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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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 Lokubalasuriya, 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

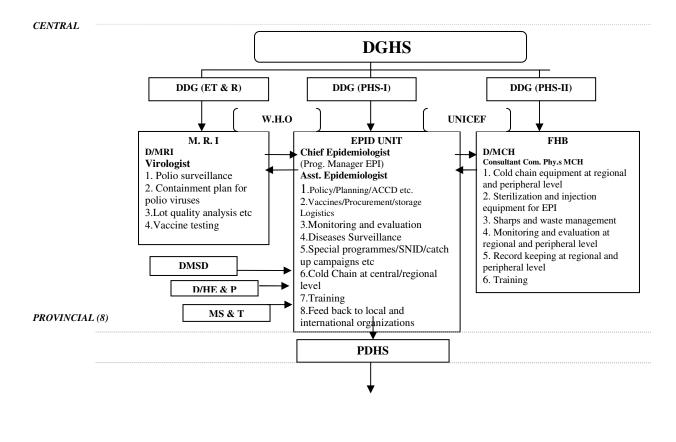
WHO and the Ministry of Health Epidemiology Unit, in collaboration with the health team in Badulla District, kindly and aptly arranged the schedule of meetings and school visits for the team. The school visits were based on the existing school SMI schedules for Colombo and Badulla. Badulla District was 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 suburban). 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.

| 26 th May | - Joint Meeting with Epidemiologist & D/MCH |
|-----------------------------------|---|
| 27 th 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 |
| 28 th 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 |
| 29 th May | - Meeting with PDHS, RDHS, RE, MO (MCH), and PDE, Badulla |
| | - Meeting with estate sector representatives (Plantation Human Development Trust) |
| 30 th May | - Visit to rural school SMI/immunization (Humbahamada), Badulla District |
| 5 | - Visit to estate sector school SMI/immunization (May Mallay) |
| | - Travel back to Colombo |
| 31st May- 1 st June | - Report Writing |
| 2 nd June | - Debriefing with WHO |
| | - Debriefing with Epidemiologist and D/MCH |

2. Health system context

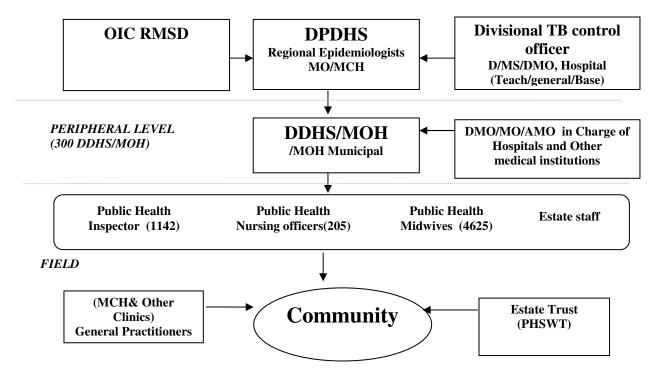
The total population of Sri Lanka is estimated at approximately 20 million. Immunization services in Sri Lanka are managed within the Epidemiological Unit of the Department of Health Services (established in 1959), under the overall leadership of the Director General and Deputy Director General (Public 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
- ✗ 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
- 第 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. Comanagement of the process with the MOE was formally established as a result of joint MOH and MOE circulars signed in 2007.

| Age | Vaccine |
|----------------------------|---------------------------------|
| IN 1ST YEAR INFANCY) | |
| 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 |
| IN 2ND YEAR | |
| About 18th months | OPV (Booster) – 4th dose |
| | DPT (Booster) – 4th dose |

Routine immunization schedule for children from 0-24 months

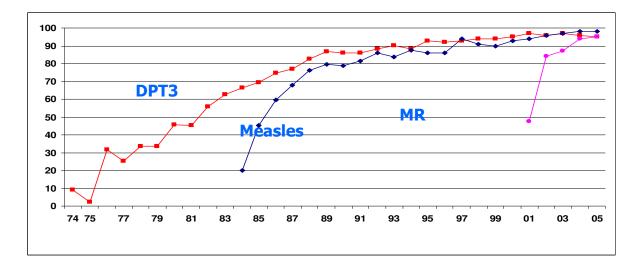
Pre-school, school-based immunization, and women of childbearing age

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

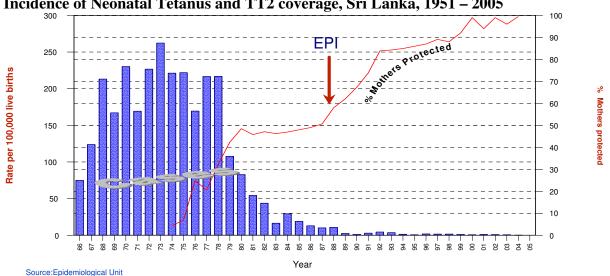
Pregnant women

| | doses of tetanus toxoid and be given during the |
|--|---|
| TT26-8 weeks after the first Neo doseof t | pregnancy to prevent natal Tetanus. One dose etanus toxoid should be |
| pregnancies subsequent 3 pregnancies max | inistered during every equent pregnancy up to imum of five doses in all TT1-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 $96\%^3$.

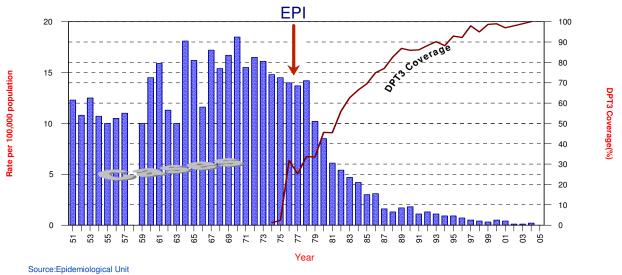


Over the last several years, tetanus cases have reduced dramatically, as shown in the graph below. With improvements in assisted deliveries, tetanus vaccination, and surveillance, there have been two or less neo-natal tetanus reported annually since 2003.





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

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

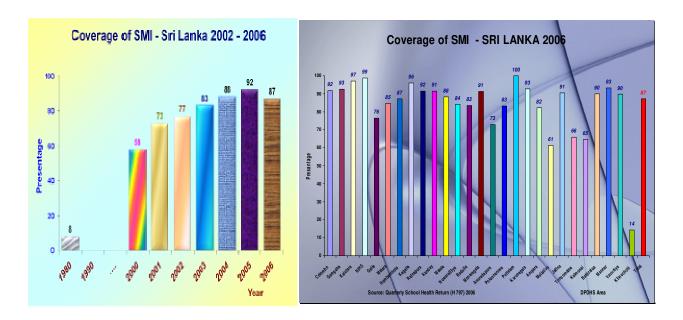
3.1 SMI and "Health Promoting Schools"

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 coverage ⁵ | (92049/266177) | 35% |
|---|--------------------------|-----------------|-----|
| • | Rubella | (173116/260133) | 66% |
| • | Td | (255642/262798) | 97% |

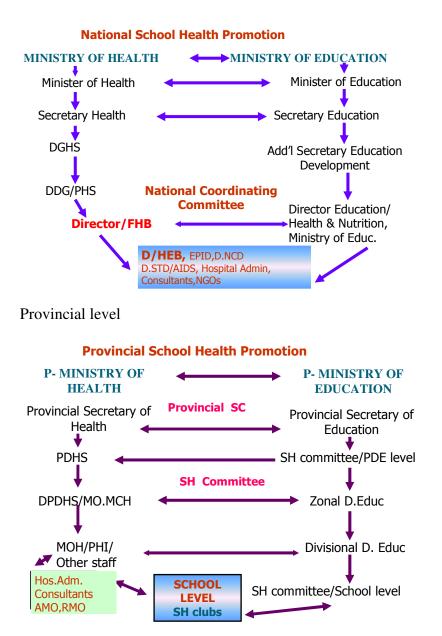
The vaccine received – including date and batch number - is recorded in each student's Student Health Record. The vaccination received is also recorded in the student's CHDR (if brought with him/her to the SMI/immunization day, as instructed). In some schools, if the child does not have his/her CHDR, 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.



4.1 Role of health and education departments and staff

<u>Central</u>

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 though 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 schoolbased? 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 this 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 is 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

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| පුහුණු වූ පුර්මාධාරකරුවන් සිට්ද9/ ගුනුකානම අග්ගස්නාශක පාරාිකාර්Guiganit ෙනේදා? Trained personnel for first-aid | | 1. |
| පහසුකම් සපසා නිබේද?/ ගොඩා බෞණියාලාබායා? Availability of facilities | | |
| චිතකයේ අනෙකුත් කියාකාරකම් සඳහන් කරන්න./ යුලාබන් ගොනාට පොලාපාලියගෙන බාෆා්යය State other activities of the unit | Descent | 20055 0000 |

5. டீன்ற காவை / பற்சிகிச்சை நிலையம் Dental Clinic 1. පාසලේ දන්ත සායහයක් ඇත 88 කැත 4. නැතිනම් හේතු මොනවාදු? /செயற்படவில்லையாயின் காரணம்/ பற்சிகிச்சை நிலையம் Availability of a dental clinic Sub Yes මුණාන No If not what are the reasons 2. ලබා දන්ත සායනයකි / Figuri පුණ්ණිනෙල ලිනනා හරි/Child Dental Clinic 5. දන්න සායනයක් නැතිනම් අනුබද්ධ කර ඇත්තේ කවර දන්න සායනයටදා ප්‍රම්ගිර්ගා ව්‍රිතාපාව මුර්තාපාවයි. මුර්ගා නතා ක්රාවේ ප්‍රිතාපාර්තුයේ මුතාකරුත්හරු If there is no dental clinic, to which dental clinic is the school attached? තුරුණු දන්ග සායනයකි /නැගාලියිලා undiditions generunh/Adolescent Dental Clinic 6. දන්න සායනයට ජනය පුමාණවත් ලෙස සැපයේද? පොළබය බෑ බෑරිමයාසයේ ස...ණා...? Is the water supply adequate? 3. චය කියාත්මකද? செயற்படுகிறதா? Is it functioning

6. වැසිකිළි පහසුකම් / மலசல கூட வசதிகள் /Toilet facilities

| භාවිතා සළ නැකි වැසිකිළි සංඛනව பாலனைபிலுள்ள | සාර්ය මණ්ඩ දෙල්ලියාලේ for st | siamas | அதுவீ மடில சிறவாகளுக்கு for children | | | | | | | | |
|--|------------------------------------|---------------|---|--|---|---|--|--|--|--|--|
| மலசல கடங்கள் No. of usable toilets | කාන්තා _{ධෙන්} | පිරීම නුණ් | ශිෂපයන්/) premisirs | | ෂිතතාවන්/Girls ගැනැමෙන්r | | | | | | |
| | Female Male | | නිර්දේශිත ගණාන ඉත්තින්මන්තාය ලෝකය No. recommended | තිවේන ගණන තුරිගැනුණා ලොසෙන No. available | තිරිදේශීසා ගණන ශුෂ්ණම්ෂාවයාධ ලෝකන No. recommended | තිවෙන ගණන sh3urgeter German No. available | | | | | |
| ප්ල මුදින /ලිය ගහැදාරය ග්/Water seal | | | | | | Lon chick | | | | | |
| DO / OB / Pit | | | | | a la compañía de la compañía | an and a second | | | | | |
| වෙනත් / අනකා/ Others | | No. | withing londs | The man in the | Statement and the | and and another | | | | | |
| වසාතුව / Gurgigub / Total | | 5.2 | a subserver diversel | THE COLOR | | THE REPARTS | | | | | |
| 2 වෘසිකිලි තුළ ජලපස | ාසුකම් ඇති වන් | යිකිළි ගණන / | தீர் வசதிகளுடன் கூடிய மலசல | ex_sissi /No. of toilets v | with water facilities | | | | | | |
| without a stranger | | 12-13-5 | C. Strategical | | | | | | | | |
| 3 වැසිකිළි පිරසිදුව ති | 0000 / 1000 FE 6 | ⊾ம் கத்தமாக ∎ | sites an? / Are the latrines kept | clean? | A STATE | | | | | | |

4 පිරිමි ළමුන් සඳහා කැසිකිළි කොපමණ තිබේද? / ලේලකය හෝ හැ. මහුන් 2 ක්ෂාය? /How many Uninals are available?

5 කැයිකිළි පිරිසිදුව තිබේදා? / නැකා...කිසා මුද්දාගය කණාකුග? / Are the urinals kept clean?

6 පිරිසිදු කිරීම සඳහා අනුගමහය කරන කියාමාර්ගය කුමක්දා? /சந்தம் செய்ய என்ன முறைகள் கையாவப்படுக்றத? /What are the messares taken for cleaning?

7 නඩත්තු කිරීම සඳහා අනුගමනය කරන කියාමාර්ගය කුමක්දී9 /ujmufas මෙම (ujejise) මෙගොමාගලින්තුව /What are the pressures taken for maintenance?

| ත්ල සැපයම් මාර්ගය | ආරක්ෂිත කළ ජලය/ung/amuunan ලොසා ලා/Protected Pipe bone water } | |
|---|--|---|
| தா பெறும் வழகள | ආරක්ෂ සිද / ගලානාගාක කොලා/ Protected well | |
| Source of water supply | constanting and the second sec | |
| | නළ මද/ලූහරය සහාා/Tube well | and a start Mathematic Pargers) where a |
| | වෙතත් (සඳහන් කරන්නා)/ඉශෂා (බාාර්යයා/Other (Specify) | Design of the second |
| ජල පහසුකම් පුමාණවන්ද?/d Is the water supply adequate | | The second second |
| ජල සැපයුම ආරක්ෂිතද9/ing Is the water supply safe? | வாப்பான நீட் வீந்போகம் உ.அப்பா?/ | |
| குடிற் வீடியோகம் இவ்லையாயின், | ් අනුගමනය කරන කියාමාර්ග කුමක්ද? ගලාල හේගුනොගේ යාන්ගලිළිළාධලමාළු ? බ්යා්්යය le whether alternative measures are taken? explain. | and marks another the |

8. කසළ කළමනාරණය / கழிவகற்றல் முகாமைத்துவம் / Waste Management

| the second s | மல்கி/இடம் பெறுகிறது/Done | නොකරයි/මුடා මටාන්නක /Not done |
|--|---------------------------|-------------------------------|
| തങ്ങള മാര മാരി/കുള്ളുകൾ കൈപാര്യക്ടാവന്ത്രക്ക് /Classification of garbage | | The Local Barlow |
| සසළ විධිමත් ලෙස බැහැර කිරීම/ණාගාශා යුකාවේම දේශදේශය/Proper disposal of waste | The second second | |
| කොම්පෝස්ට්කරණය කිරීම/යෝලා usam guritabuggal/Composting of waste | A CONTRACTOR | the formal to the short |

9. பாடர் மிக / பாடசாலை சுற்றாடல் / School Premises

| පරිසරය/ajgn. බ/Surroundings | andings 808gcs/gilligens mising: /Kept clean | | ngan.ei/Surroundings 808g@/giugens s.sing:/Kept.clean 8000/guugens @eineen/Not Clean | | o/Not Clean |
|--|--|------------------|--|--|-------------|
| පෙමාසයට හානිකර ස්ථාන/නොහාමනිාල Health hazardous sites | 0s9 alaandiisyduisaal | அமை/அம்/Yes | නැත/මුබබෝ/No | | |
| මදුරුවන් බෝවන ස්ථාන ඇත/නැත (ඇය (මුලාධන් මුන්න්ඡයෙකු)/Mosquito breedin | ත්තම් වී ස්ථාන මොනවාද?)/ලංකාවය වෙලයුණ්ගන්න g sites (State if present) | | 1.1.1 | | |
| මාස්සන් බෝවන ස්ථාන ඇත/නැත (ඇත් (මුල්බෝම මුණ්මාමනෙකුමු)/Fly breeding sites | නම් වී ස්ථාන මොනවාද?)/sisaat බැලුලාර්ගණක් (State if present) | | | | |
| අනතුරුදාගක ස්ථාන ඇත/නැත (ඇත්න) (මූලාධ්ම මොබාර්ෂයෝ)/Accident prone si | ම් ඒ ස්ථාන මොනවාළ9)/බාල්ලා බහොම්මලාර්ගමන tes (State if present) | | | | |
| දතාවතේ යන සතුන්/යා | /Stray animals | a strange of the | | | |
| කීඩා භූමියක්/බනොගා්ල ගොලානා / Avai | lability of a play area | | | | |
| ගෙවතු වතාවක්/ණැලදු දොදායා /Home j | gardening | | | | |

| 0. மூகை இல் பாடசாலை சிற்றுண்டி சாலை / School canteen | ඇත/ සුග්/Yes | නැත/මුඛකාං/No |
|--|-------------------|-----------------|
| ආපතානාලාවක්/බලාකාල් සංකා /Availability of a canteen | | |
| විඩ් 800 මැතින් අධ්යෂණය කිරීම/at 800 a පුහළාක්ෂක්ෂාලිමාල /Monitored by H 800 | ALL MARKING AND A | |
| විච් 800 වර්ගීකරණය/ශා 800 බල ලංකාග මුදුරු/Grading according to H 800 classification | | |
| பாரு ආලීතව கையிலம் லානිකර වෙළදාම/களதாத்திற்கு முனான முறையில் உணவு வைபாஸ்ட்டிம் இடங்கள் மா.எவதக்கு அருளவையில் உண்டா ? / Unhygienic food handling places in the vicinity of the school | | |
| ඇත නම් ඒ මොනවාද?/ඉලාබම මාfමs /If available, specify. | | |
| ආපතනාලා පුතිපත්තිය අනුගමනය කරයි/බාලන්ශානය කොඩාතු කොඩාගුකොඩගුණා?/ Canteen policy adopted? | - | in his said and |

11. දවා ආහාරය පිළියෙල කරන ස්ථාන / மதிய உணவு தயாரிப்பு / Preparation of mid day meals

| දිවා ආතාරය පිළියෙල කරන ස්ථාන චිචි 800 මඟින් පර්කෂා කෙරේ කාණය කාಣ් යොගිබ්ගණන ග්රිපාදියෝගමිණුණ? Inspection of places where mid day meals are prepared | ඇත/ auc/Yes | නැත/ මුවානය/ No |
|---|-------------|-----------------|
| | | |

12. පාසල් මුලුතැන්තේ/ශාත විදනකාරය / பாடசுலை அடுப்படி/மனைவியின் கூறு / School Kitchen/Home Science unit

| | ඇත/ හුළු/Yes | නැත/ මුණාග/ No |
|--|--------------|----------------|
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| වය සොඩනර්තමිතයි / சமாதம் முறைப்படி நல்ல நிலைப்பூரினதா? / Is it hygienically in good condition | | |
| මෘත විදුකතාරයක්/කාශාවයා ලෙස සංකාශය?/ Availability of a Home Science unit | | a decine a day |
| ப்ப என்னெல்லைகிர்களதா முறைப்படி தல்ல நிலைபிலுள்ளதா? / Is it hygienically in good condition | | |

| | geo/ gub/Yes | excep/geome/No |
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| මුළුසාත්තෙයි සෞඛනරත්මසද9/ නුදුරුදු නොහැකුද?/ Is the kitchen hygienic? | NAL MARK NO. | Contract of the log |
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14. கேரில் பில்லை / சுகாதார மேம்பாடு / Health Promotion

| | සතුටුදායකයි/ ඉල්ලේ/Satisfactory | පතුටුදායක නැත/ ඉලටළ මාසං/ Unsatisfactory |
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Signature

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Annex 5 : School Health Programme Circulars

Ministry of Health

General Circular No. 01 . 37 2007

My No: FH& |af | 03 | 2007 Office of the Secretary Health 385, Baddegama Wimalawansa Mawatha,

Colombo 10 .24/11/2007

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 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.

- Engagement of health and education officials, teachers, students, parents, and community leaders and other relevant organizations in efforts to promote health.
- 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

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- 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
- Strives to improve the health of the community, e.g.- Community mobilization through school health clubs, Community health projects etc.

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

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

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

The responsibilities of the health staff include,

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

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

Routine school health activities such as Health Day Activities, training programmes to teachers & students on school health promotion, advocacy to educational officials, activities of the School Health Clubs etc. can be carried out without the permission of Central Health or Educational Authorities but should be planned with the respective Provincial ,Zonal and Divisional Directors

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

School Medical Inspection (SMI)

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

Evaluation of School Health Programme

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

School Health Club: (Refer annexure 1c)

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

School Health Advisory Committee

a) Composition

School Principal (chair person) Deputy Principal (Health) / Sectional Head / Deputy Principal (Primary)/teacher (Health) Teachers (depending on the student population, the principal will decide)of Health and Physical Education, Life Skills, Science or any other teacher. Student Representatives (President, Secretaries and the treasurer of the school health club/committee) Representatives from parents-Up to five parents PHI of the area & Supervising Public Health Inspector(SPHI) 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 (SPHI) 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

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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.

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- 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

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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

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Annexure -1(a)

<u>Objectives</u>

- l. 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 asses the effectiveness of the school health programme

Annexure i 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 toGradel; 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.

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- J. Vaccine return should be given to SPHI .to be handed over to the PHNS for completion of the quarterly immunization return before the 15th of the month following the quarter.
- K. School teachers /children should be empowered to assess their own nutritional status and to plan suitable interventions.
- L. Children who were absent on the day of the SMI day should be seen later at the school at or at the central clinic held at the MOH office on Saturdays.
- M. Children with defects at SMI should be referred to the relevant clinic of the nearest medical institution for further management when necessary, with the completed referral card (H 606). These children need not go through OPD.
- N. Follow up visits should be done by the PHI at 2 weeks, 6 weeks and 6 months. Class teachers should be given their copy of the defect sheet for them to follow up and ensure that the defects are corrected.
- O. Heads of Institutions should ensure that preference is given to referrals from SMI at the OPD, and at the clinics. (General Circular No. 02-32/2002). Kindly make sure that those referrals with completed H 606 should not be made to take their turn with the other patients at OPD and clinic ques. There should be special clinics for these students on Saturdays or on afternoons of weekdays.
- P. Those children who need spectacles or bearing 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 MentalHealth, 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 Chubs..

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:

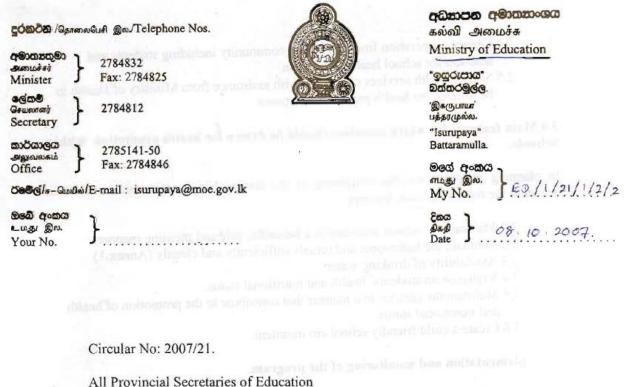
- a. Monthly meetings of the School Health Club
- b. Conducting special events such as guest lectures, panel discussions, role plays, dialogues, short dramas, film programmes, peer consultations etc.
- c. Conduct daily health talks through public addressing system.
- d. Organising health related competitions 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
- b. 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
- 1. Motivating the school community to practice healthy habits
- m. Assisting in implementation of mid day meal programme.
- n. Community health development programme.

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

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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

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- 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

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

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

4.3.2Responsibilities

-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 activitie 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 6: Student Health Record

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Annex 7: Adolescent School Health Record



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> l කොටස - මූළික තොරතුරු பகுதி 1 - அடிப்படைத்தகவல்கள் Part - 1 Basic Data

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| ාතාබප කාර්ය මණ්ඩලය ஆ.சிரியருடன் கலந் To be completed by | துரையாடி, க | | | | | | |
| 01. වර්තමාන රසංඛ தற்போதைய ச Present health |)ජ තත්ත්වය සෙநல நிலை | மை | | | | | |
| 02. ඔබ යම් රෝනය | න් සඳහා දීඊ து நீண்டகான term treatmo | ைநோய்க்கு ent for any i | විකාර ලබාතන්රන් ද? மருந்து எடுக்கின்றீர்க Ilness? விபரங்கள் தருக. If y | Yes | නැත ඹුல්නහ No | | |
| கடந்தகால க (நீரிழிவு,இருதய Past Medical H | கநல் விபரங் மநோய்,மூட்டு listory (Diabe | கள்- வாதக்காய்ச் etes, Heart D | சல்,காக்கைவலிப்பு,தெ Disease, Rheumatic feve | OOC, ඇදුම, වකුනඩු OO) எய்வு.சிறுநீரகநோய்கள் er, Epilepsy, Asthma, Ro | புற்றுநோட enal Disea | ப், வேறு ஏத se, others) | ாவது) |
| 05. ඔබගේ නිවසේ (| මවට සිත් තැද සඛකෘංකය | ුල් ඇතිවන ஏற்படுத்தக் | කිසියම් හේතුවක් ති0විද | the second s | ඔව් [| 8 | වැත 🗌 වූல්නාහ බං |
| 06. පෝෂණ තත්ත්ව போஷாக்கு நில Nutritional statu | ກຄ ຂ_ | 3සැමි rம்(செ.மீ) h (cm)] 🗌 | ல் (வி.ஜt) நிறை (கி. கிராம்) weight (kg) | டு.மி.டூ. உடற்தினிவுச்சுட்டி BMI | කෘෂ විම உடல்வ Thinness | ഥலിഖ്യ ഉ | ථුල බව ற்பருமன் verweight |
| 07. ක්ලුදු පෝකෙ ඌතාකා நுண்போஷக்குச குறைபாடு Micronutrient Deficiencies | <u>යකඩ උපත</u> இரும்புச்சத குறைபாடு Iron defici ලුපුමැලි වර් சுவிor වෙගතක බ කෙසොப்பு Tiredness වෙතත් | ency) [] வளிறல்) ற [] | <u>2000த் 2 ரூறைம</u> உயிர்ச்சத்து "எ" குறைபாடு Vitamin A deficiency தூக் අන්ධතාවය மாலைக்கண் Night blindness மீல் ஜூ பீற்றோவின் புள்ளி Bitot spots லூற குதாவது Others | <u>අගඩින් උමනතාවය</u> ආයාසන් குறைபாடு iodne deficiency ගලගණ්ඩය නොනේකය | | <u>එටමත් හී ඌ</u> உயிர்ச்சத்து Vitamin B cefic කටංකාත් වත கடைவாய் அ Angular stoma දීලා ක්ෂරණ அழ Glossitis වෙතත් வேறு ஏதாவ Others | "ປ່າ"ຜູສອາງມາາ ເງິ iency ມອີອີ ສາລາມແລ່ titits ວັ ວາງສໍ |
| 08. ලබා ඇති පුතිශ நோய்த்தடுப்பு பெற்றுள்ள நில Immunization | ක්තීකරණ மருந்து බෙ | | | hand hered | | 4. රුඩ්ර සතා ලැලුළිඛනය Blood gro | њ up |
| 09. සාමානඅ ආහාර උදෑසන ආහාර සංකා දුළුණ ඔව් පුණ Yes | වේල | දිවා | ந்த உணவுப்பழக்கங்க மூலும்க ப உணவு Lunch இல்லை No | sent Daily Dietary habits மூறைலநேரத் தேதீர் முறை இது தால் குப்பிறை அப்பி இல்லை Yes No | evening Tea | රාති ආ | හාර රවිල _ණාබ Dinner නැහැ [ඹුல්නබ No |
| ඇවිදීම நடத்த கு | ல் Walking டவேலை Ga ബ്വസ്റ്ര Pla തරන්න) | urdening | ®වි නැත ஆம் Yes இல் ඔවි නැත ஆம் Yes இல் ඔවි නැත ஆம் Yes இல் නොත | லை No ஆம் எனி லல No වතුවැඩ කි லல No වතුවැඩ කි வூம் எனிச லல No இඩා කිරීම ஆம் எனிச ஆம் எனிச | වතකරන ක හි, | ාලය ලබ | ime Spend Time Spend |
| 11. கூறைக்கு பெற்றோர்,சகோ Relationship p | සහෝදරීයන් ස தரர்களுடனா | මග සම්බන්ධා ගෙ உறவுநி | ප | මානෂයි 🔲 සතුටුදායක හිමනු නිලධනිකාග verage Satisfactor | ானது | සතුටුදායක නිලධනියාන Unsatisfact | றது |
| 12. අනිකුත් සිසුන් ස ஏனைய மாண Relationship w | வர்களுடனான | ா உறவு நி | லை மிகநன்று நட Good Av | මානපයි 🗌 සතුටුදායය ர்று திருப்திகர rerage Satisfactor | மானது | සතුටුදායක திருப்தியற்ற Unsatisfacto | 051 |
| 13. පාසල් පැමිණීම uncernoo an School Attenda | ัญ เ | ාතාඳධ් □ බසநன்று Good | | තතුටුළායකයි 📃 திருப்திகரமானது Satisfactory | திருப் | ටයක නොවේ නිயற்றது isfactory | |

| | පියාංග්/තාරකරුගත් නම தந்தை/ பாதுகாவலரின் பெயர் Name of Farther / Guardian | | 09. රැකිගාව தொழில Occupation | 3 | |
|-----|--|---|---|---|---|
| 10. | මචතේ/භාරකරුයන් නම தாய் பெயர் Name of Mother / Guardian | | 11. රැකියාව தொழில் Occupation | | 25 m |
| | යයෝදරයින් ගණන சகோதரர்களின் எண்ணிக்கை No. of Brothers සරහාදිරියන් ගණන පයොதரிகளின் எண்ணிக்கை No. of Sisters | உறவு | රහාඳයි நன்று සාමානයයි சாதாரன සතුටුදායකයි න්ලය සතුටුදායක නොවේ | திகரமானது | Good Average Satisfactory Unsatisfactory |
| 15. | විෂය සමහාමි/විෂය සමෝධායතික කියාකාරකම්:- බීඩා கல்வி சாரா செயற்பாடுகள்: விளையாட் Extracurricular Activities Sports වෙනත් (සඳහන් කරන්න) வேறு ஏதாவது (குறிப்பிடவும்) / Others (specify) | නාටප 🗌 நாடகம் Drama | கல்தேன் இது சங்கீதம் நடச Music Dan | and the second se | னீயம் வரைதல |
| 16. | විතෝදාංශ (සඳහන් කරන්න) உங்கள் பொழுதுபோக்குகள் | (குறிப்பிடவும் | Hobbies (specif | ý) | |
| 17. | ම්බව අත්තැර ගත යුතු අතිතකර ෆසාබන පුරුදු කිසිවක් තිර நீங்கள் தவிர்க்க வேண்டிய ஆரோக்கியத்திற்குப் பாதக Do you have any bad health habbits to give up? මව් ஆம் Yes තැහැ இல்லை | විද? மான ஏதாவத | | களிடமுண்டா? | |
| 18. | ඔච් නම් සඳහන් කරන්න ஆம் எனில், குறிப்பிட்டுக் கூறவ | ம். If yes, sp | cify | | |
| 13. | මඩගේ නිවසේ කියාකාරකම් වලට දිනපතා සම්බන්ධ වන්නේ ඉ්ඤාස්ෂුපාறුம் நீங்கள் வீட்டுவேலைகளில் பங்கு கொள்ளு Do you participate in household activities? ඔව් නම් කුමන ආකාරයේ කියාකාරකම් ද? ஆம் எனில், நீங்கள் பங்கு கொள்ளும் வீட்டுவேலைகள் | கின்றீர்களா | @문 굇 Ye what are they? | , ú | වැඩ මූබාන No |
| 20 | . ඔබට පාසල කොතරම් සතුටුදායකද? (ද්යජනකද?) நீங்கள் பாடசாலையில் எவ்வளவு மகிழ்ச்சியாக உள்ளீர்கள்? How happy are you at school? | දකින්ය நீங்க | ටගේ නිවස කොතරම් ත්ද? 1 න්ட்டில் எவ்வளவ appy are you at hor | ு மகிழ்ச்சியாக | |
| | ඉතා සතුටුළායකයි යසංෂේග්ෂණියාසන Very Happy සතුටුළායකයි ගණිග්ණිඩාසන Satisfactory කිව ලනානැකිය சொல்லமுடியாதுள்ளது Can't say අසතුටුළායකයි திருப்திலலை Unsatisfactory ඉතා අසතුටුළායකයි යිසෙයුග් නිලාப්නියාගානු Very bad | ඉතා දි ලියයි කිව ශ අලිය (ඉතා ද | යයි ගිෂකුරා ග ගනිழ்ச்சிய මනකිය சொல்லமு තිකය නිලධනිමුග ලියප්නකය ගිෂකුරා න් | கிழ்ச்சியாக ாக டியாதுள்ளது ல்லை நெப்தியற்றது | Very Happy Satisfactory Can't say Unsatisfactory Very bad |
| | ලීය නොවන්රත් නම් එ ඇයි ? நீங்கள் மகிழ்ச்சியாக இல்லையெனில் அது ஏன்? If unsatisfactory, why? | நீங்கஎ | ාවන්රන් නම් එ ඇයි r | | அது ஏன்? |
| 34 | நீங்கள் மகிழ்ச்சியாக இல்லையெனில் அது ஏன்? | நீங்கஎ If unh | மகிழ்ச்சியாக இல் | | அது ஏன்? |

Part 3 Medical Examination

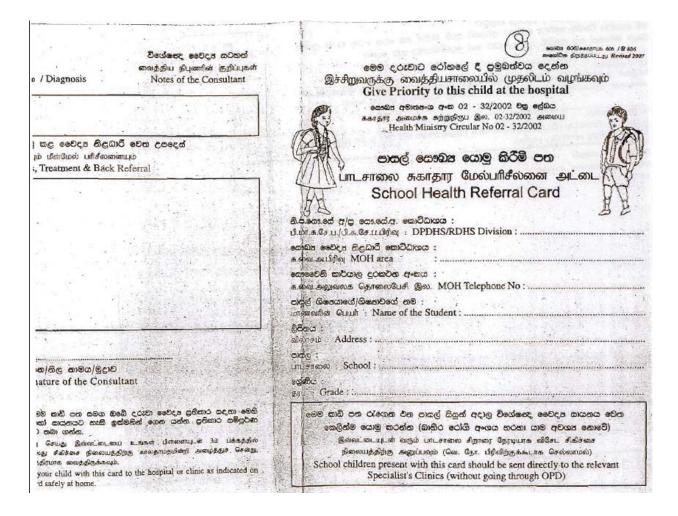
Should be filled by MO/RMO/AMO

| 01 | Vision (Sight, Squint, tearing etc | .) | R/Eye | L/Eye |
|-----|------------------------------------|--|-------|-------|
| | | | | |
| 02 | ENT (ear, nose, throat, hearing) | | | |
| 03 | Oral Health (Dental caries, Malo | cclusion, Fluorosis, Gingivitis etc.) | | |
| 04 | Skin (Rashes, hypo pigmented p | patches etc.) | | |
| 05 | Cardio Vascular System (Murmu | irs etc.) | | |
| 06 | Respiratory System (Wheeze etc | c.) | 1 | |
| 07 | Gastrointestinal System | | | |
| 08 | Musculoskeletal system (Scolios | sis etc.) | | |
| 09 | Reproductive System | Boys: | | |
| | | Girls -(menstrual problems) | | |
| 10. | CNS | | | |
| 11 | Assessment of mental health sta | atus (Depression, stress, headache, etc) | | |
| 12 | Any other problems (Migraine et | c.) | ä | |

a) Action taken:

Signature of the MO/RMO/AMO

Annex 8 : Student Health Referral Card



| වෙදා නිළධාරී / වෛදය නිළධාරී ට විශේශ වෛදය දුනිකාර අවශාව ඇති බැවින් ඔබ වෙත සොමු කරම්: අවශා මන් පසු හමුවිමි පත දරුවාව හෝ දෙමට්පියන්ව සාර දෙන්න | a) යුතු රෝහල/කායනය வைத்தியாசாலை / சிகிச்சை நிலையம் Hospital / Clinic | . ¢லை நாட்கள் Days |
|---|--|--------------------------|
| ணி. ங்களின் மேல்பரிசீலனைக்காக அனுப்பப்படுகிறது. தயவுசெய்து இவ்வட்டையை குறிப்புகளின் பின் பெற்றோரிடம் அல்லது சிறுவரிடம் ஒப்படைக்கவும். | | |
| adam referred to you for specialist care. Please return this card to the parent or the making necessary entries. | 100 million (100 million) | |
| ல கூற்ற கூற்ற குறையில் காரணம் referral | | |
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| ළ නාමය සබ Designation | | |

Annex 9 : School Health Examination Record of Health Problems :

| | SCHOOL HEALT | ச் சுகநலப் பரிசோதல TH EXAMINATION R | ன குறைகளின் அ ECORD OF HEAL | ്പഖരെ TH PRC | BLE | NS | Health J |
|---|--|--|---|-------------------------|---|----------------------|--------------------------------|
| නලේ හම : ආකාශයේත Guar me of School කාලේ ලිපිහය : ආකාශයේක ලංකි diss of School | | | ന്റെ നാങ്ങിൽ ഇംതാം അപ്പാന് ഇം Identification No. എങ്ങം വ്യാത്തോ നിയങ്ങളെക്ക് നിന്ന കൂട്ടനിന്ന കൂ PHI / PHNS Area | හාලදේශය : 1. යලුළු : | | 1999-1999 - Andrew . | |
| eficial gene/Grade | and the second | | | | | | Revised - 2001 |
| ை பொர் | පරිතක කල දිනය පාරිකාන්මන මෙළේ | கவால்க கடுத சாதாரப்பு பிரச்சியை | ගත් කියාමාටන බොළද ලංචාතයෙන | Parch off Dates 1 | පසු වපරම දින වුදොර ufDeregeneerer හිදේසන Dates for follow-up visits | | වෙනත් කරුණ ලබාගත Remarks |
| Name | Date Examined | Health Problems | Interventions | 1 | 2 | 3 | Remarks |
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School Immunization in Sri Lanka

| all Guue | පරිසන කල දිනය uniCongligits නිශනි Date Examined | eccolor எம்ச கக்காரம் நேச்சினை Health Problems | ගත් නියාමාටය අලිද්ද යුශාස්ණය Interventions | Que off | ar fallow-L | in gerflein ip visits | லிலை மல்லு குறிப்புகள Remarks |
|---|---|--|--|---------|-------------|--------------------------|--|
| Name | Date Examined | Health Problems | Interventions | 1 | 2 | 3 | Remarks |
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Annex 10 : School Health Promotion Program – Evaluation Report

Annexure:

| Criteria | Indicator | Evaluation Level | Marks Obtained | Source |
|--|--|---------------------|-------------------|--|
| 1.School Health Committee | 1A Committee is functioning 2Committee available. Not functioning 3.There is no Committee | 2 | | Committee list of names, minutes Signature cards |
| 2.Student Health Association | 1. Association available. Student participation is 100%. Engaged in activities. Annual Plan available | 3 | | Reports of Student Associations |
| | 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 | | | 1.1 |
| 3.Supply of First Aid | 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. 3.No such facilities available | 2 0 | | and the second second |
| Health Medical Examination | 1. Held in last year. | | | 1000 |

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

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| Indicator | Evaluation Level | Marks Obtained | Source |
|--|---|--|--|
| 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 | | |
| Sanitary facilities available but not sufficient (50%) | 2 | | |
| 4. No sanitary facilities available | 0 | | |
| 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 | | |
| Clean. No water supply. Cleaning system available | 2 | | |
| 1. Water supply available. Maintained | 6 | | Existing water facilities and maintenance |
| drinking water available. | | | and manyerance |
| available. Economy not maintained. Suitable | 4 | | |
| 3. Water available. Maintenance system not available. Economy not followed. Suitable | 2 | | |
| 4Water available. Maintenance system not | 1 | | |
| drinking water available. 5. No water facilities. | 0 | | |
| | Facilities available sufficiently for use of the number of teachers compared with the number of students. Sanitary facilities available but not sufficient (80%) Sanitary facilities available but not sufficient (50%) No sanitary facilities available but not sufficient (50%) No sanitary facilities available Systematically planned.(Constructed) Cleanly maintained. Water supply is continuous 2.Clean but no continuous supply of water. Water supply available Clean. No water supply. Cleaning system available Water supply available. Maintained continuously. Economy adopted. Suitable drinking water available. Water supply available. Maintenance system available. Economy not maintained. Suitable drinking water available. Water available. Maintenance system not available. Economy not followed. Suitable drinking water available. Water available. Maintenance system not available. Economy not followed. Suitable drinking water available. | Level1. Facilities available sufficiently for use of the number of teachers compared with the number of students.62. Sanitary facilities available but not sufficient (80%)33. Sanitary facilities available but not sufficient (50%)34. No sanitary facilities available01. Systematically planned. (Constructed) Cleanly maintained. Water supply is continuous 2. Clean but no continuous supply of water. Water supply available63. Clean. No water supply.24. Cleaning system available01. Water supply available. 2. Water supply available. 2. Water supply available. 2. Water supply available. 3. Water available. Maintenance system available. Economy not maintained. Suitable drinking water available. 3. Water available. 4. Water available. 3. Water available. Maintenance system not available. Economy not followed. Suitable drinking water available.44. Water available. A. Water available. 3. Water available. Maintenance system not available. Economy not followed. Suitable drinking water available.12. Water available. A. Water available. Maintenance system not available. Economy not followed. Suitable drinking water available.1 | LevelObtained1. Facilities available sufficiently for use of the number of teachers compared with the number of students.62. Sanitary facilities available but not sufficient (80%)3.3. Sanitary facilities available but not sufficient (50%)3.4. No sanitary facilities available01. Systematically planned.(Constructed) Cleanly maintained. Water supply is continuous 2. Clean but no continuous supply of water. |

| 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.Aaverage more than 90% | 5 | | Attendance |
| | 2. Average attendance between 90%-90% | 3 | | register/Leave records |
| | 3.Average attendance between 80&-70% | 1 | | |
| 13. Classroom atmosphere | 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 4. Maintenance of the classrooms systematically, | 2 | | |
| | cleanly with proper lighting and ventilation is not sufficient | 0 | | |
| 4. School atmosphere | 1. Maintains systematically cleanly ,beautifully and without having risky places Space available for playing, (Based on the | 5 | | Physical environment |
| | prevailing positions marks between 1-5 should be given) | | | |

School Immunization in Sri Lanka

| | | | Program reports |
|-------------------------|---|----|------------------------|
| 15.Minimizing Nutrition | 1.Identification done .Programs implemented | 4 | |
| Problems | 2. Identification done. Provides awareness | 2 | |
| | 3. Identification done. But activities none. | | |
| | | | Report Notes |
| 16.Providing health and | 1.Done more than 3 programs per year | 6 | |
| Nutrition knowledge and | 2 Done more than 2 programs per year | 4 | |
| skills | 3Done more than 1 program per year | 2 | Students Fitness Notes |
| 17 Students' physical | 1.90% of students having proper physical fitness | 10 | |
| Fitness | 2 90%-75% of students having proper physical miless | 6 | |
| | fitness | | |
| | 3. 75%-65% of students having proper physical | 4 | Obtaining information |
| | Fitness | | from students program |
| 18 Physical fitness | 1. Continuous program available. Every student is | 6 | |
| programs | participating | | |
| | 2. Continuous program available. Every student is | 4 | |
| | not participating | | |
| | 3. Random performance | 0 | |
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| Criteria | Indicator Indicator | Evaluation Level | Marks Obtained | Source |
|-----------------------------------|---|---------------------|-------------------|-------------------------|
| 19.Personal Hygiene | I.Examines continuously Z. Examination done but not referred No examination done | 4) 2 0 | | Records of students |
| 20 Maintenance of canteen | Kept cleanly. Nutritional food available. Un-favorable meals not available Kept cleanly. Nutritional food available. There. | 4 | | Observation of canteen |
| | are Un-favorable meals 3 Cleanliness not up to satisfactory level. There are nutritional foods. Unfavorable food not available | 1 | | |
| 21 A Psycho-social environment | There is a friendly environment with no unsuitable punishments imposed There are ways for helping students There are some punishments A friendly | 3 | | By observations |
| | environment available | 2 | | |
| 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

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| හරියාලයේ නොහු කර හැද opy should be kept in the ඛුක්කාලියිනය ඉක්රිකාල u ෆෝඩාහෝ නොයිකානයින්වූ . මාසය තුළ කරන ලද පාස | 2க குடிக. To b office. மாதமும் பொ.சு அதும் வைத்துக் | e complete பரிசோதச சொள்ள (| d by PHI ev ளினால் இரு வேண்டும். | very month in 2 copies. 5 பிரதிகளில் தயாரிக்க | lst copy sl ப்பட வேன் | hould be subn ரடும். முதல் ப | nitted to ப்ரதி சு.எ | the MOH b කඩ.නු. ඉද | efore the 51 ழவலகத்திற் | th day o degide g | of next month. 2 றண்டாம் பிரதில |
| ctivities during the month | h | | | | | | | | | | |
| මූලික දත්ත සහ පාසල් වෙටිදු ද 1. පාසල් වර්තය පුමුන් ගණිත අනුව 2. ප්‍රාදේශයේ පාසල් ගණි කාණයා ශේණාසිංකය ප්‍රාදිගය ප්‍රා ප්‍රාදිගය ප්‍රා ප්‍රාදිගය ප්‍රාදිගය ප්‍රාදිගය ප්‍රාදිගය ප්‍රාදිගය ප්‍රාදිගය ප්‍රා ප්‍රාදිගය ප්‍රාදිගය ප්‍රාදිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාලිගය ප්‍රාදිගය ප්‍රාලිගය ප්‍රාදිගය ප්‍රාදිගය ප්‍රාදිගය ප්‍රාදිගය ප්‍රාදිගය ප්‍රාදි ප්‍රාදි ප්‍රාදිය ප්‍රාදි ප්‍රා ප්‍රාදි ප්‍රා ප්‍රා ප්‍රාදි ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප්‍රා ප් ප් ප් ප් ප් ප් ප් ප් ප් ප් ප් ප් ප් | | ජ් මුළු ණිත ar නසබාබ නය of Schools | 3. සියළුම ගුණුවන யானவ | ම පාසල්වල ළමුන් | 4. මහා මහි මාස බාණ බො ග ග ත ත ත ත ත ත ත ත ත ත ත ත | ජන සෞඛ්ෂ පරීත ත් මූලික පරීතෂා ශ තුළ කළ පාස ත.ப.பனால නිස්ටෝඩ් - பாடச නෝශෝසනය I No. of Schools s | තමක ව ල් nexxae creened | මාසය තු පරිධමණ කළ පාස ගානුදුරුණ பැනාටටලි பா.வைப Total No. | ලේ මෛවිදය ය සම්පූර්ණ ලේ කණන කෝකක ශ්‍රේයාර් කෝකෝ හිතය | 6. 8 | වර්ෂය සඳහා වසතුව කල-ස්නුස්තාන කළේකුම Total for the year |
| | | | | | by F | HI during the mor | nth | month | | | |
| ≤ 200 | | - | - | | - | | | | - | - | |
| 201 - 1000 | | | - | | - | | - | | - | | |
| 1001 - 2000 | | | - | 1071 | - | | - | | | | |
| 2001 - 3000 | | | | | | 1 10 | | | | | |
| > 3001 | 10100 | | | -84 T | | | | | | | - V |
| වකතුව/ගෞඡ්ඡුාව/Total | | | 1 | | | 1 | | 2 | | | |
| 1. පාසල් වර්ගය ළමුන් (අනුච ගාකාබෝ என் அடிப்பன | තණන 2. සෙ සැම් යෝග යා | මාවන සමාක්ෂ ම්පූර්ණ කළ ශාධ්යලින්න්ට | ණෙය ගණිත ட்ட களதார | වැසිකිළි නැති පා ගහාන සං ඛාපණ பாපානන දොනෙ | සල් ගණන කොලාල , | 4. වැසිකිළි පාසැල් ය ගහපහ සං | පුමාණවැ ාණන ட வசதிக | ත් නොවන මෙල්ල | 5. ජලය ලශුණි ලෝක | නැති ද බොළේ ව මෙම | හසල් ගණන ල්ල பாடசாலை |
| 1. පාසල් වර්නය ළමුන් ය අනුව | තණාන 2. සෙ සැ සෝ යෝග up au ling to No | මාවය සමක්ෂ මපූර්ණ කළ | 8ණිය මණිත ட்ட சுகாதார வினிக்கை | වැසිකිළි නැති පා ගහන සං ඛාදුණි | සල් ගණන කොලාල , | 4. වැතිකිළි පාසැල් ය ගණහ ස பாடசாலை | පුමාණාව වණාන L කෘෂුයින ලෝකාන lools with | ත් නොවන මෙල්ල | 5. ජලය ලශුණි ලෝක | නැති ද බෞළිය මස f schools | හසල් ගණන |
| පාසල් වර්ගය ළමුන් අ අනුව யாணவர் என் அடிப்பன பாடசாலை வகை Type of School - accord the No. of students | තණාන 2. සෙ සැ සෝ යෝග up au ling to No | මාවත සමත් මිපූර්ණා කළ කාධ්යලින්න්ධය බහුනෝමා ශෝ හ. of sanitary | 8ණිය මණිත ட்ட சுகாதார வினிக்கை | වැසිකිළි නැති පා ගහාන සං ඛාපණ பாපානන දොනෙ | සල් ගණන කොලාල , | 4. වැසිකිළි පාසැල් ශ සංභාන ක பாடசாலை No. of sch | පුමාණාව වණාන L කෘෂුසින ලෝකාන lools with | ත් නොවන මෙල්ල | 5. ජලය ලයුණි නොක No. ot | නැති ද බෞළිය මස f schools | හසල් ගණන ල්ල பாடசாலை |
| පාසල් වර්ගය ළමුත් ය අනුව மானவி என் அப்பன பாடசாலை வகை Type of School - accord the No. of students ≤ 200 | තණාන 2. සෙ සැ සෝ යෝග up au ling to No | මාවත සමත් මිපූර්ණා කළ කාධ්යලින්න්ධය බහුනෝමා ශෝ හ. of sanitary | 8ණිය මණිත ட்ட சுகாதார வினிக்கை | වැසිකිළි නැති පා ගහාන සං ඛාපණ பாපානන දොනෙ | සල් ගණන කොලාල , | 4. වැසිකිළි පාසැල් ශ සංභාන ක பாடசாலை No. of sch | පුමාණාව වණාන L කෘෂුසින ලෝකාන lools with | ත් නොවන මෙල්ල | 5. ජලය ලයුණි නොක No. ot | නැති ද බෞළිය මස f schools | හසල් ගණන ල්ල பாடசாலை |
| පාතල් වර්තය ළමුන් ය අනුව மாணவ! எஸ். அடிப்பன பாசாலை வலக் Type of School - accord the Ne. of students ≤ 200 200 | තණාන 2. සෙ සැ සෝ යෝග up au ling to No | මාවත සමත් මිපූර්ණා කළ කාධ්යලින්න්ධය බහුනෝමා ශෝ හ. of sanitary | 8ණිය මණිත ட்ட சுகாதார வினிக்கை | වැසිකිළි නැති පා ගහාන සං ඛාපණ பாපානන දොනෙ | සල් ගණන කොලාල , | 4. වැසිකිළි පාසැල් ශ සංභාන ක பாடசாலை No. of sch | පුමාණාව වණාන L කෘෂුසින ලෝකාන lools with | ත් නොවන මෙල්ල | 5. ජලය ලයුණි නොක No. ot | නැති ද බෞළිය මස f schools | හසල් ගණන ල්ල பாடசாலை |
| පාසල් වර්තය ළමුන් ය අනුව மானவர் என் அபுப்பன பா.சாலை வைக Type of School - accord the No. of students ≤ 200 200 විග විකතුව/Gungkgub/Total | කණත 2. සෙ පරි Suluiso යා Aling to No cor | ාමධන සමක්ඛ මීපූර්ණා කළ කොඩාගුමුණුවා වංශුණෝමා තෙ වංශුණෝමා තෙ upleted | 8ණිවයි (துற்றது) ட்ட சுகாதார அனிக்கை surveys | වැසිකිළි තැති පා மலால கூட வாதி பாாலை தொவை No. of Schools wit | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන ල්ල பாடசாலை |
| පාසල් වර්තය ළමුන් ය අනුව மானவர் என் அபுப்பன பா.சாலை வைக Type of School - accord the No. of students ≤ 200 200 විග විකතුව/Gungkgub/Total | කණත 2. සෙ පරි Suluiso යා Aling to No cor | அலக ஐகிகில நீஜ்பீல வகு வைப்படுத்தப்ப ப்வுகளின் என 1. of sanitary mpleted லல் சுகாதார | கன்றை மூஜ்றது பட்ட சுகாதார னினிக்கை surveys ட மேம்பாடும் | 2. 20 கிகித் காக கா மலால கட வாதி பாடாலை தோவை No. of Schools wit கற்றல் செயற்திட்டங் | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන ල්ල பாடசாலை |
| පාසල් වර්ගය ළමුන් ය අනුව மானவர் என் அபுப்பன பா.சாலை வைக Type of School - accord the No. of students ≤ 200 200 විග විකතුව/Gungkgub/Total | කණන 2. සෙ කාධාන UIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | 992ஜ ஐஇந்த இந்து வகு வைப்படுத்தப்ப ப்வுகளின் என வி கள்பார mpleted லி சுகாதார பிஜை ப | கள்றமு முற்றது ட்ட சுகாதார வினிக்கை surveys ா ாடும்பாடும் ாடாலை Sch | 2. 20 கிகித் காக கா மலால கட வாதி பாடாலை தோவை No. of Schools wit கற்றல் செயற்திட்டங் | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන njg uncernow without water හෝරාගේ water වනතුව ගොස්නුව |
| පාසල් වර්ගය ළමුන් (අනුව மானவி என் அடிப்ப பா.சானல் வன் Type of School - accord the Ne. of students ≤ 200 200 200 | කණාන 2. සෙ සාවි uning to No Dampas වැඩසටර හෝ Activities | 1925 கனில் நிற்ற வர வப்படுத்தப்ப ப்புதனின் எல o. of sanitary mpleted கைர் சுகாதார பில்லு ப சிலை தி | கன்றம் லூல்ல ட்ட சுகாதார வினிக்கை surveys ா மேப்பாடும் ாடாலை Sch கதி Date | 2. 2028க்கு காக வ மலால கட வாதி பாடாலை தொவை No. of Schools wit கற்றல் செயற்திட்டங் tool | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන ඔහු unc.enow without water විකතුව |
| පාතල් වර්ගය පුමුන් ය අනුව ගාශායා ශණ පායුවය பா | කණාන 2. සෙ කාර්ග යා ding to No con විසාපන වැඩසටව හෝ Activities කටහන් g වෛරාන්ර රො | පාවන සමානි ම්පූර්ණ කළ ශාඛාර්ඡිය ක්ෂූනගින් ශත of sanitary mpleted වාතල ப දිනය යු වෙතල ප වෙතල ප වෙතල ප | கல்லை லல்லை ட்ட ககாதார விளிக்கை வாveys ா மேம்பாடும் ாடாலை Sch கதி Date கதி Date உட கோலுக் | 2. ஜாகிக்கு நைகி கர மலால கூட வரதி பாடாவை தொவை No. of Schools wit கற்றல் செயற்திட்டங் cool | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන njg uncernow without water හෝරාගේ water වනතුව ගොස්නුව |
| පාතල් වර්ගය ලමුන් c අනුව மானாவி என் அடிப்பா பாபசாலை வல்ல Type of School - accord the No. of students 200 200 | කණාන 2. සෙ කාර්ග යා ding to No con විසාපන වැඩසටව හෝ Activities කටහන් g වෛරාන්ර රො | පවත සමත් ම්පූර්ණ කළ ශාඩාරින්නේව ක්ෂූනිශ්ශ ශං of sanitary mpleted විතිල ප දීනය නි පෙත්වන පෙත්වන පෙත්වන පෙත්වන පෙත්වන පෙත්වන පෙත්වන පෙත්වන | கற்றி லஹ்ற ட்ட களதார வினிக்கை வாveys பிலப்பாடும் ாடாலை Sch கதி Date த⊆ வலை தி @தி வலை இ இதி வலை வு பாணை 0 20 தி வலை வு பாணை 0 | 3. 空を発発度 あかお 生う ロシボル みまがわ ロルエボルン らずかみ No. of Schools wit あかれの Gまய作品に あかれの Gまய作品に ロット ロ ロ | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන njng uncernow without water මහතුව ගොස්නුව |
| | නණාන 2. සෙ සංඛ්ය up ding to No cor විතාපන වැඩසටර කොපන වැඩසටර කොපන වැඩසටර කොපන වැඩසටර කොපන වැඩසටර කොපන වැඩසටර කොපන වැඩසටර | මධන සමත් ම්පූර්ණ කළ ශාඩාරින්නේඩා බංක්කර් ක්ෂුනේම් ක of sanitary mpleted තරකල ப දිනය නි. පරක්ෂන ක. අන්ත. No. of pr කතාගම නි. | Secon Secon L. estation Second Sec | 3. 空を発発度 あなお 中3 100次の あし 向す身く 11月二月前の GJF1000 No. of Schools wit 10000 1000 1 | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන njg uncernow without water හෝරාගේ water වනතුව ගොස්නුව |
| 1. exact 250mm 会員会で ergeの unimisal even supplum unimisal even supplum unimisal even supplum unimisal 200 200 | කණාන 2. සෙ කාධ්ය jung to No No No Damos වැඩසටය කාධාන වැඩසටය කාධාන වැඩසටය කාධාන වැඩසටය කාධාන වැඩසටය කාධාන වැඩසටය කාධාන තරාන | පවත සමත්ව ම්පූර්ණ කළ ශාඛ්යාලිල්ලාධ් ක්ෂුන්ත්ත කය of saniary mpleted වර්ති අයාතුන දීනය ඉති පරික්ෂානුණ පරික්ෂානුණ පරික්ෂානුණ පරික්ෂානුණ පරික්ෂානුණ පරික්ෂානුණ පරික්ෂානුණ පරික්ෂානුණ පරික්ෂානුණ පරික්ෂානුණ පරික්ෂානුණ පරික්ෂානුණ පරික්ෂානුණ පරික්ෂාන්ණ පරික්ෂාන්ණ පරික්ෂාන්ණ පරික්ෂාන්ණ පරික්ෂාන්ණ පරික්ෂාන්ණ පරික්ෂාන්ණ පරික්ෂාන්ණ පරික්ෂාන්ණ පරික්ෂාන්ත් පරික්ෂාන්ත් පරික්ෂාන්ත් පරික්ෂාන්ත් පරික්ෂාන් පරික් පරික්ෂාන් පරික්ෂාන් පරික් පරික්ෂාන් පරික්ෂාන් පරික්ෂාන් පරික්ෂාන් පරික්ෂාන් පරික් පරික් පරික් පරික් පරික් පරික් පරික් පරික් පරික් පරික් පරික් පරික් පරික් පරික් පරික් පරික් පරික් පරිත් පරිත් පරිත් පරිත් පරික් පරිත් පරික් පරික් පරික් පරික් පරිත් පරික් පර පරිත් පර පර පර ප් පර ප් ප් ප් ප් ප් ප් ප් ප් ප් ප් ප් ප් ප් | Secon Secon L. estation and and a set and a set a | 3. ジャ港都長 あかあ やう 100700 あし 向す身ら 11月一下市の心 らすinの No. of Schools wit 11月のの GF出動身亡した 11月のの GF出動身子亡した 11月のの GF出身子亡した 11月のの GFL 11月のの GFL 111月のの GFL 111月のの 111月のの 111月のの 111月のの 111月のの 111 | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. ӨФС | නැති ද බෞළිය මස f schools | හසල් ගණන njg uncernow without water හෝරාගේ water වනතුව ගොස්නුව |
| පාතල් වර්ගය ලමුන් c අනුව மானவர் என் அடிப்பு பா.சாலை என்க Type of School - accord the No. of students 200 200 | කණාන 2. සෙ සංද up and an and an and an and an and an and an an an an an an an an an an an an an a | පවත සමත් ම්පූර්ණ කළ කාධාරිණිණ ක්ෂුන්ගින් හැ of saniary mpleted විතින් සැකතුණ විතින් විතින් පත්තින පත්තින පත්තින පත්තින් පත්ති පත්තින් පත්ති පත්තින් පත්තින් පත්තින් පත්තින් පත්තින් පත්තින් පත්තින් පත්ති පත්තින් පත්ත පත්තින් පත්තින් පත්තින් පත්තින් පත්තින් පත්තින් පත්තින් පත්තින් පත්තින් පත්ති පත්ත පත්ත පත්ත පත්ත පත්ත පත්ත පත | sect Sector | 20 மிகித் நாக நா மலால கட வரதி பாடானை தொவை No. of Schools wit 20 விருற்று செயற்திட்டால் 20 விருற்று காண்ணிக்கை 20 விருற்று காண்ணிக்கை 20 விருற்று காண்ணிக்கை | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. ӨФС | නැති ද බෞළිය මස f schools | හසල් ගණන ngg uncernow without water හෝරාගේ water වනතුව ගෝරානුව ගෝරානුව |
| 1. exargi 20℃のな 受養感 (| කණාන 2. සෙ ක්රී කාධාන (ing to No cor කාතාන වැඩසර කාතාන වැඩසර කාතාන වැඩසර කාතාන කාතාන වැඩසර කාතාන කාතාන වැඩසර කාතාන කොඩන රෝක කාතාන වෙන්න | පවත සමත් ම්පූර්ණ කළ කාධාරිණිණ ක්ෂුක්තින් සං o of sanitary mpleted වර්ති සංකාල වර්ති සංකාල වර්ති සංකාල වර්ති සංකාල වර්ති සංකාල සංකාල කාර්ති සංකාල සංකා සංකා සංක සංක සංක සංක සංක සංක සංක සංක සංක සංක | Section Section 2 Section 2 S | 3. ジャ港都長 あかあ かう 100000 あし 向すがら 110000 あし 向すが 100000 あし のすがの 100000 100000 100000 100000 100000 10000000 100000 100000 1000000 | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. ӨФС | නැති ද බෞළිය මස f schools | හසල් ගණන njng uncernow without water මහතුව ගොස්නුව |
| 1. exactly 250cm 会員感で engle unimical evel supplum unimical evel supplum unimical evel supplum unimical evel visual evel 200 200 | කණාන 2. සෙ ක්රී කාධාන (ing to No cor කාතාන වැඩසර කාතාන වැඩසර කාතාන වැඩසර කාතාන කාතාන වැඩසර කාතාන කාතාන වැඩසර කාතාන කොඩන රෝක කාතාන වෙන්න | #මධන සමාජය ම්පූර්ණ කළ කාර්යාණිණය ක්ෂෙන්මේ කෙ කාර්යාණිණය කාර්යාණ මහත්ව මහත්ව කාර්යාණී කාර් ක ක් ක ක ක් ක ක් ක ක ක ක ක ක ක ක ක ක | secon Second | 2 のための変 あかめ かう 100000 あん ロオッドイ 100000 あん ロオッドイ 1000000000000000000000000000000000 | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. ӨФС | නැති ද බෞළිය මස f schools | හසල් ගණන njng uncernow without water මහතුව ගොස්නුව |
| లుజర్హ 20దంద లైత్లిత ల లాయింగి తెళ్ ప్రధిరంద లైత్లత ల లాయింగి తెళ్ ప్రధిరంగ ఉంది. లాయింగి తెళ్ళులు ప్రధిరంగ ఉంది. లాయింగ కార్పింగ కార్పిల్ల కార్పింగ కారి కార్పింగ సార్పింగ కార్పింగ సార్పింగ కార్పింగ కార్పి కార్ కార్పి కార్పి కార్పి కార్ కార్పి కార్పి కార్ కార్పి కార్పి కార్ కార్ కారి కార్ కార్ కారి కార్పి కార్పి కార్ కార్ కారి కార్ కారి కార్ కారి కారి కారి కారి కార్ కారి కార్ కారి కారి కారి కారి కారి కారి కార్ కారి కార్ కారి కారి కారి కార్ కార్ కారి కారి కారి కారి కారి కారి కారి కారి | කණාන 2. මෙස මංධාරීම Uning to No corr විභාපත වැඩසය කරීපත් 7 මංධාරීමර් රෝහ කාධික මංධාරීම කාධික මංධාරීම කාධික මංධාරීම කාධික මංධාරීම කාධික මංධාරීම කාධික මංධාරීම කාධික මංධාරීම | සාධන සමාජා ම්පූර්ණ කළ කාර්යාණිණුවා දේශයන්ගේ සං කාර්යාණ්ණුවා තාව තාව තාව තාව තාව තාව තාව තාව තාව ත | вода | 3. වැතිකිළි කැති පා wave at anyted un_mass Gatana No. of Schools wit aspinol GatutingS(L_15) aspinol | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. ӨФС | නැති ද බෞළිය මස f schools | හසල් ගණන njng uncernow without water මහතුව ගොස්නුව |
| 1. のおめ、ひろのの、 受いたい、 のうか、 のうか、 のうか、 のうか、 のうか、 のうか、 のうか、 のうか | කණන 2. සෙ සේ up audio up audio audi | ini and the second | вода | 3. Dr&&& gards gards 100000 daL qizgid um_mask 100000 daL qizgid um_mask 10000 data 100000 data < | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන njng uncernow without water මහතුව ගොස්නුව |
| このお食 2000年 受養感 (| කණන 2. සෙ සේ up audio up audio audi | #ාධන සමාජය ම්පූර්ණ කළ කාර්යාණිණය ක්රීම් කිරීම කාර්යාණීණය කාර්යාණය කාර්යාණය තර of sanitary - mpleted කාර්යාණය තර of sanitary - කාර්යාණය තර of sanitary - දීනය ණ - පරිත්වන කර of sanitary - තර තර කර of sanitary - තර කර of sanitary - කර of sanitary - තර කර තර කර of sanitary - තර කර තර කර of sanitary - තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර කර තර තර තර තර තර තර තර තර තර තර තර තර තර | вода | 2. වැනිකිළි කරනි පා மலால கட வரதில் பாடானலை தொலை No. of Schools with asjone செயற்றிட்டான் asjone சிக்கு asjone சிக்கு | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන ngg uncernow without water හෝරාගේ water වනතුව ගෝරානුව ගෝරානුව |
| පාතල් වර්ගය ලමුන් ද අනුව ගැනස් මෙන් පුතුවයක් පාතමයේ මෙන් Type of School - accord the No. of students 200 200 | ກອ້າງ 2. ອະ ອະ ອິມ ມີ ມີ ມີ ມີ ມີ ມີ ມີ ມີ ມີ ມີ ມີ ມີ ມີ | #22 ක සමාජය මාධ ක සමාජය මාධ ක සමාජය කාශ්ෂ ක ක කාශ්ෂ ක ක කාශ්ෂ ක ක කාශ්ෂ ක කාශ්ෂ ක ක ක ක ක ක ක ක ක ක ක ක ක ක | | 3. වැතිකිළි කැති පා wave at anyted un_mass Gatan No. of Schools with asjoned Gatuthal Constraints asjoned Gatuthal Constraints total and a second data anyted units of the second data anyted asjoned Gatan units of the second data anyted asjoned Gatan asjoned Gat | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන ngg uncernow without water හෝරාගේ water වනතුව ගෝරානුව ගෝරානුව |
| පාතල් වර්ගය ලමුන් දෙනුව | αφτορ 2. φε ωμώω μη μη μη | මධ්‍රී සම්පත් මධ්‍රී කි කාර්යා විද්දුණය ක්යුකාරින් කාර්යා ක්යුකාරින් කාර්යා ක්යුකාරින් කාර්යා ක්යා of sanitary - mpleted ක්යා of sanitary - mpleted ක්යා ග්‍රී අයියානු කාර්යා ක්යා ග්‍රී අයියානු කාර්යා ක්යා ග්‍රී අයියානු කාර්යා ක්යා ක්යා ක්යා ක්යා ක්යා ක්යා ක්යා ක්යා ක්යා කාර්යා ක්යා ක්යා ක්යා ක්යා ක්යා ක්යා ක්යා ක්යා ක්යා ක්යා ක්යා | вода | 2. වැනිකිලි කරනි පා water and a set and a set un_mass a constant No. of Schools with aphysic Garuppelic insi aphysic Garuppelic ins | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන ngg uncernow without water හෝරාගේ water වනතුව ගෝරානුව ගෝරානුව |
| පාතල් වර්ගය ලමුන් ද අනුව யானவர் என் அடிப்பு பாஏனல் வை. Type of School - accord the No. of students 200 200 වහතුව/Gungkgub/Total පොතුව/Gungkgub/Total Communication | ສສາສ 2. ສະ ສະແມ່ຍ ແມ່ ສະ Jing to No cor Jing to Jing to No Jing to Jing to No Jing to Jing to Jing to Jing to Jing to Jing to Jing to Jing to Jing to Jing to Jing to Jing to Jing to Jing to Jing to | මාධන සමාජ්‍රීන්‍ර කාල් මාධන සමාජ්‍රීන්‍ර කාල් මාධන සමාජ්‍රීන්‍ර කාල් කාල් කාල් ක්‍රී අපින්‍රීන්‍ර කාල් කාල් කාල් ක්‍රී අපින්‍රීන්‍රීන්‍ර කාල් කාල් කාල් ක්‍රී අපින්‍රීන්‍රී කාල් කාල් ක්‍රී අපින්‍රීන්‍රීන්‍රී කාල් කාල් ක්‍රී අපින්‍රීන්‍රීන්‍රී කාල් කාල් ක්‍රී කාල් කාල් කාල් | вода | 3. වැතිකිළි කැති පා wave at argid un_mass Garane No. of Schools wit asjone Garujtgit_ asjone Garujtgit_ asjone Garujtgit_ coll col | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන ngg uncernow without water හෝරාගේ water වනතුව ගෝරානුව ගෝරානුව |
| αχαθ αποπολί από εφιρίμου αποπολί από εφιρίμου αποπολί από εφιρίμου την στοικοί απολί από την την στοικό απολί Ξ 200 Ξ 20 Ξ 200 Ξ 20 Ξ 2 | නණන 2. සෙ ක්‍රීන 2. සෙ සි පාර්ත මාධාන විතානන වැඩසට විතානන වැඩසට කටහන් 7 මංචා දුනි දර්ග කොටන වැඩසට කටහන් 7 මංචා දුනි දර්ග කොටන වැඩසට කටහන් 7 මංචා දුනි දර්ග කොටන ත්රිය කටහන් 7 මංචා දුනි දියුන් | | 8000 ⊙8000 LL анатрап минала ми | 2. වැතිකිළි කැති පා weare and any field uncome and any field uncome and any field uncome any field asympto Garuth Schools with asympto Garuth Schools with Schools with Schools with asympto Garuth Schools with | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන ngg uncernow without water හෝරාගේ water වනතුව ගෝරානුව ගෝරානුව |
| පාසල් වර්ගය ලමුන් දෙනුව மானவர் என் அடிப்பு பா.ஏனவை என். அடிப்பு பா.ஏனவை என். Туре of School - accord the No. of students 200 200 | තණන 2. සෙ ස්ස් කොඩම යැ මා මා මා මා මා මා මා මා මා මා මා මා මා | | воссі Soloto L. санцалі антерня ан | 2. වැතිකිළි කැති පා weare and any field uncome and any field uncome and any field uncome any field asympto Garuth Schools with asympto Garuth Schools with Schools with Schools with asympto Garuth Schools with | සල් ගණන කොල hout toilets | 4. වැසිකිළි පාසැල් ය userse ක uncensee No. of sch toilet facil | පුමාණවා ාණන _ කෘණුන ලෝහෙ cools with ities | ත් නොවන මොற්ற inadequate | 5. கிலுக குடிதிர தொ No. oi supply | නැති ද බෞළිය මස f schools | හසල් ගණන ngg uncernow without water හෝරාගේ water වනතුව ගෝරානුව ගෝරානුව |

| | දිනය | | 1000 | 1000 | 1000 | 0.000 | | 1 | 1 | චකතව |
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| ම.සො.ප. විසින් පමණක් කරන ලද කියාකාරකම් | | a | | | | | | 1.000 | | |
| பொசுபடயினால் நடாத்தப்பட்ட செயற்பாடுகள் Activities done by PHI only (Indicate Numbers) | and the second second | b | 8.50 | | 1 - 1 | | | | | Can iba a |
| a) Preparation, Ht, Wt, Vision, Hearing & Screening b) Immunization | | c | | | | | - | | | 10-13 CA 10 |
| c) Worm treatment | and the second second second | d | | - | in second | Seat Los | | | - | |
| d) School Health Club Activities e) Follow up visits | | c | | 1 | 1 | 1 | | | | |
| ාාසල් වෛදා පරිකෘණය සඳහා සහභාගී වූ විවිධ ර්ලධාරීන් | ന്നെ.മെ.ജ./മ.മോ.മോ.മോ.കു. മേ.ട.ബ.ക MOH/AMOH | эн./ | / | / | / | | / | / | / | - |
| ா.வைப்பில் பங்கெடுத்த உத்தியோகத்தர்கள் Milcers participated at School Medical Inspection | වෙනත් වෛ.නි. අනෙසා කබ.ල. Other MO | | 111 | | 1000 | 1 | | 1 | | |
| | ලී.වෛ.තී./ස.වෛ.නි | - | 1 | 1.247 20 | | -horopas | - | 0000 | 13 | |
| | ப.க.வ.அ./உ.க.வ.அ. RMO/AMO ற.ககை.க. பொ.கப | | | | | 1 | - 2.3 | | | |
| | PHI | | - | | | | | | | |
| | 8.865.863.863. Q.н.я.5л.я. PHNS | 2 | | 1000 | | | | 2010 | | |
| | සෙහ.ආ.කි. අ.ස.ඉ HEO | | | | | Robert | San S | - | | |
| | SDT SDT | | - | 4 | 1 | | | | 1.000 | |
| | ප.සෙන.ජේ.නි. ල.ස.Gr.s_ PHM | | | | | | | | | |
| පුළින් ගණන ම.පො.ප., කොට්ඨාශය තුල) உள்ளிக்கப்பட்ட மானவா தொகை | පාසලේ මුළු සමුන් ගණන unc.#nකගෝහුණ්ක ගොළුළ ගාශා මුදුණය Total No. of students in th | | | - | | | | | | |
| பொ.க.பன் பிராத்தியத்தில) No. of children enrolled In PHI area) | 1 ලේ.නිය යුතුරු 1 Grade 1 | | | | 1 | | | | | 1 |
| 41 5 7 7 3 9 W WH J | 4 ලෝනිය ළඟ 4 Grade 4 | | | 1.5 | | | | | | |
| | 7 ලේණිරය යුතාබ 7 Grade 7 | | 1.5 | | 1 | | _ | | | |
| | 10 ඉල්නිය psth 10 Grade 10 | | 1000 | | | - Crack | | | - | 12200 |
| | වෙනත් බොහා Other | | a casa | Sec. 1 | | | 200 | | 2 | |
| පරීක්ෂා කළ ළමුන් ගණන බරිපාළියර්ගර්ධ ගැනැබර මළානය | 1 ලෝසිය හෝ 1 Grade 1 | | | | | | | 14 | Page 1 | |
| No. of children examined | 4 පෙල්නිය ළඳුම 4 Grade 4 | | 2 | | | | | 1 | | |
| | 7 லத்லில் தரம் 7 Grade 7 | | | | 1 0 | | | | | |
| | 10 ලේන්ඩය හුළු 10 Grade 10 | | | | | | | | | 100 |
| | වෙනත් නෙකාu Other | | | - | | | | - | | |
| දෙමාපියන් සමග සහභාගී වූ ළමුන් ගණන ටොරොගුடன පමණිලදිළ ගැනකා දිදාක්ෂ | 1 ලෝකිය හුළු 1 Grade (| | | | 215 | alier | | encivity. | | - |
| No. of children who participated at SMI with parents | වෙනත් ඉනකය Other | | | | | | | | | |

5. පාසල් වෛදා පර්කාණය - පමුත් අනුව பாடசாலை வைத்திய பரசோதனை - மாணவர் நர அடிப்படையில் School Medical Inspections - according to students

| 1, பாகழ் 2000க அதல் மன்ன எனு பாடாளலை வைத்திய பரசோதனை - மானவர் தர அப்படையில் Type of school - according to the No. of students | 图论的历史多多 | o ufangla | SENCE IDTAS | | ා පංතිවල මුළු ල uh. | ලිත් ගණන | 3. சூசி பேசைவீ பூரிகள் வகு அடுவீ வச்சை தும்மாதத்தில் பரிசோதிக்கப்படயிருக்கும் மானவர் தொகை No. of students examined during the month | | | | | |
|---|---------|-----------|-------------|----|-------------------------|---|---|---------|------|------|---------------------------|-----------------------------|
| | 1 | 4 | 7 | 10 | க்கலத் தலைய Other | <mark>වසානුව</mark> ශෝදියුය Totel | - 1 | 4 | 7 | 10 | @Egot5 gamanu Other | Benglo Gungguin Total |
| ≤ 200 | | | | | | - | | | 50.3 | | | 1 |
| > 200 | | | | - | | | | 200 | | 1000 | | |
| වසාතුව Gunganis Total | | | 3 | | | - | 1 | 1.1.1.2 | 1 | | | 1 |

| | School | £0 | - | | | 100 | 1000 | | විසංගුව ගොத්தம் Total | | | රදි කළ ගණාන Iulii - දොකය No. correcto |
|--|---|---|-----|---|-------|--------|----------|--------|--|-------------------------------------|-------------------------------------|--|
| | දිනය නියනි Date | | | | | 1 | | | මාසය තුළ mažské The Month | අවුරුද්ද තුළ කලා_ල්ලින් The Year | මාසයා තුල පොලාලාලිම The Month | අවුරුද්ද තුළ බැල. අති The Yea |
| සෞඛන ගැටලු යුගාපාලයේ | | ශේණිය නුව | | | | | 1 | | | | THE MOULD | |
| Defects මිටි සුමයි ගණන | | Grade | | | | | - | - | - | | | |
| குட்டை மானவர் தொகை | | Grade 1 | * | | | | | - | | | | |
| No. of children stunted | | 4 හත්තිය ලබා අ Grade 4 | | | | - | 02404 | porte | and speed | 1 - 1 - 22 | | |
| | | වෙතත් (2,3,5,6) | | | | | | | 13 | | | Section Section |
| කෘෂ ළමයි නණන | | ஏலைய Other 1 ஒத்திற தரம் 1 | | - | 0.00 | | - | - | | 1 August | A CONTRACTOR | |
| Gicaling internat General No. of children thin/wasted | | Grade I | | | | | | - | | | No. West | |
| No. of caller and wasted | | 4 පල්ඬිය පුරුළු 4 Grade 4 | 100 | | | | 1 | 1 | | | | |
| | | 7 எத்தில் தரம் 7 | | | | _ | - | | | 1, | | The second second |
| | | Grade 7 10 ලේනිය හුණ 10 | - | _ | | | | - | | | | |
| | | Grade 10 | | | | | | 1 | 1217 | | A Participation | |
| | | වේතත් නොනා Other | | | | - dese | | | | 1.00 | | |
| ස්ථුල ළමයි ගණන பලාසේ සැදා ගානාගේ රිසා | | 1 ලේඩෙය නොව 1 Grade 1 | | | - | 12 | 14 | | | | | News ON P |
| No. of children overweight | (desc) | 4 ඉන්නිය හැර 4 | | - | - | | | | | | | |
| | | Grade 4 7 segistico peti 7 | | - | - | | | - | | | | |
| | | Grade 7 | | | | | | | | - | | |
| | | 10 ஷத்தில் தரம் 10 Grade 10 | | | | | | | | | | |
| | | වෙනත් ඉනෙකා Other | | | | | | | | | | |
| පෙනීමේ ආබාධ සහිත සංව | இற்ற பார்வை குக | | | - | | | | | | 1 | in the second | |
| No. with visual defects | | | - | | | - | | - | | | | |
| ඇතිමේ ආබාධ නිතින සංව No. with hearing defects | 0500 GELLIO (GR | durfer.geurs erest | | | | | | 1 | | | | |
| කථනයේ ආබාධ සතිහ සං No. with speech defects | | | | | | | | | | | | |
| උකුණත් ආචාධ සහිත හං No. with pediculosis | ඩ්ජාව ලියක් යානා | ப்படுவோர் எண் | | | | 10- | | | | 1000 | | |
| තමක් අන්ධතාවය සහිත ය ලංකුටුබ්රිකාt යෝ No. wit | | क्रमये | 1 | | | 1.200 | 0 | 100 | 1. | Sector Sector | | Contrast prime |
| වපරය සහිත ළමුන් සංධන | | தபுள்ளோர் என் | - | | 10000 | | 1. 1. 1. | | 1 1 1 1 | and the second second | | |
| No. with squint | | | | | _ | - | - | - | | | | - |
| විරෝ ලප සහිත සංඛනාව No. of children with Bitot sp | | புள்ளியுள்ளோர் எண் | | | | | | | Sec. 1 | | | |
| සුදුමැලි බව සහිත සංඛන No. with pallor | 8 இரத்த சோகைப | புள்ளோர் எனர் | - | | - | | | | | test over | | - |
| ඉෂ්කාෂ්ති පවලය සහිත ස | | | - | | | | | | 100000 | | | |
| මගිගාර්ලබාගියා කොත්රිගාග් හ කට කොත් වණ විම/දිවේ ක්ෂි | | | - | - | - | - | - | - | | 4 | - | - |
| / pr outpel werden nam N | | | | | | | | 12-2 | and see the second | Section 100 | 1 | and the trace |
| දන්ත වසෙනය (පූතිකාර නොත பற்றூந்தையுள்ளோட தொகை N | | | | | | | | | wood days be | Har County | 1 | and the second s |
| දැන්ත විසෘති සතිත සංඛන | | | | | | | | - | | | - | |
| No. with malocclusion ෆ්ලෝරෝසියාව සහිත සංශ් | กตาค | | - | | | - | | - | - | | | |
| បុរីសារតារាជ បណ្តូនគា ២.៣៥៩ | ant assit No. with | and the second se | | | | | | | 1 P. R. Linke | amile 1 | - | |
| විදුරුමස් ආවාධ සහිත සං No. with gingivitis | ංඩනාව ලාලකොල්සිය | புள்ளோர் எண் | | | | | | - | | | | Section and |
| ගලගණ්ඩය සහිත සංවනස No, with goitre | ല ക്ഷ്പണക്കപുണി | Garnit crast | | | | | | | R and the lot | 1 | 1 | |
| උගුර, කන්, නාසා අසාමාන | | | | | | - | - | - Draw | Salverande 100 | UP NOTING 5 | Se Line | 00000 00000 |
| සැ.භූ.ලො. ඔහ පුන්වයුණය වසා ගුන්ටි ඉදිම් ඇති සංශ් | | EN1 defects | | | | | | | | 1 | | 1.1.1.1 |
| நினநீர்கல் விக்கமுடையோ | east No. with lym | | | - | | | | | | | | - |
| තොරී සහිත සංඛනාව බනා No. with scabies | g Gyraph Cent | a'si0 | | | | | | | | | | |
| අසංවෙදී ලප කැළැල් සහි | | | | | | | | | statutes and | | | |
| ළැලබට සැලාබර්ගා හා කා වෙතත් චර්ම ආවාධ සහිප | | | | - | | | - | | A SHORE | Concerning to | 3000 | |
| வியாதியுடையோர் எண் No. | with other skin disor | rders | | | | | | | 1000 | | 100.000 | a serie of series |
| අස්ට් ආාවාධ සහිත සංඛන ශෝ No. with orthopsedic d | | தரைபாடு ள்ளோ ர் | | | - | | 1 | 1600 | | | 10.000 0000 | |
| | and the second se | | | | | | - | - | | | | |
| රූමැට්සියාව සහිත සංඛන No. with Rheumatic disorders | லி ரூயுமட்டிக் வா | தழுள்ளோர் எண் | | | 1.1.1 | | | | | | | |

School Immunization in Sri Lanka

| පෙනතාව පරා්ශ තෝ ඇඳුම් සහිත සංඛ්යාව/ நுரையான வியாதி ஆஸ்துமா வியாதியுடையோ! என் / No. with lung diseases or asthma | 0.000 | | 10.10 | | 13.5 | | | |
|---|-------|------|-------|-------|------|---|---|-----------|
| වලිප්පු ඉතිතාසයක් සහිත ළමුන් සංඛනාව/aadii.aj බොපාලිගුනැගොස් බොක් / No. with history of fits | - | | | | | | | |
| තැසිරීමේ ගැටළු සතිත සංඛනව (ගුරුවරකාට අනුව) / ട്രൂക്കുഡിல பிறழ்வேன ஆசிரியரினால் கண்டறியப்பட்டவர்கள் என No. with learning difficulties (according to teacher) | | | - | | 1.2 | | 1 | |
| ඉතෙනිමේ අපහසුතා ඇති ලමුන් ගණන (ගුරුවරයාට අනුව)/ sjpන්ම ධාර්ජානාවයක යුළ්සියසිනා නොවැරියටයට කරේ නොව/ No. with learning difficulties (according to teacher) | | | | | | | | |
| වෙතත් ආවාධ (සඳහන් කරන්න)/ අනානා යුනාලාගලියනුනා, Curri (බ්ගරියය) හෝ/ No. with other deflects (specify) | | | | | | | | |
| ආවාධ ගණාත/ යුනුpunලයන්නා කණාන්ත්යායා/ No. of defects | | | | | | | | |
| ආවාධ සහිත ළමුන් ගණන/ලංකාගාලයනුණා ගාශාග ලෝකය/No. with defects | | | | 17.00 | | | | |
| කොල කළ සංවඟාව/ගේ uniGan தனைக்கு அலுப்பட்ட மாணவர தொகை/No. of children referred | | | | - | | 2 | | Desident. |

| താങ്ങള/ um_ണങ്ങളെ/ School | | | | | | | | | | | | | | | | | | | - | Territor | Inc |
|--|---|---|---|-----------|---|---|---|----------------------|---|---|---|---|---|---|---|-------|--------|------|-------|----------|---------|
| දිනය/ නියෝ/Date | | | a | | | | | | | | | | | | | at at | | | CODDE | / மொத்து | m/ lota |
| චන්නත් වර්ගය / தடுப்பு மாந்து / Type of Vaccine | а | b | с | а | b | с | а | b | c | а | b | с | а | b | с | а | b | с | а | b | c |
| ද්විත්ව/ ඉලකුටල/DT | | | | | | | | | | | | | | | | | | | | | |
| පෝලියෝ/GureSGun/ Polio | | | | | | | | | | | | | | | | | 2 | | | | |
| රුබෙල්ලා/ සුඛයන්නා / Rubella | | | | | | | | | | | | | | | | | | | | | |
| වැඩිහිටි පිටහැස්ම ඩ්ප්තිරියා / வளர்ந்தோர் ඉந்புத்தடை / aTd | | | | | | | | | | | | | | | | | | 1.00 | | | |
| ජපත් මොලේ උණ/ගර්ගානමාග ලංකා./JE | | | | Contra la | | | | Configure Distant | | | | | | | | | 110 | | | in the | |
| වෙනත් චන්තත්/ ඉනසා යුඛුටා, යලුந்தයක්/Other Vaccines | | | | | | | | | | | | | | | | | (A) 4 | | | | |

a. മുതകള തെന No. with learning difficulties (according to teacher) b. ബ്ലെയോപ്പലർക്കിൽ ഒണ് c. ബ്ലെയ്മിധ കുണ്ടിൽ ഒണ് ஏதேனும் பிரச்சிതൽ (ഫിപ്പ്കേ)

8. පූතිකාර සහ පසු විපරම් பரிகாரமும் பின் தொடர்களம் Treatment & follow up

| | පාසල um_சாலை School | වකතුව බංගල්ලා |
|---|---|---------------|
| | දිනය නියනි Date | Total |
| කියාසාරසාම්/ செயற்பாடுகள்/ Activity | | |
| පණු පූතිකාර දුන් ගණන/යුෂ්ම ගලබනු anti-helminthic treatment | engrassiania. Spreas/No. treated with | |
| විටමින් ඒ අධි මානුාව දුන් ගණන/ බධ vitamin A mega dose | ulet g GostGirab supisaturiGint/No.given | |
| ක්ෂුදු පෝෂක දුන් ළමුන් ගණන/තුණමයානාක්ෂු බැණයටටට | යකඩ හෝලික් ඇතිඩ් / මූලාiugh ඔසත්අසමහලස් / Iton Folic Acid | |
| unament Systems/No. of children supplemented with micronutrients | වෙසත් විටමත් වර්ත / නොහැයා බෙඩයා බාහසෝ / Other Folic Acid | |
| පසු විපරම කළ ශිතැ. අන්තියානය Follow up visits | ම.පෙ.ප. / Gur.s.u./PHI පාසලේ දී / unsraacular/In School | |
| | නිවසේ දී (විෂේෂ රෝග) / බැංගු (බ්රිකුං. ලංකුයාලයෝ) / At home for special defect | |

9. கேல் தில் கால் குல் கால் கால் கால் கால் கால் கால் கால் பிரிய குல்லக்கு Information on Health Promoting schools

| | මාසය තුළ අලුතින් පිහිට වූ තණන / மாதத்திலுள் புதிதாக அடையாளம் காணப்பட்டவை /Newly established during the month | මුළු ගණන / කර්ම ගොළමුම / Total cumulative |
|---|---|--|
| පොතිය පුර්ථිධන පාසල් ගණන/ਪੂਰති ගැනුනු බැදුන්න්ඩාටය ඉහැකය/ No. of health promoting schools | The second second | Sector Sector |
| සුයාකාරී පාසල් සම්වු සහිත පාසල් ශණ්න / සෙඅනා ශ්‍රීස්සාලා | | and the second second second |
| 3. ප්රා උපදේශක කමිටු සහිත පාසල් ගණාග/බංදාලාණක un_eraws sengar නුෂක් හදුද්‍රියෙන්ස බොහා, un_massari/No. of schools with community advisory committees | | a marganette best |
| 4. ම්යාකාරී පාසල් සෙමාවන සමාජ සහිත පාසල් ගණාත/Graunigation un_mono කළොදා අනායක්ත් un_ආකාව අනාකය /No. of Schools with active school Health Clubs | | |
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| | | |
| Dense & by UPTTELY (5 at 1 st Tel. 1714 (8 p. 16) | | 08 / கையொப்புறம் திகதியும் Signature & Date |

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Annex 12 : Quarterly School Health Return

| 1. පහළ වර්ගය um.amono wasa Type of school Umaniu (j. dashu (L காரதார ஆய்வுதனின் என்னக்கை No. of sanitary surveys completed umano and adjasting genore a salitaria genore a salitaria salitaria salitaria salitaria genore a salitaria genore a salitaria genore a salitaria genore a salitari salitari salitaria salitaria salitaria salitaria salitari | | | - | ා පාසල් සෞඛන | | | | CONTRACTOR OF CONTRACTOR | 797 திருத்தப்பட்டது 200 H 797 / Revised 200 | |
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| ablegic box Closes even. sea0. S. exaCD:seo able of Closes s. ana. sea. differ able of Closes s. ana. sea. differ able of Closes s. ana. sea. differ able of Closes generation able of Closes able of Closes able of Closes able of Clo | 3 | | | | | | | | | |
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| constant 00000 cg/30 mesha egy0 urransano casas . Type of school according to the No. of Students 2. ged/and g/0 cmc/ or etain Up/0/ggd/m urr.smaxes/m Georganic Total No. of schools in the area 3. 8. ang/0 cmc/or etain urransano casas . Total No. of schools in the area 2 200 201 - 1000 | ி. சு. சே. ப. பிரிவு RDHS Division | : : : : | ரவகள் - Basic D | ata | | | | | | |
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| 201 - 1000 1001 - 2000 2001 - 3000 2001 - 3000 2-3001 2. కంగిన - School Environment 2. కంగిన - School Environment 3. ப_ರಿದಿದ್ದ ಪ್ರಚಾಸವರ್ ವಿಷ್ಣ ಸ್ಟ್ರಾಂಗ್ ಸ್ಟರ್ ಸ್ಟರ್ಗ್ ಸ್ಟರ್ ಸ್ಟ್ರ್ ಸ್ಟರ್ ಸ್ಟರ್ ಸ್ಟರ್ ಸ್ಟರ್ ಸ್ಟರ್ ಸ್ಟರ್ ಸ್ಟರ್ ಸ್ಟ್ರರ್ ಸ್ಟ್ರರ್ ಸ್ಟ್ರರ್ ಸ್ಟ್ರರ್ ಸ್ಟ್ರಾರ್ ಸ್ಟ್ರರ್ ಸ್ಟ್ರ್ ಸ್ಟ್ರ್ ಸ್ಟ್ರರ್ ಸ್ಟ್ರ್ ಸ್ಟ್ರ್ಟ್ | மாணவர் தொகை பாடசாலை வ Type of school acc the No. of Stu | யின் படி மகை ording to | 2. ஒசல் பிரிவிலுள்ள | யாடசாலைகளின் (| horg | கம் | | ளவர்களின் (| மொத்த எண்ணிக்கை | |
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| 22020 / Guntgipti / Ital 2. condu celetions 3. cital celetions | | | - | | _ | Table of | Latter | COLUMN TO A | and the second states | |
| 2. පතරේ පරිකරය - பாடசாலை சற்றாடல் - School Environment 1. පතර පරිකර பா පතර වසය 1. පතර පරිකර වස පතර පරිකර වස පරිකර පරිකර පරිකර පරිකර පරිකර පරිකර පරික පරික පරික පරික පරික පරි | > 3001 | 19 | | and the second second | | | | | | |
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| ≤ 200 >200 >200 >200 >200 Omrjashi/Total | பாடசாலை வகை | மூஜ் பூரணப்படு ஆய்வுக்க No. of | රன் කළ ගூல்ன த்தப்பட்ட சுகாதார வின் எண்ணிக்கை sanitary surveys | பையர் என்ற மலசல கூடங்கள இல்லாத பாடசால களின் எண்ணிக்க No. of schools | ர் லை நக | கைப்பில் கூட வசதிகள் மலசல் கூட வசதிகள் பாடசாலை எண்ணிக்க No. of schools with | | | ப்பட்டு மன்ன குடிநீர் வசதிகளற்ற பாடசாலைகளின் எண்ணிக்கை No. of schools | |
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| වනතුව "Gengigabi Total කාර්තුවේ විධන කාර්තුවේ විධන 3. පෙනවන පුවර්ධන සහ අධිනාශන වැඩසටගත් - අන්තුනා ආමාන් GenuphyDiLic@ub කාර්තුවේ විට ගත් නොත්තා දී. කාර්තුවේ විට ගත් නොත්තා දී. ම් පිරිස කර අධිනාශන සහ දින්නාන කරන්නා කර්තුන්ව විට ගත් නොත්තා දී. කාර්තුවේ විට ගත් නොත්තා දී. කාර්තුවේ විට ගත් නොත්තා දී. ම් පිරිස කර අධිනාශන සහ දින්නාන කරාතා දී. කාර්තුවේ විට ගත් නොත්තා දී. කාර්තුවේ විට ගත් නොත්තා දී. කාර්තුවේ විට ගත් නොත්තා දී. ම් පිරිස කර දී. කාර්තුවේ විට ගත් නොත්තා දී. ම් පිරිස කර දී. කාත්තා දී. කාත්තා දී. කාත්තා දී. කාත්තා දී. ම් පිරිස කර දී. පවත්වන ලද ගත්නා දී. කාත්තා දී. කාත්තා දී. කාත්තා දී. ම් පිරිස කර දී. කොතා දී. සහතා දී. සහතා දී. කාත්තා දී. කාත්තා දී. ම් පිරිස කර කාතා දී. පිරිස කර කාතා දී. සහතා දී. සහතා දී. කාත්තා දී. කාත්තා දී. ම් පිරිස කර කාතා දී. පිරිස කර කාතා දී. සහතා දී. සහතා දී. කාත්තා දී. කාත්තා දී. කාතා දී. 2. පිරිස කර කා කාත්තා දී. පිරිස කර කා කාත්තා දී. සහතාති දී. කාතා දී | | | | - | - | | - | | | |
| 3. සපතින ප්‍රවර්ධන සහ අධ්යාපන වෘතිකටහත් - சுகாதார கற்றல் செயற்றிட்டமும் Health Promotion and Educational Programmes | | - | | 1 | - | _ | | | | |
| 1. ලප්තක යෙමෙය වැඩසටහන් இனப் பெருக்கச் ககரதார Geuijறிட்டம் පවත්වන ලද ගණන / Geuijnuட்ட எண்ணிக்கை No. conducted Reproductive health programme பங்கெடுத்த மானவர் தொகை No. of students participated | | Gэ | யற்பாடு | | ć | 100003 80 | ாதம் 🕅 | Month | | |
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| යෙරිය වැඩසටහන් ශණාණාමයක්ෂකය No. conducted ಡ್ರೋಗ್ರೆಗ್ರಾ, ಡ್ರೋಗ್ರೆಗ್ರಾ ಡ್ರೋರ್ ಡ್ರೋಗ್ರಿಗ್ರಾ ಡ್ರೋರ್ ಡಿ ಬಾಯಿತಿ ವಿ ದ್ರಿಷ್ಟಿ ಹಿಂದ ಹಿಂದ ಹಿಂದ ಹಿಂದ ಹಿಂದ ಹಿಂದ ಹಿಂದ ಹಿಂ | | gramme | பங்கெடுத்த மாணவ | ங்கெடுத்த மாணவர் தொகை | | | | | | |
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| 4. ජීවන නිපුණත වැඩසටහන් බංකාශ්‍ර කින්දී පිළාත් කර්දී කින්දී GeruphySiLub Life skills programme වැඩසටහන් වැඩසටහන් කණාශ්‍ර කොමාද අධනයන වැඩසටහන් කණාශ්‍ර කණාන වැඩසටහන් කණාශ්‍ර කණාන බං of students participated 5. වෙනත් පොලා කණාන වැඩසටහන් කණාශ්‍ර කණාන බං of students participated වැඩසටහන් කණාශ්‍ර කණාන බං of students participated වි විසින ගණන බං of students participated වි විසින ගණන බං of students participated වි විසින ගණන බං හාණා වැඩසටහන් කණාශ්‍ර කණාන බං of students participated වි ක්රීමන ගණන බං of students participated වි විසින ගණන බං of students participated වි වි වි සිදුන් ගණන බං of students participated වි වි වි සිදුන් ගණන බං of students participated වි වි වි සිදුන් ගණන බං of students participated වි සිදුන් ගණන බං of students participated වි සිදුන් ගණන වි සිදුන් ගණන බං of students participated වි සිදුන් ගණන වි සිදින් හණන වි සිද්න් හණන වි සිදින් හණන වි සිදීන් හණන වි සිදින් හණන වී සිදීන් හණන වි සිදීන් හණන වි සිදින් හණන වී සිදින් හණන වී සිදීන් හණන | | 1.Lib | සහභාගී වූ සිසුන් ගණ பங்கெடுத்த மானால | ்ற பர் தொகை | | | | | | |
| මාධ්‍රීම්මාන්තුව ලේවාමා පන්වාතිව ලේවාමා Geruňýski cypleti පන්වති දී Life skills programme පත්වත ලද ගණන Life skills programme පත්වන ලද ගණන S. eDනත් පොමාන අධ්‍රිශය පත්වන ලද ගණන වැවසටහත් පත්මාන් ලද ගණන වැවසටහත් පත්මාන්ති ලද ගණන ම්මාන්ති පොමාන පත්වන ලද ගණන ම්මාන්ති පොමාන පත්මාන්මා ම්මාන්ති පොමාන පත්මාන්මා ම්මාන්ති පොමාන පත්මාන්මා ම්මාන්ති පොමාන පාමාමන්මාන්මා ම්මාන්ති පොමාන No. of students participated 6. පොමන් පොමන්මාන්මා ම්මාන්මාන්මා ඉත්මාන්ති පොමාන්මා ම්මාන්මාන ඉත්මාන්මාන්මා ම්මාන්මාන්මා ඉත්මාන්මා ම්මාන්මාන්මා ඉත්මාන්මා ම්මාන්මා ඉත්මාන්මා ම්මාන්මා ඉත්මාන්මා ම්මාන්මා | | හත් | පටන්වන ලද ගණන / | | | | | | - | |
| S. වෙනත් සෞඛන අධ්‍රාශන පවත්වන ලද ගණන / செயற்பட்ட என்னிக்கை No. conducted වැඩසටහන් ஏனைய சுகாதார கற்றல் செயற்திடங்கள் Other என்னிக்கை No. conducted மற்றதிடங்கள் Other பங்கெடுத்த மாணவர் தொகை No. of students participated 6.උපදේශකය කරන ලද යොවුන් සිසුන් ගණන ஆவோசனை வழங்கப்பட்ட, இளம் மாணவர் தொகை No. of adolescent students counselled | செயற்திட்டம் | | යහතාම වූ සිසුන් ගණ Unj\G&(දින්න - ගාණාඛ | | | | | | | |
| செயற்திட்டங்கள் Other பங்கெடுத்த மாணவர் தொகை health educational programme No. of students participated 6. குகல்கை வழங்கப்பட்ட, இளம் மாணவர் தொகை No. of adolescent students counselled | වැඩසටහන් | | පවත්වන ලද ගණන / බෝණිම්ණාස No. cc | செயற்பட்ட Inducted | | | | | | |
| 6. அக்குவ்வை வரை குடி கூறுதில் கிஜன் மகனை ஆலோசனை வழங்கப்பட்ட, இளம் மாணவர் தொகை No. of adolescent students counselled | செயற்திட்டங்கள் Othe | er | பங்கெடுத்த மாணவ | ர் தொகை | | | | | | |
| | 6.උසදේශකය කරන ලද e | යාවූන් සිසු uići, මූණ | ன் மன்ன ம் மாணவர் தொகை | | | | - | | | |
| 7. පවත්වන ලද වෙනක් වැඩසටහන් (සෞඛ්ප පුදර්ශන, ඉමදාන) ஏனைய செயற்திட்டங்கள் - (கண்காட்சி, சிரமதானம்) | 7.පවත්වන ලද වෙනත් වැ | වසටහන් (| සෞඛ්ය පුදර්ශන, ගුමදා | | - | | | | | |

| 4 a 1. පාහල් වර්ගය பாடசாலை வகை Type of school | 4 8 2. මසෙ ංප විසින් පමණක් පරීක්ෂා කළ පාසල් ගණන | 0 | பா.வை.ப | 1. நடாத் போகத்த | 5Ĵ | 4 a 4. කාර්තුව තුළ වෛදය පරීක්ෂණය සම්පූර්ණ කළ පාසල් ගණක | 4 a 5. කාර්තුවල චෛදය පරීක්ෂණය කම්පූර්ණ කළ පාසල් ගණනෝ එකතුව | | |
|---|--|--------------------------|---------------------------------|--------------------|---|---|---|--|--|
| | பொ.சு.பர்சோதகரினால் பரிசீலிக்கப்பட்ட பாடசாலை தொகை No. of schools sereened by PHI | യോയേല്ല് അ.താഖ.എ./MOH | ය./ පොමෙළති ශී්ග.ස.භාඛ./AMOH | ତେଥିଥି କାର୍ଲ:MO | ଇଡକଥିରି/ଟ୍ରିଡକଥିରି ଧା:ଶଲା-ଜା/୭ ଅନା-ଜା RMO/AMO | காலாண்டில் பா.வை. பூரணப்படுத்திய பாடசாலை எண்ணிக்கை No. of schools SMI completed during the quarter | காலாண்டு முடிவில் பா.வை.ப. பூரணப்படுத்திய பா.சாலைகளின் தொகை Total cumulative No. of schools SMI completed | | |
| ≤ 200 | | | | | | and the second se | | | |
| > 200 | | | | | | | | | |
| ப்மாத்தம்/Total | | | | | | | | | |

4 a පාසල් වෛදප පරීක්ෂණය - பாடசாலை வைத்திய பரிசோதனை - School Medical Inspection

4 b පාසල් වෛදප පරීක්ෂණය - ළමුත් අනුව - பாடசாலை வைத்திய பரிசோதனை - மாணவர்களின் அடிப்படையில் -School Medical Inspections - according to students.

| 4 b 1. பைகள் பிர்கை பாடசாலை வகை Type of school | | os neuranių Tot | ත්තිවල මූ මේ ධාර්ශි ගැනාන ක්ඩ no. o | ළ වෛදන පරීක්ෂණයට ලත් කළ යුතු තිවල මුළු ළමුන් ගණන හ uflGengB්සස්වාධ, இருக்கும் wmmaij Gymas al no. of students to be amined during the year | | | | 4 b 3. මෙම කාර්තුවේ වෛදය පරීක්ෂණයට ලක් කළ පත්තිවල මුළු ළමුත් ගණන සැහැණ්තුන් பரிசோதிக்கப்பட மாணவர் தொகை Total no. of students examined during the quarter | | | | | | |
|---|---|-----------------------|--|---|------------------------|---------------------------|---|--|---|----|------------------------|---------------------------|--|--|
| | 1 | 4 | 7 | 10 | වෙනත් බොහු Other | එසතුව மொத்தம் Total | 1 | 4 | 7 | 10 | වෙතත් බොලා Other | එකතුව மொத்தம் Total | | |
| ≤ 200 | | - | | | | | | | | | | | | |
| > 200 | | | | | | | | | | | | | | |
| එකතුව/வொத்துib/Total | | | | - | | | - | | | | | | | |

4 c மாகுக் கேசிஜா கிக்கைவீட் கோமைக் அமை - பாடசாலை வைத்திய பரிசோதனையில் கண்டறியப்பட்டவை Defects detected at School Medical Inspections

| மைவில சுகாதார Health P | குறைகள் | ல்கை மாதம் Month | සාර්තුවට මුළු ගණන காலாண்டுக்கான மொத்தம் Total for quarter |
|--|--|------------------------|---|
| 4 c l. මව් ළමුන් ගණන குட்டையான மாணவர் தொகை | 1 ලෝකිය / ළහුති 1 Grade 1 | | |
| No. of children stunted | 4 எஞ்வீடி / தரம் 4 Grade 4 | | |
| | වෙතත් (2, 3, 5, 6 ශන්තී) ඉකණා (தரம் 2, 3, 5, 6) Other (Grade 2, 3, 5, 6) | | |
| 4 c 2. மால குஇன் என்ன உடல் மெலிந்த மாணவர் தொகை No. of children thin or wasted | 1 හන්තිය / தரம் 1 Grade 1 | | |
| | 4 எஞ்லீம் / தரம் 4 Grade 4 | | A Statement |
| No. of children and of wasted | 7 எத்கீக / தரம் 7 Grade 7 | | a tomation of the |
| | 10 எதினீம / தரம் 10 Grade 10 | Spinster Co | |
| and all a | වෙනත් /ஏனைய Other | | |
| 4 c 3. ස්ථුල මෙන් ගණන | 1 எதிலில் / தரம் 1 Grade 1 | 1- 1- Y | |
| கோளுத்த மானவர் தொகை No. of children over weight | 4 எத்தீன / தரம் 4 Grade 4 | | |
| and the second second | 7 சத்தில் / தரம் 7 Grade 7 | | |
| - | 10 எஜினீக / தரம் 10 Grade 10 | | |
| | වෙතත් / ඉනාණාය Other | | |

| | මාසය | மாதம் | / Month | කාර්තුවට මුළු ආබාධ | කාර්තුවල නිවැරැ | |
|--|------|-------------------|-----------|--|---|--|
| the second second second second | ලුන | ධ සහිත ගාසබෝබා | जन्त्रां. | සහිත ගණන සැමාැණ්ලි (පුශුණින් | மை ஜூ வன்ன சரிசெய்யப்பட்ட காலாண்டுகான | |
| | No | . with d | elects | குறைபாடுகளின் தொகை Total for quarter | corrected in the quarters | |
| 2 A | - | | | | Accesses | |
| 4 c 4 சைதிசேச் ஜவ்ல் மகிசு மன்ன /பார்வையில் குறையுள்ளோர் தொகை / No. with visual defects | | June | | | | |
| ආසිමේ අංඛාධ භාගිත ශෝක ශීෂ්ඨයන්න ලංකානයක් ලංකානය / No, with hearing defects කථනයේ ආශිාධ සහිත ගණන | _ | | - | | | |
| Buirdies GaopupariBannit Oprand / No. with speech defects | | 1 | - | | | |
| තමක් අත්ධකාව සහිත ගණන / ගැනහාමනෙන් ලංකනුයුග්මනාද මනුනෙස / No. with night blindness | 1 | | | | | |
| වසරය සහිත අණත | | 1 | | | | |
| una gassing million gan is / No. with a squint | _ | - | | | - | |
| வேபர் குடி மலில் வைகை பிடோட்டிள்ளியுள்ளேற் தொகை ∕No, with Bitot spots | | | | | | |
| සුදුමැලි බව සහිත හැකියා. මාස්ය විශාශයකරීමකට වශයෙන (No කර්ද් විශ්ය | | | | A DESCRIPTION OF A DESC | | |
| මුදුණු | _ | - | - | | | |
| நா வழற்சியுள்ளோர்/ No. with angular stomatitis / glossitis | | | | | | |
| දන්ත ව්යෙනය සහිත ගණන (පුනිකාර නොකළ) | | | | 1 | | |
| பரிகாரமளிக்கப்படாத பற்குத்தையுள்ளோர் தொகை | | | - | | | |
| No. with dental caries (not treated) | | | | | | |
| දන්ග විකාශි ගතික ගණන | | | | | | |
| பல் வரிசை சீரில்லாதவர்கள் தொகை / No. with malocclusion | _ | | - | - | | |
| rlargdaodසියාව සහිත නණන /பல்லில் புளோரைட் பறவுள்ளோர் தொகை / No. with flourosis | | | | and the second se | | |
| විදුරුමක් ආතිාධ කසිත ඉණාන | | - | - | | | |
| முரசழற்கியுள்ளோர் தோகை / No. with gingivitis | | | - | | | |
| ரைமன்மெ என்ன மன்ன கண்டமாலையுள்ளோர் தொகை / No. with goitre | | | | and the second second | | |
| වර්මාතිට සහිත ගණන | - | - | - | | | |
| தோல் தோபுஸ்னோர் தொகை / No. with skin diseases | | | | | | |
| අස්ට් ආමාධ පතින ගණන /බොහ්ටු (ගුගිනු බාගානිටුන්රිකා) | 1 | | | | | |
| Gaytana / No. with orthopaedic defects රුමැට්සියාව සහිත සංඛනාව / | | - | - | | | |
| ருயுமட்டிக் வாதமுள்ளோர் / No. with Rheumatic disorders | | | | | | |
| හාද අසාමානා නස්ව සහිත ගණන | | | | | | |
| මුලාසය ක්ෂාත්තිශුක්රිකාත් ශිෂූතනය / No. with heart diseases පෙනහළු තරෝග හෝ ඇදුම් සහිත ගණන | | | - | | | |
| நுரையீரல் தோய் / ஆஸ்தமா உள்ளோர் தொகை No. with lung diseases / Bronchial asthma | | | | | | |
| වෙල්ප්පුව ඉතිහාසයක් ඇති ළමුත් යන්න කණ්ඩය ලීණායුක්ලිණා ලිණානය / No, with history of fits | | | | T. TTON | A ALLON | |
| හැසිරීමේ ගැටළු සහිත ගණන (ගුරුවරසාථ අනුව) | 100 | | | | | |
| நடத்தையில் நேற்லுள்ளவர்களேன ஆசிரிபரினால் கண்டறிபப்பட்டவர்கள் No. with behavioural problems as reported by teacher | | | | | the many the | |
| ඉගෙනීමේ ආමාධ සහිත ගණන (ගුරුවරයාව අනුව) | | | | | | |
| கற்றல் குறையுள்ளோரேன ஆசிரியரீனால் கண்டறியப்பட்டவர்கள் No. with learning problems as reported by teacher | | | | | | |
| වෙනත් ආබාධ (සඳහන් කරන්න) උදාං හැලසිමියා | | | | | | |
| ஏனைய குறைபாடுகள் (இருப்பீன் வீயரிக்க) No. with other defects (specify) | | | | | | |

4 c 5 පූතිශක්තිකරණය, ක්ෂුදු පෝෂක, පණු පූතිකාර ලබා දීම - தடுப்புமருத்து, நுண்போசணை, பூச்சிமருந்து சிகிச்சை Immunization, Micronutrients and Anti Helminthic treatment

| 4 c 5.1. එන්නත / ඖෂධය தடுப்புமருந்து / மருந்து Vaccine / drug | 4 c 5.2. ஒருங்க மககை அனுமானிக்கப்பட்ட அளவு / Target No. | 4 c 5.3. വാത്തിരു രങ്ങ വാട്ടുക്കവ്വന്നീർക്ക്വാപ്പ കുണ്ടപ്പെ / No. protected | 4 c 5.4. பின் பின் ொலைகள் தன் என்ன மாதாந்தம் கொடுபட்ட அளவு No. given - monthly | 4 c 5.5. කාර්තුවේ එකතුව කාහාකාලික්කාන ශිශාලිකා Total for quarter | |
|---|---|---|--|--|--|
| ද්වික්ච / இருகூட்டு DT | Martin Ser | | | and the second | |
| eesičeasi / CurelCur OPV | | | | | |
| රුඹෙල්ලා / ලුධොළුහා Rubella | | | | | |
| 80லாக்ல லா பிசிரிமோ வளர்ந்தோர் ஏற்புத்தடை aTd | | | | | |
| ජපත් මොලේ උංශි / யப்பானப மு.கா. / JE | | 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1 | | and the second second | |
| වෙතක් එන්නත් / ඉකණා / Other | | and the second | States and | and the second | |
| විටමින් ඒ අධිමානාව දුන් ගණන விட்டமின் ஏ மேகா டோஸ் No. given vit. A megadose | | | | | |

| | | மாதாந்தம் வெ | තියයේ දුන් ගණන සැලිபட்ட அளவு n - monthly | 4c. 5 வார்தலி வேஜ0 காலாண்டுக்கான மொத்தம் Total for quarter |
|---|---|------------------|--|--|
| පණු පුතිකාර ලබාදුන් ගණන பூச்சிமருந்து கொடுக்கப்பட்டவ | ர் கொகை | The second | | |
| No. given Anti Helminthic trea | | - 16 | | the second s |
| ங்கு சேச்சை தன் குஜன் மன்றை நுண்போசாக்கு வழங்கப்பட்ட சிறுவர் தொகை | வலை எஸ்டுன் ඇகில் இரும்புச்சத்தும் போலிக் கமிலமும் Iron folic acid | | | |
| No. of children supplemented with micronutrients | වෙනත්/ඛොහු Other | | | and seems at and |
| 5 සෞඛප පුවර්ධන පාසල් පිළ Information on Health Pro | | ார மேம்பாட்பை | in the set | லை பற்றிய தகவல்கள் டூ மொத்தம்/Total Comentive |
| 1. සෞඛ්ය පුවර්ධන පාසල් ගණා | | | | |
| ககாதார மேம்பாட்டு செயர் | | தொகை | | |
| No. of health promoting sch | | | | the second but his |
| තියාකාරි පාසල් කම්වූ සහිත ප ෂයානා යු (බා පානා ක් යි) | | ாலை கொகை | | |
| No. of schools with active sc | | | | |
| පුජා උපදේශක කමිටු සහිත පා අග්‍රය ஆலோசனைக்குழுக் No. of schools with communication of schools with communication of the schools with communication of the school of the sch | களை கொண்ட பாடசாலை | தொகை | - Company | |
| 4. කියාකාරී පාසල් සෞඛාය සම | | | | |
| செயற்பாடுள்ள பாடசாலை சுல | | ாடசாலை தொகை | 30000 | |
| No. of schools with active sc | hool health clubs | | | |
| සටහන්/බාuரணம்/Comments වාර්තාව සකස් කරන ලද්දේ මුබාබාහිස් නෙස නුயා ෆින්නුඛා j Return prepared by | | | | |
| | | | 100 | |
| ை பெயர் Name | | | තනතුර / uதඹ Designation | |
| ஷங்கையொப்பம் | | | දිනය / නිෂණි | |
| ignature | | | Date | |
| යනතික කිරීම | | | | |
| டறுதிப்படுத்தியவர் | | | | |
| Certified by | | | | |
| ை பெயர் | | | තනතුර / uළඹ | |
| Name | | | Designation | |
| ுக்கையொப்பல் Signature | | | දිනය / නිෂනි Date | |
| - | | | | පෙර අදාළ ස්ථාන වෙත යවන්න. |
| පිටපත පවුල් සොබා කාර්යාංශය | 2. පිටපත නිපසොසේද කාර් | ්යාලය සහ 3 පිටප | ත කාර්යාලයිය ලිපි ගෙ | ානුවට |
| | ரதார அறிக்கையை 3 பிரதி | | | நம் 20 ம் திகதிக்கு முன்னர் உர |
| ம் பிரதியை குடும்ப சுகாதார ப வைத்துக் கொள்ளவும். | னியகத்திற்கும், 2ம் பிரதியை | பி.சு.சே.ப. அலுவ | லகத்திற்கும் 3ம் பிரத | வை காரியாலய உபயோகத்திற்கு |
| Prepare Quarterly School Health 1st copy to Family Health Burea | | | | e 20th day of the next quarter |

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