝග, රුමාටික උණ, අපස්මාරය, ඇසුම්, වකුගඩු රෝග, පිළිකා තත්ව, වෙනත්) கடந்தகால சுகநல விபரங்கள்- (நீரிழிவு, இருதயநோய், மூட்டுவாதக்காய்ச்சல், காக்கைவலிப்பு, தொய்வு, சிறுநீரகநோய்கள், புற்றுநோய், வேறு ஏதாவது) Past Medical History (Diabetes, Heart Disease, Rheumatic fever, Epilepsy, Asthma, Renal Disease, others)					
05. ඔබගේ නිවසේ ඔබට සිත් තැවුල් ඇතිවන කිසිදු හේතුවක් තිබේද? உங்களுக்குக் கவலையை ஏற்படுத்தக்கூடிய ஏதாவது காரணிகள் வீட்டில் உள்ளனவா? ஆம்				ඔව් <input type="checkbox"/>	නැත <input type="checkbox"/>
06. පෝෂණ තත්ත්වය போஷாக்கு நிலை Nutritional status				උස (සැ.මී) உயரம்(செ.மீ) Heigh (cm)	බර (කි.ග්‍රෑම්) நிறை (கி. கிராம்) weight (kg)
			ශරීර දී உடற்நிணிவுச்சூட்டி BMI	කෘෂ්ණ වීම உடல்மெலிவு Thinness	සිදු ල බව உடற்பருமன் Overweight
07. කුලී පෝෂක උනතු நுண்போஷக்குக் குறைபாடு Micronutrient Deficiencies	ශක්ති උනතාවය இரும்புச்சத்துக் குறைபாடு Iron deficiency	විටමින් ඒ උනතාවය உயிர்ச்சத்து "எ" குறைபாடு Vitamin A deficiency	අයුධ උනතාවය அயுடன் குறைபாடு iodna deficiency	විටමින් ඒ උනතාවය உயிர்ச்சத்து "பி" குறைபாடு Vitamin B deficiency	විටමින් ඒ උනතාවය உயிர்ச்சத்து "பி" குறைபாடு Vitamin B deficiency
	සුදුමැලි බව சோகை(மெளிறல்) Pallor	තමයි අන්ධතාවය மலைக்கண் Night blindness	ගලගස්බඩ தொண்டைக்கழலை Goitre	කටකොට වනවීම கடைவாய் அவியல் Angular stomatitis	කටකොට වනවීම கடைவாய் அவியல் Angular stomatitis
	වෙහෙස වීම களைப்பு Tiredness	විටී උප பீற்றோவின் புள்ளி Bitot spots	වෙනත්..... வேறு ஏதாவது Others	දිවුළු කැපීම நாக்கில் அழற்சி Glossitis	දිවුළු කැපීම நாக்கில் அழற்சி Glossitis
	වෙනත්..... வேறு ஏதாவது Others	වෙනත්..... வேறு ஏதாவது Others		වෙනත්..... வேறு ஏதாவது Others	වෙනත්..... வேறு ஏතாவது Others
08. ඉඩ ඇති ප්‍රතිශක්තිකරණ நோய்த்தடுப்பு மருந்து பெற்றுள்ள நிலை Immunization Status		එච්ඒ <input type="checkbox"/>	රුවලලා <input type="checkbox"/>	එම් ආර් <input type="checkbox"/>	14. රුධිර සහය குருதிவகை Blood group
		எரிட aTd	රුබෙල්ලා Rubella	சி.முத்து/ருபெல்லா MR	
09. සාමාන්‍ය ආහාර රටවල දිනපතා දායක ආහාර වේල நாளாந்த உணவுப்பழக்கங்கள் Daily Dietary habits					
උදෑසන ආහාර වේල காலை உணவு Breakfast		දිවා ආහාරය மதிய உணவு Lunch		සවස රත් மாலைநேரத் தேநீர் evening Tea	
ඔව් <input type="checkbox"/>		ඔව් <input type="checkbox"/>		ඔව් <input type="checkbox"/>	
නැත <input type="checkbox"/>		නැත <input type="checkbox"/>		නැත <input type="checkbox"/>	
ආගම <input type="checkbox"/>		ආගම <input type="checkbox"/>		ආගම <input type="checkbox"/>	
இல்லை <input type="checkbox"/>		இல்லை <input type="checkbox"/>		இல்லை <input type="checkbox"/>	
Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	
No <input type="checkbox"/>		No <input type="checkbox"/>		No <input type="checkbox"/>	
10. දිනපතා ආරම්භ ක්‍රියාකාරකම් තිනදුරු සේයදුරු උදර්සෙයුර්පාඊරුණු <u>Day-to-day physical activities</u>					
ඇවිදීම <u>Walking</u>		ඔව් <input type="checkbox"/>	නැත <input type="checkbox"/>	ඇවිදීමට ගතකරන කාලය	
ආගම <input type="checkbox"/>		ஆம் <input type="checkbox"/>	இல்லை <input type="checkbox"/>	ஆம் எனில், செலவிடும் நேரம்	
වතුමඩි <u>Gardening</u>		ඔව් <input type="checkbox"/>	නැත <input type="checkbox"/>	වතුමඩි කිරීමට ගතකරන කාලය	
ආගම <input type="checkbox"/>		ஆம் <input type="checkbox"/>	இல்லை <input type="checkbox"/>	ஆம் எனில், செலவிடும் நேரம்	
කීඩ් කිරීම <u>Playing</u>		ඔව් <input type="checkbox"/>	නැත <input type="checkbox"/>	කීඩ් කිරීමට ගතකරන කාලය	
ආගම <input type="checkbox"/>		ஆம் <input type="checkbox"/>	இல்லை <input type="checkbox"/>	ஆம் எனில், செலவிடும் நேரம்	
වෙනත් (සඳහන් කරන්න) வேறு ஏதாவது (குறிப்பிடவும்) Others (Specify)					
11. පෙරදී සහෝදර සහෝදරියන් සමඟ සම්බන්ධය பெற்றோர், சகோதரர்களுடனான உறவுநிலை Relationship parents & siblings					
ශොඳුයි <input type="checkbox"/>		කාමානසයි <input type="checkbox"/>	සතුටුදායකයි <input type="checkbox"/>	සතුටුදායක නොවේ <input type="checkbox"/>	
மிகநன்று Good		நல்லது Average	திருப்திகரமானது Satisfactory	திருப்தியற்றது Unsatisfactory	
12. අනිකුත් සිසුන් සමඟ ඇති සම්බන්ධතාවය ஏனைய மாணவர்களுடனான உறவு நிலை Relationship with other students					
ශොඳුයි <input type="checkbox"/>		කාමානසයි <input type="checkbox"/>	සතුටුදායකයි <input type="checkbox"/>	සතුටුදායක නොවේ <input type="checkbox"/>	
மிகநன்று Good		நன்று Average	திருப்திகரமானது Satisfactory	திருப்தியற்றது Unsatisfactory	
13. පාසලේ පැමිණීම பாடசாலை வரவு School Attendance					
ශොඳුයි <input type="checkbox"/>		කාමානසයි <input type="checkbox"/>	සතුටුදායකයි <input type="checkbox"/>	සතුටුදායක නොවේ <input type="checkbox"/>	
மிகநன்று Good		நன்று Average	திருப்திகரமானது Satisfactory	திருப்தியற்றது Unsatisfactory	

Part 3 Medical Examination




Should be filled by MO/RMO/AMO

01	Vision (Sight, Squint, tearing etc.)	R/Eye	L/Eye
02	ENT (ear, nose, throat, hearing)		
03	Oral Health (Dental caries, Malocclusion, Fluorosis, Gingivitis etc.)		
04	Skin (Rashes, hypo pigmented patches etc.)		
05	Cardio Vascular System (Murmurs etc.)		
06	Respiratory System (Wheeze etc.)		
07	Gastrointestinal System		
08	Musculoskeletal system (Scoliosis etc.)		
09	Reproductive System	Boys:	
		Girls -(menstrual problems)	
10	CNS		
11	Assessment of mental health status (Depression, stress, headache, etc)		
12	Any other problems (Migraine etc.)		

a) Action taken:

.....
Signature of the MO/RMO/AMO

Annex 8 : Student Health Referral Card

<p style="text-align: center;">විදේශීය වෛද්‍ය කටකත් வைத்திய நியுணரின் குறிப்புகள் Notes of the Consultant</p> <p>Diagnosis</p> <p>කළ වෛද්‍ය කිලිධර් වෙත උපදෙස් மீள் மீளமேல் பரிசீலனையும் Treatment & Back Referral</p> <p>සාකච්ඡා කාමය/මුද්‍රාව Signature of the Consultant</p> <p>මම නවී එන සමග මිනිසුන් දරුවන් වෛද්‍ය ප්‍රතිකාර සඳහා මෙහි කාමයට හැකි ඉක්මනින් ගෙන යන්න. උඩතට පිටුවට මාගේ නම.</p> <p>සෞඛ්‍ය සේවකයන් සඳහා ප්‍රකාශයක් 3 ම පිටපත් වලින් එකක් ඔබගේ ශාලාවට ගෙන යාමට ඔබගේ ප්‍රධාන වෛද්‍ය වෛද්‍යවරයාට යොමු කළ යුතුය. your child with this card to the hospital or clinic as indicated on the card safely at home.</p>	<div style="text-align: right;">  <p>සංස්කරණ අංකය 005 / 02 006 සංස්කරණ දිනය 2002 අගෝස්තු 29</p> </div> <p style="text-align: center;">මෙම දරුවාට රෝහලේ දී ප්‍රමුඛත්වය දෙන්න இச்சிறුවருக்கு வைத்தியசாலையில் முதுமீடம் வழங்கவும் Give Priority to this child at the hospital</p> <p style="text-align: center;">සෞඛ්‍ය අමාත්‍යාංශය අංක 02 - 32/2002 වතු ලේඛය சுகாதார அமைச்சு கற்றுநீரும் இல. 02-32/2002 அமைய Health Ministry Circular No 02 - 32/2002</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p style="text-align: center;">පාලක සෞඛ්‍ය යොමු කිරීම් එත பாடசாலை சுகாதார மேல்பரிசீலனை அட்டை School Health Referral Card</p> <p>කි.පී.ස.ව.ගේ අ/ප්‍ර. සෞඛ්‍ය. අ. කොට්ඨාසය : மீ.ப.ச.சே.ப.பி.ச.சே.ப.பி.ச. : DPDHS/RDHS Division :</p> <p>සෞඛ්‍ය වෛද්‍ය කිලිධර් කොට්ඨාසය : சுக.வ.அ.ப.பி.ச. : MOH area :</p> <p>සෞඛ්‍ය වෛද්‍ය කාර්යාල දුරකථන අංකය : சுக.வ.அ.ல.வ.ச. தொலைபேசி இல. : MOH Telephone No :</p> <p>පාලක (පියා/මව)ගේ නම : மாணவரின் பெயர் : Name of the Student :</p> <p>ලිපිනය : விலாசம் : Address :</p> <p>වදාය : பாடசாலை : School :</p> <p>ප්‍රේමය : தரம் : Grade :</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>මෙම නවී එන රැගෙන එන පාලක සිසුන් අදාළ විදේශීය වෛද්‍ය කාමය වෙත කෙලින්ම යොමු කරන්න (මානව රෝගී අංශය හරහා නොගොස්) இவ்வட்டையுடன் வரும் பாடசாலை சிறுவர் நேரடியாக விசேட சிகிச்சை நிலையத்திற்கு அனுப்பவும் (மெ. நே. பரிவீற்றக்கூடாக செல்லாமல்) School children present with this card should be sent directly to the relevant Specialist's Clinics (without going through OPD)</p> </div>
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Annex 10 : School Health Promotion Program – Evaluation Report

**Annexure:
School Health Promotion Program – Evaluation Report**

Criteria	Indicator	Evaluation Level	Marks Obtained	Source
1.School Health Committee	1A Committee is functioning	2		Committee list of names, minutes Signature cards
	2.Committee available. Not functioning	1		
	3.There is no Committee			
2.Student Health Association	1. Association available. Student participation is 100%.Engaged in activities. Annual Plan available	3		Reports of Student Associations
	2. Association available. Student participation is only 50%.Engaged in activities. Annual Plan available.	2		
	3 Association available. Student participation not sufficient. Activity engagement not sufficient. Annual Plan available	1		
3.Supply of First Aid	1. Procedures adopted to supply first aid for students. First aid unit available. First aid equipment available in accidents. Trained teachers and students available	3		First Aid equipment/ Reports relating To treatment/ Register
	2. First Aid Box with facilities available. Procedures adopted.	2		
	3.No such facilities available	0		
4. Health Medical Examination	1. Held in last year.			

Criteria	Indicator	Evaluation Level	Marks Obtained	Source
	All relevant students subjected to Health medical examination.	3		SMI Cards Log entries of MOH
	2.SMI for students done only for 100%-80%	2		
	3 SMI for students done only for 80%-50%	1		
	4.SMI not done annually	0		
5.Adopting procedures relating to problems revealed in the Health Medical examination	1. Remedial programs done regarding identified student problems. Action is being taken after examining them.	3		Health problem notes H 456 Notes
	2. There are remedial programs relating to identified student problems. But they are not examined.	2		
	3. No remedial programs for identified student problems. But information available relating to such identification.	1		
	4. Identified problems not known.	0		
6.Contribution contribution for school health programs	1. It is in a very high level (60% Has done at least one activity in a school term.)	3		Percentage of attendance for programs
	2. Less participation (30%)	1		
	3, No participation	0		
7. Community health programs conducted by the school	1, More than 3 activities done annually	5		Notes of reports
	2. More than 2 activities done annually	3		
	3. More than 1 activities done annually	2		
	4. No activities done annually	0		

School Immunization in Sri Lanka

Criteria	Indicator	Evaluation Level	Marks Obtained	Source
8.Provision of sanitary Facilities.	1. Facilities available sufficiently for use of the number of teachers compared with the number of students.	6		Sanitary facilities available relative to the number of students
	2.Sanitary facilities available but not sufficient (80%)	3		
	3. Sanitary facilities available but not sufficient (50%)	2		
	4. No sanitary facilities available	0		
9.Sanitary facilities and their cleanliness	1.Systematically planned.(Constructed) Cleanly maintained. Water supply is continuous	6		Level of maintaining sanitary facilities
	2.Clean but no continuous supply of water. Water supply available	4		
	3. Clean. No water supply.	2		
	4. Cleaning system available	0		
10.Supply of water facilities	1. Water supply available. Maintained continuously. Economy adopted. Suitable drinking water available.	6		Existing water facilities and maintenance
	2 Water supply available .Maintenance system available. Economy not maintained. Suitable drinking water available.	4		
	3. Water available. Maintenance system not available. Economy not followed. Suitable drinking water available.	2		
	4. .Water available. Maintenance system not available. Economy not followed. Suitable drinking water available.	1		
	5. No water facilities.	0		

Criteria	Indicator	Evaluation Level	Marks Obtained	Source
11.Attendance of students	1.Last year average more than 90%	5		Attendance register
	2.Average attendance between 90%-90%	3		
	3.Average attendance between 80%-70%	1		
12 Teachers' attendance	1.Average more than 90%	5		Attendance register/Leave records
	2.Average attendance between 90%-90%	3		
	3.Average attendance between 80%-70%	1		
13. Classroom atmosphere	1.Every classroom is kept systematically, cleanly and proper lighting and ventilation. There are methodologies adopted.	5		Physical environment
	2.Out of classrooms 80% are kept systematically cleanly and with proper lighting and ventilation	3		
	3 Out of classrooms 50% are kept systematically cleanly and with proper lighting and ventilation	2		
	4. Maintenance of the classrooms systematically, cleanly with proper lighting and ventilation is not sufficient	0		
14. School atmosphere	1.Maintains systematically cleanly ,beautifully and without having risky places Space available for playing.(Based on the prevailing positions marks between 1-5 should be given)	5		Physical environment

School Immunization in Sri Lanka

15. Minimizing Nutrition Problems	1. Identification done .Programs implemented 2. Identification done. Provides awareness 3. Identification done. But activities none.	4 2 1		Program reports Report Notes
16. Providing health and Nutrition knowledge and skills	1. Done more than 3 programs per year 2 Done more than 2 programs per year 3 Done more than 1 program per year	6 4 2		Students Fitness Notes
17 Students' physical Fitness	1. 90% of students having proper physical fitness 2. 90%-75% of students having proper physical fitness 3. 75%-65% of students having proper physical Fitness	10 6 4		Obtaining information from students program
18 Physical fitness programs	1. Continuous program available. Every student is participating 2. Continuous program available. Every student is not participating 3. Random performance	6 4 0		

Criteria	Indicator	Evaluation Level	Marks Obtained	Source
19. Personal Hygiene	1. Examines continuously 2. Examination done but not referred 3. No examination done	4 2 0		Records of students
20 Maintenance of canteen	1. Kept cleanly. Nutritional food available. Un-favorable meals not available 2 Kept cleanly. Nutritional food available. There are Un-favorable meals 3 Cleanliness not up to satisfactory level. There are nutritional foods. Unfavorable food not available	4 2 1		Observation of canteen
21 A Psycho-social environment	1. There is a friendly environment with no unsuitable punishments imposed There are ways for helping students 2 There are some punishments A friendly environment available	3 2		By observations
22 Counseling and Guidance	1. A teacher is available. There are opportunities for referring. A place is available. Procedures adopted .Spread up to 1-3	3		Records Observations

Annex 11 : Monthly Statement of School Health Activities

සෞඛ්‍ය 1014/සංශෝධිත 2008
 සுகාතාර 1014/තිරුත්තப்பட்டது
 Health 1014/Revised 2008

පාසල් සෞඛ්‍ය කටයුතු පිළිබඳ මාසික වාර්තාව பாடசாலை சுகாதார செயற்பாடுகள் மாதாந்த அறிக்கை Monthly Statement of School Health Activities

වර්ෂය සහ මාසය වෙනුවෙන් මාසය
 Year & Month
 ම.ස.ස.ව. කොට්ඨාසය : ක.ස.ව.ප.ව. පිරිස
 MOH area
 පා.ස.ප.ව.පිරිස/PHI area
 MOH area
 ප.ස.ප.ව.පිරිස/PHI area

සෑම මාසයකදීම ම.ස.ස.ව. විසින් පිටත් 2කින් පිළියෙල කළ යුතුය. 1 වන පිටපත ඊළඟ මාසයේ 5 වන දිනට පෙර සෞ.ස.ව.වි. ක්වෙ කළයුතුය. 2 වන පිටපත කාර්යාලයේ තබා ගත යුතුය. To be completed by PHI every month in 2 copies. 1st copy should be submitted to the MOH before the 5th day of next month. 2nd copy should be kept in the office.

මුහුණතක ලබාගත යුතුය. පා.ස. පරීක්ෂණයන් මාසිකව පිටපත් කළ යුතුය. මුහුණතක ලබාගත යුතුය. මුහුණතක ලබාගත යුතුය. Summary of School Health activities during the month

මූලික දත්ත සහ පාසල් වෛද්‍ය පරීක්ෂණ පිළිබඳ දත්ත ප්‍රවේශය මාසිකව පිටපත් කළ යුතුය. Basic Data and school Medical Inspections

1. පාසල් වර්ගය අනුව වර්ගීකරණය කළ පාසල් ගණන Type of School - according to the No. of students	2. ප්‍රදේශයේ මුළු පාසල් ගණන Total No. of Schools in the area	3. සියලුම පාසල්වල මුළු ශිෂ්‍යයන්ගේ සංඛ්‍යාව Total No. of students	4. මාසයේ සෞඛ්‍ය පරීක්ෂණ මගින් මුළු පාසල් ගණන Total No. of Schools screened by PHI during the month	5. මාසය තුළ වෛද්‍ය පරීක්ෂණ සම්පූර්ණ කළ පාසල් ගණන Total No. of SMI completed during the month	6. වර්ෂය සඳහා මුළු පාසල් ගණන Total for the year
< 200					
201 - 1000					
1001 - 2000					
2001 - 3000					
> 3001					
එකතුව/මුළු/Total					

2. මාසය තුළ පාසල් සෞඛ්‍ය පරීක්ෂණ සම්පූර්ණ කිරීම. Completion of school health survey during the month

1. පාසල් වර්ගය අනුව වර්ගීකරණය කළ පාසල් ගණන Type of School - according to the No. of students	2. සෞඛ්‍ය පරීක්ෂණ සම්පූර්ණ කළ පාසල් ගණන No. of sanitary surveys completed	3. වැසිදැම නැති පාසල් ගණන No. of Schools without toilets	4. වැසිදැම ප්‍රමාණවත් නොවන පාසල් ගණන No. of schools with inadequate toilet facilities	5. ජලය නැති පාසල් ගණන No. of schools without water supply
< 200				
> 200				
එකතුව/මුළු/Total				

3. සෞඛ්‍ය ප්‍රවර්ධන සහ අධ්‍යාපන වැඩසටහන්. Health Promotion and educational programmes

මාසිකව පිටපත් කළ යුතුය. Activities	මාසයේ පාසල් School	දිනය/දිනකි Date	එකතුව Total
1. ප්‍රජනන සෞඛ්‍ය වැඩසටහන් Reproductive Health Programs	පවත්වා ගත යුතුය. පා.ස.ප.ව. පිරිස No. of programmes conducted		
2. බේරුම් වන රෝග බේරුම් නොවන රෝග වැඩසටහන් Communicable and non-communicable diseases	පවත්වා ගත යුතුය. පා.ස.ප.ව. පිරිස No. of programmes conducted		
3. පෝෂණ වැඩසටහන් Nutrition programs	පවත්වා ගත යුතුය. පා.ස.ප.ව. පිරිස No. of programmes conducted		
4. ජීවිත කිලිසමා වැඩසටහන් Life skills programs	පවත්වා ගත යුතුය. පා.ස.ප.ව. පිරිස No. of programmes conducted		
5. වෙනත් සෞඛ්‍ය අධ්‍යාපන වැඩසටහන් Other health educational programmes	පවත්වා ගත යුතුය. පා.ස.ප.ව. පිරිස No. of programmes conducted		
ප්‍රජනන සෞඛ්‍ය වැඩසටහන් (නම් කරන්න) Other special programmes	පවත්වා ගත යුතුය. පා.ස.ප.ව. පිරිස No. of programmes conducted		
ප්‍රජනන සෞඛ්‍ය වැඩසටහන් (නම් කරන්න) Other special programmes	පවත්වා ගත යුතුය. පා.ස.ප.ව. පිරිස No. of programmes conducted		

Annex 12 : Quarterly School Health Return

නෛමයික පාසල් සෞඛ්‍ය වාර්තාව
காலாண்டு பாடசாலை சுகாதார அறிக்கை
QUARTERLY SCHOOL HEALTH RETURN

සෞඛ්‍ය 797 / සංස්කරණ 2007
 காலதாரம் 797 திருத்தப்பட்டது 2007
 H 797 / Revised 2007

කාර්ଯව වස වර්ෂය : වසර : ෧෧෧, ෧෧෧, ෧෧෧, ෧෧෧ :
 කාලාණ්ථම වරුදාමය : ක. වස. අ. ගිරිඟු :
 Quarter & Year : MOH area :
 ප්‍රා. පො. පේ. අ. පො. :
 ටී. ජී. ජී. පී. ගිරිඟු :
 RDHS Division :

1. මූලික දත්ත: - අධ්‍යයනයේ මූලික දත්ත - Basic Data

පාසල් වර්ගය සමූහයක් අනුව මානවර්ගයට අනුව පාසල් වර්ගය Type of school according to the No. of Students	2. ප්‍රදේශයේ මුළු පාසල් ගණන මිලියනවලින් පාසල් ගණන Total No. of schools in the area	3. පිටපත් පාසල්වල මුළු සිසුන් ගණන මානවර්ගයට අනුව මුළු සිසුන් ගණන Total No. of students
≤ 200		
201 - 1000		
1001 - 2000		
2001 - 3000		
> 3001		
එකතුව / මුළුමන / Total		

2. පාසල් පරිසරය - පාසල් පරිසරය - School Environment

1. පාසල් වර්ගය පාසල් වර්ගය Type of school	2. සෞඛ්‍ය සමූහයක් සමූහයක් සඳහා සිසුන් පුරුද්දක් සඳහා සිසුන් පුරුද්දක් සඳහා සිසුන් No. of sanitary surveys completed	3. වැසිබිඳු නොමැති පාසල් ගණන මලසලා කළුබඩු නොමැති පාසල් ගණන No. of schools without latrines	4. වැසිබිඳු ප්‍රමාණවත් නොවන පාසල් ගණන මලසලා කළු බඩු වැසිබිඳු ප්‍රමාණවත් නොවන පාසල් ගණන No. of schools with inadequate toilet facilities	5. ජලය නොමැති පාසල් ගණන ප්‍රමාණවත් වැසිබිඳු නොමැති පාසල් ගණන No. of schools without water supply
≤ 200				
> 200				
එකතුව/මුළුමන/Total				

3. සෞඛ්‍ය ප්‍රවර්ධන සහ අධ්‍යාපන වැඩසටහන් - සுகාතාර ක්‍රමලේඛන සෞඛ්‍ය ප්‍රවර්ධන සහ අධ්‍යාපන වැඩසටහන් - Health Promotion and Educational Programmes

ක්‍රියාකාරකම් සෞඛ්‍ය ප්‍රවර්ධන Activity	මාසය මාසය Month			කාර්ଯව වර්ෂයේ මුළු කාලාණ්ථම සෞඛ්‍ය ප්‍රවර්ධන සහ අධ්‍යාපන වැඩසටහන් Total for quarter
1. ප්‍රජනන සෞඛ්‍ය වැඩසටහන් මුහුණත සෞඛ්‍ය වැඩසටහන් සෞඛ්‍ය වැඩසටහන් Reproductive health programme	පවත්වන ලද ගණන / සෞඛ්‍ය වැඩසටහන් ගණන No. conducted			
	සහභාගී වූ සිසුන් ගණන පාසල්වලින් සහභාගී වූ සිසුන් ගණන No. of students participated			
2. සම්ප්‍රදාය රෝග සම්ප්‍රදාය රෝග වැඩසටහන් සම්ප්‍රදාය රෝග සම්ප්‍රදාය රෝග වැඩසටහන් Communicable and non communicable diseases	පවත්වන ලද ගණන / සෞඛ්‍ය වැඩසටහන් ගණන No. conducted			
	සහභාගී වූ සිසුන් ගණන පාසල්වලින් සහභාගී වූ සිසුන් ගණන No. of students participated			
3. පෝෂණ වැඩසටහන් පෝෂණ වැඩසටහන් Nutrition programme	පවත්වන ලද ගණන / සෞඛ්‍ය වැඩසටහන් ගණන No. conducted			
	සහභාගී වූ සිසුන් ගණන පාසල්වලින් සහභාගී වූ සිසුන් ගණන No. of students participated			
4. ජීවන ක්‍රියාකාරකම් වැඩසටහන් ජීවන ක්‍රියාකාරකම් වැඩසටහන් Life skills programme	පවත්වන ලද ගණන / සෞඛ්‍ය වැඩසටහන් ගණන No. conducted			
	සහභාගී වූ සිසුන් ගණන පාසල්වලින් සහභාගී වූ සිසුන් ගණන No. of students participated			
5. වෙනත් සෞඛ්‍ය අධ්‍යාපන වැඩසටහන් වෙනත් සෞඛ්‍ය අධ්‍යාපන වැඩසටහන් Other health educational programme	පවත්වන ලද ගණන / සෞඛ්‍ය වැඩසටහන් ගණන No. conducted			
	සහභාගී වූ සිසුන් ගණන පාසල්වලින් සහභාගී වූ සිසුන් ගණන No. of students participated			
6. ප්‍රවර්ධන කාලයේ සිසුන් සෞඛ්‍ය සහ අධ්‍යාපන වැඩසටහන් No. of adolescent students counselled				
7. පවත්වන ලද වෙනත් වැඩසටහන් (සෞඛ්‍ය ප්‍රවර්ධන, මුහුණත) වෙනත් වැඩසටහන් - (සෞඛ්‍ය ප්‍රවර්ධන, මුහුණත) Other programs conducted - (exhibitions/shramadana campaigns etc.)				

4 a පාසල් වෛද්‍ය පරීක්ෂණය - පාட.සා.ස. වෛද්‍ය පරීක්ෂණය - School Medical Inspection

4 a 1. පාසල් වර්ගය Type of school	4 a 2. මධ්‍යම විද්‍යාල පරීක්ෂණය සඳහා පාසල් ගණන No. of schools screened by PHI	4 a 3. වෛද්‍ය පරීක්ෂණය සඳහා පා.ව.ප.ව. නිලධාරීන් பா.வ.ப.ப. நடத்திய உத்தியோகத்தர் Officer Conducted SMI					4 a 4. කාර්තුව තුළ වෛද්‍ය පරීක්ෂණය සම්පූර්ණ කළ පාසල් ගණන කාලාන්තර පා.ව.ප.ව. පූර්ණය වූ පා.සා.ස. වෛද්‍ය පරීක්ෂණය No. of schools SMI completed during the quarter	4 a 5. කාර්තුව තුළ වෛද්‍ය පරීක්ෂණය සම්පූර්ණ කළ පාසල් ගණනේ එකතුව කාලාන්තර මුළු ගණන பா.வ.ப.ப. பூரணப்படுத்திய பா.சா.ச. வෛද්‍ය පරීක්ෂණය Total cumulative No. of schools SMI completed
		වෛද්‍ය පරීක්ෂක/AMOH	ප.ව.ප.ව. නිලධාරී/AMOH	වෛද්‍ය පරීක්ෂක/AMOH	වෛද්‍ය පරීක්ෂක/AMOH	වෛද්‍ය පරීක්ෂක/AMOH		
≤ 200								
> 200								
එකතුව/මොத்தම/Total								

4 b පාසල් වෛද්‍ය පරීක්ෂණය - ළමුන් අනුව - පා.සා.ස. වෛද්‍ය පරීක්ෂණය - மாணவர்களின் அடிப்படையில் - School Medical Inspections - according to students.

4 b 1. පාසල් වර්ගය Type of school	4 b 2. වර්ෂය තුළ වෛද්‍ය පරීක්ෂණයට ලක් කළ ළමුන්ගේ සංඛ්‍යාව කාලාන්තර පරීක්ෂණයට ලක් කළ ළමුන්ගේ සංඛ්‍යාව Total no. of students to be examined during the year					4 b 3. මෙම කාර්තුවේ වෛද්‍ය පරීක්ෂණයට ලක් කළ ළමුන්ගේ සංඛ්‍යාව කාලාන්තර පරීක්ෂණයට ලක් කළ ළමුන්ගේ සංඛ්‍යාව Total no. of students examined during the quarter						
	1	4	7	10	වෙනත්/වෙනත්/Other	එකතුව/මොத்தම/Total	1	4	7	10	වෙනත්/වෙනත්/Other	එකතුව/මොத்தම/Total
≤ 200												
> 200												
එකතුව/මොத்தම/Total												

4 c පාසල් වෛද්‍ය පරීක්ෂණයේදී සොයාගත් අඩුවීම - පා.සා.ස. වෛද්‍ය පරීක්ෂණයේදී සොයාගත් අඩුවීම - Defects detected at School Medical Inspections

සෞඛ්‍ය ගැටළු සෞඛ්‍ය ගැටළු Health Problems	මාසය මාසය Month			කාර්තුවට මුළු ගණන කාලාන්තර මුළු ගණන Total for quarter
4 c 1. මිටි ළමුන්ගේ සංඛ්‍යාව குட்டையான மாணவர் தொகை No. of children stunted	1 ශ්‍රේණිය / தரம் 1 Grade 1			
	4 ශ්‍රේණිය / தரம் 4 Grade 4			
	වෙනත් (2, 3, 5, 6 ශ්‍රේණි) ஏனைய (தரம் 2, 3, 5, 6) Other (Grade 2, 3, 5, 6)			
	එකතුව/මොத்தම/Total			
4 c 2. කුඩා ළමුන්ගේ සංඛ්‍යාව உடல் மெலிந்த மாணவர் தொகை No. of children thin or wasted	1 ශ්‍රේණිය / தரம் 1 Grade 1			
	4 ශ්‍රේණිය / தரம் 4 Grade 4			
	7 ශ්‍රේණිය / தரம் 7 Grade 7			
	10 ශ්‍රේණිය / தரம் 10 Grade 10			
	වෙනත්/ஏனைய Other			
4 c 3. අධික ළමුන්ගේ සංඛ්‍යාව கொளுத்த மாணவர் தொகை No. of children over weight	1 ශ්‍රේණිය / தரம் 1 Grade 1			
	4 ශ්‍රේණිය / தரம் 4 Grade 4			
	7 ශ්‍රේණිය / தரம் 7 Grade 7			
	10 ශ්‍රේණිය / தரம் 10 Grade 10			
	වෙනත්/ஏனைய Other			

	මාසය / மாதம் / Month		තෝර්තුර්ව ප්‍රථම ආබාධ සහිත ශිෂ්‍ය කාලාන්තර මුද්‍රාවේලියේ මුළු සංඛ්‍යාව / Total for quarter	තෝර්තුර්ව විවිධ ආබාධ සහිත ශිෂ්‍ය සංඛ්‍යාව / Total No. corrected in the quarters
	ආබාධ සහිත ශිෂ්‍ය සංඛ්‍යාව / No. with defects			
4 c 4 පෙනීගៅ ආබාධ සහිත ශිෂ්‍ය / පාර්ශ්වයේ / පරිසරයේ / පෙනීගැනීමේ / No. with visual defects				
අසීමිත ආබාධ සහිත ශිෂ්‍ය / No. with hearing defects				
සිංහල / සිංහල / සිංහල / සිංහල / No. with speech defects				
රාත් දර්ශනයේ / රාත් දර්ශනයේ / රාත් දර්ශනයේ / රාත් දර්ශනයේ / No. with night blindness				
වසරේ / වසරේ / වසරේ / වසරේ / No. with a squint				
විදිමුහුණු / විදිමුහුණු / විදිමුහුණු / විදිමුහුණු / No. with Bitot spots				
මුහුණු / මුහුණු / මුහුණු / මුහුණු / No. with Pallor				
කට පෙහෙල් / කට පෙහෙල් / කට පෙහෙල් / කට පෙහෙල් / No. with angular stomatitis / glossitis				
දත්ත / දත්ත / දත්ත / දත්ත / No. with dental caries (not treated)				
දත්ත / දත්ත / දත්ත / දත්ත / No. with malocclusion				
ආලෝමය / ආලෝමය / ආලෝමය / ආලෝමය / No. with flourosis				
දිවුල් / දිවුල් / දිවුල් / දිවුල් / No. with gingivitis				
ගල / ගල / ගල / ගල / No. with goitre				
මිදිමුහුණු / මිදිමුහුණු / මිදිමුහුණු / මිදිමුහුණු / No. with skin diseases				
ආබාධ / ආබාධ / ආබාධ / ආබාධ / No. with orthopaedic defects				
රුධිරය / රුධිරය / රුධිරය / රුධිරය / No. with Rheumatic disorders				
දිවුල් / දිවුල් / දිවුල් / දිවුල් / No. with heart diseases				
හුණු / හුණු / හුණු / හුණු / No. with lung diseases / Bronchial asthma				
වසරේ / වසරේ / වසරේ / වසරේ / No. with history of fits				
ආබාධ / ආබාධ / ආබාධ / ආබාධ / No. with behavioural problems as reported by teacher				
ආබාධ / ආබාධ / ආබාධ / ආබාධ / No. with learning problems as reported by teacher				
වෙනත් / වෙනත් / වෙනත් / වෙනත් / No. with other defects (specify)				

4 c 5 ප්‍රතිකර්මකරණය, ක්ෂුද්‍ර ජීවීන්, පණිවිඩා සහ ප්‍රතිකර්මකරණය - Immunization, Micronutrients and Anti Helminthic treatment

4 c 5.1. ජීවීන් / ඖෂධ / No. given	4 c 5.2. ඉලක්ක / අරමුණ / Target No.	4 c 5.3. ආරක්ෂිත / ප්‍රතිරක්ෂිත / No. protected	4 c 5.4. මාසයේ දත් / මාසයේ දත් / No. given - monthly	4 c 5.5. මාසයේ දත් / මාසයේ දත් / Total for quarter
දිවුල් / දිවුල් / DT				
විදිමුහුණු / විදිමුහුණු / OPV				
රුධිරය / රුධිරය / Rubella				
විදිමුහුණු / විදිමුහුණු / aTd				
ජීවීන් / ජීවීන් / JE				
වෙනත් / වෙනත් / Other				
විදිමුහුණු / විදිමුහුණු / No. given vit. A megadose				

