

Comprehensive School Health Teacher's Activity Manual



# Revised School Health Manual



VOLUME

I

CENTRAL BOARD OF SECONDARY EDUCATION



# Revised School Health Manual

Comprehensive School Health Teacher's Activity Manual

**VOL. I**



**CENTRAL BOARD OF SECONDARY EDUCATION**

Revised School Health Manual, Vol-I

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NEW DELHI - 110 115

### MESSAGE

Health Education is essential as there is an increasing threat of communicable, non communicable and lifestyle diseases prevalent in the country and shockingly even among young children. Lack of knowledge about diseases, preventive health care as well as other health issues across all segments of society necessitate that schools take up this responsibility of creating awareness about preventive health care. Understanding the importance of Health Education in schools Central Board of Secondary Education has launched its Comprehensive School Health Programme. It advocates that schools become Health Promoting Schools which display and support the commitment to enhance the emotional, social, physical and moral well being of their school community.

It is worth mentioning that the four School Health Manuals have been designed to increase age appropriate awareness about health and hygiene among children right from their childhood. The Manuals if used appropriately inculcate positive lifestyle habits and behaviour among young people and help them to make informed choices about their own health. These Manuals promote the idea of responsibility for one's health by addressing a comprehensive range of health concerns such as Food and Nutrition, Personal hygiene and Sanitation, Physical Fitness and Behaviour and Life skills.

For the success of Comprehensive School Health Programme promoted by the Board, the activities mentioned in these manuals should be integrated into other subjects and topics being taught in the class. I am sure that the teaching community shall take inputs from these revised Manuals to bring a revolution in the area of Health and Wellness Education in our country. I also earnestly hope that the Health and Wellness Clubs set up by the school under the guidelines provided by the Board help to promote positive health behaviour among school children.

I appreciate the Chairman of the Board for his efforts in creating support mechanism for the success of Comprehensive School Health Programme. I also hope that after having incorporated suggestions from all stakeholders these Manuals are used more effectively by teachers, students, parents and educators.

*Kapil Sibal*  
(KAPIL SIBAL)



डा. डी. पुरंदेश्वरी  
Dr. D. PURANDESWARI



राज्य मंत्री  
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## MESSAGE

A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working. Such schools foster health and learning with all the measures at its disposal. Central Board of Secondary Education needs to be appreciated for launching its Comprehensive School Health Programme for the creation of Health promoting Schools in the country. By proper implementation of policies and practices of the programme schools can provide a healthy environment that respects an individual's well being and dignity. It can guide school to develop a comprehensive school health and wellness action plan in consultation with the parents.

Health promotion has emerged as a tool for comprehensive health development. Health Education in schools can be considered as the first step in achieving the basic objective of Health Promotion society. For this there is a need to establish strong networks between schools, society and health professionals. The four volumes of School Health Manuals being brought out by the Board can help in creating this important linkage.

School is the place where children learn to lead a healthy life. Children should be given opportunities to learn according to their learning styles. It is indeed appreciable that Health Manuals published by the Board lay emphasis on experiential learning. These activities conducted in the schools can help the children to foster well being in physical, emotional, social and spiritual levels.

I appreciate the efforts of the chairman of Central Board of Secondary Education for launching Comprehensive School Health Programme and for bringing out the support materials after due revision. I am sure that teachers, students and parents shall be immensely benefitted by this effort.

(Dr. D.PURANDESWARI)

अंशु वैश्य  
सचिव  
ANSHU VAISH  
SECRETARY



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## MESSAGE

Health Education in schools is meant for the development of young learners through systemic interventions to improve health knowledge, attitudes, skills and behaviour. The purpose of such an Education is to positively influence the health behaviour of individuals and communities by improving the living and working conditions that influence their health. Healthy individuals will build a strong nation.

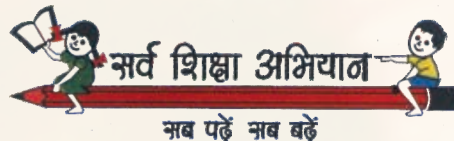
I am happy to know that the Comprehensive School Health Programme of the Central Board of Secondary Education addresses Health and Wellness of children in totality. A Health Promoting School strives to provide an environment of physical and mental health in the school. Health and wellness clubs of the schools need to take up activities to support this programme.

The School Health Policy of Central Board of Secondary Education and these Revised Health Manuals aim to view Health in a holistic manner and also utilize all available educational opportunities for health promotion. Both formal and informal approaches of pedagogy need to be employed for this purpose. These Health Manuals published by the CBSE will surely help schools, students and teachers alike.

I am confident that the activities suggested in these Health Manuals will help to create awareness on Health issues among children. I appreciate the effort made by the CBSE to bring out these unique Manuals on Health in their revised form by incorporating suggestions from various stakeholders.

(Anshu Vaish)

New Delhi  
December 6, 2010





**Dr. S.C. KHUNTIA**  
**Joint Secretary (SE)**  
**TELE: 23381096**



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DEPARTMENT OF SCHOOL EDUCATION & LITERACY  
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### **MESSAGE**

National Curriculum Framework, 2005 recommends Health education to be an integral component of the curriculum in schools. It provides young people with the knowledge and skills that contribute to the physical, social, emotional and mental development of a child.

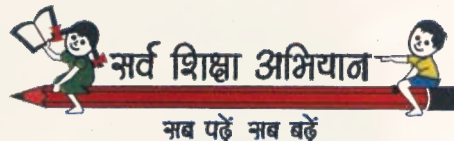
The goal of Health Education is to help students adopt and maintain healthy behaviors and to avoid health risks.

A comprehensive School Health Programme focuses on increasing functional knowledge on health and identifying key skills that are necessary for healthy living.

The most effective method of such skill development is learning by doing. The four revised volumes of Health Manuals being published by the Board lay stress on activities that underline this aspect of learning. It is hoped that Schools will find quality instructional time for taking up activities given in the Manual.

I appreciate the efforts taken by the Central Board of Secondary Education, especially the Chairman of the Board in bringing out these manuals.

*S.C. Khuntia*  
9/12/2010  
(S.C.KHUNTIA)



# Preface



Childhood and the age of adolescence are perhaps the most momentous periods in an individual's journey of life. They are characterized by creative bursts of energy, immense curiosity about the self and the world, sudden changes in the physical, emotional and social dimensions and expanded need for communication. They are also periods of grappling with an identity crisis, feelings of isolation, anxiety, alienation and confusion. Each individual is unique with inherent positive attributes and latent potential and it is the responsibility of the school to provide opportunities for young talent to blossom and flourish.

The biggest killer in the world today is not war, disease or natural calamity. It is life style related diseases. Health is an important component of the concerns regarding adolescent issues. Obesity, lack of physical activity and exercise, mental and emotional stress are major concerns. The experiences gained as children often stay with us throughout life. Therefore there is a need to create health oriented school climate so that appropriate ambience is created which is sensitive to the health needs of school going children and helps to promote their well being.

The new millennium schools must provide a setting where in education and health programmes come together to create a health promoting environment which in turn promotes learning. It must constantly strengthen its capacity as a healthy setting for learning and preparing for life. Such schools use its full organization potential to promote health among students, staff, families and community members.

Schools need to provide a safe healthy environment which includes safe, clean water and sufficient sanitation facilities, freedom from abuse and violence, a climate of care, trust and respect, social support and mental health promotion.

The school can work in the areas of Food and Nutrition, Knowing Your Body, Personal, Environmental Hygiene and Sanitation. Behaviour and Life Skills, Physical Fitness and Being Responsible and Safe. The Manual provides guidelines to all stakeholders including managers, principals, teachers and students. There are activities designed for different levels in the different volumes of the Manual. The first part of the Manual recommends setting up of a Health and Wellness Club to further carry on these enrichment activities within the school. The ultimate objective of the Manual is to involve the school going child in making healthy life style choices.

The Board has strengthened the School Based Assessment and Continuous and Comprehensive Evaluation in 2009-2010. As part of Comprehensive assessment of co-scholastic aspects, the grades obtained in Health and Physical Education will be reflected in the Report Card as well as Certificate of School Based Assessment. Learners can choose any two activities from the options provided.

The Comprehensive School Health Manuals are an outcome of the collaborative effort of CBSE along with the guidance provided by WHO India. The Manuals would not have been possible but for the effort and support provided by the material production team. I would also like to thank Dr. Sadhana Parashar, Head (Innovation & Research) and Mr. Pramod Kumar T.K., Asst. Education Officer, CBSE for coordinating and editing the Manual. There are four volumes in the package. The First volume is Introductory and the other three consist of graded activities for each level : Primary, Upper Primary and Secondary as well as Senior Secondary.

Any further suggestions for improving the Manuals are always welcome.

Vineet Joshi  
CHAIRMAN



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# भारत का संविधान

## उद्देशिका

हम, भारत के लोग, भारत को एक [ सम्पूर्ण प्रभुत्व-संपन्न समाजवादी पंथनिरपेक्ष लोकतंत्रात्मक गणराज्य ] बनाने के लिए, तथा उसके समस्त नागरिकों को:

सामाजिक, आर्थिक और राजनैतिक न्याय,  
विचार, अभिव्यक्ति, विश्वास, धर्म  
और उपासना की स्वतंत्रता,  
प्रतिष्ठा और अवसर की समता

प्राप्त कराने के लिए, तथा उन सब में, व्यक्ति की गरिमा और [ राष्ट्र की एकता और अखण्डता ] सुनिश्चित करने वाली बंधुता बढ़ाने के लिए दृढ़संकल्प होकर अपनी इस संविधान सभा में आज तारीख 26 नवम्बर, 1949 ई० को एतद्वारा इस संविधान को अंगीकृत, अधिनियमित और आत्मार्पित करते हैं।

1. संविधान ( बयालीसवां संशोधन ) अधिनियम, 1976 की धारा 2 द्वारा ( 3.1.1977 ) से "प्रभुत्व-संपन्न लोकतंत्रात्मक गणराज्य" के स्थान पर प्रतिस्थापित।
2. संविधान ( बयालीसवां संशोधन ) अधिनियम, 1976 की धारा 2 द्वारा ( 3.1.1977 से ), "राष्ट्र की एकता" के स्थान पर प्रतिस्थापित।

## भाग 4 क

### मूल कर्तव्य

51 क. मूल कर्तव्य - भारत के प्रत्येक नागरिक का यह कर्तव्य होगा कि वह -

- ( क ) संविधान का पालन करे और उसके आदर्शों, संस्थाओं, राष्ट्रध्वज और राष्ट्रगान का आदर करे;
- ( ख ) स्वतंत्रता के लिए हमारे राष्ट्रीय आंदोलन को प्रेरित करने वाले उच्च आदर्शों को हृदय में संजोए रखे और उनका पालन करे;
- ( ग ) भारत की प्रभुता, एकता और अखंडता की रक्षा करे और उसे अक्षुण्ण रखे;
- ( घ ) देश की रक्षा करे और आह्वान किए जाने पर राष्ट्र की सेवा करे;
- ( ङ ) भारत के सभी लोगों में समरसता और समान भ्रातृत्व की भावना का निर्माण करे जो धर्म, भाषा और प्रदेश या वर्ग पर आधारित सभी भेदभाव से परे हों, ऐसी प्रथाओं का त्याग करे जो स्त्रियों के सम्मान के विरुद्ध हैं;
- ( च ) हमारी सामासिक संस्कृति की गौरवशाली परंपरा का महत्त्व समझे और उसका परीक्षण करे;
- ( छ ) प्राकृतिक पर्यावरण की जिसके अंतर्गत वन, झील, नदी, और वन्य जीव हैं, रक्षा करे और उसका संवर्धन करे तथा प्राणिमात्र के प्रति दयाभाव रखे;
- ( ज ) वैज्ञानिक दृष्टिकोण, मानववाद और ज्ञानार्जन तथा सुधार की भावना का विकास करे;
- ( झ ) सार्वजनिक संपत्ति को सुरक्षित रखे और हिंसा से दूर रहे;
- ( ञ ) व्यक्तिगत और सामूहिक गतिविधियों के सभी क्षेत्रों में उत्कर्ष की ओर बढ़ने का सतत प्रयास करे जिससे राष्ट्र निरंतर बढ़ते हुए प्रयत्न और उपलब्धि की नई उंचाइयों को छू ले।

# THE CONSTITUTION OF INDIA

## PREAMBLE

**WE, THE PEOPLE OF INDIA**, having solemnly resolved to constitute India into a **SOVEREIGN SOCIALIST SECULAR DEMOCRATIC REPUBLIC** and to secure to all its citizens :

**JUSTICE**, social, economic and political;

**LIBERTY** of thought, expression, belief, faith and worship;

**EQUALITY** of status and of opportunity; and to promote among them all

**FRATERNITY** assuring the dignity of the individual and the <sup>2</sup> [unity and integrity of the Nation];

**IN OUR CONSTITUENT ASSEMBLY** this twenty-sixth day of November, 1949, do **HEREBY ADOPT, ENACT AND GIVE TO OURSELVES THIS CONSTITUTION.**

1. Subs, by the Constitution (Forty-Second Amendment) Act. 1976, sec. 2, for "Sovereign Democratic Republic (w.e.f. 3.1.1977)
2. Subs, by the Constitution (Forty-Second Amendment) Act. 1976, sec. 2, for "unity of the Nation (w.e.f. 3.1.1977)

# THE CONSTITUTION OF INDIA

## Chapter IV A

### Fundamental Duties

## ARTICLE 51A

### **Fundamental Duties - It shall be the duty of every citizen of India-**

- (a) to abide by the Constitution and respect its ideals and institutions, the National Flag and the National Anthem;
- (b) to cherish and follow the noble ideals which inspired our national struggle for freedom;
- (c) to uphold and protect the sovereignty, unity and integrity of India;
- (d) to defend the country and render national service when called upon to do so;
- (e) To promote harmony and the spirit of common brotherhood amongst all the people of India transcending religious, linguistic and regional or sectional diversities; to renounce practices derogatory to the dignity of women;
- (f) to value and preserve the rich heritage of our composite culture;
- (g) to protect and improve the natural environment including forests, lakes, rivers, wild life and to have compassion for living creatures;
- (h) to develop the scientific temper, humanism and the spirit of inquiry and reform;
- (i) to safeguard public property and to abjure violence;
- (j) to strive towards excellence in all spheres of individual and collective activity so that the nation constantly rises to higher levels of endeavour and achievement.

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## *About The Comprehensive School Health Manuals*

The Comprehensive School Health Manuals address a basic gap in schooling that has crept in over the years. This is largely to do with the aspect of school health which has somehow been relegated to sporadic health check-ups or in some cases a few hours of health instruction in the curriculum. It is imperative that something is done urgently to take up the issue of holistic health in school going children which includes physical, mental, emotional and psychological health. The School Health Policy and the Manual proposes to view health holistically, utilize all the educational opportunities for health promotion including formal and informal approaches in curricular pedagogy. Providing a safe school environment, an activity oriented health education curriculum to prevent health-related risk behavior, ensuring physical fitness activities and sports, providing nutritious snacks in the school canteen, ensuring access to primary health care services and integrated family and community activities and a staff health promotion policy are some of the expectations that a school should fulfill as was advised earlier in a circular issued to all the schools regarding the setting up of **Health and Wellness Clubs**.

There are four Manuals in this package. The first Manual-Volume I is addressed to all stakeholders concerned with school health.

A health promoting school strives to provide a healthy environment conducive to students' health, education and school health services along with school/community projects and outreach opportunities for physical education and recreation, social support and mental health promotion.

**School Health and Wellness Clubs** can become the focal point of school health promotion which would encompass the entire school environment and become a school campus activity. A checklist for a Health Promoting School is included so that schools can monitor their own School Health Plan. The responsibilities of the Administrators, Principals, Teachers, Counsellors and Community leaders have also been enlisted. Monitoring, Evaluation and



Sustainability of the Health Plan in each school is extremely essential. Fact Sheets regarding a Health Promoting School, focusing resources on Effective School Health and Improving School Performance through health promotion are other areas of concern.

The other three Manuals are activity based manuals for teachers. Vol II is Teachers Activity Manual which consists of activities for Primary Level (Classes I-V), Vol III is Teacher's Manual for Upper Primary Level (Classes VI-VIII) and Vol IV is Teachers' Manual for Secondary and Senior Secondary Level (Classes IX-XII). The activities revolve around six different themes - **Knowing your Body, Food and Nutrition, Personal, Environmental Hygiene and Sanitation Physical Fitness, Being Responsible and Safe and Behaviour and Life Skills**. The objective of the modules and activities is to focus on the different aspects of growth and appropriate development of the child.

*Knowing Your Body Activities* will take the child from knowing body parts and their functions to appreciation of the importance of each body part. This will lead to heightened understanding of the need for correct information regarding growing up processes which will help in creating a well informed individual.

*Food And Nutrition Activities* focus on the effect of the right food and nutrition intake to generate positive energy and thus influence learning capacity. Variation in geographical location alter or modify nutritional intake. Food can effect energy levels, concentration and learning.

*Personal, Environmental Hygiene and Sanitation Activities* emphasize on the need to ensure that children follow clean and regular habits regarding bath, bowel movement, sleep, oral hygiene, nails and hair. Once personal hygiene becomes a part of the regular system the child will look forward to having a cleaner environment. Sanitation activities have been added in the Revised Manual.

*Physical Fitness Activities* will help children to maintain fitness, strengthen cardiovascular and respiratory system, keep bones and muscles strong, ease depression, manage pain and stress and above all make one feel alive, vibrant and energetic.

*Being Safe And Responsible Activities* help learners to understand the consequences of risk taking behavior and create a safe environment for themselves and others. This would lead to a better quality of personal life and would enhance positive behaviour towards self and environment. Security and an environment that is physically and emotionally safe is the need of the hour and equipping a child to handle situations that are age appropriate is the task of the school, family and community.

*Behaviour And Life Skills Section* focuses on bringing about an awareness and in-depth understanding of behavioural issues revolving around a child which will certainly influence his or her academic performance and social development. The module is an attempt to forge clarity for the teachers to facilitate the child's learning progress. The objective of the activities is to highlight self management and infuse skills within the child which will help him or her emerge as an individual who will be well equipped to handle related issues.

The Manuals are holistic in their approach since they deal with not only physical health but also mental, social, emotional and spiritual well being. Their uniqueness lies in their participative and interactive approach. The activities mentioned can be easily incorporated in the classroom transaction, keeping in mind that hands on learning is internalized faster than conventional learning. It is also recommended that teachers may modify or customize the activities according to their social, cultural and demographic needs.

The CBSE had also undertaken a Global School Health Survey across different types of schools in various parts of the country. This was to collect data on health behaviours and protective factors that affect the immediate

and long term health status of young children. The results from the survey will help in policy formulation at the local and national level.

The activities for teachers in each Section are suggestive and it is earnestly hoped that they will be implemented in the spirit of each section through curriculum plus intervention strategies within the school. The activities are learner centred and will help learners to empower themselves to acquire knowledge for themselves in a classroom or out of the class setting.

The Board has strengthened the School Based Assessment and Continuous and Comprehensive Evaluation in 2009-2010. As part of Comprehensive assessment of co-scholastic aspects, the grades obtained in Health and Physical Education will be reflected in the Report Card as well as Certificate of School Based Assessment. Learners can choose any two activities from the options provided. These include Sports/Indigenous Sports, NCC/NSS, Scouting and Guiding, Swimming, Gymnastics, Yoga, First Aid, Gardening / Shramdaan. Teacher may record observations about the student's participation over a period of time either in Anecdotal Records or a Portfolio. All students must take up at least two activities to ensure maximum health benefit in terms of physical fitness.

The future of young India is being shaped in the schools and it is imperative that all of us take a proactive role in ensuring that healthy and balanced young minds leave school and forge ahead confidently.

We wish teachers will find the Manuals useful and enrich them further with their wisdom and experience. It is an investment that each teacher, principal and parent must make to generate and augment creative and protective capacity of young people in school. This will go a long way in creating a sustainable, social, healthy and peaceful society.

**Dr. SADHANA PARASHAR**  
**HEAD (INNOVATION & RESEARCH)**

# 1. Introduction to School Health

## Rationale

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

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

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

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

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



## Historical Review

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

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

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



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

## *Introduction to a Comprehensive School Health Program*

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

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

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

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

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

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

## *Comprehensive School Health Policy*

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

School health education is comprehensive and meaningful when it;

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

## *Who is the School Health Policy for?*

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

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

## *What Does This School Health Policy Aim To Do?*

### **The policy aims to:**

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

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

## *Components of the Policy*

### **The eight components of the Comprehensive School Health Policy are:**

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



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

## How to Implement The Policy?

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

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

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

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

The Survey was conducted in 2007-2008 through a questionnaire which had various components related to physical growth, drinking and eating habits, personal health, safety concerns, feelings and emotions, substance abuse, physical fitness and personal experience.

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

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



## Checklist for Situation Analysis of School Health

- What is the status of health education activities in the classroom, school and community?
- Does the school have a clear policy on health promotion, jointly prepared by staff and parents?
- Is health taught effectively across the curriculum?

In particular, are the following topics covered

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

## Responsibilities of The School

### **Responsibilities of Administrators / Principals:**

The Administrators/School principals shall be responsible for:

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

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

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

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

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

## Monitoring And Evaluation

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

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

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

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

### **Strategies in Schools to promote healthy habits :**

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

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

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

# Promoting School Health

## A Health Promoting School:

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

## A Health Promoting School focuses on:

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



## *Why should we become a Health Promoting School ?*

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

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

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

## *When can we call ourselves a Health Promoting School ?*

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

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

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

## *Why are partnerships so important in Health Promoting Schools ?*

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



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

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

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

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

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

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

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

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

organisations and agencies that support School Health Programs. You can tap resources available within the community.

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

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

## *Implementation of School Health Programmes*

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

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

### *1. Environment-Centred Approaches*

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

*What kind of programmes can the school conduct?*

- a Programmes/workshops can be organized to enhance the ability of administrators, teachers and support staff to deal with specific areas of emotional or behavioural disturbances that they encounter.
- b Programmes for improving teachers' capacity to understand how to make use of other agencies providing mental health services for children.
- c National campaigns to reduce the incidents of certain mental health damaging behaviours e.g., bullying, ragging, corporal punishment etc.
- d Improvement in the school's social environment can be brought about by encouraging parent participation through parent programmes in support of school activities.
- e A multidisciplinary mental health team can be established in the school to provide

consultation in the management of student behaviour problems.

- f The mental health team can include representatives from the governing body, teachers, support staff and parents. The governing body can identify problems and opportunities within the school.
- g The school mental health team can monitor and evaluate the outcome and provide feedback so that appropriate modifications can be made to the programme.
- h School can be the centre for community enhancement projects including programmes to improve physical and emotional health. They can serve as training centres for parenting skills where parents learn more about child development and parent effectiveness skills and receive support to enhance feelings of self worth and competence.



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

## 2. Child - Centred Approach

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

*What kind of programmes can the school conduct?*

- a A particular child who exhibits difficult behaviour can be referred to the school counsellor or mental health professionals.
- b The counselor is involved in giving recommendations to the parents, the teachers and in some cases referral for treatment outside the school.
- c Maladjustment can be prevented by locating children *at-risk* and involving them in an

intensive goal-directed intervention that should include close contact with special educators, nodal teachers, counsellors and peer mentors.

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

## *Steps In Setting Up School Health Programme*

### *Step 1: Establishment of a Team*

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

### *Step 2: Assessment of School and Community Environment*

Basic information regarding regional demographics, health risks and resources should be available for the team to consider. When possible, an assessment focusing on community strengths and available resources, as well as needs should be done to provide the planning team with the information they need to develop objectives.



### *Step 3: Development of a Plan*

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

### *Step 4: Monitoring and Evaluation*

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

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



**Nutritious Snacks!**

## *Health Intervention is Accepted and Most Effective if :-*

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

### *Canteens Carry a Health Responsibility : Creative Canteens*

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

### *Quality control measures to be observed in the school canteen:*

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

## *A Health Promoting School*

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

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

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

### *A School fostering health:*

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

## Basic Checklist for Health Promoting School

Assessment should be made of the prevailing conditions in the school before starting the programme and also to review the progress made. The following checklist is a series of questions that SHC could ask itself for both base line assessment and monitoring of HPS.

<b>Do we encourage family and community involvement in schools?</b>		<b>Yes</b>	<b>No</b>
1.	Is there a Parent Teacher Association?		
2.	Does PTA address health issues?		
3.	Does the school actively engage with the village education committee / municipal education committee?		
4.	Are there linkages with the local health services?		

<b>Do we provide a safe and healthy environment?</b>		<b>Yes</b>	<b>No</b>
1.	Is clean drinking water available in school?		
2.	Are there hand washing and toilet facilities in school?		
3.	Are there separate toilet facilities for boys and girl? (if co-ed school)		
4.	Are toilets cleaned daily with disinfectant?		
5.	Are there proper dustbins in the classrooms?		
6.	Are there different coloured dustbins for different kinds of waste disposal?		
7.	Is there a mid-day meal scheme currently in operation?		
8.	Is the food hygienically prepared and served? Is it nutritious?		
9.	Is there a canteen in school?		
10.	Is it hygienically run and does it provide nutritious food?		
11.	Is there a place to sit and eat that is protected from wind, rain and sun without overcrowding?		
12.	Do teachers support the students who are in distress?		
13.	Is there any support available for teachers who have been involved in violent or stressful incidents?		
14.	Is there a school medical room?		
15.	Is first aid box available in the school?		



<b>Do we implement health promoting policies and practices in the School?</b>		<b>Yes</b>	<b>No</b>
1.	Is there a health promotion policy?		
2.	Is there an anti-tobacco policy?		
3.	Is there a policy against corporal punishment?		
4.	Is there a safety policy?		
5.	Is there a policy on equal treatment of all students?		
6.	Are there policies related to regulation of vendors and the quality, hygiene and standard of the food provided?		
7.	Is there a policy to promote staff wellness?		
8.	Are there policies (short and long term) about how to deal with the consequences of violent incidents?		
9.	Is there a policy on how to deal with the victims of bullying?		
10.	Is there a policy on how to deal with the victims of sexual harassment?		
11.	Are there school emergency response protocols?		
12.	Is there a policy to tackle general health care emergencies in school?		
13.	Is there proper arrangement of liaisoning with health care providers / hospitals?		
<b>Does the school improve the health of the community?</b>		<b>Yes</b>	<b>No</b>
1.	Does the school encourage the staff to develop links with the community?		
2.	Do teachers actively seek to complete the curriculum through collaborating with and drawing on the expertise of community agencies, groups and individuals?		
3.	Does school promote healthy practices in the community?		



## 2. Improving School Performance through Health Promotion

### Health-Promoting Schools (HPS) Fact Sheet

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

#### **A Health Promoting School:**

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

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

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

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

#### **3. Provides skill-based health education with:**

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

#### **4. Provides access to health services with:**

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

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

**5. Implements health-promoting policies, such as:**

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



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

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







# Fostering Health And Wellness

## Health and Wellness

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



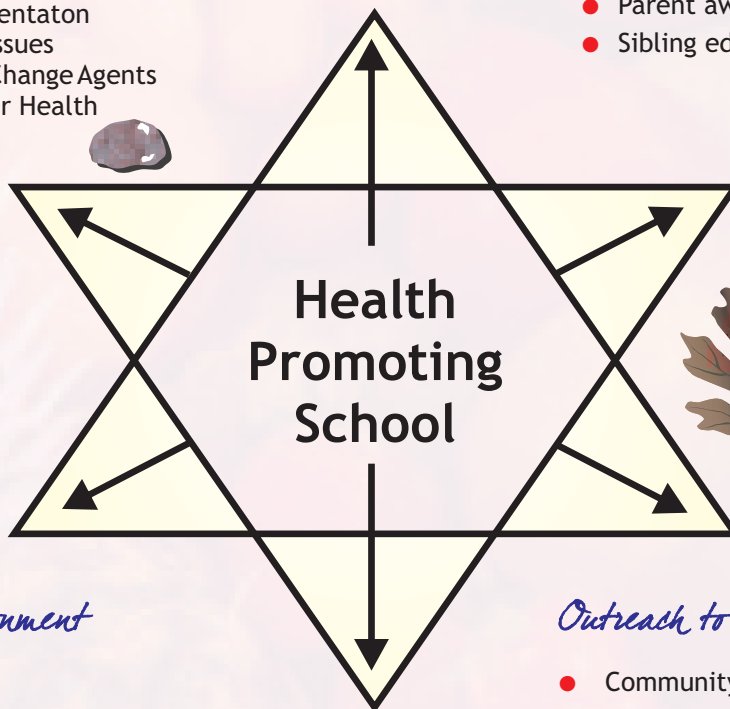
## Health Education

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



## Outreach to Family

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



Health Promoting School



## Health Environment

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



## Administrative Support and Policy Formulation

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

## Outreach to Community

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



# *Focusing Resources on Effective School Health*

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

## *Fact Sheet*

### *School Health Policies:*

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

### *Skill-Based Health Education:*

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

### *School Based Health and Nutrition Services:*

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

### *Provision of safe water and sanitation:*

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

### *Supporting Activities:*

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

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

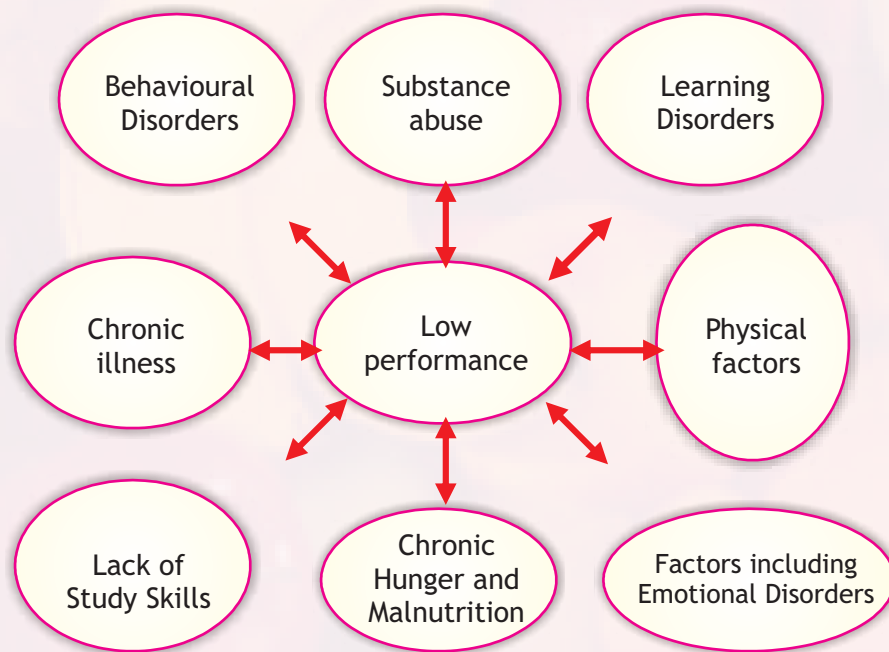
### *Improving School Performance Through Health Promotion:*

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

### *Causes of low performance of students are many and varied:*

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

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



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

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

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

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



Yoga at School

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



### 3. Health Promotion in Schools

A holistic curriculum which focuses on health and wellness among children in schools needs to address the areas of physical, emotional, social, intellectual and spiritual well being among them. Any survey of statistical data reveals that society today and specifically the youth are facing an onset of early diseases related to lifestyle. Behaviour patterns and dietary habits acquired during childhood often have a profound impact on their later life. The curriculum is, for the sake of convenience, divided into following six areas and themes which can help the school to improve its performance. They are merely suggestive in nature and teachers are encouraged to use these themes and the ideas provided under them as take off points for further reference. Each theme has been sub divided into further sub-themes which should form a part of the co-curricular or curriculum plus activities being organised in the area of Physical and Health Education in Schools.



The following six areas and themes can help the school to improve its performance in its objective of becoming a Health Promoting School.



# 1. Knowing Your Body

## Knowing Your Body

### Knowing Your Body:

- Structure, function, care of body
- Concepts of health such as:
  - Physical
  - Mental / Intellectual
  - Social
  - Emotional
  - Spiritual Health
- Importance and value of health

## Work Rest and Play

## Ways We Grow and Change



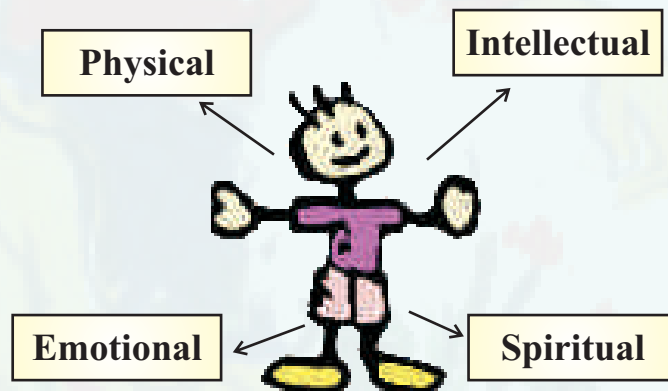
### Ways We Grow and Change:

- Growth and development
- Stages of life
- Childhood
- Puberty
- Adolescence
- Adulthood
- Old age

It is important to have accurate information and knowledge about growth and development which occurs in the human body with time. Our body changes from a small baby to an adult size. These changes do not happen suddenly but follow a gradual pattern. At the time of adolescence and puberty our body undergoes rapid spurts of growth.

### Work Rest and Play

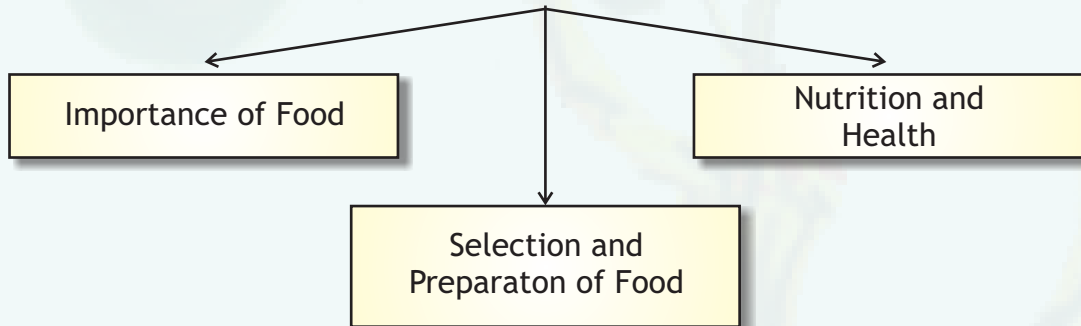
- Physical exercise
- Sleep and rest
- Balancing work and leisure
- Stress and sickness





## 2. Food and Nutrition

Experts suggest that healthy eating is necessary for optimal brain development and functioning. Food intake can affect energy levels, concentration and learning.



### Importance of Food

- Food groups, food pyramid and food production
- Processed food, artificial food, fresh food (kitchen garden, school garden)
- food quality, food conservation, nutritive value
- Food adulteration

### Selection and Preparation of Food

- Eating a wide variety of food
- Balanced diet
- Food preferences
- Safe food preparation and storage
- Fast food/ junk food
- Food hygiene
- Food requirement for different age groups
- Food preparation for maximum nutrition

### Nutrition and Health

- Good eating habits
- Nutritional energy and growth
- Malnutrition
- Food borne illnesses
- Emotions, moods and foods





**Table 1: A Daily Food Guide For Students**

Food Group	Food Stuff
<p>1) <b>Body building food group</b></p> <ul style="list-style-type: none"> <li>• milk and milk products</li> <li>• meat and eggs</li> </ul>	<p>★ full cream, curd, milk powder, ice cream etc.</p>
<p>2) <b>Preventive fruits and vegetable group</b></p> <ul style="list-style-type: none"> <li>• yellow and orange fruits and green leafy vegetables</li> <li>• Vitamin - C food groups bottle gourd, tomato etc.</li> </ul>	<p>★ all green leafy vegetables: cabbage, upper layer of onion, carrot, orange, mango, papaya,</p> <p>★ Citrus fruits like amla, lemon guava, orange, grapes, vegetables</p>
<p>3) <b>Other fruits and vegetables</b></p>	<p>★ brinjal, beans, potato, cucumber, banana, melon, apple etc.</p>
<p>4) <b>Cereals</b></p>	<p>★ wheat, rice, millets, ragi, corns, etc.</p>
<p>5) <b>Fats and oils</b></p>	<p>★ all the oils like groundnut, mustard, til, sunflower, corn, soya, pure ghee, butter vanaspati oil etc...</p>
<p>6) <b>Sugar and gur</b></p>	<p>★ all sugar</p>

**Grains**  
Make half your grains whole

**Vegetables**  
Vary your veggies

**Fruits**  
Focus on fruit

**Milk**  
Get your calcium-rich foods

**Meat & Beans**  
Go lean with protein

**Oil** Oils are not a food group, but you need some for good health. Get your oils from fish, nuts, and liquid oils such as corn oil, soybean oil, and canola oil.

## Table 2: Different Stages, Different Needs

As we grow and change, our activities change, the rate and type of growth in our body is undergoing changes and consequently our food requirement changes.

Food requirements for each stage (listed in grams)

Food Items	Infancy	Early Childhood	Later Childhood	Adolescence	Adulthood
Cereals	175	270	350	400	480
Pulses	35	35	40	45	48
Greens	40	50	50	50	70
Vegetables	20	30	40	50	70
Dairy products	300	250	250	250	175
Oil fat	15	25	35	35	30
Sugar	30	45	45	40	28

### *Balanced Diet*

The diet which contains different types of food in enough quantities and proportions so that the need for energy, proteins, vitamins, minerals, fats, carbohydrates and other nutrients in adequate amount is met for maintaining health, vitality and general well being and makes a small provision for extra nutrients to withstand short duration of leanness.

### *Good Eating Habits*

- Chew the food properly.
- Milk and other liquids should never be taken in one gulp. They should be swallowed slowly.
- Wash the hands before and after the meal.
- Rest after meals helps in digestion and also to avoid abdominal discomfort.
- Healthy methods of cooking i.e. roasting, stewing, parboiling, baking to be practiced.
- Brush the teeth before and after meals.
- The nutritive value of the food can be enhanced by using techniques such as combination of food stuff.
- Peeling vegetable long before can cause loss of nutritive value and color change which can lead to contamination.
- Too much washing of rice or vegetables removes the nutrients.

### 3. Personal, Environmental Hygiene and Sanitation

#### Hygiene

#### Personal Hygiene

#### Environmental Hygiene

#### *Personal Hygiene:*

Personal hygiene is the science of preserving and promoting health mainly through the active efforts of the individual.

Personal well-being depends on physical environment facilities like ventilation, lighting etc. It also includes cleanliness and clothing.

- Myself and others
- Personal health care, personal hygiene
- Self maintenance
- Habit formation
- Individual differences

#### *How to Maintain Personal Hygiene ?*

It is important to keep our body clean because bacteria thrive in dirt and cause disease. Habits of cleanliness should be developed from early childhood.

The following are important:

- To have a bath daily
- To wash hands properly before and after taking food
- To brush the teeth daily in the morning and night
- To cut nails regularly
- To wear clean clothes
- To wear comfortable foot wear



## *Environmental Hygiene:*

Health and hygiene in the family and community need to be focused upon :-

- In the domestic environment
- In the school environment
- In factors affecting wellness
- In being aware about sources of disease (communicable and non-communicable)
- It's our responsibility to keep our surroundings clean.

## *Keeping School Clean*

- Do not spit on the walls or on the roads.
- Throw garbage and waste paper in the dustbins (many things can be recycled).
- Keep the fields clean.
- Keep your class and surroundings clean.

## *Prevention of Infections by Immunization*

Children can be protected from infections and diseases by immunization.

<b>Common preventable diseases:</b>	Personal cleanliness will help to prevent infection and diseases such as:
<ul style="list-style-type: none"><li>★ Small pox</li><li>★ Cholera</li><li>★ Typhoid</li><li>★ Polio</li></ul>	<ul style="list-style-type: none"><li>★ Skin infections</li><li>★ Eye infections</li><li>★ Ear infections</li><li>★ Head lice</li><li>★ Worm infestation</li><li>★ Diarrhoea</li></ul>

Do a field project in groups. Visit the nearest slum and conduct a survey among families who have immunized their children.





## 4. Physical Fitness

The benefits of sport and other form of physical activity on health reduce the risk of cardiovascular diseases, strokes, diabetes and obesity which is a serious concern even among school going children. Physical fitness is the capacity to carry out various forms of physical activities without being unduly tired and includes qualities important to the individual's health and well-being.

The Comprehensive National Sports Policy 2007 aims at building on previous sports policies with a view to accomplishing the unfinished agenda and addressing the emerging challenges of India in the 21<sup>st</sup> century most particularly the national goal of emerging as a global, yet inclusive economic power in the near future. The 2007 Policy fully recognizes the contribution of Physical Education and sport to personal development, especially youth development, community development, health and well-being education, economic development and entertainment and in the promotion of international peace and brotherhood, which is the spirit of Olympism. It therefore, recognises the need for sport to permeate all sections of society and become a way of life.

(Draft Policy 2007, Sport Bureau,  
Ministry of Youth Affairs and Sport, GOI)

### *Physical Activity in Schools*

- Every school should have a playground. School should be penalised if adequate play ground space is not available.
- Minimum of five periods a week for physical activity need to be made mandatory.
- Traditional games like Kho-Kho, Kabbadi, Dances, Yoga and Aerobics must be promoted in school.
- Mass PTs should be encouraged in schools.
- 'Sports week' can be conducted twice a year. **More emphasis should be given on being physically active and enjoyment of physical activity rather than just winning competitions and excelling.**
- Ensure safe cycling and walking pathways to school.

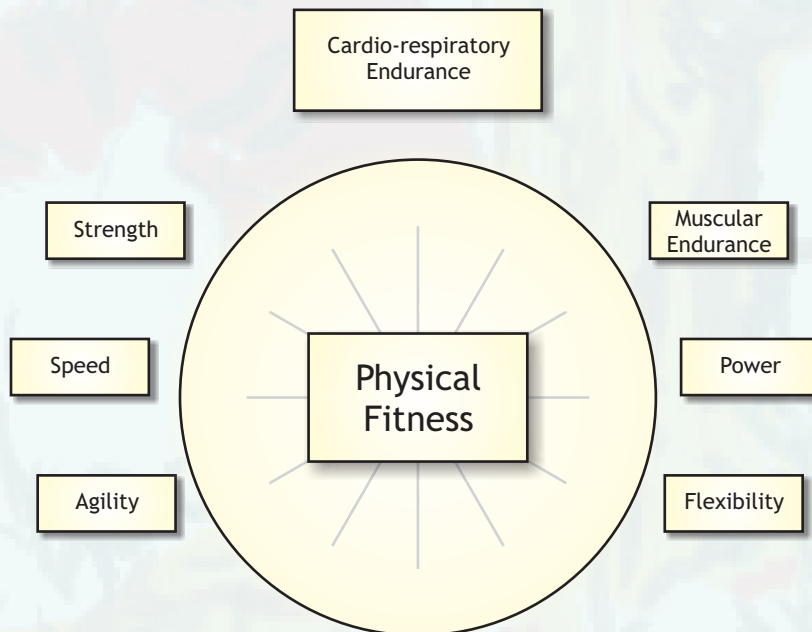


- **Dance is a wonderful form of physical activity and is also a great stress reliever.** India has a rich cultural tradition of classical and folk dances unique to each state and region. Dances of India both classical and folk forms need to be introduced with increased vigour in the schools. These need to be group and class activities in schools, where children dance and enjoy rather than few students taking part in the functions.



- It has been seen that the **quality of the physical activity instructor has a direct correlation to the amount of physical activity happening in any school.**

Sport, games and physical fitness have been a vital component of our civilization, as is evident from the existence of the highly evolved system of yoga and a vast range of highly developed indigenous games, including martial arts. Sport and Physical Education offered by a school can help to build personal attributes that are important for holistic development.



- |                               |                                       |
|-------------------------------|---------------------------------------|
| • Self esteem                 | • Health and wellness                 |
| • Appropriate behaviour       | • Appreciation of ethics and fairplay |
| • Interpersonal relationships | • Intra-personal relationships        |
| • Coping with stress          | • Coping with emotions                |

The United Nations General Assembly celebrated 2005 as the "Year of Sport and Physical Education" thereby emphasizing the need to integrate sport and physical education into the overall development agenda. This initiative highlighted sports as:

- (i) being integral to quality Education with mandatory Physical Education as a necessary pre-requisite to foster education, health and personality development;
- (ii) improving the health standards of people;
- (iii) achieving sustainable development through inclusive growth; and
- (iv) building lasting peace.

### *Cardio-respiratory Endurance:*

This quality enables a person to continue engaging in reasonably vigorous physical activities for extended periods of time.

### *Muscular Endurance:*

This quality enables a person to sustain localized muscle group activities for extended periods of time.

### *Strength:*

Strength is the amount of muscular force one is capable of exerting in a single muscular contraction.

### *Speed:*

Speed is the ability to make rapid movements of the same type in the shortest possible time.

### *Agility:*

Ability of human body to change direction quickly and effectively.

### *Flexibility:*

It's the ability of muscle to perform movements with large amplitude. It also refers to the functional capacity of joints to move through normal range of motions.



## Principles of Physical Fitness:

- **Regularity:** Regular Physical Activity is required for an individual to develop and maintain fitness.
- **Progression:** The dosage of exercise should be progressively increased to guarantee the improvement of physical fitness level of an individual.
- **Total body involvement:** The exercise programme should be designed in such a way that it should exercise every part of the body to ensure proportionate body development.
- **Specificity:** The nature and the type of exercise programme should be specific to the component of physical fitness to be developed.
- **Warming up:** Before starting an exercise programme a brief session of warming up is recommended.
- **Cooling down:** Just as the body needs warming up, it also needs gradual cooling down after the exercise.
- **Rest and sleep:** Adequate amount of rest and sleep are vital for regular participation in a fitness programme.

## Aerobic Training

If done regularly contributes to development of cardio-respiratory endurance. The term aerobic literally means 'with oxygen'. During aerobic training a continuous supply of oxygen by the body is maintained in order to burn carbohydrates and fats for production of energy for these activities. Various activities such as jogging, cycling, calisthenics and rhythmic exercises can be taken up.



## Participation in Games and Sports

Regular participation in indoor and outdoor games and sports provides sufficient exercise to the human body. There are some games which are more vigorous than the others. Participation in vigorous activities can bring about significant improvement in

physical fitness of an individual and to maintain physical fitness some sort of regular participation in games and sports is desirable for a change.

*"Our effort is to see that sports becomes a means for shaping the character of our youth. Through sport they must learn to excel as individuals. They must also learn to play together as a team. We must see that sports are for sports sake and not for winning or losing. Our endeavour should be to build healthy bodies through sports and make ourselves fitness conscious"*

*Prime Minister Rajiv Gandhi, Children's Day, 14 November, 1985*



# Physical Education Program at Primary level

Class - I	Class - II	Class - III - V
<ul style="list-style-type: none"> <li>❖ Walking forward and in sideways direction and changing direction in response to a signal.</li> <li>❖ Formation of different shapes &amp; response to signal.</li> <li>❖ Walking forward and sideways on a bench.</li> <li>❖ Toss and catch the ball before it bounces.</li> <li>❖ Running on the spot.</li> <li>❖ Jump a swinging rope held by others.</li> <li>❖ Walk and run using a mature motor pattern.</li> <li>❖ Split jumping.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Travel in backward direction and quickly and safely without falling.</li> <li>❖ Jump and land using a combination of one and two feet take-offs and landings.</li> <li>❖ Throw a ball hard demonstrating an overhand technique, a side orientation and opposition.</li> <li>❖ Catch a gently thrown ball using properly positioned hands.</li> <li>❖ Use at least one body part to strike a ball toward a target.</li> <li>❖ Repeatedly jump a self-turned rope.</li> <li>❖ Demonstrate skills of chasing, fleeing and dodging to avoid or catch others.</li> <li>❖ Balance, demonstrating stillness, in symmetrical and asymmetrical shapes on a variety of body parts.</li> </ul>	<ul style="list-style-type: none"> <li>❖ While traveling, avoid or catch an individual or object.</li> <li>❖ Hand/foot dribble a ball and maintain control while traveling by self and within a group</li> <li>❖ Without hesitating, travel into and out of a rope turned by others.</li> <li>❖ Strike a softly thrown, lightweight ball back to a partner using a variety of body parts and combinations of body parts (e.g. the bump volley in volley ball, the thigh in soccer, etc.)</li> <li>❖ Consistently strike a softly thrown ball with a bat or paddle demonstrating an appropriate grip, side to target and swing plane.</li> <li>❖ Throw, catch and kick using mature motor patterns, and toward a target.</li> </ul>

## *Physical Education Program at Primary level*

Class - I	Class - II	Class - III - V
<ul style="list-style-type: none"> <li>❖ Distinguish between straight, curved and zig-zag pathways while traveling in various ways.</li> <li>❖ Place a variety of body parts or an object into high, middle and low levels.</li> <li>❖ Balance an object on various body parts.</li> <li>❖ Share guidelines and methods for safe use of equipment.</li> <li>❖ Share feelings that come from participation in physical activities.</li> <li>❖ Enjoy participation alone and with others.</li> <li>❖ Eye Exercises.</li> <li>❖ Breathing Exercise in and out.</li> <li>❖ Padmasan.</li> <li>❖ Tadasan.</li> <li>❖ Beginning of water skills-enter/exit from the pool.</li> <li>❖ Dip your face and blow bubbles.</li> <li>❖ Kick stationary ball</li> </ul>	<ul style="list-style-type: none"> <li>❖ Roll a ball under hand to a target.</li> <li>❖ Kick a stationary ball to a target.</li> <li>❖ Kick a moving ball.</li> <li>❖ Move each joint completely.</li> <li>❖ Manage body weight.</li> <li>❖ Importance of safety while participating in physical activity.</li> <li>❖ Be considerate of others in physical activity.</li> <li>❖ Introduce glide, front and back float, flutter kick, free-style strokes.</li> <li>❖ Vajrasan.</li> <li>❖ Game of kick ball.</li> <li>❖ Introduce feeling of success, failures and challenges.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Jump and land for height.</li> <li>❖ Standing broad jump.</li> <li>❖ Run and take off.</li> <li>❖ Run and jump a hurdle.</li> <li>❖ Complete warm up schedule.</li> <li>❖ Marching.</li> <li>❖ Changing body movement with Music.</li> <li>❖ Halasan.</li> <li>❖ Suryanamaskar.</li> <li>❖ Different types of relays.</li> <li>❖ Game of leg cricket.</li> <li>❖ Game of hockey.</li> <li>❖ Introduce to rules of games and life.</li> <li>❖ Introduce survival skill in, on and around water.</li> <li>❖ Celebrate personal success and achievements of others.</li> </ul>

## *Advisory To Schools*

It is well established that participation in Physical Education & Sports activities is highly beneficial to one's health and it leads to improved performance by students in schools, in addition to helping them in developing many life skills.

Children lead happier lives as a result of being actively involved in sporting activities and it has long been established that fitness and improved academics performance go hand in hand. Physical Education and Sports activities during the school hours reduce boredom and help keep students attentive in the classrooms.

The Board is of the firm opinion that the Physical Education & Sports programs teach important conflict resolution skills including team work, fair play and communication leading to reduced violent behaviour among children. Further, children who participate in Physical Education & Sports develop a positive attitude towards their every day life activities.

In the above background, it is advised that the following in respect of the Physical Education & Sports may be strictly adhered to :

- a) There should be at least 40-45 minutes of Physical Activities or Games period for Classes I-X everyday.
- b) For Classes XI-XII it should be ensured that all the students participate in Physical Activity/Games/Mass P.T./Yoga with maximum health benefits for at least two periods per week (90-120 min/week).
- c) In case the school has constraints of space, climate conditions, presence of enough PE Teachers, or coaches it may consider indoor activities which would provide maximum health benefits (Aerobics/Meditation/Yoga & Asanas).
- d) Mass P.T. in the morning keeping in view the climate conditions is another alternative the school can have.

As part of Continuous and Comprehensive Evaluation the students will be assessed on participation and performance in by choosing any two activities from the 13 activities given for Classes VI-VIII and 08 activities given for Classes IX-X.

## CBSE Inter School Sports & Games Competitions 1996-2010

### Origin

In order to supplement the academic efforts put in by the CBSE for the promotion of Physical Education a need was being felt for quite some time that the class room teaching in Physical Education could be appropriately utilized on the play fields.

### Structure

For operational efficiency and functional convenience, all the independent category of schools affiliated to the Board, numbering nearly 5500 and located all over the country and in the Gulf has been divided into 22 small Clusters and 06 Zones.

### Strengths

- Nearly 5500 Schools
- Approx. 01 Crore Students
- Approx. 80000 participants
- Approx. 30000 Technical officials and observers
- Approx. 7500 Non technical officials
- Approx. 4500 Contingent officials

### "Determine Strive Achieve"

07 COUNTRIES

- Bahrain • Kuwait • Oman • Qatar • Saudi Arabia • UAE • India

### Growth

- The CBSE Inter School Sports and Games competition was introduced in the year 1996 with just one discipline i.e. Athletics.
- Presently the competitions are being organized in as many as 15 disciplines.
- The CBSE Sport Competitions today are the most organized sporting event in the country at school level.

### THE DISCIPLINES, AGE GROUPS & LEVEL OF COMPETITION :

S. No.	Discipline	In the Age Groups Under	Level of Competition
1.	Swimming	12,14,16, & 19 years	Zone & National
2.	Chess	14, & 19 years	Zone & National
3.	Judo	12, 14, 17 & 19 years	Zone & National
4.	Skating	08,10,12,14,16 & 19 years	Zone & National
5.	Kho-Kho	19 years	Cluster & National



6.	Handball	14 & 19 years	Zone & National
7.	Hockey	14 & 19 years	Zone & National
8.	Football	19 years	Zone & National
9.	Basketball	19 years	Cluster & National
10.	Badminton	14, 16 & 19 years	Cluster & National
11.	Tennis	14 & 19 years	Zone & National
12.	Table-Tennis	14, 16 & 19 years	Cluster & National
13.	Volleyball	19 years	Cluster & National
14.	Athletics	14, 16 & 19 years	Cluster & National
15.	Taekwondo	14 & 19 years	Zone & National

### Results

- The performance of CBSE Inter School Sport & Games Competition in Athletics & Swimming are at par with the National Standards.
- Many Chess, Badminton, Table Tennis and Tennis players are ranking players in India.
- Many Basketball, Hockey, Skating and Volleyball players have represented India.

### Awards

- The Board introduced the annual *Physical Education Teacher's Award* in the year 2005 that is given to the teacher for contribution in the promotion of Physical Education & Sport at school level.
- In the year 2005-2006, the *Chacha Nehru Sport Scholarship* was introduced by the Board for the outstanding talent performance during the CBSE Inter School Sports & Games Competitions.

### Future

- The CBSE envisages this activity for the school going children as very important segment of personality development and career building besides the essential ingredient in achieving health and fitness objectives.
- The Board is hopeful that with recognition of CBSE Inter School Sports & Games Programme the performance will further improve which will help the country identify young talent.



#### Why should Every Parent, Teacher and Coach Encourage Children to Participate in Sports?

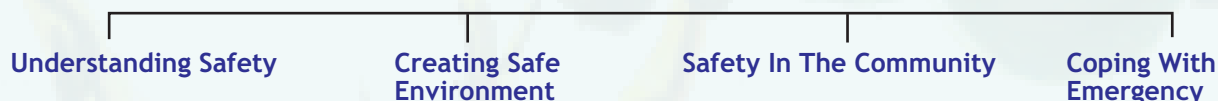
1. Sports are fun.
2. Participation in sports gives a child a higher level of self-esteem and a more positive outlook on life.
3. Children who participate in sports experience lower levels of depression.

4. Children who participate in sports have more positive body image and experience higher states of psychological well-being than those who do not play sports.
5. It teaches the child teamwork, goal-setting and the pursuit of excellence.
6. Adults that were active in sports and recreational activities feel greater confidence in their physical and social selves than those who were sedentary as kids.
7. Sports help develop leadership skills.
8. Children learn how to deal with failures and how it feels to be successful.
9. Sports can teach us to take appropriate risks and to be aggressive when needed.
10. Sports foster bonding friendships.
11. Children improve their skills.
12. Children who participate in sports perform routine physical activity that keeps them healthy.
13. Regular physical activity among children reduces risk of obesity.
14. Children who exercise weigh less; have lower levels of blood sugar, cholesterol and triglycerides, as well as lower blood pressure, than do non-exercising children.
15. Weight-bearing exercise can help prevent osteoporosis.
16. Studies have shown that exercise reduces many health risks.
17. The athletic child is less likely to get involved into anti-social activities.
18. Children who exercise report being happier, have more energy and feel they are in excellent health more often than non-exercising children. They also miss fewer days of work.
19. Regular exercise improves the overall quality of life.
20. Children learn and understand the sport all while they are having **FUN!!**



## 5. Being Safe and Responsible

Helping learners understand the consequences of risk taking behavior and the means of facilitating a safe living environment for themselves and others.



### *Understanding Safety*

- Concepts of accident, challenge and risk taking behavior which is accident-prone.
- Hazards, causal factors, environmental factors, loss of control management.
- Accidents, attitudes and human behavior, senses and fear
- Play safe, protective behavior

### *Creating Safe Environment*

#### **At home:**

- Handling and lifting household items
- Fires and cooking
- Handling electricity
- Storage of poisons
- Dangerous rooms, various types of housing

#### **At school:**

- Child's responsibility at school
- Teacher's responsibility
- Excursions

#### **In the workplace: risk control management**

- Working with machines
- In factory, on the building site
- In the field

### *Safety In The Community*

- Safety from fire through fire fighters
- Safety on and in the water
- Use of protective devices like helmets, seatbelts and protective clothing
- Preventive measures against violence
- Safety while playing



- Everyone should be well aware of the traffic rules and road signs
- Pedestrian safety to cross the road very carefully and patiently, use zebra crossing when available
- Everyone should learn to handle emergency situations



### *Coping With Emergency*

- One should stay calm and patient and take appropriate action.
- Should be aware about how to handle traumatic conditions.
- Should have a sound knowledge about first aid which would help them to deal with burns, sprains, cuts, snake and animal bites.
- Disaster management should be introduced in its practical aspect. Schools should practice drills at regular intervals.

### *Accidents*

In spite of all the safety measures accidents are very common.

- \* Accident is an unexpected event, which interrupts normal procedure and may lead to injury or be fatal. Each day more people die in road accidents. Accidents can be prevented.
- \* Accidents may have an adverse effect on the physical as well as emotional well being of a person for a long time.
- \* Accidents may occur:-
  - On the road: crossing, narrow streets, driving, cycling, walking
  - At home: tools/gas stove/electrical devices/floor/medicines
  - At the school: sports/class rooms/play ground/stairs
  - At the picnic: water/poisonous plants and animals



### *Why Do Accidents Occur?*

**Bad environment-** which includes badly maintained roads, poorly maintained vehicles and bad planning.

**Bad behaviour-** which includes carelessness, haste, ignorance, taking risks and lack of knowledge.





## How To Prevent Accidents?

Accidents can be prevented if everyone keeps the following things in mind:

- ABC of safety-always be careful.
- Avoid playing with fire.
- Take care while working with tools.
- Always form a queue.
- Drive slowly on road.
- It is better to be late than never arrive .
- Cross the road properly.
- Do not tease animals.
- Safe use of fire at home.
- Arrange all the school sports material into two piles depending on whether they are safe or unsafe to play with.
- Handle the electric cord properly, never use the electrical appliance with wet hands or without footwear, store the electrical appliance in a safe place.
- The best way to reduce injuries is by wearing protective devices.



**Note:** When we walk or drive on the road there are some spots, which can be dangerous, like the turns, the crossing, the broken footpaths, electricity poles and the telephones lines.

## 6. Behaviour And Life Skills

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. They are abilities that facilitate the physical, mental and emotional well-being of an individual (WHO).

Life skills that we might assess through the Performance Appraisal Card on a five point grading scale are given below:

Thinking Skills	Social Skills
<ul style="list-style-type: none"><li>• Self Awareness</li><li>• Creative Thinking</li><li>• Critical Thinking</li><li>• Problem Solving</li><li>• Decision Making</li></ul>	<ul style="list-style-type: none"><li>• Communication</li><li>• Interpersonal Skills</li><li>• Coping with Stress</li><li>• Dealing with Emotions</li><li>• Empathy</li></ul>

### Concept of Life Skills

In recent years, the concept of Life Skills has become popular, particularly in the context of adolescent health. WHO, while initiating Life-Skills education, conceptualised Life Skills as psycho-social competence. Psycho-social competence is an individual's ability to maintain a state of mental well-being and to demonstrate this through adaptive and positive behaviour while interacting with others and with his/her culture and environment. Adaptive means that a person is flexible in approach and is able to adjust to different circumstances. Positive behaviour means that a person is forward-looking and that even in difficult situations he/she can find a ray of hope and find solutions to problems.

### Key Life Skills

Life Skills include psycho-social competencies and interpersonal skills that help people to make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, and manage their lives in a healthy and productive manner. Essentially, there are two kinds of skills—those related to thinking called **Thinking Skills** and those related to dealing with others called **Social Skills**. While Thinking Skills relate to reflection at a personal level, **Social Skills** relate to interpersonal skills and do not necessarily depend on logical thinking. It is the combination of these two types of skills that are needed for learning assertive behaviour and negotiating effectively. Negotiation may be seen as a skill not only in making rational decisions but also in being able to make others agree with one's point of view. To do that,

it is important to first come to terms with oneself. Thus, Self-Management is an important skill calling for managing and coping with one's feelings, emotions, and stress and resisting peer and family pressure. Young people as advocates need both thinking and social skills for consensus building and for advocacy on issues of concern.

**The Ten core Life Skills are:**

**Self-awareness** means the recognition of 'self' and of our character, our strengths and weaknesses, our likes and dislikes. Developing self-awareness can help us in recognising when we are stressed or feel under pressure. It is often a pre-requisite to effective communication and interpersonal relations as well as for developing empathy for others.



**Empathy** is the ability to understand what life is like for another person, even in a situation with which we may not be familiar. Empathy can help to accept others who may be very different from us. This can improve social interactions, especially in situations of ethnic or cultural diversity. Empathy can also encourage the adoption of a nurturing attitude towards people in need of care and assistance or tolerance and understanding, as in the case of people with mental disorders, who may be stigmatised and ostracised by the very people on whom they depend for support.

**Critical thinking** is the ability to analyse information and experiences in an objective manner. It can contribute to healthy living by helping us in recognising and assessing the factors that influence attitudes and behaviour, such as values, peer pressure, and the media.

**Creative thinking** is a novel way of seeing and doing things. It consists of four components – fluency (generating new ideas), flexibility (shifting perspective easily), originality (conceiving something new), and elaboration (building on other ideas).



**Decision making** helps us to deal constructively with important issues in our lives and take appropriate action. This can have consequences for healthy living. It teaches us how to be proactive in making decisions about our life in relation to a healthy assessment of the different options available and in determining what effects these different decisions are likely to have.

**Problem Solving** helps us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

**Interpersonal Relationship Skills** help us to relate in positive ways with the people with whom we interact. This means being able to maintain friendly relations with family, friends and colleagues, which can be of great importance to our mental and social well-being as well as an important source of social support. **Interpersonal Relationship Skills** also mean being able to end relationships constructively without bitterness and anger.

**Effective communication** means that we are able to express ourselves both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express our opinions and desires, and also our needs and fears. It means being able to ask for advice and help in times of need.

**Coping with stress** means recognising the sources of stress in our lives, recognising how stress affects us and acting in ways that help us control these levels of stress by changing our environment or lifestyle and by learning how to relax.

**Dealing with Emotions** means recognising our emotions as well as those of others, being aware of how emotions influence behaviour, and being





able to respond to emotions appropriately. Intense emotions like anger or sadness can have an effect on our health if we do not respond appropriately.

## *Integration of Life Skills*

The process of categorising the various **Life Skills** may inadvertently suggest distinctions among them. However, many Life Skills are inter-related and several of them can be taught together in a learning activity.

Syllabus processes involved with planning lessons should establish a practice ground for learners to employ skills in everyday living that enables them to deal effectively with the demands and challenges which may confront them. Such adaptive and positive behaviour is needed in receiving health promoting messages, in developing values and in solving health problems at their level of understanding.

The methodology involved in the **Life Skills** processes include the following:

### *Communicating:*

The skill of clear, effective verbal and non-verbal self-expression and listening in culturally appropriate manner.

### *Critical Thinking:*

The skills to analyse information in an objective way to challenge cultural and other norms.

### *Decision Making:*

The skill needed to internalize knowledge, identify options, select appropriate responses (even under pressure) in order to take clear-headed, unbiased and constructive action in any given situation.

### *Problem Solving:*

The skill involved in clearly identifying, analysing and describing a problem.

### *Analysing:*

The skill to examine critically and to determine the essential features of a situation or matter so that clear exposition and understanding is resolved.

### *Co-operating:*

The skill of working or acting together or jointly to meet a situation or solve a problem.

### *Planning:*

The skill of organizing, arranging and designing a scheme of action to undertake a project or solve a problem.

### *Personal Choice:*

At some point of time the learner is going to make a personal decision at the level of thought, attitude, claimed point of view or course of action, regarding their lifestyle and health. There is a need to ensure that she/ he makes an informed choice.

### *Coping with Emotions:*

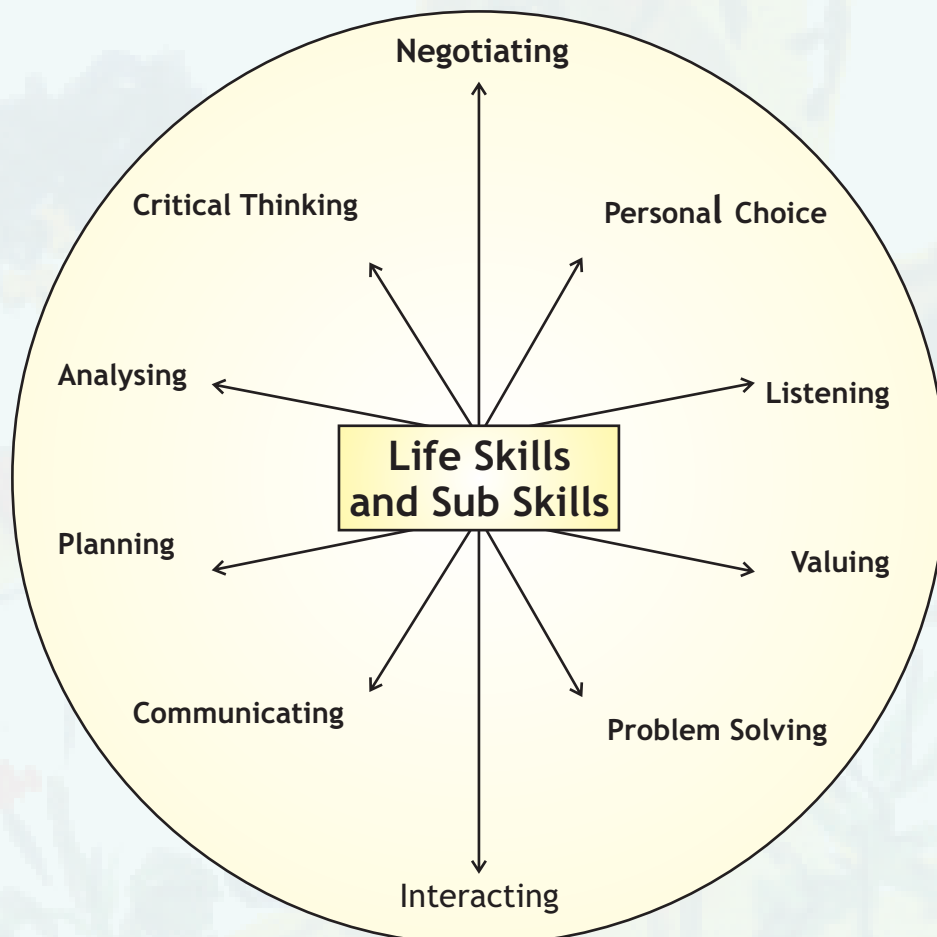
It involves recognizing and dealing appropriately with emotions within ourselves and others.

### *Coping with Stress:*

The learner should be able to handle stress of various types that arise in life.

## *A Health Education Life Skills Framework*

After identifying the six broad areas which can help the school to improve its performance it is necessary that they should follow a strategy to present a simple health concept, which is important for the child in the class, in the school and in the community. It must be relevant to learner needs and should involve the learner in a practical way.



**The following points should be taken care of while framing a methodology for students:**

- Based on meeting with the Student Representative attempt a real health need analysis of the school. Students benefit most if the work is interesting . It must be relevant and impact the real world they live in.
- Involve participation in planning for the student's growth for future life.
- Give opportunity to discover learning through investigation and experimentation. It should involve active participation of each student. It should give the student things to do and create a health practice ground.
- Permit sharing of ideas through discussion, communication techniques, group activities and writing.
- Involve creative, child-centered activities.
- Be simple, utilize a simple concept and reinforce it in a number of ways.
- Use a variety of methods and strategies to more effectively communicate the message to the students.
- Convey the health message that is important.
- Use methods which are the part of the learning process involved and which in themselves teach and reinforce living skills.

*Encourage the student to take the health message to the family.*



# Learning Activities

## Interactive Activities

- group work
- peer teaching
- discussions
- games
- dance
- playground
- debates
- excursions
- school visits
- role plays
- drama games
- communications
- games (e.g. conflict resolution, assertiveness, negotiation)
- meetings
- play
- recreation and outdoor adventure pursuits

## Creative Activities

- play / street theatre
- improvisations
- collages
- pictures
- poems
- simulation games
- mimes
- dance
- gymnastics, sequencing games
- diagrams
- problem solving
- surveys

## Learning To Appreciate Activities

- reviews
- reports
- group work
- sensory experience (e.g. tasting, listening)
- literature
- rating scales
- self-assessment
- peer assessment
- values clarification
- media analysis
- interviews
- surveys
- experiments
- diaries
- observation of performance (e.g. ideas, audience)

## LEARNING to LEARN

## Decision Making Activities

- moral dilemmas
- open-ended stories
- discussions
- question-answer
- values-continuum
- obstacle courses
- team strategy planning
- problem solving
- hypotheticals
- skills/practices
- group and pair work
- action plan
- flow chart
- timelines
- research
- situation analysis
- plays
- trial and error
- values clarification
- conflict resolution



## *Healthy Environment in the School*

Attention must be paid to the ethos of the school. The climate or the atmosphere of the school is the web of interacting components including the physical, emotional and social environment, cultural values, procedures and policies and positive outreach to home and community. All these have an important bearing on the learning behavior and health of children and teachers.

### *A Child Friendly School means:*

- **Quality learning:**  
healthy, well nourished, ready to learn and supported by the family and community.
- **Quality content:**  
curricula and materials for literacy, numeracy, knowledge, attitudes and skills for life.
- **Quality teaching learning processes:**  
child centered, skill based approaches and technology.
- **Quality learning environments:**  
policy and practices, facilities(class room, water sanitation) services (safety physical and psycho-social health).
- **Quality outcomes:**  
knowledge, attitudes and skills, suitable assessment at classroom and end of the year examination levels.

## *Characteristics of Quality Learning Environment*

*The term environment includes*

### *1) Physical environment*

- The establishment and development of a school building and surroundings to make them health promoting and visually attractive is essential.
- Classrooms of proper size with glare free black boards fitted at the eye level of the students. Furniture should be suited to height of students and conducive to comfort and good posture, good lighting and ventilation.
- Library with quiet reading space with good light and ventilation.
- Auditorium, assembly hall(s), gymnasium all free from hazardous fixtures and with adequate light and ventilation.
- Stairways not too steep and wide fitted with two railings at appropriate heights for tall and short students with adequate light.
- Facility for safe drinking water (tested by appropriate authority) with adequate number of water taps or drinking fountains and facility for washing hands.
- Separate sanitary urinals and toilets in adequate numbers for boys and girls with proper

ventilation and lighting.

- Canteen and eating places with hygienic arrangement for preparation, storage and serving of food including facilities for dish-washing and disposal of waste and garbage.
- Proper health unit with medical examination and isolation facilities.
- Sanitary swimming pool with separate shower rooms for boys and girls duly approved by licensing authorities.
- School garden with adequate watering arrangements.
- Proper sewage, drainage and garbage disposal arrangements.
- School buses and drivers, or any other school transport authority or department of education keeping in view the safety of students.
- Hazard free play area and play equipment.
- Fire extinguishers and facilities for quick evacuation of school building in case of fire and exit doors opening toward outside.
- Aesthetic decors inside school premises, classrooms, library, auditorium, assembly halls, gymnasium, canteen, medical unit and corridors.
- Dustbins at appropriate places.
- Healthy teachers and other school personnel including food handlers in school canteen or cafeteria.

## 2) *Emotional environment*

It includes stress management, encouragement to work towards goals, a spirit of non-violence and the creation of



learning situations in and out of the class room which will enable the students to analyze situations critically, solve problems, make decisions and to learn from consequences of their actions.

An atmosphere of love, care and concern, of tolerance towards one another is important and development of responsibility among children is essential so that the students have a real investment in actions and behavior in the school.

An outlook of positive encouragement should extend to every classroom with each pupil being viewed as a valid and valued member of the school community. Emotional environment can be created through :

- Group activities which promote togetherness, friendliness, mutual understanding, consideration of others and a sense of belonging.
- Feeling of concern, caring, closeness, trust and confidentiality.
- Being just and fair in dealings, respect for feelings and emotional outburst of companions.
- Tolerance about the shortcomings of friends.
- Opportunities to taste success and enjoy the fruits of success.
- Mentally healthy teachers.

Public policy which sees the school as a center of nation's development and resources is accordingly essential. More importantly a community which sees its children as responsible agents for change has a potential for a healthy future.

### *3) Tobacco-free environment*

The adolescents of today grow up in an environment that surrounds them with mixed messages about smoking, substance abuse , use of alcohol, etc. The onset of the use of tobacco, alcohol and other drugs generally occurs during adolescence. Many teenagers experiment with these substances and then use them to the point that their behaviour interferes with school, family, social relationships and general productivity. Tobacco and alcohol are the most common drugs used by young people.



# NO PLEASE



## SAFETY

Use of tobacco in any form including passive smoking causes several diseases. Prominent among these diseases are:

- ☞ Cancers of different parts and organs of body especially oral cancer (cancer of mouth and throat).
- ☞ Respiratory diseases like pneumonia and emphysema.
- ☞ High blood pressure.
- ☞ Heart diseases.
- ☞ Low birth weight children born to smoking mothers.
- ☞ Infections of lower respiratory tract in children under 18 months of age born to parents who smoked.

To smoke or not to smoke is an important personal decision an individual has to take. However, to enable him to take this decision he or she has to convince himself or herself about the scientific knowledge produced by research about the harmful effects of tobacco on health and strategies that have been successfully tried (i) to reduce the risk of tobacco, if he or she must continue to use it or (ii) how to stop the use of tobacco products.

Children need to make use of various methods/techniques to avoid the use of tobacco/alcohol:

- ☞ Delay Techniques - Don't take any decisions until you have had time to think it over.
- ☞ Negotiation Technique - Try to find a decision you think is acceptable to both the parties.
- ☞ Refusal Techniques - '*No, thank you*' technique gives a reason to ensure one can walk away, avoid the situation, cold shoulder, change the subject, humour, state a health problem or reverse the pressure.





## 4. School Health & Wellness Clubs

### *Comprehensive School Health Programme and Creating Health Clubs in the school.*

Childhood and adolescence form the most joyful period of an individual's life. They are times of immense creative energy, self-discovery and exploration of the world. They can also be fraught with feelings of isolation, loneliness and confusion. They can be due to various factors relating to the physical, social, emotional, mental and spiritual well being of the younger generation. Schools, families and communities need to play a positive and responsible role in bringing up young children in a healthy environment which would enable each one to maximize their potential. School life is filled with many opportunities for health promotion and teaching. Throughout the day children are exposed to many situations which influence their thoughts, feelings and habits. By careful planning, various activities can be included to promote health in the school. One of the activities which may be successful is creation of a **Health and Wellness Club**.

Schools can be dynamic settings for promoting health, for enabling children to grow and mature into healthy adults. Yet the potential of the school to enhance health is often underutilized. *School Health has largely remained* confined to medial check-ups of children or some hours of health instruction in the curriculum. There is a growing recognition that the health and psycho-social well-being of children and youth is of fundamental value and the schools can provide a strategic means of improving children's health, self-esteem, life skills and behaviour. Although schools have undertaken many initiatives in promoting school health, the comprehensiveness and sustainability in these initiatives is not clearly laid out. The need of the hour is a comprehensive school health policy integrated within the school system.

### *Need For Creating Health and Wellness Clubs in Schools*

Healthy living in case of school children is the prime concern of all stakeholders including principals, parents, teachers and the community. To achieve this objective collective responsibility needs to be assumed. An important dimension is that of experience and development of health skills and physique through practical engagements with play, exercises, sports and practices of personal and community hygiene.

**Health and Wellness Clubs** in Schools focus on the overall well being comprising emotional, social and mental health of the child. It acts as the enabling and organizational point for conducting activities related to various dimensions of health and wellness. A **Health Card** needs to be created for students which would form a continuous part of their growth and development. This could form an effective monitoring and feedback system for the overall health of a child during schooling.

## *Constitution of a Health and Wellness Club*

- Principal as Convener.
- Counselor / Psychologist / P. T Teacher / Nodal Teacher as Secretary.
- Student representatives (one boy and one girl from each level).
- Identified teachers from each level.
- Parent for each level (preferably a doctor).



## *Responsibilities of the Health and Wellness Club*

- As an organizer of all health relevant activities (at least 8-10 activities in the year at each level).
- As a Resource Centre for the overall well being of students.
- To screen, diagnose and impart health counselling services to the students.

## *Objectives of the Health and Wellness Club*

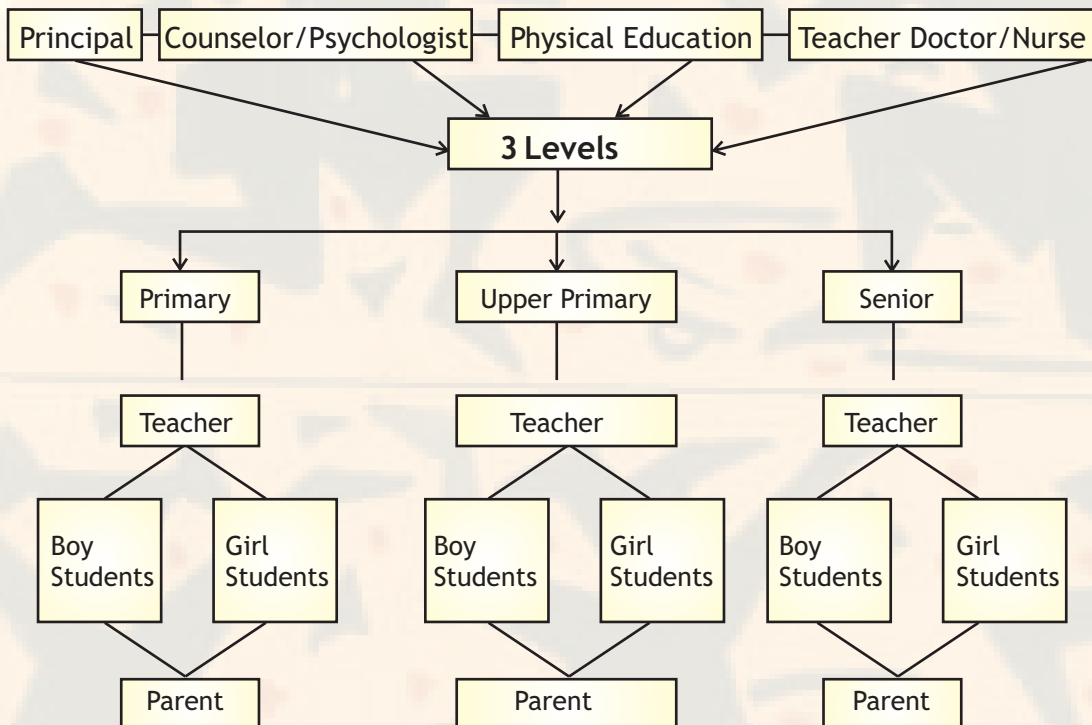
- To create Health Cards for each student.
- To create a health newspaper at least twice a year/poster competition related to health issues.
- To conduct surveys on health related concerns.
- To organize *health walks* as part of social campaigns.
- To organize health fairs and immunization projects.
- To tap the local resources in the community to arrange health talks.
- To render service in any area affected by a disaster or a calamity.
- To create health help-line within the school to de-stress, cope with emotional and social behaviour and to clarify misconceptions regarding sexual and reproductive health.

- To teach the students techniques of yoga and meditation from an early age .
- To inculcate in the students healthy and positive ways of living.
- To teach health songs on various health topics.
- Celebration of important days (*World Health Day-April 7*).
- Creating awareness regarding *World No Tobacco Day (May 31)*, *World AIDS Day (December 1)* etc.

### *School Health and Wellness Clubs can also help to :*

- The Principal may be the patron of the Club. The Counselor/Psychologist, Trained Physical Education teacher and Doctor/Nurse may be sponsors of the club.
- The Principal may nominate 3 teachers as co-sponsors of the club. They can be chosen from 3 levels (Primary, Upper Primary and Senior).
- 2 students from each level can also be nominated and a parent from each level can be included in the Club.

### *Formation of a School Health and Wellness Club*



## *Working Pattern of the Health and Wellness Club*

- Activities of the Club may be carried out through educational and recreational means.
- A group system is desirable in order to arrange the Health Club activities according to the needs, interests and understanding of the children.
- With the close co-operation of the patron and co-sponsors and the sponsor, activities can be conducted. In order to maintain sound communication a staff meeting can be conducted before the commencement of the activities. The course and mode of action of the Club should be discussed.
- Meeting of the Club may take place before school, or after school in a special Club period during the day.

## *Activities of the Club*

- Health themes from Health Education classes may serve as topics of action by the Club.
- Children can be taught health songs on various health topics.
- Health films can be shown at meetings.
- A health library/health corner can be developed along the following lines:
  - Schools can subscribe to health magazines, pamphlets, booklets, posters and other publications published by the public health government, WHO, UNICEF, etc.
  - These materials can find permanent display place in the school library.
  - Periodical displays of health information on bulletin boards can be undertaken on a regular basis. These should be changed regularly.
- Many celebrations can be organized and celebrated such as *World Health Day* (April 7), *World No Tobacco Day* (May 31), *World AIDS Day* (December 1), etc which can be included in the school calendar.
- Health excursions can be arranged.
- Health talks can be arranged in the Morning assembly.
- Immunization projects can be organized.
- Screening activities can be undertaken such as vision screening, screening for nutrition deficiency disease, skin problems, dental problems etc.
- Weekend tours of health related faculties may be organized.
- Action through parent organizations; for protected water supply etc. can be initiated.
- Combined activities with School Health Committee can be organized with teachers and parents .



- Participation in Quiz programmes on various aspects of health can be organized.
- Health Fair or Health Melas can also be carried out by the members of the Club.
- Conducting plays, role-plays, and dramas can be very effective ways of reinforcing the ideas of health.
- The Club members may plan the situation and then children can act out the dialogue and responses that seem natural for the situation.
- *Puppet Shows:* The puppet play has attracted the attention and interest of children and adults through the ages. A simple appropriate stage may be constructed using timber or curtains. The Club members can initiate a script that may increase student's interest in written expression. Simple experiments may be devised by the Club members so that concepts such as nutrition, environmental health may be well understood by the students.



## Suggested Activities for Promoting Health and Wellness in Schools

	I - V	VI - VIII	IX - XII
<p><i>Module 1:</i> <i>Knowing Your Body</i></p>	<ul style="list-style-type: none"> <li>• Yoga and meditation</li> <li>• Drawing a picture of oneself</li> <li>• Pasting a photograph</li> <li>• Palm Printing / foot printing</li> <li>• Rhythmic Exercises</li> <li>• Poem / Rhymes / Recitation</li> <li>• Role Play on Body Parts</li> <li>• Matching of Flash Cards</li> <li>• Self awareness / diary</li> <li>• Sensitivity based Theater</li> <li>• Check up by doctors/ dentists</li> <li>• Health Card</li> <li>• Counseling</li> <li>• Ten Sentences on Oneself Physical/ Social/Society</li> <li>• Likes and dislikes</li> <li>• My list of favourites</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Yoga and meditation</li> <li>• Assembly themes</li> <li>• Tapping resources from neighbourhood / community for health, hygiene and personality</li> <li>• Introspection diary</li> <li>• Survey of eating joints for their nutritive content</li> <li>• Health Card</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Yoga and meditation</li> <li>• Health Mela</li> <li>• Health Newsletter</li> <li>• Class Boards Decoration</li> <li>• House Boards Decoration</li> <li>• Creating recipes</li> <li>• Effective use of Home Science labortary</li> <li>• Health Card</li> <li>• Correct information on health and personal hygiene</li> <li>• Knowledge about body processes in girls and boys.</li> <li>• Any other ...</li> </ul>



	I - V	VI - VIII	IX - XII
<i>Module 2: Food and Nutrition</i>	<ul style="list-style-type: none"> <li>• Collection of pictures of nutritive/junk food</li> <li>• Class party and discussion on food items</li> <li>• Dietary charts for the week</li> <li>• Jigsaw puzzle presentation</li> <li>• Four corners</li> <li>• Mandatory to bring one nutritive item</li> <li>• Research on balanced food items</li> <li>• Mothers' recipe book</li> <li>• Any other...</li> </ul>	<ul style="list-style-type: none"> <li>• Nutritive Recipe competition</li> <li>• Orientation program for parents and students on good food habits</li> <li>• A PMI (plus, minus and interesting) on generally observed health problems</li> <li>• Survey based on balanced diet of different regions / communities</li> <li>• Power point presentations</li> <li>• Any other...</li> </ul>	<ul style="list-style-type: none"> <li>• Extempore</li> <li>• Debate</li> <li>• Slogan writing</li> <li>• Theatre</li> <li>• Collège making</li> <li>• Panel Discussion</li> <li>• Power point presentations</li> <li>• Any other...</li> </ul>



	I - IV	VI - VIII	IX - XII
<i>Module 3</i> <i>Personal,</i> <i>Environment</i> <i>tal</i> <i>Hygiene</i> <i>and</i> <i>Sanitation</i>	<ul style="list-style-type: none"> <li>• Tick mark on self check-list</li> <li>• Presentation</li> <li>• Value based assemblies</li> <li>• Shramdaan (cleaning up of your class at the end of the day)</li> <li>• Picking up wrappers/ foils etc after the break</li> <li>• Creating Shramdaan Clubs</li> <li>• Green Brigade clubs</li> <li>• Posters</li> <li>• Outdoor excursions (Speed, stamina, strength)</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Board Displays</li> <li>• Research Projects</li> <li>• Skits</li> <li>• Eco-Clubs</li> <li>• Celebrating Environment Friendly Days</li> <li>• Preparing Recycled Paper</li> <li>• Visiting a Heritage Site</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Resource persons from NGO's</li> <li>• Panel Discussion</li> <li>• Planting Saplings and trees</li> <li>• Eco-Clubs</li> <li>• Rain Water Harvesting</li> <li>• No Polybag Zone</li> <li>• Adopting a National Heritage Spot</li> <li>• Any other ...</li> </ul>

## *Keeping Surroundings Clean!*





	I - IV	VI - VIII	IX - XII
<p><i>Module 4</i></p> <p><i>Physical Fitness</i></p>	<ul style="list-style-type: none"> <li>• Warming up exercises before the beginning of each Physical Education period</li> <li>• Pranayam</li> <li>• Yoga</li> <li>• Physical Education periods a must for all schools/all classes</li> <li>• Drills/aerobics followed by presentations at the end of every month</li> <li>• Skill based programmes-camps</li> <li>• March/run for health</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Competitive Sports</li> <li>• Team building</li> <li>• Leadership camps</li> <li>• Health Walks social issues</li> <li>• Swimming</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Inter House Competitions based on Aerobics / Yoga / Gymnastics</li> <li>• Team building</li> <li>• Leadership Camps</li> <li>• Running for a Cause</li> <li>• Any other ...</li> </ul>



*Get Set GO!*



*Yoga for all!*



	I - IV	VI - VIII	IX - XII
<p><i>Module 5</i></p> <p><i>Being Responsible and Safe</i></p>	<ul style="list-style-type: none"> <li>• Extempore dialogue delivery</li> <li>• Ground rules preparation in classes</li> <li>• Safety activities- sports field/ activity period (to be made by students)</li> <li>• Traveling independently (phone numbers/ residential numbers)</li> <li>• Learning to communicate problems</li> <li>• Campaigns</li> <li>• Vigilance committee</li> <li>• Evacuation drills</li> </ul>	<ul style="list-style-type: none"> <li>• Transport Drill</li> <li>• Sports Day</li> <li>• First Aid</li> <li>• Showing movies on fire safety drill</li> <li>• Bravery Award</li> <li>• Research based projects</li> <li>• Health education issues related to gender sensitivity</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Fire Brigade Demonstration</li> <li>• Disaster Management</li> <li>• Self defence techniques</li> <li>• Traffic rules</li> <li>• Theatre</li> <li>• Visit to Rehabilitation Centre</li> <li>• Sensitization Programs on Substance Abuse</li> <li>• Interpersonal relationships</li> <li>• Parental Awareness sessions</li> <li>• Laboratory Safety drill</li> </ul>



	I - V	VI - VIII	IX - XII
<i>Module 6 Behaviour and Life Skills</i>	<ul style="list-style-type: none"> <li>• Consequence games</li> <li>• Learning to say “NO”</li> <li>• Think pair/share</li> <li>• Handling peer pressure</li> <li>• Identification of good touch and bad touch</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Learning to say ‘no’</li> <li>• Mentoring</li> <li>• Interactive Bulletin Board</li> <li>• Quiz Contest</li> <li>• Poster making / Painting Competition</li> <li>• Group Games on Adolescent issues</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Handling Peer Pressure</li> <li>• Question Box Activity</li> <li>• Situation Analysis and Case Studies on sensitive issues</li> <li>• Peace March to mark a social event or issue</li> <li>• Panel Discussion with Eminent Psychologists</li> <li>• Guest Speakers Ask the expert (Doctor)</li> <li>• Visit to a Rehabilitation Centre</li> <li>• Any other ...</li> </ul>







## 5. Health Care In The School :

### *Health Check-up, Health Card & First Aid*

#### *School Health Checkups*

- Schools need to take precautionary measures to prevent health hazards in the school premises. The school authorities have to monitor health with both curative and preventive measures.
- Schools must appoint a qualified and certified medical practitioner to attend medical calls in the school premises round the clock.
- The school doctor should be available almost round the clock on all days of the academic year.
- He / she must be responsible for running the hospital and medical services in the campus, deciding on consultants, advising principal, staff and students on health matters, imparting first-aid training to the students and staff, looking after preventive aspects of health and advising them on preventive aspects of various diseases and conditions.
- The school doctor, school hospital and outside consultants play a preventive role in maintaining health in the school.
- School clinics should have a compounder or a nursing assistant and cleaning staff to run the clinic. The school doctor should check the students and write the prescription. The nurse should give the medicine to the ailing student according to prescription. The prescription must be kept in Student medical file after it is served.
- The school doctor should take into account the history and examine the child to reach a provisional diagnosis. This can be confirmed by investigations and second opinion if required.
- The school doctor after reaching a provisional diagnosis must write the treatment which can be modified after investigations if required.
- Every day treatment should be reviewed after checking the child's condition and progress.
- Expiry date of all medicines oral or injectable should always be checked before administering.
- Sufficient care must be taken to check cross infection in the clinic.
- A few medicines could be stored in the clinic, rest must be procured when required.
- The medical history of every child should be on hand. This medical history should have two sections. One section is to be answered by the parents and other section to be answered by the family physician. This questionnaire must contain information about the student and his/her family health.

- Standing instructions in the written mode to be given to games in charge, catering managers and other persons concerned about a child with chronic illnesses like asthma or epilepsy by the school doctor or nurse.

## *How To Do An Overall General External Examination:*

**Importance:** Doing a general medical examination to assess a child's health is not difficult. It is a very simple and routine procedure and gives a good and general idea about the child's health based on which you can definitely conclude whether a child is healthy or not.

### **1. Observe (from head to toe as the child enters the medical room)**

### **2. Conduct a general medical examination (step by step)**

- Walk (normal/limps)
- Overall appearance (tidy/untidy)
- Scalp/hair (healthy/unhealthy)
- Nails (smooth or rough)
- Expression (Smiling or sad)
- Eyes (bright or dull)
- Nose and ear (discharge from nose or not)
- Deformity (ear/cleft/lips/shape of hands or legs)
- Vaccination (BCG scar indicates that child may have taken all vaccines)



### **3. Ask questions**

- Has the child passed worms in stools?
- Is the child presently suffering from any complaints viz. fever, diarrhoea, cough, earache, headache, severe pain in any part of the body?
- Is the child taking any treatment?
- Does the child have any history of Epilepsy, TB, or health disorders?

Inference and action to be taken only after completing general and medical examination. The doctor will be able to conclude whether the child is healthy or not. If the child is found to be unhealthy or suffering from any problem and needs treatment, he/she may be referred to a hospital or an expert.

## *Recording Weight Correctly:*

**Importance:** Measuring a child's weight is one of the earliest ways of monitoring her/his growth and development. Weight depends on age and height of a child. Hence there will be differences in weights of children. Recording a child's weight regularly and serially is more important than a single reading alone.

Improper weight for age is a cause for concern and it indicates that a child may not be healthy.

### **Procedure:**

- Set the weighing machine at zero.
- Make the child stand on the machine with both feet on either side of the dial.
- Record the weight.

**Do's/ Don't while taking weight:** Ensure correctness by removing the parallax. Ensure that scale is set at zero every time before weighing each child. Weigh with only light wear.

**Inference:** Check whether it is within the acceptable normal limit or it is less than or more than normal. If less or more refer to expert.



## *Recording Height Correctly:*

**Importance:** Measuring a child's height regularly is one very important assessment. It is an indicator showing that she/he is growing normally and is healthy. Improper height for age is a cause for concern and it indicates that child may not be healthy. Inadequate gain in height is also a cause for concern.

### **Procedure:**

- Make the child stand against a vertical scale (fixed on stand/pasted on wall).
- Child should stand comfortably with heels, buttocks, shoulders and head touching the wall and the feet parallel.
- Mark the height point of the head on the wall.
- Measure.
- Record the height.



### **Do's / Dont's while taking height:**

- a steel measuring tape or special graph scale to be used
- never use a tailor's tape.

**Inference:** Generally there is an increase in height between 2cm every year. If height does not increase serially refer the child to an expert.

### *How to look for anemia? (eyes, tongue, palms)*

**Importance:** Haemoglobin has a very important function of carrying oxygen to all the parts of the body including brain where it is vital for all higher functions like concentration, memory and the like. Anaemia can also be corrected.

**Procedure:** Compare the color of his/her eyes, tongue and palms with surrounding colors.

**Inference:** if a child has inadequate haemoglobin (less red blood) or is suffering from anaemia (pale tongue, lips and palms), she/he requires to be treated with iron supplements.

### *Routine Dental Check Up:*

**Importance:** Routine dental check up involves observing the mouth, gums and teeth.

#### **Procedure:**

- Ask the child to open the mouth.
- Notice the smell (if there is foul smell, the child needs referral).
- Look for gums.
- Normal/swollen, red, pus etc.
- Observe arrangement of teeth.
- Look for teeth (glazed or unglazed /dull/ /color/ tarter deposits and stains.
- Look for cavities.





## *Visual Acuity and Color Vision examination:*

**Importance:** Any child having visual defects mainly has problems related to color blindness (unable to see red or green) or night blindness. This will hamper the child's learning and performance.

### **Procedure:**

- Visual acuity is measured.
- Each eye is examined separately.
- Color blindness can be assessed .
- Ask whether she/he can see properly.

**Inference:** Child with normal vision must be able to read the seventh line easily (6/6). She/he must be able to distinguish colors.

**For Testing Near Vision:** The chart is held at a distance of 40cm from the person and she is asked to read or identify the letter/symbols in ascending or descending order. The rest of the procedures are the same as for the distance vision examination.

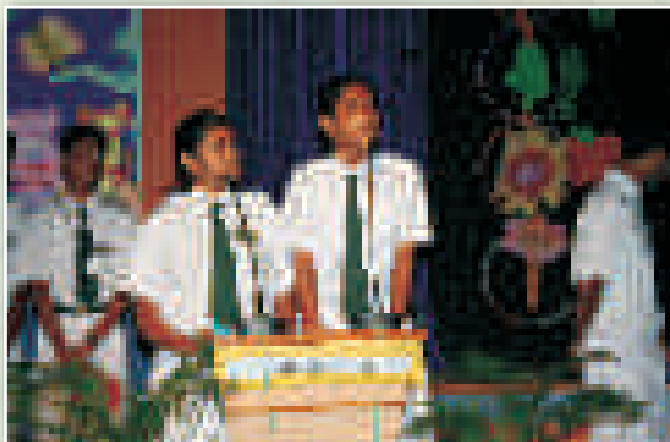
## *Examination for hearing:*

**Importance:** Normal hearing is absolutely essential for a child to be able to learn. Minor hearing problems if undetected will not only result in poor academic performance but risk the child in being labelled as abnormal in a variety of ways.

### **Procedure:**

- Strike gently the tuning fork on the palm.
- When it produces vibration, take it near to the ear of the person.
- The child is asked if he/she can hear the sound produced by the vibrating fork.
- If he/she assures that he/she can hear, tell him/ her to speak. Stop as soon as the sound stops.
- Immediately put the tuning fork at the back of the ear and ask the same question.

**Inference:** If he/she answers that he/she cannot hear the fork refer the child to an expert.



# School Health Record

There are two formats given here regarding a format of Health Cards. The first one is in the form of a child's Health History which the school may take at the time of admission so that the School has a record of the child's Health status. This is merely suggestive.

The second format is more general and needs to be periodically updated to keep a record of the continuous format Health status of the child through school. At no stage should the school consider any external Examination or referral without taking the parents into confidence. Establishing good health practices is essential but keeping the parents aware and informed and taking their consent and approval at every step is even more so. For each parent the health of the child is of paramount importance and their support will be assured.

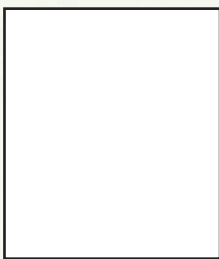
## SCHOOL HEALTH RECORD

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### General Information

Name: .....	Admission No:.....
Date of Birth: .....	Father's/Guardian's Name & Address:
	_____
	_____
	_____
	Phone No. Office: .....
	Resi:..... Mobile: .....

**Note :** The schools before implementing the Health Cards may consult a local Registered Medical Practitioner.

**BOTH SIDES OF THIS FORM TO BE SUBMITTED AT THE TIME OF ADMISSION**

Name of the Student ..... M/F .....Class.....

Date of Birth ..... Blood Group .....

Father's Name ..... Mother's Name .....

**VACCINATIONS**

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Month		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Births		
	1 Months		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT - OPA	4 <sup>1/2</sup> Year		

**BOOSTER DOSES**

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

Signature of Father ..... Signature of Mother .....

## HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

- Does the child have any problem during physical activity .....
- Signature of Father ..... Signature of Mother .....

### To be certified by a Registered Medical Practitioner

Date of physical examination ..... Height ..... Weight .....  
 B.P. .... Pulse ..... Vision L ..... R .....  
 Squint ..... Conjunctiva ..... Cornea ..... Ear L ..... R .....

Clinical Examination	Normal	Recommendation
Head/Neck		
Abdomen		
Surgery		
Serious Illness		
Nails		
Skin		

Summary of Current health condition, \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Fit to Participate in age specific physical activity \_\_\_\_\_
- Fit to participate in age specific physical activity with precaution \_\_\_\_\_
- Should not participate in competitive sport \_\_\_\_\_

Signature of Doctor .....

Name of the Doctor .....





## School Health Card - II

Name: \_\_\_\_\_ Class \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Blood Group: \_\_\_\_\_

The Major Parameters On Which The Annual Medical Checkups Done Are:

Dental \_\_\_\_\_

Eyes \_\_\_\_\_

General Cleanliness \_\_\_\_\_

Systemic Examination \_\_\_\_\_

Allergy (if any): \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Past/Family History: \_\_\_\_\_

### GENERAL:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Nails: \_\_\_\_\_

Hair: \_\_\_\_\_

Skin: \_\_\_\_\_

Anemia: (Mild , Moderate, Severe or Absent) \_\_\_\_\_

Ear: \_\_\_\_\_

Nose: \_\_\_\_\_

Throat: \_\_\_\_\_

Neck: \_\_\_\_\_

### DENTAL EXAMINATION:

i. Extra-oral \_\_\_\_\_

ii. Intra-oral

a) Tooth cavity \_\_\_\_\_ b) Plaque \_\_\_\_\_

c) Gum inflammation \_\_\_\_\_ d) Stains \_\_\_\_\_

e) Tarter \_\_\_\_\_ f) Bad breath \_\_\_\_\_

g) Gum bleeding \_\_\_\_\_ h) Soft tissue \_\_\_\_\_

**SYSTEMIC EXAMINATION**

Respiratory System: \_\_\_\_\_

Cardio vascular system \_\_\_\_\_

Abdomen: \_\_\_\_\_

Nervous System: \_\_\_\_\_

Eyes : \_\_\_\_\_

Right \_\_\_\_\_ Left \_\_\_\_\_

Important findings: \_\_\_\_\_

Remarks: \_\_\_\_\_

Medical officer's name and signature \_\_\_\_\_

Follow up : \_\_\_\_\_

\_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Designation : \_\_\_\_\_ Place : \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

## Basic Emergency Care

Basic Emergency Care (BEC) is the emergency care which can be provided by schoolchildren, teachers, police and drivers in the absence of advanced medical care. Cardiac arrest occurs in 70% of individuals at home and 20% at workplace and only in 10% at hospital. It is therefore important that non-healthcare persons such as schoolchildren, teachers, police and drivers should learn how to save life and transport the patient to the nearest health facility.

# LEARN CPR

You Can Do It!

**Cardiopulmonary resuscitation (CPR)** is a procedure to support and maintain breathing and circulation for a person who has stopped breathing (respiratory arrest) and/or whose heart has stopped (cardiac arrest).

If one school kid is trained in CPR, he or she can take care of peers, family members and community at large.

Beside **CPR** and **foreign body removal**, it also includes considerations of patient transport such as the protection of the cervical spine and avoiding additional injuries through splinting and immobilization.

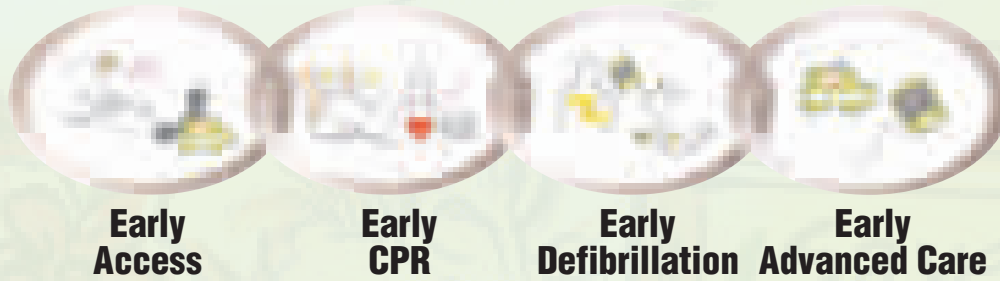
When witnessing sudden collapse in victims of all ages, the rescuer should first telephone the emergency medical services system and then return to continue CPR (**phone first**). But for unwitnessed arrest (eg drowning, drug overdose and injured), the rescuer should deliver five cycles of CPR before calling emergency number and then continue CPR (**phone first**).

## The Chain of Survival

The highest survival rate from cardiac arrest can be achieved only when the following sequence of events occurs as rapidly as possible:

1. Early recognition of warning signs
2. Activation of emergency medical services
3. Basic CPR
4. Defibrillation
5. Management of airway and ventilation
6. Intravenous administration of medications





**Figure 1: The chain of survival. The 4 links of actions in the chain are (1) phone (2) CPR, (3) early defibrillation and (4) advanced care**

These events have been likened to the links in a chain -The Chain of Survival. It was introduced in 1991 as a model of efficiency and synergy in resuscitative efforts. If any link is weak or missing, the chances of survival are lessened. The links in the Adult chain of survival are:

1. Early access
2. Early CPR
3. Early defibrillation
4. Early advanced cardiac life support

## *Indications for B/E/C*

### **1. Respiratory Arrest**

Respiratory arrest is present when respiratory efforts are completely absent or inadequate to maintain effective oxygenation and ventilation.

Respiratory arrest without cardiac arrest can result from a number of causes including submersion, near drowning, smoke inhalation, drug overdose, electrocution, suffocation.

Immediately establish a patent airway and provide rescue breaths to prevent cardiac arrest and hypoxic injury to the brain and other organs.

### **2. Cardiac Arrest**

In cardiac arrest, circulation ceases and vital organs are deprived of oxygen. The victim will have no pulse and no signs of circulation. The victims of cardiac arrest need immediate CPR.

For every minute without CPR, survival from sudden cardiac arrest decreases from 7 to 10%. When bystander CPR is provided, the decrease in survival is gradual and averages 3-4% from collapse to arrival in hospital. Thus, CPR doubles or triples survival from sudden cardiac arrest.

## *Steps of Basic Emergency Care*

### **Assess Responsiveness**

- ❖ Non injured patient: shake the victim and shout "Are you all right?"
- ❖ Injured patient: Tap and talk
- ❖ The rescuer must determine if the scene is safe.

- ❖ If alone, shout for help.
- ❖ If no one responds, activate Emergency medical services (EMS).
- ❖ Then return to the victim and begin CPR.

If the victim has sustained injuries to the head and neck or if injury is suspected, move the victim only if necessary.

### Position of the Victim

For resuscitation and evaluation to be effective, the victim must be on the back and on a firm, flat surface. If the victim is lying face down, roll the victim as a unit so that the head, shoulders and torso move simultaneously without twisting ("log roll" the victim).

## *Whom to call for help?*

### Activate Emergency Medical System (EMS)

If a rescuer finds an unresponsive victim, he should activate the Emergency Medical Services such as ambulance services by calling local ambulance number. After providing the necessary information about the location and condition of the victim, return to provide CPR.

### CPR in two simple steps - Hands-only CPR

This method of CPR was recommended by the AHA in an Advisory Statement (March 31, 2008). It is intended for bystanders untrained in standard CPR, who see an adult suddenly collapse. It is also recommended for situations when the rescuer is unable or unwilling to provide mouth-to-mouth ventilations.

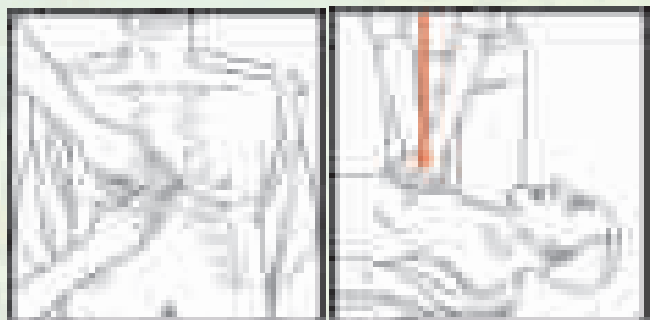
#### 1. CALL

Check the victim for unresponsiveness. If there is no response, Call ambulance and return to the victim.



#### 2. PUMP

If the victim is still not breathing normally, coughing, or moving, begin chest compressions. Push down on the center of the chest 1 1/2 to 2 inches and keep doing it. Pump at the rate of 100/minute, faster than once per second.

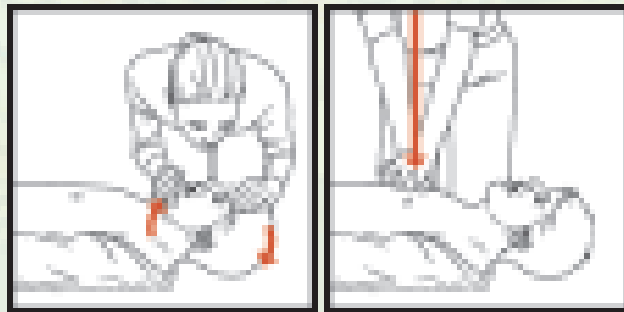


## *Continue Until Help Arrives*

### **CPR FOR CHILDREN (AGES 1-8)**

CPR for children is similar to CPR for adults. The compression to ventilation ratio is 30:2. There are, however, 3 differences.

- 1) If you are alone with the child give two minutes of CPR before calling ambulance.
- 2) Use the heel of one or two hands for chest compression
- 3) Press the sternum approximately one-third the depth of the chest



### **SPECIAL RESUSCITATION SITUATIONS**

#### **1. Drowning**

Rescuer should provide CPR; particularly rescue breathing, as soon as an unresponsive submersion victim is removed from the water. When rescuing a drowning victim of any age, the lone rescuer should give five cycles (about two minutes) of CPR before leaving the victim to activate the EMS. Mouth-to-mouth ventilation in the water may be helpful when administered by a trained rescuer.

The rescuer should remove drowning victims from the water by the fastest means available and should begin resuscitation as quickly as possible. Only victims with obvious clinical signs of trauma or alcohol intoxication or a history of diving, waterslide use or injured should be treated as a "potential spinal cord injured," with stabilization and possible immobilization of the cervical and thoracic spine.

#### **2. Hypothermia**

Hypothermia is a condition in which core temperature drops below that required for normal metabolism and body functions. In an unresponsive victim with hypothermia, assess breathing to confirm respiratory arrest and assess the pulse to confirm cardiac arrest. If the victim is not breathing, initiate rescue breathing immediately.

If the victim does not have signs of circulation, begin chest compressions immediately. Do not wait until the victim is rewarmed to start CPR. Remove wet clothes, insulate or shield the victim, ventilate the victim with warm, humidified oxygen. Avoid rough movement; transport the victim to a hospital as soon as possible.

For the hypothermic patient in cardiac arrest, continue resuscitative efforts until the patient is evaluated by advanced care providers. In the out-of-hospital setting, passive warming should be continued until active warming is available.

### 3. Electrocutation

- ❖ Immediately switch off the main electric output .Evaluate and perform the steps of CPR.

### *What have we learned about CPR ?*

- ❖ To be successful, CPR should be started as soon as a victim collapses.
- ❖ CPR quality is addressed by stressing good CPR-"push hard, push fast", allow full chest recoil after each compression and minimize interruptions in chest compressions.
- ❖ We rely on trained and willing public to initiate CPR, call for professional help and an AED.
- ❖ When these steps happen in a timely manner, CPR makes a difference.



# Epilepsy

Epilepsy is a neurological disorder ( and NOT a mental illness). It Occurs due to sudden burst of abnormal electrical discharges from the brain . In a great majority of patients one does not know the cause for this condition. The medical science is yet to find a cause to many common diseases like high BP, diabetes and so also epilepsy. Epilepsy is a fairly common condition affecting nearly 1-3% of the population which means in our country with one billion population there are at least 10 million patients. The only problem is that no one wants to talk about their illness with the result every one thinks that he/she is the only unfortunate victim.

Convulsions/fits are involuntary to and fro movements (tonic clonic) movements of limbs associated with loss of consciousness. Several situations can cause convulsions e.g. patients with kidney failure, liver failure, alcohol intoxication, brain haemorrhage - all these are not epilepsy. These are the manifestation of an underlying disorder. In epilepsy there is no such obvious illness and the person is active and normal in-between the attacks of seizures. Persons who have head trauma due to a road traffic accident could also have seizures.

## *What should be done during the fit?*

### Do's

- ❖ Keep calm.
- ❖ Loosen tight clothes around his/her neck - tie, tight collar, remove the spectacles.
- ❖ Prevent the patient from injuring himself. Put him/her in a safe place away from glass, machinery, staircase, stones etc.
- ❖ Turn the patient to a side and wipe the froth from his mouth .
- ❖ Try to find out if the patient is carrying an ID card with name telephone and doctors contact. Contact that person only when above are done.
- ❖ Some medicines can be used in emergency. They should be given if clear instructions for there use are given.
- ❖ Rush the person to hospital if the fit does not stop in 5 minutes.  
This may be status epilepticus.

### Don'ts

- ❖ Do not insert spoon, cloth or any such articles into the mouth.
- ❖ Do not restrict convulsive movements as it may cause fracture.
- ❖ Do not crowd around the patient.
- ❖ Do not give water /tablets or stuff any other liquid in mouth till he is fully conscious.



## MYTHS & FACTS about epilepsy

Myths	Facts
Epilepsy is because of possession by evil spirit and hence sorcery is the treatment	Epilepsy is a neurological disorder and there are medications to treat it effectively
People with epilepsy are possessed by God and hence should be worshiped.	Epilepsy is due to transient electrical disturbances in the brain and the individual should be treated like any other person.
Epilepsy is a mental illness	NO, it is a disease of the brain
Epilepsy is contagious so one should not come in contact with a person with epilepsy.	Certainly it is not contagious.
Epileptic attacks damage the brain	It is the damaged brain which can cause epilepsy. However a motor fit lasting for more than 5 minutes should be treated as an emergency.
People with epilepsy are below normal in their intelligence.	Epilepsy does not affect intelligence or memory. If the attacks are frequent or the person is taking large doses of antiepileptic drugs, this may affect temporarily the memory.
Epilepsy is hereditary and so one should not marry.	Epilepsy is not a hereditary disease. The tendency to get epilepsy is passed on in about 3 % only. Hence epilepsy is no bar for marriage.
Marriage cures epilepsy?	OFF COURSE NOT. MEDICINES DO
Epilepsy is life long disorder	Not at all. In about 75% of people with epilepsy ,the seizures are well controlled and a great majority of them can go off the drugs.
Epilepsy is rare	Epilepsy affects almost 1% of population all over the world.
Seizure can be stopped by giving a key in the hand or making a person to smell onion	False. The attack stops on its own and not due to the above factors.
During an attack to prevent swallowing of tongue one has to insert a spoon in the mouth.	No need to insert any object in the mouth. In fact this may cause damage to the teeth or gums or the object may block the breathing pipe.
Epilepsy occurs only in children	Though it is common in children, epilepsy can occur at any age. In fact a second peak of incidence occurs between the age of 60-70 years.

# Dogs Bites and How to Avoid Them

## Did You Know that ...

- ❖ According to a recent WHO report, over 20,000 people die in a year in India due to rabies, making it the highest rabies deaths in the world?
- ❖ Children account for some 50% of these deaths?
- ❖ Over 95% of rabies deaths in India are due to rabid dog bite?
- ❖ Most dog bites affecting young children occur during everyday activities?
- ❖ Senior citizens are the second most common dog bite victims?
- ❖ Awareness is the key to avoid dog bites?

However, the good news is that there are a number of things that we can do to avoid dog bites.

## How to Avoid Dog Bites

- ❖ Never disturb a dog that is eating, sleeping or is caring for puppies. Dogs may bite if startled or frightened.
- ❖ Do not throw sticks or stones at a dog.
- ❖ Do not approach a dog that is tied.



- ❖ In case of pet dogs, always take permission from the dog owner before approaching their dog.



- ❖ Be cautious around a mother dog and her puppies. In order to protect her puppies, the mother dog may bite



- ❖ Respect a dog's space. Keep your hands away from a dog's fence. A dog considers its yard as personal property and may growl or bite to protect it.

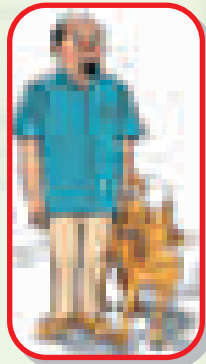


- ❖ Do not run or move quickly near dogs.
- ❖ Do not turn back and run.

- ❖ Do not look a dog in the eyes.



- ❖ Speak softly and gently to calm the dog. Say something like “good dog, Its OK”. Do not yell or make loud noises.



- ❖ If a nervous dog gets close to you, FREEZE and pretend to be a tree. Allow the dog to sniff and it will usually go away.



- ❖ If a dog attacks, assume the position of a rock. Curl into a ball and protect your face, neck and head.
- ❖ **Anti-Rabies Vaccination:** Keep your dog and those in the neighborhood healthy and happy by vaccinating them against Rabies. Consult an animal welfare NGO or a veterinarian to know more about the Anti-Rabies Vaccinations.

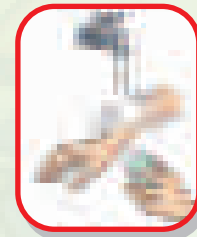


## Dog Bite Emergencies

Most people associate all dog bites with rabies infection. But that’s not so. Only a bite from a dog that is infected or carrying the rabies virus is dangerous. But Rabies is always fatal to humans if not treated. Hence, suitable steps have to be taken to prevent the possibility of infections.

### What should be done immediately after a dog bite?

- ❖ Clean bite wound with soap and warm water as soon as possible.
- ❖ Be sure to rinse all the soap away, or it will cause irritation later.



- ❖ Always show it to a physician. Some dog bites need antibiotics, particularly if they are deep puncture wounds.
- ❖ Pour a generous amount of any antiseptic solution into the dog bite wounds. This solution would disinfect the wound site.
- ❖ Isolate the dog and monitor it.
- ❖ It’s important to determine if a dog has received its rabies vaccination. Request the dog’s owner for proof of rabies vaccination.

- ❖ **Animal Birth Control (ABC)**



Overpopulation of dogs and cats could contribute to rabies outbreaks. Consult an animal welfare NGO or a veterinarian about ABC to prevent unwanted puppies and kittens. Animal Birth Control also keeps them healthier and better behaved.

# First Aid

## Objectives:

- ❖ to restore and maintain vital functions. The ABC of basic life support (Open airway, Breathing and circulation) should be always the first priority.
- ❖ to prevent injury and further deterioration.
- ❖ to ensure that the victim is as comfortable as possible, till help is available.

## Providing First Aid

First aid should be provided in the following order:

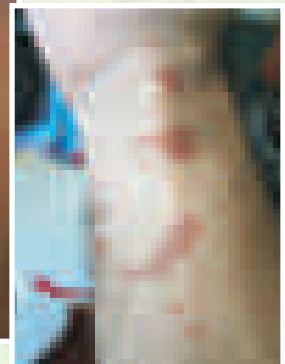
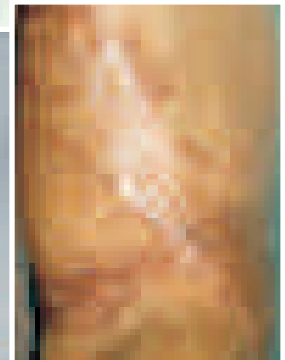
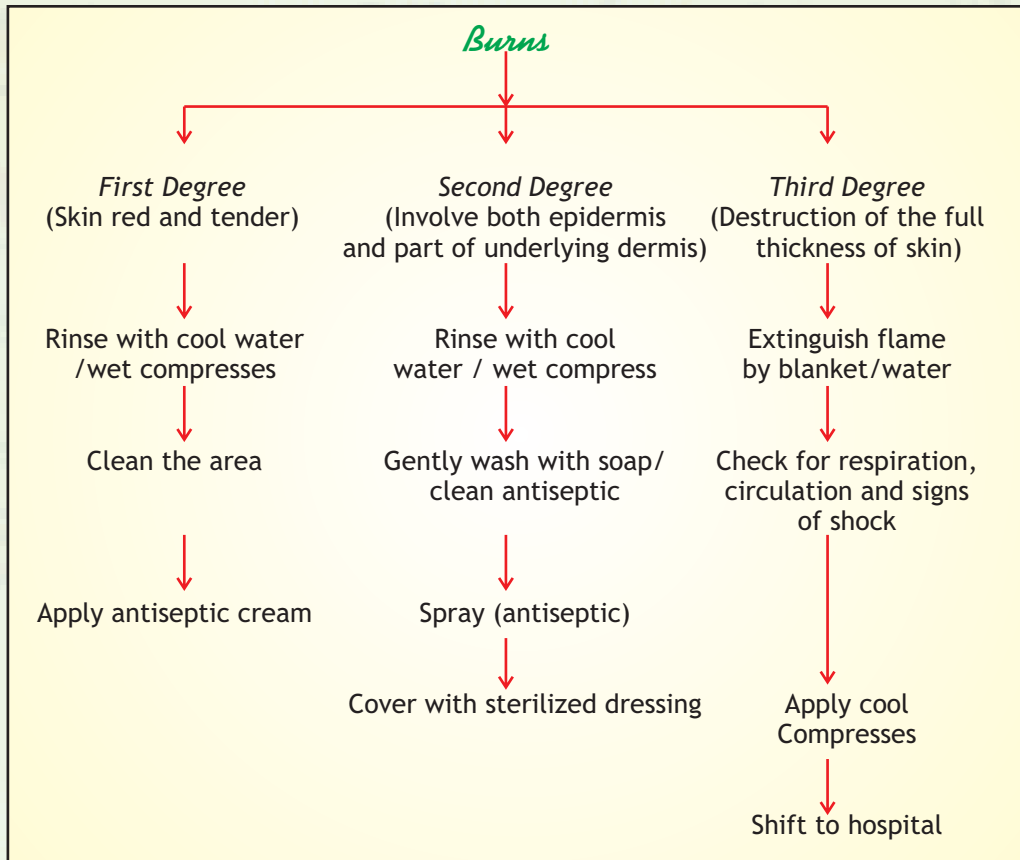
- ❖ *First:* Access victim for signs of life. If signs of life are absent, call for help
- ❖ *Second:* Restore respiration if breathing has stopped
- ❖ *Third:* Restore heart action if there is no discernible heartbeat or pulse
- ❖ *Fourth:* Stop bleeding
- ❖ *Fifth:* Treat for shock

## Making a First Aid Kit:

- ❖ First aid box
- ❖ Triangular bandages - 3 to 5
- ❖ Conforming bandages, 10cm and 15 cm - 2 each
- ❖ Crepe bandage 7.5 cm - 2
- ❖ Tape 2.5 cm - 1 roll
- ❖ Absorbent gauze—(small roll)
- ❖ Sterile dressings—(selection)
- ❖ Cotton wool( 50 gm)
- ❖ Antihistamine (for bee stings)
- ❖ Antiseptic solution (50 ml)
- ❖ Antiseptic wipes - 4
- ❖ Scissors - 1
- ❖ Safety pins - 12
- ❖ Tongue Depressor - 4
- ❖ Latex Gloves - 2 pairs
- ❖ Clinical Thermometer - 1
- ❖ Pen torch - 1
- ❖ Skin ointment for pain relief
- ❖ Ear drops
- ❖ Gum Paint



## Common First Aid Procedures:





*Animal bite*



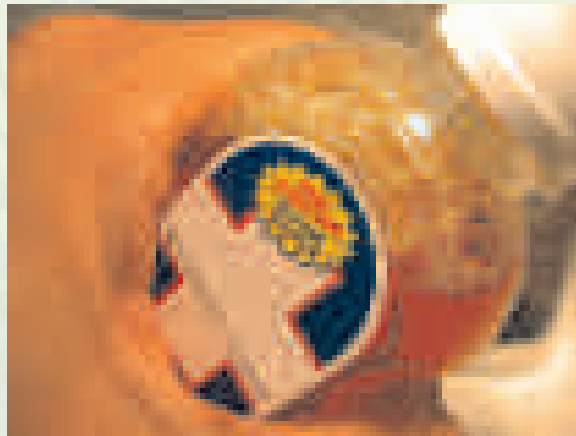
Wash the wound with soap and water



Apply antiseptic and hydrogen peroxide  
+antibiotic cream



See Physician



*Fainting*



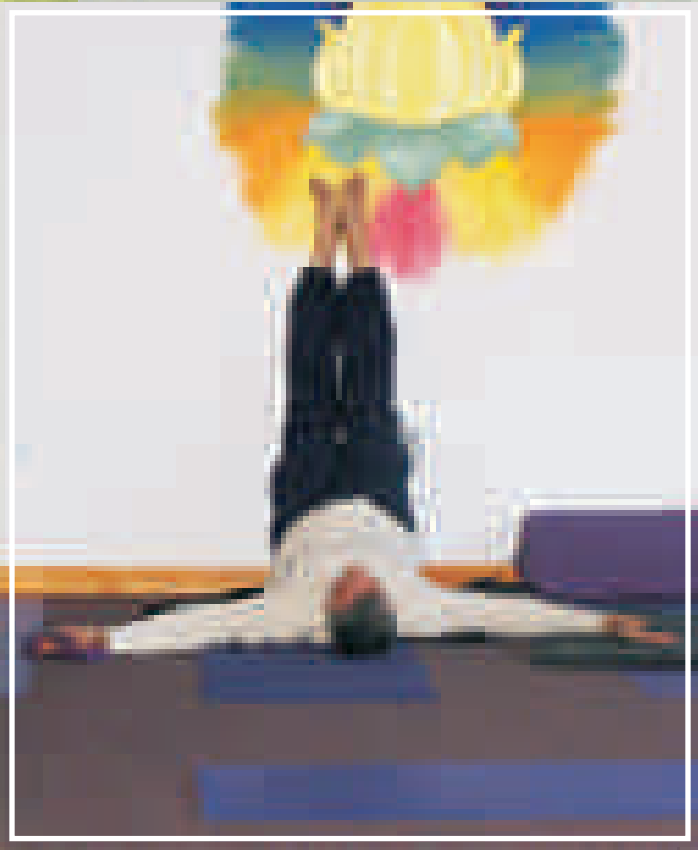
Lay the person  
(on his back with head lower than heart and legs)



Loosen clothing to aid breathing



↓  
Raise the legs higher than head to  
promote the flow of blood  
to the heart and brain



### *Heat Exhaustion*

↓  
Move (to cool/shady/air-conditioned place)

↓  
Loosen clothing

↓  
Apply cool wet compresses to head and torso

↓  
Administer fluids

### *Heat Stroke*

↓  
Move to shady, Air-Conditioned areas

↓  
Loosen clothing

↓  
Spray cool water

### *Fracture*

Check the ABC'S (Airway, Breathing, Circulation)

Place a sterile dressing over wound, if any

Immobilize the part which is fractured



### *Head Injuries*

Check pulse and respiration

Check for signs of brain or neck injury

Control bleeding by placing clean gauze over the injury, if any

Take the person to doctor (take expert medical advice)



### *Nose Bleeding*



To sit with head slightly forward



Press the nostrils together



Maintain pressure (5 to 10 minutes), or till bleeding stops.



### *Sprains*



Rest



Apply ice pack



Compression (with an elastic bandage)



Elevation (use pillow or sling)



### *Choking*

↓  
Stand behind the victim

↓  
Make a fist placed above the navel

↓  
Put your other hand on the top of your fist and give quick upward thrust

↓  
Repeat till airway clear CPR

↓  
Start CPR if breathing does not resume



### *Convulsion*

↓  
When seizure begins protect the person from further injury

↓  
Ease the person to the ground and cushion the head to prevent from banging on the floor

↓  
Prevent tongue bites

↓  
After the seizure roll the victim on to one side to prevent choking

↓  
Do not restrain the person any more than necessary

↓  
Take the person to doctor for evaluation



## Childhood Illnesses

	SYMPTOMS	INCUBATION	DURATION	COMMUNICABILITY	TREATMENT	SPECIAL PRECAUTIONS
BROCHURE	Frequent coughing. Labored breathing. Possible fever.	1 to 7 days	2 to 4 days	2 days before symptoms appear to 2 days after	Consult your doctor. If the child has fever, make sure he rests, give him plenty of juice and use a vaporizer.	
CHICKEN POX	Fever. Discomfort. Itching Pink or red spots on the chest, stomach and back, which may spread to the scalp and face. Spots change to blisters, which eventually crust.	10 to 21 days	7 to 10 days	1 day before spots appear to about 6 days after. The child should be isolated until blisters crust and dry.	Consult your doctor. Rest is essential. Relieve itching with calamine lotion. Trim the child's nails so he doesn't scratch himself.	Keep his utensils and dishes separate. No Aspirin No Self Medication Consult your doctor
COMMON COLD	Sneezing Stuffed or runny nose. Sore throat. Watery eyes. Possible cough, chills, low, fever.	1 to 7 days	2 to 14 days	2 days before symptoms appear to 2 days after	If the child has fever, make sure he rests, give him plenty of juice and use a vaporizer. Keep him warm and avoid chilling.	Consult your doctor if the symptoms persist or worsen.
CROUP	Labored breathing. Hoarseness Loud hacking cough. Often comes on at night	2 to 6 days	4 to 5 days	2 days before symptoms appear to 5 days after	Consult your doctor. Use a vaporizer. Keep the child on a light, low-fat diet.	
GERMAN MEASLES	Chills Low fever (sometimes high)(RUBELLA) Runny nose. Painful swelling of glands behind the ears. Usually there is a slightly raised fine red rash, which begins on the face, then spreads over the entire body.	14 to 21 days	3 to 6 days	7 days before symptoms appear to 5 days after. Pregnant women should never be exposed to this illness.	If the child has fever, make sure he rests, give him plenty of juice and use a vaporizer.	Keep the child's hands clean. Launder his linen and clothes separately

INFLUENZA (VIRUS, FLU)	Chills Drowsiness. Weakness. Sudden high fever. Headache. Aches and pains. Sore throat. No appetite. Possible nausea and dizziness	1 to 3 days	3 to 7 days	1 day before symptoms appear to 7 days after.	Consult your doctor. If the child has fever, make sure he rests, give him plenty of juice and use a vaporizer.	Keep his utensils and dishes separate.
MEASLES	Early symptoms include low fever, slight hacking cough, fatigue, discomfort, eye irritation. Around the 4th day, fever and cough worsen and a rash of faint pink spots appears on the neck and cheeks, then spreads to the rest of the body.	10-15 days	8 to 12 days	4 days before rash appears to 5 days after	Consult your doctor. If the child's eyes are sensitive to light keep the room dim. If he has fever, make sure he rests give him plenty of juice and use a vaporizer.	Keep his utensils and dishes separate.
MUMPS	Swollen glands on one or both sides of the jaw. Mild headache, Fever.	12 to 24 days	6 to 10 days	7 days before rash appears to 5 days after	Consult your doctor. Rest is essential. Apply cool compresses to the cheeks. Do not give the child citrus juices.	Keep his utensils and dishes separate.
PNEUMONIA	Coughing, Fever, Rapid breathing, Discomfort. Chills. Weakness. Possible nausea and vomiting. Sudden fever lasting several days.	2 to 14 days	About 7 days	Varies	Consult your doctor. Make sure the child rests. Give him plenty of juice. Use a vaporizer. Keep him on a light, low fat diet.	
ROSEOLA	Sudden fever lasting several days. After fever is gone, a rash of flat or raised spots appears on the chest, stomach or back then spreads to the rest of the body.	10 to 14 days	5 to 6 days	Varies	Consult your doctor	
SCARLET FEVER	Painful sore throat, Fever, Nausea and vomiting. Within 3 days a fine rash appears on the neck, armpit and groin, then spreads over the body.	1 to 5 days	6 to 8 days	1 day before symptoms appear to 6 days after	Consult your doctor. Make sure the child rests. Give him plenty of fluids.	Check other family members for symptoms.
STREP THROAT	Painful sore throat. Fever, Nausea and vomiting.	2 to 5 days	About 6 days	1 day before symptoms appear to 6 days after	Consult your doctor. If the child has fever make sure he rests and give him plenty of juice.	Check other family members for symptoms.

#### VOMITING AND DIARRHEA

Consult your doctor if vomiting or diarrhea persists for more than 6 hours, contains blood or is accompanied by high fever. Have the child rest and keep him off solid foods. When he starts to feel better, give him low fat foods and frequent small amounts of liquid.

## India Immunization Chart

Vaccine	Age				
	Birth	6 weeks	10 weeks	14 weeks	9-12 months
Primary Vaccination					
<b>Primary Vaccination</b>					
BCG	X				
Oral polio	X	X	X	X	
DPT		X	X	X	
Hepatitis B*		X	X	X	
Measles				X	
<b>Booster Doses</b>					
DPT + Oral polio	16 to 24 months				
DT	5 years				
Tetanus toxoid (TT)	At 10 years and again at 16 years				
Vitamin A	9, 18, 24, 30 and 36 months				
<b>Pregnant women</b>					
Tetanus toxoid (PW): 1st dose	As early as possible during pregnancy (first contact)				
2nd dose	1 month after 1st dose				
Booster	If previously vaccinated, within 3 years				

\*Only in project areas

Source : [www.whoindia.org](http://www.whoindia.org)

## National Immunization Schedule

BENEFICIARY	AGE	VACCINE
Infants	Birth	BCG* and OPV**
	6 weeks	DPT & OPV
	10 weeks	DPT & OPV
	14 weeks	DPT & OPV
	9 months	Measles vaccine
	18 months	DPT & OPV (Booster dose)
Children	5 years	DT Vaccine
	10 years	Tetanus toxoid
	16 years	Tetanus toxoid

\* At birth or at the time of DPT/OPV;

\*\* dose called as Zero dose and can be given till 14 days of age, if missed early.

ABBREVIATION : BCG=Bacillus calmittee Guerin;

DPT = Diptheria, Pertussis & Tetanus;

OPV = Oral Polio Vaccine;

DT = Diph & Tetanus vaccine.

## Vaccination Chart for Infants and Children

The Government of India recommends the following schedule for vaccinations;

Age	Vaccine
Birth	BCG
6 weeks	Oral Polio Vaccine (OPV) and Diphtheria, Pertussis and Tetanus (DPT)
10 weeks	OPV, DPT
14 weeks	OPV, DPT
9-12 months	Measles
15-18 months	OPV, DPT
4-5 years	DT, Typhoid
10-15 years	Tetanus, Typhoid

The schedule recommended by the Government of India has fully incorporated the recommendations of the EPI schedule given by the World Health Organisation.

*The following table shows the possible adverse reactions for each vaccine*

Vaccine	Type	Adverse Reactions
BCG	Live attenuated	Axillary adenitis (swelling in the armpits)
OPV	Live attenuated	None
DPT	Killed	Fever, excessive crying, encephalopathy, seizures
Measles	Live attenuated	Fever, rash
MMR	Live attenuated	Fever, rash , arthralgia (pain in the joints)
DT	Killed	Fever
TT*	Killed	Fever
Hepatitis B	Recombinant	Pain, erythema

# Immunisation Schedule

## Indian Academy of Pediatrics

Age	Vaccines	Note
Birth	BCG OPV zero Hepatitis B -1	
6 weeks	OPV-1 + IPV-1 / OPV -1 DTPw-1 / DTPa -1 Hepatitis B -2 Hib -1	OPV alone if IPV cannot be given
10 weeks	OPV-2 + IPV-2 / OPV-2 DTPw-2 / DTPa -2 Hib -2	OPV alone if IPV cannot be given
14 weeks	OPV-3 + IPV-3 / OPV -3 DTPw-3 / DTPa -3 Hepatitis B -3 Hib -3	OPV alone if IPV cannot be given  Third dose of Hepatitis B can be given at 6 months of age
9 months	Measles	
15-18 months	OPV-4 + IPV-B1 / OPV -4 DTPw booster -1 or DTPa booster -1 Hib booster MMR -1	OPV alone if IPV cannot be given
2 years	Typhoid	Revaccination every 3-4 years
5 years	OPV -5 DTPw booster -2 or DTP a booster -2	
	MMR -2	The second dose of MMR vaccine can be given at any time 8 weeks after the first dose
10 years	Tdap	
	HPV	Only girls, three doses at 0, 1-2 and 6 months
<b>Vaccines that can be given after discussion with parents</b>		
More than 6 weeks	Pneumococcal conjugate	3 primary doses at 6, 10, and 14 weeks, followed by a booster at 15-18 months
More than 6 weeks	Rotaviral vaccines	(2/3 doses (depending on brand) at 4-8 weeks interval
After 15 months	Varicella	Age less than 13 years: one dose Age more than 13 years: 2 doses at 4-8 weeks interval
After 18 months	Hepatitis A	2 doses at 6-12 months interval



## *Dynamics and Benefits of School Based Counseling*

Bringing about a change in behavior enables the student to live a more productive ,satisfying life as the student defines it within the society's limitation. Improving the student's ability to establish and maintain relationship helps in improving the quality of relationship with others. Many students have problems relating to other people probably due to poor self image causing him/her to act defensively in relationship or it may be seen as the result of inadequate social skills. Therefore, a counselor helps the student develop and maintain healthy relationship with others. Enhancing Coping Skills is another dynamic of counseling. For a variety of environmental, biological and psychological reasons children may find it difficult to cope with adversities or challenges of everyday life. E.g. examination , peer pressure, failures , emotional setbacks , traumas etc. The student may exhibit physical and psychological problems like frequent headaches, inability to sleep etc. Counselor works with the student to develop healthy coping skills. Promotion of Decision making helps individual obtain information, clarity and sort out personal characteristics and emotional concerns that may interfere with or be related to making decisions. It helps these individuals to acquire an understanding of not only their abilities, interests and opportunities but also of the emotions and attitudes that can influence their choices and decisions. Facilitating student potential can be viewed as a goal towards improving personal effectiveness. Counseling seeks to maximize an individual's freedom within the limitations imposed by his own self and his environment.

## *Skills of a School Counselor*

Students might seek advice from various sources , like their parents, teachers, friends, and so on. But ,a counselor had inculcated specific skills as professional. A few of them are:

- Non-judgmental, non-critical, avoids prejudices, and presumptions
- Curiosity and inquisitiveness: Posses a natural interest in people
- An ability to listen: Find listening stimulating
- A comfort with conversation : Enjoy verbal exchanges
- Empathy and understanding: Can put themselves in another person's place
- Emotional insightfulness: Are comfortable dealing with a wide range of feelings
- Introspection: Have the ability to see/feel themselves from within

## 6. Guidelines for Facilitators / Teachers / Peer Educators

The purpose of the section is to provide background information for the trainer / teacher. It describes the basic principles and practices of organizing and implementing training course and is common to all the activities.

**The trainers / teachers are suggested to have a group of 45-50 participants/students for each activity.** The activities are suitable for Life Skills enhancement of school going children.

At the beginning of any activity with a new group of people it is necessary to spend some time on helping that group to begin to develop its own identity - its "*Life*". This can be done by the trainer taking participants through a series of activities given below.

### *Ice Breakers*

Activities known as the ice breakers are used at the beginning of an activity as part of the climate building process and to help participants get to know each other. Several activities are specifically designed to enable group members to get to know each other's names.

The purpose of an energizer is to allow participants to get a '*feel*' of the activity - if the energy levels are low - after a meal break for example - then a physical activity can help to lend some motivation to a group. Alternatively, some activities can serve the opposite purpose - *to calm down* the atmosphere after a difficult period or heated debate. Some energizers can also be used as strategies for dividing participants into small groups.

All the activities described here belong to the *low risk* category. This means that they should not cause any group member undue embarrassment, stress or discomfort by requiring them to reveal too much of a personal nature.

### *Ice Breaking Activities*

- 1. Name Graffiti :** Invite the participants to sit in a circle and place a large piece of flipchart paper in the centre of the circle. Ask each participant, in turn to sign their name on the paper, and to make a brief statement about their name.
- 2. Reasons Why I Can't Come to School Today?** Ask participants to conduct a round, which you initiate e.g., *Reasons why I can't come to school today*. The reasons for not

attending school must begin with the same letter of the alphabet as the person's name, e.g., *My name is Shilpa and I can't come to school today because I am sick.*

**3. Pyramids:** Ask the participants to stand up to pick a partner. Encourage them to find someone who they don't know very well and not to wait until they are picked, but to be *proactive* about choosing. When the partnerships have been formed, ask them to sit down together and then spend one minute to find one thing that they have in common. After the minute is up, ask them to stay with their partner and to find another couple, thus making a foursome and to find one thing in common. The task is then repeated, this time with the foursomes making groups of eight. Ask each group to disclose their *commonality* at the end of exercise.

**4. Clustering:** The purpose of this activity is to find all the people in the room who fit a particular description. Ask the participants to stand up and to move around the room, identifying others who fit a range of categories, which you describe. The following are suggestions:

- All those who share the same birthday month...
- All those who share the same birth sign...
- All those who share birth in same part of the country...
- All those who share the same favourite food...
- All those who share the same favourite holiday place...

**5. Accumulative Nature Game:** Ask the participants to sit in a circle and start off by introducing yourself. The person on your left should then give your name, e.g.....*and I am ...* and then the next person gives the first two followed by their name e.g.... *And I am....* and then the next person gives the first two followed by their own name and so on around the circle, each person adding their name to the list.

## **6. Human Scavenger Hunt**

### **Instructions**

- Give the participants a **Human Scavenger Hunt Handout** that you have prepared in advance (see sample list below). It should include at least 10



statements about things people may have done or experienced in their lives.

- Ask them to roam around the room and find as many other participants as possible to whom the listed things apply; they should write each person's name on the line next to something that applies to him or her.
- After 10 minutes, ask the participants to sit down again.
- Ask participants to introduce themselves in turn, mentioning the listed item for which they found the most participants, and share interesting things they learned about another member of the group.

### *Human Scavenger Hunt: Find Someone Who:*

- has an older sister \_\_\_\_\_
- has not watched TV in the last month \_\_\_\_\_
- has a birthday in the same month as you \_\_\_\_\_
- wants to be older \_\_\_\_\_
- takes a bus to school \_\_\_\_\_
- has more than six siblings \_\_\_\_\_
- is learning another language \_\_\_\_\_
- was born in another city or village \_\_\_\_\_
- has a grandparent living at home \_\_\_\_\_
- has planted a tree \_\_\_\_\_
- is the youngest child in his/her family \_\_\_\_\_
- recently read a good book \_\_\_\_\_
- knows how to ride a bicycle \_\_\_\_\_
- has travelled to another city or province \_\_\_\_\_

### *Energizing Activities*

1. **Shoes :** Encourage participants to stand still or sit down if they get too tired. Ask all participants to stand up and find a space to move about and explain that they will do the actions associated with different kinds of shoes and demonstrate each one.
  - *Walking shoes* (walking)



- *Running shoes* (running)
- *Ballet shoes* (dancing)
- *Hiking shoes* (raise legs as if climbing)
- *High heeled shoes* (walking on tip toe)
- *Pair of shoes* (find a partner and hold hands)
- *Worn out shoes* (flop into a chair or on to the floor and relax)

Call out the names of the shoes, and ask participants to make the appropriate actions following the lead of the trainer.

2. **Changing Places :** Ask the participant to sit in a circle and ask the trainer to stand in the middle. Ask all the participants to move places "if...Shout out an instruction, for example, *"change places if you are wearing trousers...wearing spectacles...have long hair...etc.* While the participants are changing places, move to find a chair for yourself, which means that someone else will be in the middle and will have to find a chair. Continue until everyone is tired.

### *Group Dividing Activities*

If participants are asked to form small groups of their choice, they may often choose to work with friends and group cohesion may come in the way of serious work. You can ensure that this does not happen by using some of the following activities:

- Count participants off in twos.....
- Line up participants according to birth month, initials, signs of the zodiac etc...
- Line up participants to find someone who, e.g., has the same height or clothes...
- Ask participants to choose a partner or to work with someone they have not worked with before...
- Distribute cards at random, which are to be matched up in order to find a partner, e.g, famous couples, matching shapes, letters, or cut up old greeting cards and ask participants to find the piece that completes the pictures...
- Ask the participants to move around the room until you call out the number you want in a group...

### *Managing Small Group Work*

It is often difficult to make an accurate assessment of how long different groups will take to complete a group activity - there will always be quick learners! You may have to issue quite a lot of encouraging statements to hurry along





the slower groups, and offer time limits, e.g., *one minute left*.

Taking feedback from a larger number of groups can be a time consuming exercise.

However, it is important to acknowledge the contribution to the activity made by all the groups. You can cut down on time by:

- Asking written feedback (usually on larger *posters* of paper) to be displayed around the room and for all the participants to look at each other's efforts.
- Making sure that, after the first group's feedback, subsequent groups only add issues and comments, which haven't been raised previously.

### *Setting ground rules:*

Ground rules are the operational guidelines for the participants' and the trainer's behaviour during the activity and encourage co-operation and collaboration, and contribute towards the learning climate. Explain the rationale for establishing ground rules to the group.

### *Strategies for Establishing Ground Rules:*

Display a list of pre-prepared ground rules on the board/OHP and ask for comments and clarification. Ask participants to add to the list. The following is a list of suggestions for Ground Rules.

- Be punctual
- Listen
- Tolerate
- Respect each other's views
- No sarcasm
- Be positive
- No negative comments to individuals
- The participants need to know that you, as trainers, have the power to make decisions about when a discussion has lost immediate relevance and the time has come to move on. They also need to be reassured that you will be available to deal with any individual issues of concern.

### *Conducting the Activities:*

- ☞ Use open-ended questions.
- ☞ Use positive language and statements and then ask participants for their contribution
- ☞ Value all the contributions you receive from the participants.
- ☞ Be willing to quote your own opinions if you are asked and to offer personal self-disclosure if necessary. Admit any mistakes you make.

- R Allow the participants to have time to reflect.
- R Ensure that you make eye contact with the people that you talk to and use their names.
- R Be ready to challenge a view presented by a participant if you feel it is appropriate.
- R Intervene in a firm, yet sensitive fashion, if a discussion is being taken over by one or two powerful personalities or is *losing its way*.
- R Think about how and when to intervene during a group activity. It is very important to set time limits.

### *Finishing An Activity*

Some of the questions given below can be used for processing and winding up an activity:

**WHAT?** - How did I feel about this, what did I learn about my own behavior?

**SO WHAT?** How can I implement this learning in other areas of my life?

### *Conducting Empowerment sessions by Peers*

It is always more useful to initiate peer educators (preferably in pairs) to peer teach other students. They can come together to develop skills through activities suggested in the other Manuals. They can use the following set of debriefing questions to focus on better empowerment skills.

### *Co-peer Educator Daily Debriefing Questions*

To improve presentations during a Peer Educator to-peer session, one can discuss the following questions during daily debriefing sessions at the end of each day.

1. How well did we meet the goals of our workshop sessions today?
2. What did we do today that was not effective?
3. What did we do today that was effective?
4. How well did we handle problems that arose during the workshop today?
5. How well are we working together as co-trainers? Is there anything that we need to improve?
6. Is there any feedback we would like for the session the next day?

## *The Experiential Learning Cycle In A Workshop*

### **Direct experience** (exercise or activity)

(Trainer / Peer Educator introduces the activity and explains how to do it)

Trainees / Other peers participate in :

- brainstorming
- role-play
- small-group discussion
- story-telling
- case study
- games
- drawing pictures



### **Application:** next steps

(Trainer / Peer Educator gives suggestions)

### **Trainee / Other peers discuss:**

- how the knowledge can be useful in their lives
- how to overcome difficulties in using knowledge
- plan follow-up to use the knowledge
- story-telling
- case study
- games
- drawing pictures

### **Reflection: thoughts/feelings**

(Trainer / Peer Educator guides discussion)

Trainee / Other peers

- answer questions
- share reactions to activity
- identify key results

### **Generalization: Lessons Learned**

Trainer / Peer Educator gives information; draws out similarities and differences, summarizes)

Trainees Other peers participate in:

- presenting their exercise results
- summarizing key points
- drawing general conclusions



**Evaluation can also be conducted on a verbal level as part of the closing activity. A Written Feedback is however preferential.**

# Internet Safety

## Guidelines for Students

### 1. Do not download anything without your parent's permission

**Real World:** Football\_champ does not accept toffees, gifts, or anything from strangers, just like we all have been taught by our elders not to from the time we were toddlers.

**Internet World:** Similarly Cool\_dude, has a strict policy of not downloading files, even if free, as they can be harmful. They can have viruses.



### 2. Do not send out a picture of yourself without talking to your parents first.

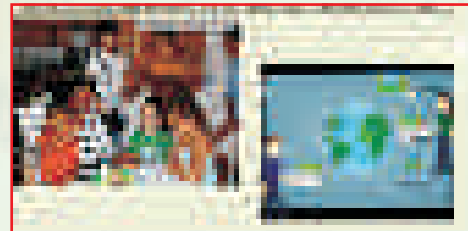


**Real World:** We only share photographs with people whom we know, such as family or friends, not with complete strangers!

**Internet World:** Complete strangers might view our photographs because on the internet we have no control of onward sharing by others.

### 3. Share information with people you know in the real world like family, friends and classmates.

**Real World:** It is fun to share with friends regarding funny incidents about parents, little siblings, relatives, etc. We even talk over small disappointments or problems.



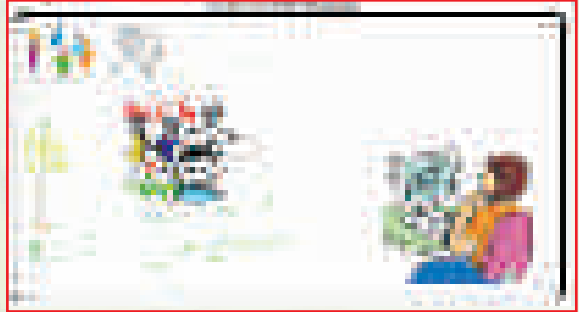
**Internet World:** Be especially careful about confiding your emotions or particulars about family, even indirectly, as it is unsafe to do so on the internet. People are not always who they say they are and we would never know.



#### 4. Do not use bad language. Respect feelings of others.

**Real World:** Does anybody like a bully? No! So we do unto others what we want others to do unto us.

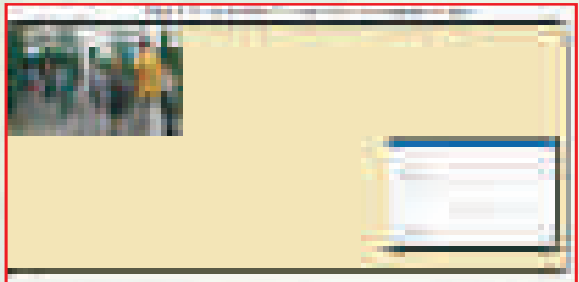
**Internet World:** Some people think they are anonymous on the internet, that nobody will know who is behind rude messages. They do not realize that all activity, all clicks can be tracked! If somebody bullies or writes cruel messages that make you feel uncomfortable, simply stop the conversation. Do not reply. Tell your parents or a trusted adult about it.



#### 5. Do not fill out online forms without taking your parent's help.

**Real World:** In case any form needs to be filled, who fills it? Parent(s).

**Internet World:** Do not fill online forms. Some people (strangers) might collect the information for misuse. Let parent(s) decide what information to fill in.



#### 6. Have fun on the internet.

**Real World:** You enjoy reading books meant for your own age group.

**Internet World:** Visit sites meant for children to update oneself.





## DCPCR Guidelines

### Medical Crisis Management - Mechanisms in School

The escalating incidence of accidents and serious mishaps in the schools of Delhi have led to a growing sense of concern amongst the cross sections of the society over the lack of preparedness and the absence of guidelines in handling medical emergencies in the schools. In the wake of such rising school based medical emergencies an Expert Committee was constituted by the Delhi Commission for Protection of Child Rights (DCPCR) to look into the psychophysical requirements and medical crisis management mechanisms in schools in Delhi. DCPCR has stated the responsibilities of all state holders as detailed under:

#### School Health Committee

- All school must have a School Health Committee comprising 6-8 members.
- Appropriate authorities - as defined us 2(e) of Delhi School Education Act, 1973. (Education Deptt. of Government Schools / Municipal Corporation of Delhi for MCD run Schools)/Managing Committee for private Schools) must include the school doctor, the school nurse, Principal, Health coordinator teacher and any other staff trained adequately for the function there of. Students and Parents representative along with community leaders should be part of the SHC.
- They should meet at least once a month to update, upgrade and reorient the implementation of school health programme including inspection of the emergency preparedness and Health related interventions.
- The School Health Committee should formulate individualized management plan for the student with special needs in collaboration with the mental health professional of the school and the parents/guardians.
- They must provide the requisite infrastructure including building/accommodation, toilet facilities for boys and girls, drinking water supply (additional if required in case of existing institutions, equipment etc).
- In case of setting up of new schools, must ensure proper planning with regard to location, building plans etc., and adequacy of required facilities keeping in view the health and emergency requirements.
- An Emergency Response Team (ERT) may be nominated alongside the school health committee and may adopt members from the school health committee.
- Review the School Health Index questionnaire for baseline evaluation.
- A Crisis or Emergency response team and the School Health Committee should have a rotating membership to allow a dynamic growth and progressive enrichment. Constantly Working with Parents to identity their needs. Constant ideas and to encourage their involvement.

## *The School Principal*

As Head of the institution, the basic responsibility for effective planning and implementation of the programme will rest on him/her. His/her main responsibilities would be as follows:

- Propagate and ensure a clean, healthy and safe physical environment in the school premises, and promote a proactive School Health Climate, with special attention to dining/canteen/kitchen facilities/baths/hand washing facilities and toilets, drinking water supply points, class/common rooms and hostels. The Principal's leadership in this area is paramount to the importance given to this aspect of education.
- Inculcate and enforce healthy lifestyles amongst the teachers, other school staffs (especially those working in kitchen, canteens) and students and check unhealthy habits e.g. smoking, drugs use, unhealthy eating, littering etc.
- Set up the School Health Committee for planning, supervising and monitoring the health programme, with regular meetings, at least once in a quarter of the year but more frequently as and when necessary, and proper record of its proceedings and follow up action thereof.
- Establish linkages with and enlist support of public health authorities, neighbourhood hospitals/Nursing Homes, doctors from amongst the parents and others, facilities, ambulances (CATS, hospitals and charitable/commercial services etc.) chemists, NGOs, corporate, philanthropists etc.) for optimum utilization of available resources at minimum cost.
- Ensure regular supply of all required equipment, including First Aid Box (es), medicines for the Medical/First Aid Room/Box (es) with replacement/supplementing as and when required.
- Provide suitable, centrally located accommodation for Medical/First Aid Rooms on the ground floor(s). (In case of schools in tents or other temporary accommodation, a separate small tent can be put up for this purpose till a regular building/accommodation becomes available).
- Arrange and facilitate initial and periodical health checkups of students/staff with the help of school Doctor, volunteers from amongst the parents, with maintenance of proper records/Health Cards by the School Nurse and proper system for communication of results in case of any adverse medical findings or where any remedial action in their part is called for.
- Modify the syllabus, with competent approval if any required, to include health education as an integral part of general education in schools.

- ↳ Organize training, including short term orientation courses, in first aid and medical emergency response for teachers, school bus staff, sports staff, students and even parents willing and capable of imbibing such training, with the help of School Doctor/Nurse, other Doctors available for the purpose (DCPCR can help in such training by planning and providing training modules and even organizing short camps for the purpose).
- ↳ In case of availability of Canteen or authorized vendor on the premises, arrange for proper care for health and cleanliness aspects, both with regard to eatables, cooking system and medium, type of snacks/food/cold/hot drinks supplied, equipment and premises, with adequate supervision by a specified person and frequent surprise checks.

## *Responsibilities relating to Medical Emergency Response*

- ↳ Facilitate the preparation of a proper plan by the School Health Committee, with the help and advice of competent medical persons, for coping with different types of medical emergencies.
- ↳ Constitute the Emergency Response Team, with alternates in case of absence of any designated member for any reason, for responding to a medical emergency; arrange for their proper training and orientation in the drill for handling such an emergency. (The availability of the full team in position should be checked and reported every day at the start of the school).
- ↳ The plan for handling a life-threatening or other serious medical emergency requiring outside help and necessitating shifting of the victim to a properly equipped medical facility (as assessed by the ER Team) should have the following as its essential elements.
- ↳ An effective alarm system to alert the Team as well as the school head about the emergency and its nature to enable the team to go into action without any loss of time, but without starting any panic.
- ↳ Detailing specific personnel for:
  - ↳ Calling the ambulance or arranging for any other suitable transport to avoid loss of time.
  - ↳ Alerting the nearest Hospital/Nursing home about the nature of emergency, arrangements for sending the victim (unless it is by their own ambulance) to prepare them to respond promptly.
  - ↳ Informing the parents/guardians, police, in case the nature of incident warrants the same. (Even assistance could be organized to bring the parents/guardian to the Hospital/School).



- ↳ Identification and establishment of linkages and protocols with the nearest suitable Hospital/Nursing Home/Clinic, Ambulance/Transport facility for response without any loss of time in routine procedures/formalities etc. in case of such an emergency. These facilities and ambulances should be familiarized with the School lay out, shortest route and gates etc. to avoid loss of time.
- ↳ Availability of a school ambulance, pooling an ambulance or liasoning with CATS for ensuring of immediate transportation of the acutely injured/ill from the school.
- ↳ Ensure proper documentation of such emergencies and their handling.
- ↳ Organise mock drill for emergency handling of different types of emergencies, (such drills can be integrated with similar drills for disaster management programmes, which include medical emergencies).

### *School Health Coordinator - Teachers / Counsellor*

- ↳ To ensure that the instruction and services provided through various components of the school health program are carried out in a smooth process with consistent messages.
- ↳ Assist the Principal/Head Master in promoting a culture of clean, safe and healthy lifestyle amongst the students and other school staff, both by personal example and guidance and motivation to others.
- ↳ To facilitate collaboration amongst school health program personnel and other school staff and help in organizing and participate in health related programmers and activities.
- ↳ Undergo training in health education and first aid to impart health education to students.
- ↳ Respond in a responsible manner to any emergency arising in their class or in their presence, including alerting the medical team, rendering any possible support to the victim till their arrival, ensuring order in the class and preventing any panic.
- ↳ To facilitate collaboration between the school and other agencies who have an interest in the health and well-being of children and their families.
- ↳ To conduct evaluation activities those assess the implementation and results of the school health program.

## *The School Doctor*

Responsibilities of the school doctor are the following :

- ❖ Registered Medical Practitioner Employed with the school part-time/fulltime (especially where there are school hostels)
- ❖ Medical Check-ups, diagnosis and prescribing treatment.
- ❖ Playing leadership in all Health Education and Health Awareness campaigns of the school.
- ❖ Making appropriate referrals to specialists
- ❖ Ensuring follow up of children especially with chronic underlying ailments.
- ❖ Inspecting of school environment and sanitation
- ❖ Holding meetings/seminars with parents and teachers
- ❖ Ensuring maintenance of Health records and reports
- ❖ Evaluation of the CSHP and redefining programme objectives and activities.

## *School Health Nurse*

- ❖ A qualified registered full time nurse trained for school health emergencies and first aid. Ratio recommended 1:750 children. In charge of the PAS (Public address system and buzzer activation for the emergency response) teachers and the SHC.
- ❖ Assisting in periodical examination of school children and annual health cards.
- ❖ Inspection of school health environment and provisions for nutrition support, advice and follow-up of health education strategies for children and adolescents.
- ❖ Manage the spectrum of minor illnesses/injuries and provide adequate first aid.
- ❖ Skillfully use the available physical and health assessment tools to identify factors that may place the student at risk of emotional, behavioural and learning problems.
- ❖ Coordinating the referral services of the school in conjunction with families.
- ❖ Work along with the school doctor as a facilitator for Health Promotion and Health Education (Training and Development) activities of the school.

## *Students*

- ❖ Maintain a clean, healthy and safe physical environment, not only in the school but also in their home and the community, and adopt a clean and healthy lifestyle for themselves, their family and community.



- ❖ Abjure any unhealthy habits themselves and also advise and prevail upon their friends/classmates to do the same.
- ❖ Participate in health counselling in the school.
- ❖ Participate in health related programmes and activities in the school-take up health related subjects for project work.
- ❖ Undergo First Aid training to manage their own health problems and also to help others.
- ❖ Work as peer trainers to impart health education/training to others.
- ❖ Work on and assist the ERT.

### *Parents and Guardians*

- ❖ Adopt a clean and healthy environment and lifestyle for themselves and inculcate the same in their wards.
- ❖ Check any unhealthy habits or unhealthy company among their wards.
- ❖ Participate in health related programmes and activities in the school.
- ❖ To keep updated themselves about the common childhood emergencies and the First Aid approach.
- ❖ In case of health professionals, actively help the schools in their health programmes, including imparting training to teachers, students and other parents etc., rendering medical aid to students and school personnel, medical examination of students and in planning for medical emergencies.
- ❖ To inform and keep the school updated of any underlying Chronic Ailments (Asthma, diabetes etc.) or unexpected developments in the health of a child, which may need the joint attention of the school and parents.
- ❖ In consultation with the family physician, make the child carry any essential medical device e.g. inhaler or medication with him/herself to the school, with proper understanding about their regular/emergency use.
- ❖ To participate in any health related School based activities and programmes or campaigns wherever parents are required to be present.

### *School bus / any transport for students*

- ❖ It is to be ensured that appropriately upgraded and updated First Aid Box is positioned at the designated place in the school bus.
- ❖ The drivers and conductors of the school bus are appropriately trained in First Aid and CPR.
- ❖ Periodical Assessment of the First Aid provisions of the school bus is carried out by the school authorities.

## Safety Check List

### Am I Safe in My School?

- ❖ Are awareness programmes organized for the students and the staff?
- ❖ Are the teachers and students aware of vulnerable areas in school?
- ❖ Are mock drills performed regularly in school?
- ❖ Are safe places/shelters identified in school?
- ❖ Is the staff assigned duties and responsibilities?
- ❖ Is the staff trained for first aid?
- ❖ Do we have fire fighting system?
- ❖ Are the electrical panel/mains in good condition?
- ❖ Does our school building have protection against lightning?
- ❖ Are the major repair works carried out for the strengthening or the damaged part of building?

## School Fire Safety Checklist

### What to do in case of fire?

- ❖ Establish a fire safety plan.
- ❖ Evacuate the students in immediate danger.
- ❖ Sound the alarm.
- ❖ Fight the fire with proper equipment.
- ❖ Close room doors and hallway doors to prevent air movement and spread of smoke.
- ❖ Do not panic. Advise students to remain calm.

### Fire drills:

- ❖ Always take the fire drills seriously and evacuate the school when the alarm sounds.
- ❖ Hold fire drills on a regular basis.
- ❖ Ensure the school employees know how to evacuate their work areas.
- ❖ Sound the fire alarm as the first step of a drill.
- ❖ Be familiar with the location of the nearest fire alarm and extinguisher.
- ❖ Learn how to operate fire extinguishers, fire blankets and fire hoses.

### *Laboratories:*

- ❖ Store flammable liquid properly.
- ❖ Avoid storing incompatible chemicals next to each other.
- ❖ Survey chemicals annually and discard any that are obsolete.
- ❖ Clean up spills immediately.
- ❖ Repair all electrical hazards.
- ❖ Dispose of rubbish regularly.

### *Classrooms:*

- ❖ Clearly mark the evacuation route on the school floor plan and place it adjacent to the classroom door.
- ❖ Check electrical appliances and cords regularly.
- ❖ Keep all doorways clear.
- ❖ Dispose of rubbish daily.
- ❖ Protect all unused outlets in kindergarten and pre-school nurseries with safety plugs.

### *Auditorium:*

- ❖ Check emergency lighting regularly.
- ❖ Keep all doorways clear.
- ❖ Keep exits lights in working order.
- ❖ Extension cords should not be used as a replacement.

### *Halls And Doorways:*

- ❖ Identify exits with lighted exit signs and keep them unobstructed.
- ❖ Avoid Wedging open hallway doors.
- ❖ Check emergency lighting regularly to ensure it is in proper working order.
- ❖ Test fire doors regularly to make certain that the doors do not jam and that the hardware is not detached.

### *Boilers And Maintenance Rooms*

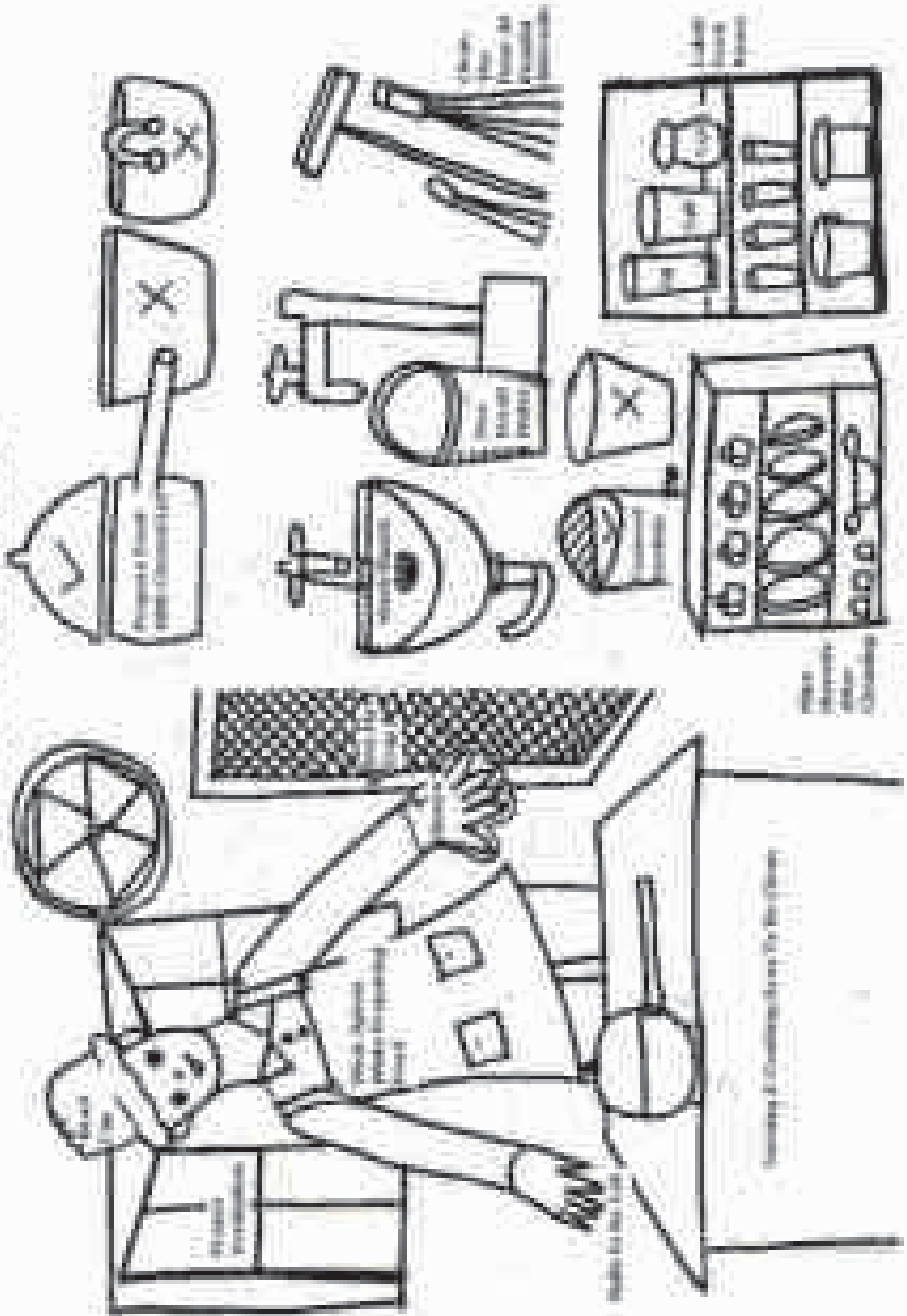
- ❖ DO NOT store combustibles in boiler rooms or furnace rooms.
- ❖ Service heating equipment annually and check units regularly to make sure they are in proper working condition.

- ❖ DO NOT store combustible materials in electric rooms.
- ❖ Gas powered equipment should be stored outdoors or in fire-rated room (one-hour fire separation).

### *Safety Rules Of The Road*

- ❖ Drive defensively and avoid heavily traveled routes whenever possible.
- ❖ Always keep to the left and drive with the traffic, not against it.
- ❖ Use arm signals to indicate stops and turns. Indicate turns a good half block ahead.
- ❖ If it's necessary to turn left at a busy intersection, walk the bike fully across the street, then to the left after the light changes, then remount and enter traffic again from the right.
- ❖ Drive single file, keeping a safe distance from the vehicle ahead.
- ❖ Never hitch a ride from another vehicle.
- ❖ Carry packages in a basket or carrier, keeping both hands free to control the bike. Don't carry passengers, except on adult bikes fitted with special passenger seats.
- ❖ Be on the alert for car doors opening and for parked cars pulling out into traffic.
- ❖ Never stunt-ride, show off or engage in horseplay.
- ❖ Avoid driving in snow or on ice. Watch out for sand, stones, gravel, potholes and other surface hazards.
- ❖ Don't drive fast downhill.
- ❖ Never turn or apply brakes on unstable or slippery surfaces. Coast through them in a straight line.
- ❖ In heavy traffic, dismount and walk bike across intersections, using the pedestrian crosswalk.
- ❖ For night driving use special precautions; light or white clothing, front bike light, reflectors and reflective tape.
- ❖ Wear a clip guard on trouser cuffs.

# Canteen Norms





## Focus Area during Emergency

1. Display Do's and Don'ts & evacuation plan of your school building with safe and unsafe buildings.
2. Every class must be oriented for drill.
3. Prior to drill assign duties to active members of DMC and other staff members at various points.
4. Explain evacuation plan to, students, teachers & other staff.
5. Meeting place should be predecided.
6. Proper arrangement of siren or bell which is well known to whole school.

## *Norm Based On Supreme Court Guidelines For Safe Buildings and Fire Safety Measures In Schools:*

- I. Provision of adequate capacity and numbers of fire extinguishers of ISI marks to be provided in eye-catching spots in each block of the school.
- II. First Aid kits and necessary medicines should be readily available in the school.
- III. Provision of water tank and separate piping from the tank with hose reel to the ground floor and first floor.
- IV. Fire fighting training to all teachers and students from X to XII standards.
- V. Fire Task Force in every school comprising of Head of the institutions, two teachers/staff members and one member from the Fire and Rescue Department should be constituted. The Fire & Rescue Department member shall monitor and make fire safety plan and conduct inspections once in every three months.
- VI. Display of emergency telephone numbers and list of persons to be contacted on the notice board and other prominent places.
- VII. Mock drills to be conducted regularly. Fire alarm to be provided in each floor and for rural schools separate long bell arrangement in case of emergency.
- VIII. All old electrical wiring and equipment shall be replaced with ISI mark equipments and routine maintenance conducted by the School Management in consultation with the Fire and Rescue Department.
- IX. No High Tension lines should run inside or in close proximity to the school. Steps must be taken to shift them if they are already there.
- X. The Fire and Rescue Department shall frame guidelines with "DOS and DON'Ts " for schools and issue a fitness certificate, which shall be renewed periodically.

## *Training of school teachers and other staff:*

- I. The teachers along with other staff shall be trained to handle safety equipment, initiate emergency evacuations and protect their students in the event of fire and other emergencies by the Fire and Rescue Department.
- II. They shall also be trained in providing emergency first-aid treatment.
- III. There shall be a School Safety Advisory Committee and an Emergency Response Plan drafted by the Committee in approval and consultation with the concerned Fire & Rescue Department.
- IV. Emergency Response Drills conducted at regular intervals to train the students as well as the school staff.
- V. All schools to observe Fire Safety Day on the 14th of April every year with awareness programs and fire safety drills in collaboration with the Fire and Rescue Department.

## *School Building Specification:*

- I. The school buildings shall preferably be a 'A' Class construction with brick/stone masonry walls with RCC roofing. Where it is not possible to provide RCC roofing only non-combustible fireproof heat resistance materials should be used.
- II. The nursery and elementary schools should be housed in single storied buildings and the maximum number of floors in school buildings shall be restricted to three including the ground floor.
- III. The School building shall be free from inflammable and toxic materials, which if necessary, should be stored away from the school building.
- IV. The staircases, which act as exits or escape routes, shall adhere to provisions specified in the National Building Code of India 2005 to ensure quick evacuation of children.
- V. The orientation of the buildings shall be in such a way that proper air circulation and lighting is available with open space all round the building as far as possible.
- VI. Existing school buildings shall be provided with additional doors in the main entrances as well as the class rooms if required. The size of the main exit and classroom doors shall be enlarged if found inadequate.
- VII. School buildings have to be insured against fire and natural calamities with Group Insurance of School pupils.
- VIII. Kitchen and other activities involving use of fire shall be carried out in a secure and safe location away from the main school building.
- IX. All schools shall have water storage tanks.

# Play Ground Safety

## The Physical Environment

Before letting your child spend time in a playground, check it out yourself to make sure that the play area is safe. Here's what to look for:

- ❖ The playground should be surrounded by fences to prevent younger children from wandering in and out and to allow the area to be closed off when no supervisor is present. Fences also insure that the equipment will only be approached from the proper direction.
- ❖ The equipment should be arranged according to the age group for which it is intended. Facilities for younger children should be separated from facilities for older children. This will keep the younger child away from equipment that requires a strength and skill he/she doesn't yet have and will protect him/her from being caught up in the more vigorous, potentially dangerous, activities of older kids.
- ❖ Adequate space should be marked off for each activity to protect both the participants and the passers by Boundaries must be clearly indicated by physical barriers or painted lines. Make sure your child understands the importance of staying outside them when he/she's not actively playing.
- ❖ Particularly around equipment, the surface of the playground should consist of relatively soft materials such as grass, earth, sand or tanbark. Concrete, asphalt and other hard, unyielding surfaces greatly increase the chances of serious injury. Check that the surface is given the necessary maintenance to keep it safe.
- ❖ Make sure the playground is kept clear of broken glass, bottles, metal tabs from cans and other debris, especially around slides, sand boxes and swings.

## Playground Equipment

Broken-down, dilapidated structures are obviously dangerous and should never be used. However, every piece of equipment used in the playground must be examined to make sure it is safe for your child's play.

- ❖ The equipment must be firmly anchored into the ground. In most public playgrounds, the apparatus is safely embedded in concrete. Backyard equipment anchored with pegs must be checked regularly to make sure that they haven't worked their way loose. All anchoring devices should be buried well below ground where they won't be tripped over.
- ❖ Check that the equipment hasn't shifted with use. Structural components designed to be horizontal or vertical must be maintained that way. Shifts in position can impose a strain on the structure which may eventually lead to its breaking or collapsing.

- ❖ Screws and bolts holding the equipment together must not be loose or missing. Exposed screws and bolts should fit flush or be capped and any protruding parts covered with tape. Fittings must be examined frequently to make sure they remain securely in place.
- ❖ Split-link chains, S-hooks and similar fittings separate easily and are extremely dangerous.
- ❖ Hanging rings should either be much smaller than a child's head or much larger, under 5 inches (12.7 cm) or over 10 inches (4.4 cm.).
- ❖ Metal structures should be kept free from rust.
- ❖ Wooden equipment should be protected against deterioration and restored or replaced as required Check for splinters.



# 7. Assessment and Evaluation

## Functions of Assessment

- Too much focus on **Assessment and Evaluation** rather than on the understanding and application skills inherent in the course of study should be avoided. Stress must be placed on acquiring health skills for entire life. However the following are purposes for which assessment may be considered.
- **Teaching:** Students and teachers may gain greater understanding of the substance of the program when the results of test and assignments are reported to them.
- **Communication:** Students tend to organise their study around the demands of assignments and assessment requirements. Thus assessment helps them to understand the objectives of the course and the standards expected.
- **Grading:** To determine whether a student has achieved a satisfactory standard or may count the course towards some level of award.
- **Evaluation:** Assessment can provide the student with information on personal level of attainment and the teacher with indication of success and suitability of methods, resources and effectiveness of teaching.
- **Clarification:** Allow students to clarify and refine their understanding of attitudes and values of themselves and others.

**Skills Attainment:** To demonstrate whether a student has attained the necessary practical skills required in a particular area.

- **Prediction:** The readiness of the student to proceed to the next unit of work or course may be determined by appropriate assessment procedures.

## Who Should Be Assessed?

When considering the evaluation necessary it is important to consider the need in varying circumstances to assess all students, selection groups, individual students, the teaching, the course, organisation and administration.

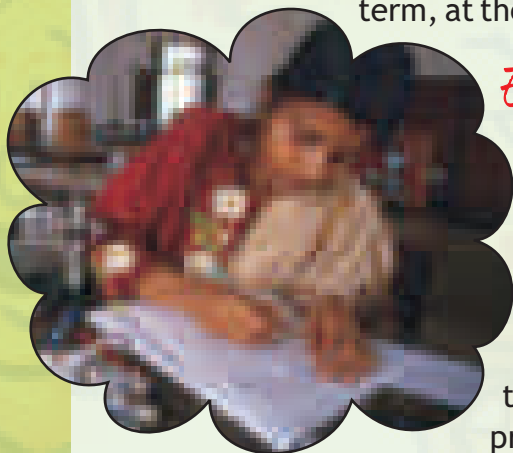
## Who Should Assess?

At varying times, students should be encouraged to self-assess, groups of students may undertake peer assessment. The whole class may assess a piece of work, the teacher may assess in varying ways a teacher from another group.



## Frequency of Assessment

Assessment may profitably occur in varying ways as process assessment during the course of the program or as outcome evaluation at the completion, at the end or during each lesson, during a workshop or tutorial, at the end of a unit of work, at the end of each term, at the conclusion of the year's work at graduation.



## Examinations

Examinations in this syllabus are required and are to be used in assessment of progress. Care should be taken in development of examination papers to ensure that there is an array of question types (as indicated as follows) and that the examinations are valid in that they test the subject matter taught but also allow for some deductive reasoning in solving problems posed.

Further, as the health work covered is very practical in nature, at least 30% of marks should be allocated for practical work carried out in the home, school or community. This may be done as a project task undertaken by an individual or small group in which a final report is written by each student, individually covering:

1. Clear statement of the problem;
2. Aims of the project;
3. Methods undertaken to achieve aims;
4. Problems which were encountered;
5. Conclusion.



## Sources of Evidence

When considering objectives which encompass health knowledge, attitudes and skills, assessment procedures must include a variety of approaches, including;

- individual as well as group assignments and reports
- essays, children's writing
- observation and analysis of behaviour, in classroom, school, community
- records of staff meetings
- changes in maintenance of school facilities
- critical incidents, reports, journals, diaries, reports
- judgement against standards
- interviews, discussions, meetings, surveys, reports from parents
- restricted response questionnaires, rating scales
- free response questionnaires, interviews, feedback sheets
- teachers' subjective judgement
- already available information
- **Indicators of Impact** may be varied in a course involving health and living skills. They may include:
  - improvement in personal hygiene,
  - better home sanitation,
  - improvement in institutional health and hygiene practices,
  - evidence of better, cleaner maintenance of school toilets,
  - increase in confidence,
  - greater flexibility,
  - increased care for the well-being of the other,
  - increase in ability to cope with problems and difficulties,
  - increase in decision -making opportunities and responsibilities,
  - improvement in communication, research, oral/written work, presentation,
  - improved responses to quizzes, tests, examinations on knowledge,
  - practical ability improved in health situations,
  - accepting and respecting each other's opinions,
  - increase in team-work and group decision-making,
  - challenge in stereotype and prejudice,
  - easy reorganisation of classroom for active, participatory teaching/learning,
  - more experiential, practical teaching/learning strategies,
  - reduction in incidents of transferable disease,

- low morbidity,
- better immunisation cover,
- less home, school, street, recreation and workplace accidents,
- better cooking and food preservation practices,
- decrease in corporal punishment, abuse and exploitation,
- greater rewarding and appreciation of children,
- better communication between home and school,
- more responsibility and decision-making opportunities for students,
- equal treatment for all children, for boys and girls, for children with special needs.

**Assessment and evaluation** should thus be one means of seeking a better learning and teaching environment and thus improved personal and group health.

### *Assessment and Evaluation*

### *Some Examples of methods of assessment*

#### **Tests**

Tests are often used to evaluate knowledge, which may be a starting point for change in thinking, attitudes and behaviour. It is difficult to devise valid, reliable tests and it is often desirable to use a variety of types.

#### **Some Sample tests.**

##### **1. Short answer**

(a) What are three ways in which infectious diseases may spread?

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(b) Why is safe waste disposal so important for health?

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(c) Describe how you may assist your little sister or brother to play more safely.

---

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---

(d) Your friend had a bicycle accident. What would you do to help?

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## 2. True or False

1. Are the following statements true or false:

- a) Hepatitis B is a form of STD. \_\_\_\_\_
- b) Smoking can produce cancer of the lips. \_\_\_\_\_
- c) Noise pollution can cause deafness. \_\_\_\_\_
- d) The joint at the elbow is ball-and -socket joint. \_\_\_\_\_
- e) Myopia sufferers are unable to distinguish distant objects clearly. \_\_\_\_\_

2. If we cut down forests we risk ending up with: (tick the correct answers)

- a) no ground cover, \_\_\_\_\_
- b) eroded land , \_\_\_\_\_
- e) cleaner water, \_\_\_\_\_
- d) more soil, \_\_\_\_\_
- e) less oxygen being produced, \_\_\_\_\_

## 3. Sickness may be transmitted at home by (tick the correct answer)

- (a) keeping food covered,
- (b) washing hands before eating,
- (c) eliminating places where mosquitoes breed,
- (d) keeping water uncovered,
- (e) not using a toilet

## 4. Draw a line to join each disease with the correct route of transmission.

<i>Disease</i>	<i>Route of transmission</i>
Influenza	air
AIDS	lack of hygiene
Gastroenteritis	animal bites
Malaria	mosquitoes
Tetanus	blood products

## 5. Essays

a) Write an essay on ' *How can we create our home vegetable garden*'.

## 6. Attitude scales

Complete the following by putting a mark on the line to indicate your preference

a) By smoking I am placing my health at risk.

1\_\_\_\_\_3\_\_\_\_\_5

Strongly

Strongly

agree

disagree

(b) To maintain fitness, both sensible exercise and balanced diet are necessary.

1\_\_\_\_\_3\_\_\_\_\_5

strongly

strongly

agree

disagree

(c) I would dislike having someone in my class with a deadly disease.

1\_\_\_\_\_3\_\_\_\_\_5

strongly

strongly

agree

disagree

## 7. Interviews

### A. *With students:*

- a) What has the Health Program taught you about family relationships?
- b) Without writing your name, discuss the best thing about this program.

### B. *With parents:*

- a) What does your son/ daughter feel about the lesson on drugs?
- b) What areas do you things need more emphasis?

## 8. Surveys

Anonymous collection of information about behaviour and behaviour change

- a) How has this program affected your behaviour at home and at school?
- b) What are the important things which you learnt from this program?

## 9. Feedback sheets

Immediate response to a lesson or a workshop may be obtained by using the feedback sheet.

- a) In this workshop



I felt \_\_\_\_\_

I learned \_\_\_\_\_

I liked \_\_\_\_\_

**This lesson was** 😊 😐 😞

( Circle the most appropriate face.)

### 10. Pre-existing data

- a) Data that may be useful for planning units / lessons or for extension study is often available from census figures, surveys carried out by various agencies, magazines or newspaper reports.

### 11. Practical exercises

- a. Young children may be asked to walk or ride a bicycle over a set course to determine ability to follow safety rules and road laws.
- b. A class group are asked to arrange a debate on a controversial topic which has arisen in the class. The ability to organise, to listen to opposing viewpoints without prejudice, to argue a viewpoint which they don't necessarily support may all be indicators of lesson success.
- c. Young children may be asked to draw a scene from their 'healthy home'.

### WEBSITES

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Adolescent and Youth Reproductive Health in India, Status, Policies, Programs and Issues, [http://www.policyproject.com/pubs/countryreports/ARH\\_India.pdf](http://www.policyproject.com/pubs/countryreports/ARH_India.pdf)

Approach to Adolescents: UNESCO's Objective, [www.un.org.in/jinit/unesco.pdf](http://www.un.org.in/jinit/unesco.pdf)

Culture and Adolescent Development, [www.ac.wvu.edu](http://www.ac.wvu.edu)

Future of Mid-day Meals, [www.hinduonnet.com](http://www.hinduonnet.com)

Health Needs of Adolescents in India, [www.icrw.org](http://www.icrw.org)

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Physical Education, Yoga and Health Education, <http://diet.pon.nic.in>

Problems of Adolescent Learners, [www.ncert.nic.in](http://www.ncert.nic.in)

Scheme for Promotion of Yoga in Schools, [www.education.nic.in](http://www.education.nic.in)

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Sex and the Adolescent, [www.webhealthcentre.com](http://www.webhealthcentre.com)

Sex Education and Children, [www.indianparenting.com](http://www.indianparenting.com)

Sex, Studies or Strife? What to Integrate in Adolescent Health Services, [www.ncbi.nlm.nih](http://www.ncbi.nlm.nih).

Sexual Behavior among Adolescents in Delhi, India: Opportunities Despite Parental Control, [www.iussp.org/Bangkok2002/s30 Mehra.pdf](http://www.iussp.org/Bangkok2002/s30%20Mehra.pdf)

Six Billion and Beyond, [www.pbds.org](http://www.pbds.org)

Yoga in Kerala government, [www.kerala.gov.in/dept\\_generaleducation](http://www.kerala.gov.in/dept_generaleducation)

Youth, Gender, Well-being and Society, [www.icrw.org](http://www.icrw.org)

<http://www.edu.ewc>

[www.unu.edu/unupress/food/unupress.htm](http://www.unu.edu/unupress/food/unupress.htm)

Food & Nutrition Board

<http://www.rxpgnews.com/food&nutrition/index.shtml>

<http://www.whoindia.org/en/section20/section29-152&htm>

# Health Promoting School Initiative

## -A Case Study

### Introduction:

The Health Exhibition is an activity carried out by the school Health Committee on behalf of the school or by a school committee to create awareness in the school as a whole and in its surrounding community about the comprehensive School Health Program, the prevention of disease and promotion of health. It is a means to reach out to the community by the school and an opportunity to present the school as a caring educational institution which is very much part of the community it serves.

### Genesis of the Health Exhibition: (Nirog Dham)

Health exhibition is a school-level event involving all stakeholders-children, teachers, health functionaries and the community. It gives the parents and community an opportunity to know more about their own health and their well being of their children.

### Objectives of Health Exhibition:

- ❖ Health check ups by renowned and super-specialist hospitals.
- ❖ Display of Ayurvedic, homeopathy, naturopathy system of medicine, medicinal plants and organic products prepared by Home Science students.
- ❖ Lectures by eminent expert and clinicians on concepts and applications of dimensions of health and awareness regarding adolescence concerns. Inter-school Competitions to create awareness regarding health.
- ❖ Exhibitions and sale of books and publications, food supplements and eco-friendly products, fitness products and knowledge regarding health insurance.
- ❖ A Primary Health Unit, adulteration tests and experiments conducted under DNA club presented by science students.

### Preparation:

Preparation was the key to successfully organizing and conducting the health exhibition. Preparation, discussions and meetings were started in the beginning of the academic year. The health exhibition was named as NIROG DHAM.

The date for conducting the exhibition was decided well in advance and was incorporated in the school calendar. Pamphlets and advertisements were designed to attract the health agencies to participate the exhibition.

1. The Hospitals and other healthcare institutes were contacted and were asked to participate in the exhibition. The Different indicators of health were taken by each hospital to impart different health check-ups.
2. The Home Science faculty was responsible to collect the recipes of different organic product of amla like chutney, murabba, candy and supari. The Home Science students prepared different products under the supervision of Home Science teachers.
3. The super specialist doctors of different fields were approached to give review regarding various health concerning problems. Expressions India also took keen interest in conducting work shops on Parent Advocacy and different Adolescence issues.
4. The school librarian contacted different publishers to display magazines, books and other material related to healthcare in the exhibition.
5. The Science faculty was responsible for training the students to handle different medical emergencies. The different science models and displays were prepared by the children under the supervision of science teachers. The DNA club presentation also showcased different activities, field trips and experiments conducted through out the academic year.

## *The Process:*

### *On the Health Exhibition Day:*

One could hardly recognize the school on the D-day. With more than 2000 people gathered, the entire school building was converted into a health catering institute, as the name symbolized NIROG DHAM. The school ground was covered with bright shamiana, numerous colorfully dressed people; the atmosphere was no less than that during a village jathre (fair) bustling with activity.

The hustle and bustle began at around 9"00 a.m. The class rooms were nicely decked up with bright canopies. Each classroom had two stalls.

On the whole 36 health catering institutes participated in the health exhibition. 12 organizations were for check-ups, 8 organizations were for Ayurveda, naturopathy and homeopathy consultancy, 4 organizations for books and publishers, 2 for medical insurance and 1 for medicinal plants.

At the entrance was a registration desk where children noted the names of visitors. Here each visitor was handed a printed list of institutions participating and feedback form to indicate the grade obtained by him/her after visiting each of the stall.



People gathered in large numbers around each stalls and it was amazing to observe the children working as a team. The children were totally in charge of the stalls and hence communicated freely and made independent decisions.

Word of mouth was a strong force in drawing people to the exhibition. People who first came and visited the exhibition must have gone back home and told their friends and neighbours that this was an event not to be missed.

### *Budget:*

The expenses of the exhibition were minimal especially considering the wide spread participation of the people. Care was taken to minimize expenses by using in-house expenses. Props and the decorating material- to decorate the entire school building were prepared by art & craft faculty. The infrastructure i.e. chairs, beds (PHC), bulletin boards, display boards were all in house. Banners and the instructional material were prepared by the teachers. Food was in issue that was discussed at length. Ultimately it was decided that two times tea/coffee from vending machine should be served to the participants while the doctors who came for the health check ups could be served with lunch. The cost of shamianas was saved as the entire event was held in the building. However the competition were held in the playground, hence required few shamianas.

The table below gives detail of the approximate expenditure towards organizing the exhibition.

<b>Expenditure for Health Exhibition (Approx)</b>			
<b>S.No.</b>	<b>Items</b>	<b>Amount (Rs.)</b>	<b>Remarks</b>
1.	Props	1000	In house
2.	Stationary	1000	
3.	Registration Forms/Feedback Forms	500	
4.	Shamiana (only for competitions, outside)	3000	Can be avoided by using the school space more creatively and mobilizing the school resources.
5.	Banners & art work	1000	
6.	Food	1000	
7.	Miscellaneous	1000	
	<b>Total</b>	<b>8500</b>	<b>Approximately</b>

## Participation of People in the Exhibition:

Particulars	Number
Children (SPS)	1500
Children (Other Schools)	500
Teachers	300
Community Members	500
<b>Total</b>	<b>2800</b>

## Outcome and Impact:

- ❖ About 1800 parents & students got their health check ups done from the reputed hospitals from Gurgaon and Delhi region in the school.
- ❖ The Students, Teachers and the Parents were made aware regarding the different alternative medicines. The products prepared by Home Science students were appreciated to a great extent.
- ❖ The event provided a space for children to act independently with immense self confidence, as the students projected their models & displays. The Primary Health Centre Unit involved a lot of group dynamics.
- ❖ Lectures by eminent experts helped the students and community to gain insight regarding childhood related problems like diabetes, Asthma and different adolescence concerns like HIV/AIDS, substance abuse etc.
- ❖ Sale & Display on books inspired the students and parents to be aware about health education and the latest finding in this stream.

## Plan of the Year - Medical

### 2009-2010

#### Activities

Month	Date	Important Days	Tentative Plan	Details
April	6th, 7th, & 8th	World Healthy Day (7th)	-Healthy Tiffin Competition for o Montessori o Primary	-To be coordinated by primary wing
			-Yoga & Meditation o Middle o Senior	-Art of Living/Physical Education Department
	22nd	World Earth Day (22nd)	-Presentation on Global Warming o Primary oSenior	-Power point presentation by Medical Faculty
May	9th (on PTM)	World Asthma Day (3rd)	-Health Talk on Asthma for parents	-By expert/School Doctor
	13th,	No Tobacco Day (31st)	-Inter-house quiz Competition	-Students to be given literature before hand to prepare
July	8th	World Populatin Day (11th)	-Skit	-Skit in the assembly to be coordinated by Music/Dance Faculty
August	11th,	Dengue Prevention Day (10th)	-Banner/Rally-On Cleanliness	-To be prepare by the students of Class VII & IX
	20th	World Mosquito Day (20th)	-Inspection by the Students	-Criteria to be provided by the Medical faculty
September	1st to 7th	World Nutrition Week (1st to 7th)	-Quiz with Wellness Club -Self made Nutritious recipe competition/ -Talk by the class XI Home science students on nutrition related issues	-Selection Criteria by the medical, counseling & home science faculty
	22nd	World Alzheimer's Day (21st)	-Question Answer Session	-In the assembly
October	10th (Open Day)	World Sight Day (12th)	-Eye Check up by Venu Eye Institute	-For Staff, Students & Parents
November	10th & 11th	World Diabetic Day (14th)	-Blood Sugar Check Up for Obese and Children having Family History of Diabetes	-Criteria Medical Records
December	1st	World AIDS Day (1st)	-Red Ribbon Distribution for Senior Student	-To be distributed to the students of class XI & XII in their respective classes
January	13th	Laughter Day (13th)	-Jokes session by class XI students in the assembly	-To be coordinated by senior teachers
February				
March	16th	-No Smoking Day (13th)	-Poster Making Competition	-For classes VI to IX

### STUDENT'S MEDICAL RECORD

(To be filled by the parent on the first day of the session)

1. Specific ailments suffered in the past:

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2. Operations undergone in the past, if any specify:

---

3. Allergies, if any:

---

4. Is the child on any regular medication? If so, give details:

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### *Leave / Absence (on medical grounds)*

1. A student who has been sick should bring a medical & fitness certificate from the doctor on rejoining the school after illness.
2. The parents should fill in the reason for the absence of the child from the school in the 'Record of Absence' given in the Almanac or fill the Leave Application Form available at the reception.
3. Students suffering from the following disease must observe the prescribed period of quarantine before returning to the school :-

(a) Conjunctivitis	Till full recovery
(b) Measles	Two weeks after the rash disappears
(c) Mumps	7 to 10 days after the swelling subsides
(d) Chicken Pox	Two weeks after the onset of lesions
(e) Jaundice	Six weeks after recovery

### *Experience Sharing By The Peer Trainers*

#### Initial Impressions

- ❖ We got the chance to meet students from various schools and realized that they were not much different from us. i.e. they had similar interests, queries etc. chance to meet students from various schools and realized that they were not much different from us. i.e. they had similar interests, queries etc.
- ❖ We got a platform to voice our opinions and felt that sharing our thoughts was easier in this group. Rather, a variety of opinion was encouraged.

#### What we learnt

- ❖ We learnt that the issues, which bothered us, were actually important and needed appropriate handling.
- ❖ Concepts of Life Skills were introduced, which appeared timeless and ageless.
- ❖ The workshop on Anger and stress helped to understand how different people react to same situation differently.
- ❖ Learnt more about deadly disease (AIDS/HIV), its diagnosis and prevention.
- ❖ At an age when many of us differ in opinions with our family, we learnt the various effective ways to cope up with situations in the workshop on Family Relations and Bonding.
- ❖ During the session in our school, we got a chance to know our peers better though they have studied with us for many years.

#### What we did about it

- ❖ We conducted the workshop on 'Introduction to Life Skills' in our school
- ❖ It was conducted on the basis of the initiation session.
- ❖ We divided the students in to 10 groups and gave each of them a thought provoking task based on different life skills.
- ❖ For example, Creative Thinking - Forming a unique prefectorial board; Coping with stress and emotions - Role play on dealing with a bully.
- ❖ Each group was asked to make a presentation; followed by a group discussion.
- ❖ Finally the significance of life skills was discussed and feedback taken.

### *Our Future Plans*

- ❖ We plan to conduct these workshops for classes IX to XII and form a rapport of being friendly peers.
- ❖ With the help of our counselor want to develop a Peer Mentor Club so that no needy student suffers silently and has someone to share and discuss.
- ❖ We, the Peer Trainers and our Counsellor, thank the team of EXPRESSIONS and especially Dr. Jitendra Nagpal for this learning experience.

**Bal Bharati Public School,  
Brij Vihar, Ghaziabad.**



**CENTRAL BOARD OF SECONDARY EDUCATION  
2, COMMUNITY CENTRE, PREET VIHAR, DELHI-110092.**

**ACAD/EO/2006**

**Dated : 31.5.2006  
Circular No. 09**

All the Heads of the institutions  
affiliated to CBSE.

**Subject: Comprehensive School Health Programme and Creating Health Club in the school.**

Dear Principal,

Childhood and adolescence form the most joyful period of an individual's life. They are times of immense creative energy, self-discovery and exploration of the world. They can also be fraught with feelings of isolation, loneliness and confusion. They can be due to various factors relating to the physical, social, emotional, mental and spiritual well being of the younger generation. Schools, families and communities need to play a positive and responsible role in bringing up young children in a healthy environment which would enable each one to maximize their potential.

Schools can provide dynamic settings for promoting health, for enabling children to grow and mature into healthy adults. Yet the potential of the school to enhance health is often underutilized. 'School Health' has largely remained confined to medical check-ups of children or some hours of health instruction in the curriculum. There is a growing recognition that the health and psycho-social well-being of children and youth is of fundamental value and the schools can provide a strategic means of improving children's health, self-esteem, life skills and behaviour. Although schools have undertaken many initiatives in promoting school health, the comprehensiveness and sustainability in these initiatives is not clearly laid out. The need of the hour is a comprehensive school health policy integrated within the school system.

The Central Board of Secondary Education suggests that schools plan out a Comprehensive School Health Programme which could be initiated through HEALTH CLUB in each school to begin with.

**Need For Creating Health Clubs in Schools**

Healthy living in case of school children is the prime concern of all stakeholders including principals, parents, teachers and the community. To achieve this objective collective responsibility needs to be assumed. An important dimension is that of experience and development of health skills and physique through practical engagements with play, exercises, sports and practices of personal and community hygiene.

Health and Wellness Clubs in Schools would focus on the overall well being comprising emotional, social and mental health of the child. It would act as the enabling and organizational point for conducting activities related to various dimensions of health and wellness. A **Health Card** needs to be created for students which would form a continuous part of their growth and development. This could form an effective monitoring and feedback system for the overall health of a child during his schooling.

...../-

## Constitution of a Health Club

- Principal as Convener
- Counselor / Psychologist / P. T Teacher / Nodal Teacher as Secretary
- Student representative (one boy and one girl from each level)
- Identified teachers from each level
- Parent for each level (preferably a doctor)

## Responsibilities of the Health Club

- As an organizer of all health relevant activities (at least 8-10 activities in the year at each level).
- As a Resource Centre for the overall well being of students

## Objectives of the Health Club

- To create Health Cards for each student
- To create a health newspaper at least twice a year/poster competition related to health issues
- To conduct surveys on health related concerns
- To organize 'health walks' as part of social campaigns
- To organize health fairs and immunization projects
- To tap the local resources in the community to arrange health talks
- To render service in any area affected by a disaster or a calamity
- To create health help line within the school to distress, cope with emotional and social behaviour and to clarify misconceptions regarding sexual and reproductive health
- To teach the students techniques of yoga and meditation from an early age
- To inculcate in the students healthy and positive ways of living
- To teach health songs on various health topics
- Celebration of important days (World Health Day - April 7)
- Creating awareness regarding 'World No Tobacco Day' (May 31), 'World AIDS Day' (December 1) etc.

The Board is suggesting a plethora of activities in **Annexure A** for various levels which can be conducted as part of co-curricular inputs during the calendar year. The activities mentioned here are recommended as pointers and many more can be added as per local needs and requirement. The Board is also in the process of preparing a Manual on a Comprehensive School Health Program which will be available shortly.

Any further suggestions on this issue are always welcome.

Yours sincerely

(VINEET JOSHI)  
SECRETARY

Encl : Annexure A

## COMPREHENSIVE SCHOOL HEALTH PROGRAM

### Suggested Activities for promoting Health in School

	I - IV	V-VIII	IX-XII
<b>Module 1</b> <b>Know yourself</b>	<ul style="list-style-type: none"> <li>• Yoga and Meditation</li> <li>• Drawing a Picture of oneself</li> <li>• Pasting a Photograph</li> <li>• Palm Printing / Foot Printing</li> <li>• Rythmic Exercises</li> <li>• Poem / Rhymes / Recitation</li> <li>• Role Play on Body Parts</li> <li>• Matching of Flash Cards</li> <li>• Self awareness / Diary</li> <li>• Sensitivity based Theater</li> <li>• Check up by Doctors/ Dentists</li> <li>• Health Card</li> <li>• Counselling</li> <li>• Ten Sentences on oneself Physical/ Social/Society</li> <li>• Likes and dislikes</li> <li>• My list of favourites</li> <li>• Any other.....</li> <li>• Yoga &amp; Meditation</li> <li>• Assembly themes</li> <li>• Tapping resources from neighbour-hood / community for health, hygiene &amp; personality</li> <li>• Introspection diary</li> <li>• Survey of eating joints for their nutritive content</li> <li>• Health Card</li> <li>• Any other</li> </ul>	<ul style="list-style-type: none"> <li>• Yoga and Meditation</li> <li>• Health Mela</li> <li>• Health Newsletter</li> <li>• Class Board's Decoration</li> <li>• House Board's Decoration</li> <li>• Creating recipes</li> <li>• Effective use of Home Science lab.</li> <li>• Health Card</li> <li>• Any other</li> </ul>	<ul style="list-style-type: none"> <li>• Yoga and meditation</li> <li>• Health Mela</li> <li>• Health Newsletter</li> <li>• Class Board's Decoration</li> <li>• House Board's Decoration</li> <li>• Creating recipes</li> <li>• Effective use of Home Science lab.</li> <li>• Health Card</li> <li>• Any other</li> </ul>
<b>Module 2</b> <b>Food and Nutrition</b>	<ul style="list-style-type: none"> <li>• Collection of Pictures of nutritive/junk food</li> <li>• Class Party and discussion on food items</li> <li>• Dietary charts for the week</li> <li>• Jigsaw Puzzle presentation</li> <li>• Four Corners</li> <li>• Power point Presentations</li> <li>• Mandatory to bring one nutritive item</li> <li>• Research on food items - balanced items</li> <li>• Mothers' recipe book</li> <li>• Any other</li> </ul>	<ul style="list-style-type: none"> <li>• Nutritive Recipe competition</li> <li>• Orientation program for Parents and Students on good food habits</li> <li>• A PMI (plus, minus and interesting) on generally observed health problems</li> <li>• Survey based on balanced diet of different regions / communities</li> <li>• Any other</li> </ul>	<ul style="list-style-type: none"> <li>• Extempore</li> <li>• Debate</li> <li>• Slogan writing</li> <li>• Theatre</li> <li>• Collage making</li> <li>• Panel Discussion</li> <li>• Any other</li> </ul>

	I - IV	V-VIII	IX-XII
<b>Module 3 Hygiene</b>	<ul style="list-style-type: none"> <li>• Tick mark of self check-list</li> <li>• Presentation</li> <li>• Value based assemblies</li> <li>• Shramdaan (cleaning up of your class at the end of the day)</li> <li>• Picking up wrappers/ foils etc after the break</li> <li>• Creating shramdaan clubs</li> <li>• Green brigade clubs</li> <li>• Posters</li> <li>• Outdoor excursions (Speed, stamina, strength)</li> </ul>	<ul style="list-style-type: none"> <li>• Board Displays</li> <li>• Research Projects</li> <li>• Skits</li> <li>• Eco-clubs</li> <li>• Celebrating Environment Friendly Days</li> <li>• Preparing Recycled Paper</li> <li>• Visiting a Heritage Site</li> <li>• Any other</li> </ul>	<ul style="list-style-type: none"> <li>• Resource persons from NGO's</li> <li>• Panel Discussion Planting</li> <li>• Eco-clubs</li> <li>• Planting Sapling and Trees</li> <li>• Rain Water Harvesting</li> <li>• No Polybag Zone</li> <li>• Adopting a National Heritage Spot</li> </ul>
<b>Module 4 Physical fitness</b>	<ul style="list-style-type: none"> <li>• Warming up exercises before the beginning of each physical education period</li> <li>• Pranayam</li> <li>• Yoga</li> <li>• Physical education periods a must for all schools/all classes</li> <li>• Drills/aerobics followed by presentations at the end of every month</li> <li>• Skill based programmes-camps</li> <li>• March/run for health</li> <li>• Any other</li> </ul>	<ul style="list-style-type: none"> <li>• Competitive Sports</li> <li>• Team building adventure treks</li> <li>• Leadership camps</li> <li>• Health Walks for social issues</li> <li>• Swimming</li> <li>• Any other</li> </ul>	<ul style="list-style-type: none"> <li>• Inter House Competitions based on Aerobics / Yoga / Gymnastics</li> <li>• Team building</li> <li>• Leadership Camps</li> <li>• Running for a Cause</li> <li>• Any other</li> </ul>
<b>Module 5 Safety Measures -Fire Accidents, Emergencies</b>	<ul style="list-style-type: none"> <li>• Extempore dialogue delivery</li> <li>• Ground rules preparation in classes</li> <li>• Safety activities-sports field/ activity period (to be made by students)</li> <li>• Travelling independently (phone numbers/ residential numbers)</li> <li>• Learning to Communicate problems-Circle time)</li> <li>• Campaigns</li> <li>• Vigilance Committee</li> <li>• Evacuation Skills</li> </ul>	<ul style="list-style-type: none"> <li>• Transport drill</li> <li>• Sports Day</li> <li>• First Aid</li> <li>• Showing Movies on fire safety drill</li> <li>• Bravery Award</li> <li>• Research based Projects</li> <li>• Sexual Health Education issues related to Gender Sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>• Fire Brigade Demonstration</li> <li>• Disaster Management</li> <li>• Self - defence techniques</li> <li>• Traffic rules</li> <li>• Theatre-visit to Rehabilitation Centre</li> <li>• Sensitization Programmes on Substance Abuse</li> <li>• Interpersonal relationships</li> <li>• Parental Sessions</li> <li>• Laboratory Safety drill</li> </ul>

	I - IV	V-VIII	IX-XII
<b>Module 3 Behavioural and Life Skills</b>	<ul style="list-style-type: none"> <li>• Consequence games</li> <li>• Learning to say “NO”</li> <li>• Think pair share</li> <li>• Handling peer pressure</li> <li>• Identification of good touch and bad touch</li> </ul>	<ul style="list-style-type: none"> <li>• Learning to say no</li> <li>• Mentoring</li> <li>• Interactive Bulletin Board</li> <li>• Quiz Contest</li> <li>• Poster making / Painting Competition</li> <li>• Group Games on Adolescent issues</li> </ul>	<ul style="list-style-type: none"> <li>• Handling Peer Pressure</li> <li>• Question Box Activity</li> <li>• Situation Analysis and Case Studies of sensitive issues</li> <li>• Peace March to mark a social event or issue</li> <li>• Panel Discussion with Eminent Psychologists]</li> <li>• Guest Speakers from the experts (Doctor)</li> <li>• Visit to a rehabilitation centre</li> </ul>



**CENTRAL BOARD OF SECONDARY EDUCATION  
INSTITUTIONAL AREA, ROUSE AVENUE, NEW DELHI-110002**

**CBSE/ACAD/CIRCULAR/2007**

**14th March, 2007  
Circular No. 17**

All Heads of Institutions  
Affiliated to CBSE.

**Subject : Importance of Nutrition for Bone Health.**

Dear Principal,

Bone Health is a neglected area and has resulted in various problems both for adults and young children.

The major causes for the poor bone health in India are genetic predisposition, lower bone mineral density due to deficiency of calcium and vitamin D, inadequate exposure of body surface area to direct sunshine even though the country has plenty of sunshine throughout the year, clothing pattern, relatively pigmented skin, poor diet, lack of availability of foods fortified with essential vitamins and minerals and lack of physical activity.

Childhood and adolescence is the time when bones are beginning to be modeled until around the age of 30 when peak bone mass is achieved. Diet in the modeling phase is extremely important. A critical element that helps absorb deposition of dietary calcium into bone mass is vitamin D. Deficiency of vitamin D is one of major contributory factor responsible for lower bone mineral density (BMD).

A related bone problem is fluorosis. It is prevalent in 17 States and has affected 66 million people including about 6 million children below the age of 14. It results from consuming ground water with excessive fluoride leading to bone disorders. Inadequate exposure of body surface area to direct sunshine, clothing pattern, relatively pigmented skin, environmental pollution, faulty housing architecture which does not allow enough sunshine, poor diet and lack of required food fortification, are among the major factors responsible for compromised bone health.

It is important to pay attention to bone health right for childhood. It is in this regard, schools may be advised to take steps regarding the following aspects :

1. Schools should promote outdoor physical activity after 9.00 a.m. and before 4.00 p.m. for adequate exposure to sunshine. Sunshine is the most important source of vitamin D.
  - Vitamin. D helps absorption of calcium. The main source of vitamin D is the exposure to sunlight. Exposure of legs and arms to sunlight for about 25 minutes between 9 AM and 4 PM is adequate.
  - Physical activity at all ages, particularly weight bearing activity, is important for bone health. It also reduces the risk of falling by strengthening muscles and maintaining balance.
  - Calcium is critical for sound bone health. Foods containing calcium like milk, leafy green vegetables, etc. should be a part of the normal daily diet.

3. During the educational programs, schools should emphasis the importance of calcium and vitamin D and thus the schools play a crucial role in creating awareness on such vital issues by sharing this message with the entire student community as well as the parents.

With regards,

Yours sincerely

(C.GURUMURTHY)  
DIRECTOR(ACADEMICS)

Copy to :

1. The Commissioner, Kendriya Vidyalaya Sangathan, 18, Institutional Area, Shaheed Jeet Singh Marg, New Delhi-110016.
2. The Commissioner, Navodaya Vidyalaya Samiti, A-28, Kailash Colony, New Delhi.
3. The Director of Education, Directorate of Education, Govt. of NCT of Delhi, Old Secretariat, Delhi-110054.
4. The Director of Public Instructions (Schools), Union Territory Secretariat, Sector-9, Chandigarh-160017.
5. The Director of Education, Govt. of Sikkim, Gangtok, Sikkim-737101.
6. The Director of School Education, Govt. of Arunachal Pradesh, Itanagar-791111.
7. The Director of Education, Govt. of A & N Islands, Port Blair-744101.
8. The Secretary, Central Tibetan School Administration, Sector 5, Rohini, Delhi-110085.
9. All the Regional Officers of CBSE.

(C.GURUMURTHY)

**CENTRAL BOARD OF SECONDARY EDUCATION  
2, COMMUNITY CENTRE, PREET VIHAR, DELHI - 110092**

**NO. CBSE/ACAD/HELATH/2007**

**20th June, 2007  
Circular No. 29**

All the Heads of the institutions  
affiliated to CBSE

**Subject : Comprehensive School Health Programme :**

Dear Principals,

The Central Board of Secondary Education in continuation of its Circular No. 09 dated 31.5.2006 regarding Comprehensive School Health Programme and creating Health Club in school would like to reiterate and create awareness about the following issues :

1. School must have by now initiated the creation of **Health Clubs to implement the Comprehensive School Health Programme.**
  - i) **Health and Wellness Clubs** in schools need to focus on over all well being comprising mental and social health of the child. These would act as nodal centres for creating an enabling environment in the school to ensure an ambience of wellness and fostering preventive health care.
  - ii) The Constitution, responsibilities and objectives of a Health Club have already been stated in the previous circular.
  - iii) Activities for promoting health and wellness in schools have also been stated in the circular.

**2. Comprehensive School Health Manual**

The Comprehensive School Health Manual addressed a basic gap in schooling that has crept in over the years. This is largely to do with the aspect of school health which has somehow been relegated to sporadic health check ups or in some cases a few hours of health instruction in the curriculum. It is imperative that something is done urgently to take up the issue of holistic health. The School Health Policy and now the Manual proposes to view health holistically, utilize all educational opportunities for health promotion including formal and informal approaches in curriculum and pedagogy. Providing a safe school environment, an activity oriented health education curriculum to avoid health-related risk behaviour, ensuring physical fitness activities and sports, providing nutritious snacks in the school canteen, ensuring access to primary health care services, providing emergency care for illness or injury, providing counselling services and integrated family and community activities and staff health promotion policy are some of the expectations that a school should fulfill as was advised earlier in the circular issued to all schools regarding setting up of Health Clubs.

Comprehensive School Health Manual will be available to all schools by August 2007.

**3. Health Websites :**

The Ministry of Health and Family Welfare (MOHFW), Government of India has commissioned a website on Health Living ([www.healthy-india.org](http://www.healthy-india.org)) to address the concerns in India on the lifestyle preventable diseases.

The objectives of the website are :

- a) to harmonize the burden of preventable chronic diseases in the country by creating awareness
- b) to bring in the need for a healthy lifestyle
- c) to create Agents of Change among school children with regard to health issues
- d) to encourage the setting up of a health fostering school
- e) to create awareness regarding canteens as social responsible outlets which inculcate healthy eating behaviours
- f) to ensure that there is enough emphasis on physical activity in schools and on enjoyment of this physical activity.

The website has been so designed that it is user - friendly and containing a number of dynamic sections for interactive sessions.

As India advances economically and gains greater control over traditional health threats, diseases related to distorted lifestyles and unhealthy living habits are rapidly growing as major public health problems. Imbalanced diet, physical inactivity, tobacco consumption and alcohol abuse are leading to many Indians suffering from diabetes, heart disease, cancer and lung disease. Many of these diseases are preventable. Such preventive efforts are best started in childhood and in schooling years.

Armed with appropriate health information people can protect and promote their personal health and families can create healthy living conditions for individuals of all ages. Schools and colleges are important stakeholders in disseminating healthy lifestyle information to children and youth.

Healthy India endeavours to advance consciousness of disease prevention opportunities, encourage earlier detection and treatment of chronic diseases and foster healthy living through information and resources on healthy lifestyle viz. Healthy Diet; Physical Activity; Dealing with Tobacco and Alcohol related health problems; Yoga Stress Management; Diabetes; Cancers; Heart Attacks and Strokes.

We would request you to encourage students, teachers and staff to adopt healthy life style practices suggested in this useful site ([www.healthy-india.org](http://www.healthy-india.org)) and practice the provided advice therein.

Yours Sincerely

(VINEET JOSHI)  
SECRETARY

**Copy to :**

- 01 The Commissioner, Kendriya Vidyalaya Sangathan, 18 Institutional Area, Shaheed Jeet Singh Marg, New Delhi.
- 02 The Commissioner, Navodya Vidyalaya Samiti, A-28, Kailash Colony, New Delhi.
- 03 The Director of Education, Directorate of Education, Govt. of NCT of Delhi, Old Secretariat, Delhi-110054.
- 04 The Director of Public Instructions (Schools), Union Territory Secretariat Sector-9 Chandigarh.
- 05 The Director of Education, Govt. of Andaman and Nicobar Islands, Port Blair
- 06 The Director of School Education, Arunachal Pradesh, Itanagar-791111.
- 07 The Director of Education, Govt. of Sikkim, Gangtok, Sikkim-737101
- 08 All Regional Officers, CBSE
- 09 All Assistant Commissioners, Regional Officers, KVS
- 10 All Education Officers and Asstt. Education Officers, CBSE
- 11 E.O. to Chairman CBSE
- 12 P.A. to Director (Academic) CBSE

(VINEET JOSHI)  
SECRETARY



**CENTRAL BOARD OF SECONDARY EDUCATION  
INSTITUTIONAL AREA, ROUSE AVENUE, NEW DELHI-110002**

**NO. CBSE/ACAD/HEALTH MANUAL/2008**

**24th June, 2008  
Circular No. 27/08**

All the Heads of the institutions  
affiliated to CBSE.

**Subject : Comprehensive School Health Programme and Release of School Health Manuals  
in four Volumes.**

Dear Principal,

Children are the greatest asset of a country and those in school have a right to a happy and healthy life within the school environment as well as at home. Investment in the health of children is an investment in the future of the nation. It is essential to build on the components of knowledge relating to health and nutrition, develop healthy attitudes and enhance Life Skills to overcome the multiple health concerns affecting school going children both in the urban and remote areas of the country.

This is further to our circulars (No. 09 dated 31.5.2006 and No. 29 dated 20.6.2007) on Comprehensive School Health Programme in which the Board has requested schools to set up 'Health Clubs' in order to implement the Comprehensive School Health Programme. It is heartening to note that some of the schools affiliated with the board have responded positively in this regard.

**Comprehensive School Health Programme and Health Manuals :**

The objectives of the School Health Club as mentioned in the earlier circular are also being reiterated:

- To create Health Cards for each student
  - To create a health newspaper at least twice a year / poster competition related to health issues
  - To conduct surveys on health related concerns
  - To organize 'health walks' as part of social campaigns
  - To organize health fairs and immunization projects
  - To tap the local resources in the community to arrange health talks
  - To render service in any area affected by a disaster or a calamity
  - To create health help line within the school to distress, cope with emotional and social behaviour and to clarify misconceptions regarding adolescent health
  - To teach the students techniques of yoga and meditation from an early age
  - To inculcate in the students healthy and positive ways of living
  - To teach health songs on various health topics
- ...../-
- Celebration of important days (World Health Day - April 7)
  - Creating awareness regarding 'World No Tobacco Day' (May 31), 'World AIDS Day (December 1) etc.

## Health Manuals :

The Comprehensive School Health Manuals address a basic gap in schooling that has crept in over the years. School Health has somehow been relegated to sporadic health check-ups or in some cases a few hours of health instruction in the curriculum. It was imperative that something is done urgently to take up the issue of holistic health in school going children which includes physical, mental, emotional and psychological health. The School Health Policy and now the Manuals propose to view health holistically, utilize all educational opportunities for health promotion including formal and informal approaches in curriculum pedagogy. Providing a safe school environment, an activity oriented health education curriculum to avoid health-related risk behavior, ensuring physical fitness activities and sports, providing nutritious snacks in the school canteen, ensuring access to primary health care services and integrated family and community activities and a staff health promotion policy are some of the expectations that a school should fulfill.

There are four Manuals in this package. The first Manual-Vol I is addressed to all stakeholders concerned with school health. The other three Manuals are activity based manuals for teachers. Vol II is Teachers Activity Manual which consist of activities for Primary Level (Classes I-V), Vol III is Teacher's Manual for Upper Primary Level (Classes VI-VIII) and Vol IV is Teachers' Manual for Secondary and Senior Secondary Level (Classes IX-XII). The activities revolve around six different themes - Knowing your Body, Food and Nutrition, Personal and Environmental Hygiene, Physical Fitness, Being Responsible and Safe and Behaviour and Life Skills. The objectives of the modules and activities is to focus on the different aspects of growth and age appropriate development of the child.

The Manuals are holistic in their approach since they deal with not only physical health but also mental, social, emotional and spiritual well being. Their uniqueness lies in their participative and interactive approach. The activities mentioned can be easily incorporated in the classroom transaction, keeping in mind that hands on learning is internalized faster than conventional learning. It is also recommended that teachers may modify or customize the activities according to their social, cultural and demographic needs.

The activities for teachers in each Section are suggestive and it is earnestly hoped that they will carry on the spirit of each section through curriculum plus intervention strategies within the school. The activities are learner centred and will help to empower them to construct knowledge for themselves in a classroom or out of the class setting.

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The graded activities provided in the manual follow outcome based approach to learning, teaching and assessment. They are positive in attitude and stress on developing health promoting habits from an early age which emphasizes the concept of learning throughout life.

For the success of the school health programme it has to be developed and implemented by a strong indigenous group committed teachers under the guidance of the dynamic head of the organization as well as a committed management. A special feature of this development would be a cooperative, caring and concerned atmosphere which it is hoped will be the key note of the school learning environment while implementing the programme.

The integration of school and community efforts should be related where the school is regarded as a social unit providing a focal point from which the school may reach out to the family, to the local community and to the community at large as a whole which in turn may support the efforts of the school.

It is hoped that the Health Manuals will foster the need to provide for a healthy environment for each child studying in a school and in that sense the CBSE Comprehensive School Health Program is dedicated to all children.

The Health Clubs can be used to conduct the activities which are detailed in the School Health Manuals in four Volumes being released to all the schools. One set of the four volumes is being sent to all schools free of cost, however, for additional volumes the school will have to make a request as these will be priced documents. These will be available from the Stores, CBSE, 17 Institutional Area, Rouse Avenue, New Delhi as well as from the Regional Offices.

(VINEET JOSHI)  
SECRETARY

Copy with a request to respective Heads of Directorates/KVS/NVS/CTSA as indicated below to also disseminate the information to all concerned schools under their jurisdiction :

- 01 The Commissioner, Kendriya Vidyalaya Sangathan, 18 Institutional Area, Shaheed Jeet Singh Marg, New Delhi-110 016.
- 02 The Commissioner, Navodya Vidyalaya Samiti, A-28, Kailash Colony, New Delhi.
- 03 The Director of Education, Directorate of Education, Govt. of NCT of Delhi, Old Secretariat, Delhi-110054.
- 04 The Director of Public Instructions (Schools), Union Territory Secretariat, Sector-9, Chandigarh-160017.
- 05 The Director of Education, Govt. of Sikkim, Gangtok, Sikkim-737101
- 06 The Director of School Education, Govt of Arunachal Pradesh, Itanagar-791111.

...../-

- 07 The Director of Education, Govt. of Andaman and Nicobar Islands, Port Blair-744101.
08. The Secretary, Central Tibetan School Administration, ESSESS Plaza, Community Centre, Sector 3, Rohini, Delhi-110 085.
- 09 All Regional Officers of CBSE with the request to send this circular to all the Heads of the affiliated schools of the Board in their respective regions.
10. All Education Officers of the Academic Branch, CBSE
11. All Asstt. Education Officers, CBSE
12. The Library and Information Officer, CBSE
13. E.O. to Chairman CBSE
14. P.A. to C.E., CBSE
15. P.A. to Director (Academic) CBSE
16. P.A. to HOD (EDUSAT), CBSE
17. P.A. to HOD(AIEEE), CBSE
18. PRO, CBSE

SECRETARY

**CENTRAL BOARD OF SECONDARY EDUCATION  
INSTITUTIONAL AREA, ROUSE AVENUE, NEW DELHI-110002**

**NO. CBSE/EO(L)/ACAD/2008**

**1st Sept., 2008  
Circular No. 33/08**

All the Heads of the institutions  
affiliated to CBSE.

**Subject : Creating a Healthy School Environment**

Dear Principal,

One of the lofty aims of education is to shape young individuals into caring, thinking sensitive and value enriched citizens of the country. These are achievable when the schools provide a nurturing environment and create a value based climate within the school.

The schools affiliated to CBSE are seen as powerful resources of Human Resource Development. This is possible and can be ensured only if the schools themselves are convinced of the positive benefits of a value enriched environment.

The conflicting role models thrown up by the social context as well as the explosion of media often result in giving out ambiguous signals to young minds. It thus becomes even more mandatory that the schools serve as agents of change and transformation by bringing out the best from within each child. The inspiration, motivation and upliftment of spirit should go hand in glove with transaction of academic knowledge.

The Central Board of Secondary Education has received feedback about certain schools where the school authorities forcibly keep the children back in Classes IX & XI under various pretexts. This has been viewed very seriously. The Board requires all heads of institutions to reflect on the long term objectives of imparting holistic education in schools. It is impossible to create vibrance and a joyful and friendly learning ambience to ensure there is collaborative synergy between learners, teachers, heads of the institutions, parents and the management of the school.

Unless the heads of schools realize their own responsibility towards all these stakeholders there will be a serious backlash from all these quarters. Cases of indiscipline, rowdism, bullying, smoking and other kinds of drug abuse in some institutions have also been reported to which a blind eye is turned by the school authorities. The Adolescence Education Programme and the Life Skills

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Programme as well as the Comprehensive School Health Programme advocated by the Board focuses on the growing concerns of adolescence which need to be addressed with an urgency and immediacy and unless stringent action is taken at the right point of time in collaboration with the parents of the adolescents it may become a matter of serious concern. Life Skills Education is an excellent tool for bringing about positive behavioural changes in individuals.

It is essential that all stakeholders involved in imparting value based education within the school environment should come together to find an answer to some of these areas that ultimately concern all of us.

This may be brought to the notice of all teachers, students and parents through staff meetings / assembly meetings, circulars and advisory issued and reinforced from time to time.

Yours sincerely

(VINEET JOSHI)  
SECRETARY

Copy with a request to respective Heads of Directorates/KVS/NVS/CTSA as indicated below to also disseminate the information to all concerned schools under their jurisdiction:

- 01 The Commissioner, Kendriya Vidyalaya Sangathan, 18 Institutional Area, Shaheed Jeet Singh Marg, New Delhi-110 016.
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- 05 The Director of Education, Govt. of Sikkim, Gangtok, Sikkim-737101
- 06 The Director of School Education, Govt of Arunachal Pradesh, Itanagar-791111.
- 07 The Director of Education, Govt. of Andaman and Nicobar Islands, Port Blair-744101.
08. The Secretary, Central Tibetan School Administration, ESSESS Plaza, Community Centre, Sector 3, Rohini, Delhi-110 085.
- 09 All Regional Officers of CBSE with the request to send this circular to all the Heads of the affiliated schools of the Board in their respective regions.

...../-

10. All Education Officers of the Academic Branch, CBSE
11. All Asstt. Education Officers, CBSE
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17. P.A. to HOD(AIEEE), CBSE
18. PRO, CBSE

SECRETARY



**CENTRAL BOARD OF SECONDARY EDUCATION  
INSTITUTIONAL AREA, ROUSE AVENUE, NEW DELHI-110002**

**NO. CBSE/ACAD/CSHP/2008**

**6th Nov.,2008  
Circular No. 49**

All the Heads of the institutions  
affiliated to CBSE.

**Subject: Follow up on Comprehensive School Health Programme.**

Dear Principal,

The Central Board of Secondary Education has recommended the setting up Health and Wellness Clubs and launched the four manuals in the package of Comprehensive School Health Manuals (vide circular no. 27 dated 24th June, 2008).

We hope that you have received the following four volumes of the Comprehensive School Health Manuals :

1. Comprehensive School Health Teachers Activity Manual Volume I
2. Teacher's Manual for Classes I-V
3. Teachers' Activity Manual for Classes VI-VIII
4. Teachers' Activity Manual for Classes IX - XII

In continuation of the above the Board would like to bring to you an advisory on some of the components related to health such as Physical Fitness, Substance Abuse and Emotional Concerns.

**1. Physical Fitness :**

- a. There should be at least 30 minutes of Physical Activities or games with maximum health benefits for Classes I-VIII everyday.
- a. For Classes IX - XII it should be ensured that all the students participate in Physical Activity / Games / Mass P.T / Yoga with maximum health benefits for at least 2 periods per week (90-120 min / week).
- b. In case the school has constraints of space, climatic conditions, presence of enough PE Teachers, or coaches it may consider indoor activities which would provide maximum health benefits (Aerobics / Meditation & breathing exercises / Yoga).
- c. Mass P.T. in the morning keeping in view the climate conditions is another alternative the school can use.
- d. Too much of time being spent by children at house in watching TV or playing computer games needs to be carefully monitored by the parents. An advisory can be sent by schools to parents and reinforced in the beginning of every term.
- e. Parental Awareness Programmes regarding Adolescent concerns including the above may be held at regular intervals by the schools.

## 2. Eating Habits and Diet:

School canteens should provide healthy snacks which can be monitored by the Health Clubs of the schools. Doctors / Nutritional Experts/ dieticians / Counsellors / Nurses/ Home Science Department may be involved in designing the recipes for the menu (healthy, nutritious, wholesome) and monitoring quality of the food items. Junk / fast food needs to be replaced completely with healthy snacks. Carbonated and aerated beverages may be replaced by juices and dairy products (Lassi, Chach, Flavored milk etc.)

## 3. Substance Abuse :

Passive smoking is as harmful as indulging in active tobacco use. Awareness regarding the hazardous effects of passive smoking need to be created among the students and this may also be a part of the Parental Awareness Programmes. Awareness on recent laws enacted on prohibition of Tobacco products in public places needs to be created among students. Heads of Institutes should ensure that no Tobacco products should be sold either by minor or by major children in the vicinity of the educational institutes. Regular vigilance against smoking at home and school needs to be emphasized. The matter can be discussed in PTA meetings with parents. Project work on Substance / Tobacco abuse may be assigned to students as part of school assignment across disciplines and `No Tobacco Week' may be celebrated in school. A substance abuse control committee at school level involving PTA member's local leaders and students may also be initiated.

Value Education and Value Enhanced Life Skills should form a part of the larger curriculum plus activities in the schools. Schools should also be able to integrate unstructured programmes on Value Education through their Literary Clubs, Health Clubs and Eco Clubs.

## 4. Emotional Health:

There is a need for Value Education aided Conceptual Framework of Life Skills related to values for sensitizing teachers and learners to the Universal Skills such as Thinking Skills (Creative and Critical Thinking, Self Awareness, Problem Solving, Decision Making), Social Skills (Interpersonal Relationships, Effective Communication, Empathy) and Emotional Skills (Managing feeling / Emotions, Coping with Stress).

Yours sincerely

(DR.SADHANA PARASHAR)  
EDUCATION OFFICER(L)

Copy with a request to respective Heads of Directorates/KVS/NVS/CTSA as indicated below to also disseminate the information to all concerned schools under their jurisdiction :

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19. PRO, CBSE

EDUCATION OFFICER(L)

**CENTRAL BOARD OF SECONDARY EDUCATION  
INSTITUTIONAL AREA, ROUSE AVENUE, NEW DELHI-110002**

**CBSE/CM/ 2008**

**Dated: 11.11.2008  
Circular No. 51/08**

All Heads of Institutions  
Affiliated to the Board

**Subject: Safety in School Science Laboratories**

Dear Principal,

Science laboratories are essential and critical component in Science education. All students study Science as a compulsory subject upto grade X and a significant percentage of them continue studying Physics, Chemistry, Biology, BioTechnology, Home Science etc. at senior secondary level. This requires conduct of regular practical work and use of variety of equipment, instruments, gadgets, materials, chemicals, glassware etc. It is of utmost importance that in order to ensure safety of students working in Science laboratories, every essential precaution is taken well in advance.

It is not uncommon to observe that in many cases, the essential safety measures are either not given much attention or are ignored altogether. Gas fittings in chemistry laboratory often do not fulfil the mandatory standards and requirements. Chemical are, in many cases, not stored in safe manner and kept under safe custody. It is also observed that exhaust fans are sometimes not provided in chemistry laboratory. Mandatory items such as laboratory coats, goggles and gloves are not used while doing experimental work. Electrical fittings are at times done with sub-standard materials and components. Laboratories are not located with easy and open exits. Fire extinguishers are not installed at desired locations. First aid facilities are inadequate or missing. Medical facilities are also found wanting on many occasions. All such negligent actions may result in dangerous and unfortunate incidents and need to be attended to urgently.

In order to ensure safety of students in Science Laboratories, there is an urgent need to look into its different aspects and make the following provisions:

- Designing of all science laboratories according to necessary norms and standards.
- Two wide doors for unobstructed exits from the laboratory.
- Adequate number of fire extinguishers near science laboratories.
- Periodical checking of vulnerable points in the laboratories in relation to possibility of any mishappening.
- Ensuring gas fittings in Chemistry laboratory fulfilling desired norms and standards.
- Periodical checking of electrical fittings/ insulations for replacement and repairs.
- Timely and repeated instructions to students for careful handling of chemicals and equipments in the laboratory.
- Display of do's and dont's in the laboratory at prominent places.
- Safe and secure storage of all chemicals.
- Proper labelling and upkeep of chemicals.
- Proper safety and protection provisions such as fume hood, goggles and gloves while doing practical work.
- Careful supervision of students while doing practical work.
- Advance precautionary arrangements to meet any emergency situations.
- Conduct of any additional experimental work only under supervision and with due advance permission.

- Availability of First Aid and basic medical facilities in the school.
- Proper location of the laboratories.

The tragic fire incident in a school at Kumbakonam in 2004 is still afresh in which nearly 100 children lost their precious lives. The Board had issued a detailed Circular no. 28/2004 dated 26th July, 2004 asking schools to take all safety measures for meeting adverse situations and ensuring safe custody of children in the school. It is reiterated that all necessary safety measures may be taken and the above guidelines may be discussed in detail with the teachers as well as students for greater awareness and sensitization on safety matters.

The Board may depute an expert team to visit your school to find out whether all safety provisions in Science laboratories have been made.

With best regards

Yours faithfully,

(VINEET JOSHI)  
CHAIRMAN

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6. The Director of School Education, Govt. of Arunachal Pradesh, Itanagar-791 111
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8. The Secretary, Central Tibetan School Administration, ESSESS Plaza, Community Centre, Sector 3, Rohini, Delhi-110 085.
9. All the Regional Officers of CBSE with the request to send this circular to all the Heads of the affiliated schools of the Board in their respective regions.
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18. PA to HOD (Edusat)
19. PRO, CBSE

CHAIRMAN



**CENTRAL BOARD OF SECONDARY EDUCATION  
INSTITUTIONAL AREA, ROUSE AVENUE, NEW DELHI-110002**

**CBSE/ACAD/EO (L)/NUSSA/2009**

**Dated: 24.6.2009  
Circular No. 22**

All the Heads of the Institutions  
Affiliated to CBSE.

**Subject :** National Urban School Sanitation Awards 2009 in the context of setting up of  
'Health and Wellness Clubs and 'Eco-Clubs' in schools.

Dear Principal,

The CBSE in collaboration with the Ministry of Urban Development and GTZ has introduced the 'National Initiative on School Sanitation' and the aim is to inculcate good sanitation habits among the school children. The Annual National Urban School Sanitation Awards(NSSUA) has been instituted by Ministry of Urban Development along with German Technical Cooperation (GTZ) and Central Board of Secondary Education CBSE to inspire, acquaint and celebrate excellence in Urban School Sanitation.

These Awards are instituted with the purpose of honouring urban schools who are taking significant steps towards effective sanitation and improvement in service delivery leading to behavioral change.

The awards are open to all school affiliated to CBSE which include Kendriya Vidyalayas, Jawahar Navodaya Vidyalayas, Government Schools, Private Independent Schools, DAV Schools, CTSA Schools, Army Schools etc.

Awards will be given in the following categories which schools can take up as part of Health and Wellness Clubs and Eco-Clubs

- Awareness Generation leading to Behavioural Change through Students and Community Mobilization
- Technical Innovation and Interventions
- Improving Sanitation facilities for the Girl Child
- Best performing Health and Wellness Clubs
- Sustainability of the Effort
- Waste Management and Disposal
- Water conservation and Waste Water Recycling and its Utilization
- Conservation of Green Spaces
- Public Private Partnership

Parameters for the Selection

1. Sustainability :Demonstrated success geared towards long term hygiene and safe sanitation.
2. Replicability: Potential for replication of practices and models that have resulted in better service delivery.
3. Safe Hygiene Practices
4. Waste Segregation and Waste Management
5. Awareness Generation Efforts and impact leading to Behavioral Change
6. Water and Sanitation:Tangible Improvements in Service Delivery

7. Efforts towards Water Management
8. Innovation: Demonstrated Innovation, Uniqueness and Originality in the use of Ideas, Technology and Resources
9. Dynamism: Activity points scored by participation in various activities as organized from time to time through website; [www.schoolsanitation.com](http://www.schoolsanitation.com)

#### **Mechanism and Procedures**

- MoUD, CBSE and GTZ have constituted an Advisory Group for deciding on Awards.
- Initial scrutiny will be done by Committee and then the final hundred entries will be submitted for critical examination and final selection for the Awards by the Advisory Group.

The Awards will be in the form of certificates of excellence, mementos, citations, participation in a school sanitation exchange programmes, joint development of pilot projects on zero waste producing concepts with the schools and also special certificates to Principals, teachers and students associated with excellent Health & Wellness Clubs and Eco Clubs.

You are requested to disseminate the information to all and participate in this initiative of National importance.

You are requested to send in CD-ROM addressed to the Nodal Officer, National Urban School Sanitation Awards 2009 by courier at CBSE, Shiksha Sadan, 4th Floor, Room No. 404. Under no circumstances either projects or models should be sent to the CBSE or GTZ Office. For more information about the National initiative on Urban School Sanitation visit: [www.schoolsanitation.com](http://www.schoolsanitation.com) and for further queries, the Academic Branch at CBSE may be contacted at telephone no. 011-23234324 (Dr. Sneha Singh / Syed Shaney Alam)

Yours sincerely,

(DR.SADHANA PARASHAR)  
EDUCATION OFFICER (L)

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- 08 All Regional Officers, CBSE
- 09 All Assistant Commissioners, Regional Offices, KVS

10. All Education Officers and Asstt. Education Officers, CBSE
11. Joint Secretary .IT. CBSE
12. E.O. to Chairman CBSE
13. P.A. to Secretary CBSE
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15. P.A. to Controller of Exams. CBSE
16. P.A. to HOD (EDUSAT), CBSE
17. P.A. to HOD (AIEEE), CBSE

Education Officer (L)

**CENTRAL BOARD OF SECONDARY EDUCATION  
INSTITUTIONAL AREA, ROUSE AVENUE, NEW DELHI-110002**

(An autonomous Organisation under the Union Ministry of Human Resource Development, Govt. of India). 'Shiksha Sadan', 17, Institutional Area, Rouse Avenue, New Delhi -110002

**CBSE/ACAD/HEALTH/2010**

**July 28, 2010  
Circular No. 38**

All the Heads of Independent Schools  
Affiliated to the CBSE

**Subject: Observation of International Day against Drug Abuse and Illicit Trafficking on 26th June, 2010.**

Dear Principals,

As you are aware that each year 26th June is observed as the International Day against Drug Abuse and Illicit Trafficking. Kindly refer to our earlier circular no.18 dated June19, 2009 whereby all schools affiliated to CBSE had been asked to observe the day in a befitting manner by organizing activities like awareness campaigns, conducting seminars and workshops and holding exhibitions etc.

You are hereby requested to send a report on the specific activities conducted in your school on this occasion such as debates, elocution, essay writing, poster making competition and other suitable extra curricular activities.

Yours Sincerely

( C.Gurumurthy)  
Director (Academic)

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19. PRO, CBSE

( C.Gurumurthy)  
Director (Academic)



**CENTRAL BOARD OF SECONDARY EDUCATION  
INSTITUTIONAL AREA, ROUSE AVENUE, NEW DELHI-110002**

**CBSE/Sports/2010-2011**

**Dated: 27.10.2010  
Circular No. 71**

All the Heads of the Institutions  
Affiliated to CBSE

**Subject: Physical Education & Sports in Schools - reg..**

Dear Principal,

Schools are dynamic settings for promoting health and wellness through various correlated areas such as Physical Education and Sports as well as through Health and Wellness Clubs. There is a growing awareness that the health and psycho-social well-being of young children is of paramount importance and schools can provide a strategic means of improving children's health, self-esteem, life skills and behaviour.

Healthy living in case of school children is the prime concern of all stakeholders including principals, parents, teachers and the community. To achieve this objective collective responsibility needs to be assumed. An important dimension is that of experience and development of health skills and physique through practical engagements with play, exercises, sports and practices of personal and community hygiene.

The CBSE through its various advisories (Circular No. 09 dated 31.5.2006, Circular No. 29 dated 20th June, 2007, Circular No. 27/08 dated 24th June, 2008, Circular No. 49 dated 6th Nov., 2008 and Circular No. 57 dated 20.11.2009) has directed schools to set up Health and Wellness Clubs which can be used to conduct the activities which are detailed in the School Health Manuals in four volumes already released to all the schools.

It is well established that participation in Physical Education & Sports activities is highly beneficial to one's health and it leads to improved performance by students in schools, in addition to helping them in developing many life skills.

Children lead happier lives as a result of being actively involved in sporting activities and it has long been established that fitness and improved academics performance go hand in hand. Physical Education and Sports activities during the school hours reduce boredom and help keep students attentive in the classrooms.

Keeping in view the above, the Central Board of Secondary Education has time and again recommended for providing compulsory time schedule for Physical Education & Sports activities for the students of all classes.

The Board is of the firm opinion that the Physical Education & Sports programs teach important conflict resolution skills including team work, fair play and communication leading to reduced violent behaviour among children. Further, children who participate in Physical Education & Sports develop a positive attitude towards their every day life activities.

In the above background, it is advised that the following in respect of the Physical Education & Sports may be strictly adhered to:

- a. There should be at least 40-45 minutes of Physical Activities or Games period for Classes I-X everyday.
- b. For Classes XI - XII it should be ensured that all the students participate in Physical Activity / Games / Mass P.T / Yoga with maximum health benefits for at least two periods per week

(90-120 min / week).

- c. In case the school has constraints of space, climatic conditions, presence of enough PE Teachers, or coaches it may consider indoor activities which would provide maximum health benefits (Aerobics / Meditation / Yoga & Asanas).
- d. Mass P.T. in the morning keeping in view the climate conditions is another alternative the school can have.

As part of Continuous and Comprehensive Evaluation the students will be assessed on participation and performance in by choosing any two activities from the 13 activities given for Classes VI-VIII and 08 activities given for Classes IX-X.

It is earnestly hoped that all schools will follow these directives to ensure that all students draw maximum health benefit in terms of physical fitness and team building as well as collaborative skills. This may be brought to the notice of all teachers, students and parents.

Yours sincerely

VINEET JOSHI  
CHAIRMAN

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CHAIRMAN

केन्द्रीय माध्यमिक शिक्षा बोर्ड  
ग्लोबल विद्यालय

## स्वास्थ्य सर्वेक्षण

*Central Board of Secondary Education*

**Global School**

# Health Survey

in schools affiliated with CBSE (India)



Questionnaire/प्रश्नावली



**Central Board of Secondary Education**

केन्द्रीय माध्यमिक शिक्षा बोर्ड

(Supported by GOI, WHO and CDC, Atlanta)

# केन्द्रीय माध्यमिक शिक्षा बोर्ड

ग्लोबल विद्यालय

## स्वास्थ्य सर्वेक्षण 2007

ये सर्वेक्षण आपके स्वास्थ्य तथा उसको प्रभावित करने वाले तत्वों के बारे में है। आपकी तरह से सभी विद्यार्थी इस प्रकार के सर्वेक्षण पूरे देश में कर रहे हैं। पूरे देश में ही नहीं वरन् देशों में विद्यार्थी भी इस प्रकार का सर्वेक्षण कर रहे हैं। इस तरह की जानकारी युवा वर्ग को अपने स्वास्थ्य को बेहतर बनाने के प्रति सचेत करती है।

उत्तर पत्रिका पर आप अपना नाम न लिखें। आपके द्वारा दिए उत्तर गोपनीय होंगे। प्रश्नों के उत्तर आप जो वास्तव में जानते हैं और करते हैं उसी पर आधारित होंगे। कोई भी उत्तर गलत ( ) अथवा ( ) नहीं होगा। इस सर्वेक्षण को पूरा करना स्वेच्छा पर आधारित है। आपके ग्रेड अथवा अंक आपकी कक्षा के स्तर को प्रभावित नहीं करेंगे। किसी प्रश्न का उत्तर यदि आप देना नहीं चाहते हैं तो उसे खाली छोड़ दें।

प्रत्येक प्रश्न को अवश्य पढ़ें। उत्तर वाले गोलाकार आकृति को पूरा भरें। केवल पेन्सिल का ही प्रयोग करें। सर्वेक्षण पूर्ण करने के उपरान्त, निर्देशित व्यक्ति के अनुसार कार्य करें। जानकारी के लिए उदाहरण दिया जा रहा है।

इस तरह इस गोलाकार आकृति को पूरा भरे ● इस तरह से नहीं ⊗ अथवा ⊘

### सर्वेक्षण

1. क्या मछलियाँ पानी में रहती हैं?

- A. हाँ
- B. नहीं

उत्तर पत्रिका

1. ● (B) (C) (D) (E) (F) (G) (H)

सहयोग के लिए धन्यवाद!

# INDIA GLOBAL SCHOOL - BASED STUDENT HEALTH SURVEY 2007

This survey is about your health and things you do that may affect your health. Students like you all over your country are doing this survey. Students in many other countries around the world also are doing this survey. The information you give will be used to develop better health programs for young people like yourself.

DO NOT write your name on this survey or the answer sheet. The answers you give will be kept private. No one will know how you answer. Answer the questions based on what you really know or do. There are no right or wrong answer.

Completing the survey is voluntary. Your grade or marks in this class will not be affected whether or not you answer the questions. If you do not want to answer a question, just leave it blank.

Make sure to read every question. Fill in the circles on your answer sheet that match your answer. Use only the pencil you are given. When you are done, do what the person who is giving you the survey says to do.

Here is an example of how to fill in the circles:

Fill in the circles like this ● Not like this ⊗ or ∅

## SURVEY

1. Do fish live in water?

- A. Yes
- B. No

### Answer Sheet

1. ● (B) (C) (D) (E) (F) (G) (H)

Thank you very much for you help



- आपकी आयु क्या है?
  - ग्यारह वर्ष या कम
  - बारह वर्ष
  - तेरह वर्ष
  - चौदह वर्ष
  - पंद्रह वर्ष
  - सोलह वर्ष या इससे अधिक
- आपका लिंग क्या है?
  - पुरुष
  - स्त्री
- आप कौन-सी कक्षा में हैं?
  - कक्षा 6
  - कक्षा 7
  - कक्षा 8
  - कक्षा 9
  - कक्षा 10
  - कक्षा 11

अगले पाँच प्रश्न आपकी लम्बाई, वजन एवं भूख के बारे में पूछे गए हैं।

- बिना जूते पहने आपकी लम्बाई क्या है?
 

उत्तरपुस्तिका में अपनी लम्बाई छायादार खानों में तालिका के ऊपरी हिस्से में लिखें; फिर हर नंबर के नीचे अंडाकार आकृति को भरें।

उदाहरण

लम्बाई (से.मी.)		
1	5	3
0	0	0
●	1	1
2	2	2
	3	●
	4	4
	●	5
	6	6
	7	7
	8	8
	9	9
9	मैं नहीं जानता/ती	

- बिना जूते पहने आपका वजन क्या है?
 

उत्तरपुस्तिका में अपना वजन छायादार खानों में लिखें जो तालिका के ऊपरी हिस्से में है; फिर लिखे गए नंबरों के नीचे अंडाकार आकृति को भरें।

उदाहरण

वजन (कि. ग्रा)		
0	5	2
●	0	0
1	1	1
2	2	●
	3	3
	4	4
	●	5
	6	6
	7	7
	8	8
	9	9
9	मैं नहीं जानता/ती	

- अपने वजन को आप कैसे प्रस्तुत करेंगे?
  - सामान्य से बहुत कम
  - सामान्य से थोड़ा सा कम
  - लगभग सामान्य
  - सामान्य से थोड़ा अधिक
  - सामान्य से बहुत अधिक
- अपने वजन के बारे में निम्नलिखित में से आप क्या आजमा रहे हैं?
  - मैं अपने वजन के बारे में कुछ भी करने की कोशिश नहीं कर रहा हूँ।
  - वजन कम करने की कोशिश
  - वजन बढ़ाने की कोशिश
  - वजन को ऐसा ही बनाए रखने की कोशिश
- पिछले 30 दिनों में आप कितनी बार भूखे रहे क्योंकि घर में पर्याप्त भोजन नहीं था?
  - कभी नहीं
  - कभी-कभी
  - कुछ समय
  - ज्यादातर समय
  - सदैव



गले 4 प्रश्न आपकी खाने एवं पीने की आदतों के बारे में पूछे गए हैं।

9. पिछले 30 दिनों में कितनी बार प्रतिदिन आपने फल खाए जैसे सेब, आम, केला, अनानास, पपीता, कटहल, अमरुद या चीकू?
- A. पिछले 30 दिनों में मैंने फल नहीं खाए हैं।  
B. एक दिन में एक बार से कम  
C. रोज़ एक  
D. रोज़ दो बार  
E. रोज़ तीन बार  
F. रोज़ चार बार  
G. रोज़ पाँच बार
10. पिछले 30 दिनों में कितनी बार प्रतिदिन आपने सामान्यतः सब्जी खाई जैसे- गोभी, भिंडी, सीताफल, बैंगन, बंद गोभी, पालक, मटर, टमाटर, खीरा या फलियाँ।
- A. पिछले 30 दिनों में मैंने सब्जियाँ नहीं खाई हैं।  
B. एक दिन में एक से भी कम बार  
C. एक दिन में एक बार  
D. एक दिन में दो बार  
E. एक दिन में तीन बार  
F. एक दिन में चार बार  
G. एक दिन में पाँच बार या उससे अधिक
11. पिछले 30 दिनों के दौरान एक दिन में कितनी बार आपने सामान्यतः कार्बनयुक्त ठंडा पेय पीया है जैसे कोक, पेप्सी, लिम्का या फैन्टा?
- A. पिछले 30 दिनों के दौरान मैंने कार्बोनेटेड ठंडा पेय नहीं पीया है।  
B. एक दिन में एक बार से कम बार  
C. एक दिन में एक बार  
D. एक दिन में दो बार  
E. एक दिन में तीन बार  
F. एक दिन में चार बार  
G. एक दिन में पाँच या उससे अधिक बार
12. पिछले सात दिनों के दौरान आपने कितने दिन में फास्टफूड रेस्तराँ में खाया है जैसे मैकडोनाल्ड, निरूला, पिज़्ज़ा हट या वो जगह जहाँ तुरन्त तैयार आहार मिलता हो। (जैसे समोसे, पैटीज़, बर्गर, नूडल्स, टिक्की व आसक्रीम)?

- A. 0 दिन  
B. 1 दिन  
C. 2 दिन  
D. 3 दिन  
E. 4 दिन  
F. 5 दिन  
G. 6 दिन  
H. 7 दिन

अगले दो प्रश्न स्वास्थ्यवर्धक खाने या ज्यादा फल एवं सब्जियाँ खाने के लाभ के बारे में पूछे गए हैं।

13. इस विद्यालय वर्ष के दौरान, क्या आपको किसी कक्षा में स्वास्थ्यवर्धक खाने के बारे में पढ़ाया गया है?
- A. हाँ  
B. नहीं  
C. मैं नहीं जानता/जानती
14. इस विद्यालय वर्ष के दौरान, क्या आपको किसी कक्षा में ज्यादा फल एवं सब्जियाँ खाने के फायदे पढ़ाए गए हैं?
- A. हाँ  
B. नहीं  
C. मैं नहीं जानता/जानती

अगले सात प्रश्न निजी स्वास्थ्य क्रियाकलापों के बारे में हैं।

15. पिछले 30 दिनों के दौरान दिन में कितनी बार आपने सामान्यतः अपने दाँत साफ किए?
- A. पिछले 30 दिनों में मैंने अपने दाँत साफ या ब्रश नहीं किए हैं।  
B. दिन में एक बार से कम  
C. दिन में एक बार  
D. दिन में दो बार  
E. दिन में तीन बार  
F. दिन में चार या उससे अधिक बार
16. पिछले 30 दिनों के दौरान, आपने कितनी बार खाने से पहले अपने हाथ धोए?
- A. कभी नहीं  
B. कभी-कभी  
C. कुछ समय  
D. ज्यादातर समय  
E. सदैव



The next 4 questions ask about foods you might eat and drinking and eating habits.

9. During the past 30 days, how many times per day did you usually eat fruit, such as apple, mango, banana, pineapple, papaya, jackfruit, guava, or chikoo?
- A. I did not eat fruit during the past 30 days
  - B. Less than one time per day
  - C. 1 time per day
  - D. 2 times per day
  - E. 3 times per day
  - F. 4 times per day
  - G. 5 or more times per day
10. During the past 30 days, how many times per day did you usually eat vegetables, such as cauliflower, ladyfinger, pumpkin, brinjal, cabbage, spinach, peas, tomato, cucumber, or beans?
- A. I did not eat vegetables during the past 30 days
  - B. Less than one time per day
  - C. 1 time per day
  - D. 2 times per day
  - E. 3 times per day
  - F. 4 times per day
  - G. 5 or more times per day
11. During the past 30 days, how many times per day did you usually drink carbonated soft drinks, such as Coke, Pepsi, Limca, or Fanta?
- A. I did not drink carbonated soft drinks during the past 30 days
  - B. Less than 1 time per day
  - C. 1 time per day
  - D. 2 times per day
  - E. 3 times per day
  - F. 4 times per day
  - G. 5 or more times per day
12. During the past 7 days, on how many days did you eat at a fast food restaurant, such as McDonalds, Nirula's, Pizza Hut, or at those serving quick meals (e.g.

Samosas, patties, burgers, noodles, tikkis, or ice creams)?

- A. 0 day
- B. 1 day
- C. 2 day
- D. 3 day
- E. 4 day
- F. 5 day
- G. 6 day
- H. 7 day

The next 2 questions ask about the benefits of healthy eating or eating more fruits and vegetables.

11. During this school year, were you taught in any of your classes the benefits of healthy eating?
- A. Yes
  - B. No
  - C. I do not Know
14. During this school year, were you taught in any of your classes the benefits of eating more fruits and vegetables?
- A. Yes
  - B. No
  - C. I do not know

The next 7 questions ask about personal health activities.

15. During the past 30 days, how many times per day did you usually clean or brush your teeth?
- A. I did not clean or brush my teeth during the past 30 days.
  - B. Less than 1 time per day
  - C. 1 time per day
  - D. 2 times per day
  - E. 3 times per day
16. During the past 30 days, how often did you wash your hands before eating?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

17. क्या स्कूल में आपके लिये खाने से पहले हाथ धोने की जगह है?

- A. हाँ
- B. नहीं

18. पिछले 30 दिनों के दौरान, आपने कितनी बार हाथ धोते समय साबुन का उपयोग किया?

- A. कभी नहीं
- B. कभी-कभी
- C. कुछ समय
- D. ज्यादातर समय
- E. सदैव

19. पिछले 30 दिनों के दौरान आपने कितनी बार मूत्रालय या शौचालय के प्रयोग के बाद हाथ धोए ?

- A. कभी नहीं
- B. कभी-कभी
- C. कुछ समय
- D. ज्यादातर समय
- E. सदैव

20. क्या आपके स्कूल में लड़के व लड़कियों के लिए अलग-अलग मूत्रालय या शौचालय हैं?

- A. स्कूल में कोई भी मूत्रालय या शौचालय नहीं है
- B. हाँ
- C. नहीं

21. क्या स्कूल में शौचालय या मूत्रालय साफ हैं?

- A. स्कूल में कोई भी मूत्रालय या शौचालय नहीं है
- B. नहीं
- C. मैं नहीं जानता/जानती

अगला प्रश्न दाँत दर्द से संबंधित है।

22. पिछले 12 महीनों के दौरान, क्या दाँत दर्द की वजह से आपको कक्षाओं या स्कूल से अनुपस्थित रहना पड़ा है?

- A. हाँ
- B. नहीं

अगला प्रश्न पीने के साफ पानी से संबंधित है।

23. क्या स्कूल में पीने के साफ पानी का स्रोत उपलब्ध है?

- A. हाँ
- B. नहीं

अगले 3 प्रश्न चोट, गालीगलौच और असुरक्षा की भावना से संबंधित है।

24. पिछले 12 महीनों के दौरान, आप उस समय क्या कर रहे थे जब आपको सबसे ज्यादा गंभीर चोट लगी थी?

- A. पिछले 12 महीनों में मुझे गंभीर चोट नहीं लगी
- B. खेल के लिये प्रशिक्षण के दौरान
- C. चलते या दौड़ते हुए लेकिन किसी खेल को खेलते हुए या प्रशिक्षण के दौरान नहीं
- D. साइकिल, स्कूटर या मोटरबाइक चलाते समय
- E. कार या अन्य मोटरवाहन चलाते या उसमें बैठे हुए
- F. वैतनिक या अवैतनिक कार्य के दौरान, गृह का यार्ड कार्य या खाना बनाने के दौरान
- G. कुछ नहीं
- H. कुछ और कारणवश

25. पिछले 12 महीनों में कितनी बार अध्यापक द्वारा आपको मौखिक तौर से प्रताड़ित किया गया?

- A. 0 बार
- B. 1 बार
- C. 2 या 3 बार
- D. 4 या 5 बार
- E. 6 या 7 बार
- F. 8 या 9 बार
- G. 10 या 11 बार
- H. 12 या अधिक बार

26. पिछले 30 दिनों के दौरान, आप कितनी बार यह सोचकर स्कूल नहीं गए कि आप स्कूल में या स्कूल आते जाते हुए असुरक्षित हैं?

- A. 0 दिन
- B. 1 दिन
- C. 2 या 3 दिन
- D. 4 या 5 दिन
- E. 6 या अधिक दिन

अगले 7 प्रश्न आपकी भावनाओं एवं मित्रता से जुड़े हैं।



17. Is there a place for you to wash your hands before eating at school?

- A. Yes
- B. No

18. During the past 30 days, how often did you use soap when washing your hands?

- A. Never
- B. Rarely
- C. Sometime
- D. Most of the time
- E. Always

19. During the past 30 days, how often did you wash your hands after using the toilet or latrine?

- A. Never
- B. Rarely
- C. Sometime
- D. Most of the time
- E. Always

20. Are there separate toilets or latrines for boys and girls at school?

- A. There are no toilets or latrines at school
- B. Yes
- C. No

21. Are the toilet or latrines clean at school?

- A. There are no toilets or latrines at school
- B. No
- C. I do not know

The next questions asks about tooth aches.

22. During the last 12 months, did a tooth ache cause you to miss classes or school?

- A. Yes
- B. No

The next question asks about clean drinking water.

23. Is there a source of clean water for drinking at school?

- A. Yes
- B. No

The next 3 questions ask about injury, verbal abuse, and feeling unsafe.

24. During the past 12 months, what were you doing when the most serious injury happened to you?

- A. I was not seriously injured during the past 12 months
- B. Playing or training for a sport
- C. Walking or running, but not as part of playing or training for a sport
- D. Riding a bicycle, scooter or bike
- E. Riding or driving in a car or other motor vehicle
- F. Doing any paid or unpaid work, including housework, yard work, or cooking
- G. Something else

25. During the past 12 months, how many times were you verbally abused by a teacher?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

26. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

The next 7 questions ask about your feelings and friendships.

27. पिछले 12 महीनों में आपने कितनी बार अपने आप को अकेला महसूस किया?
- कभी नहीं
  - कभी-कभी
  - कुछ समय
  - ज़्यादातर समय
  - सदैव
28. पिछले 12 महीनों में कितनी बार आप किसी विषय के बारे में इतने चिंतित हुए कि आप रात को सो नहीं पाए?
- कभी नहीं
  - कभी-कभी
  - कुछ समय
  - ज़्यादातर समय
  - सदैव
29. पिछले 12 महीनों में क्या कभी आप इतने उदास या हतोत्साहित हुए कि दो हफ्ते या उससे अधिक लगातार आपने अपने सामान्य क्रियाकलाप त्याग दिए?
- हाँ
  - नहीं
30. आपके घनिष्ठ मित्र कितने हैं?
- 0
  - 1
  - 2
  - 3 या अधिक
31. पिछले 12 महीनों में आपको कितनी बार अपने गृहकार्य या अन्य कार्य करने में ध्यान लगाने में दिक्कत महसूस हुई?
- कभी नहीं
  - कभी-कभी
  - कुछ समय
  - ज़्यादातर समय
  - सदैव
32. पिछले 12 महीनों में कितनी बार आपको अपनी कक्षा में सवालियों के जवाब देने में तथा श्यामपट पर लिखने में परेशानी महसूस हुई?
- कभी नहीं
  - कभी-कभी
  - कुछ समय
  - ज़्यादातर समय
  - सदैव
33. पिछले 12 महीनों में आप सहपाठियों, पारिवारिक सदस्यों या अध्यापकों की नुकताचीनी से कितनी बार परेशान हुए?
- कभी नहीं
  - कभी-कभी
  - कुछ समय
  - ज़्यादातर समय
  - सदैव
- अगले 8 प्रश्न सिगरेट तथा अन्य तंबाकू प्रयोग से संबंधित हैं।
34. जब आपने पहली बार सिगरेट पीने की कोशिश की आप की उम्र क्या थी?
- मैंने कभी सिगरेट नहीं पी
  - सात साल या उससे कम
  - 8 या 9 साल
  - 10 या 11 साल
  - 12 या 13 साल
  - 14 या 15 साल
  - 16 या उससे अधिक साल
35. पिछले 30 दिनों में आपने कितने दिन सिगरेट पी?
- 0 दिन
  - 1 या 2 दिन
  - 3 या 5 दिन
  - 6 या 9 दिन
  - 10 या 19 दिन
  - 20 या 29 दिन
  - पूरे 30 दिन
36. पिछले 30 दिनों में आपने कितने दिन अन्य प्रकार के तंबाकू का सेवन किया जैसे पान मसाला या गुटखा?
- 0 दिन
  - 1 या 2 दिन
  - 3 या 5 दिन
  - 6 से 9 दिन
  - 10 से 19 दिन
  - 20 से 29 दिन
  - पूरे 30 दिन

27. During the past 12 months, how often have you felt lonely?
- A. Never
  - B. Rarely
  - C. Sometime
  - D. Most of the time
  - E. Always
28. During the past 12 months, how often have you been so worried about something that you could not sleep at night?
- A. Never
  - B. Rarely
  - C. Sometime
  - D. Most of the time
  - E. Always
29. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing your usual activities?
- A. Yes
  - B. No
30. How many close friends do you have?
- A. 0
  - B. 1
  - C. 2
  - D. 3 or more
31. During the past 12 months, how often have you had a hard time staying focused on your homework or other things you had to do?
- A. Never
  - B. Rarely
  - C. Sometime
  - D. Most of the time
  - E. Always
32. During the past 12 months, how often have you had a hard time answering questions or writing on the blackboard in front of your class?
- A. Never
  - B. Rarely
  - C. Sometime
  - D. Most of the time
  - E. Always
33. During the past 12 months, how often have you felt disturbed due to the comments from your peers, family members, or teachers?
- A. Never
  - B. Rarely
  - C. Sometime
  - D. Most of the time
  - E. Always
- The next 8 questions ask about cigarette and other tobacco use.
34. How old were you when you first tried a cigarette?
- A. I have never smoked cigarettes
  - B. 7 years old or younger
  - C. 8 or 9 years old
  - D. 10 or 11 years old
  - E. 12 or 13 years old
  - F. 14 or 15 years old
  - G. 16 years old or older
35. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
  - B. 1 to 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
36. During the past 30 days, on how many days did you use any other form of tobacco, such as pan masala or gutka?
- A. 0 days
  - B. 1 to 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days



37. पिछले 12 महीनों में क्या आपने कभी सिगरेट छोड़ने की कोशिश की?

- A. मैंने कभी सिगरेट नहीं पी
- B. पिछले 12 महीनों में मैंने कभी सिगरेट नहीं पी
- C. हाँ
- D. नहीं

38. पिछले 7 दिनों में कितने दिन लोगों ने आपकी उपस्थिति में सिगरेट पी?

- A. 0 दिन
- B. 1 या 2 दिन
- C. 3 या 4 दिन
- D. 5 या 6 दिन
- E. पूरे 7 दिन

39. आपके माता-पिता या संरक्षक में से कौन किसी भी प्रकार के तंबाकू का सेवन करता है?

- A. कोई भी नहीं
- B. मेरे पिता या पुरुष संरक्षक
- C. मेरे माता या महिला संरक्षक
- D. दोनों
- E. मैं नहीं जानता/जानती

40. जब आप किसी को सिगरेट पीते हुए देखते हैं आप उसके बारे में सोचते हैं? (केवल एक प्रतिक्रिया चुनें)

- A. आत्मविश्वास की कमी
- B. मूर्ख
- C. हारा हुआ व्यक्ति
- D. सफल व्यक्ति
- E. ज्ञानी
- F. बलिष्ठ

41. क्या आप सोचते हैं कि सिगरेट पीना स्वास्थ्य के लिए हानिकारक है?

- A. कभी नहीं

- B. शायद नहीं
- C. शायद हाँ
- D. जी हाँ

अगले 2 प्रश्न समाचार माध्यमों की भूमिका एवं धूम्रपान के बारे में हैं।

42. पिछले 30 दिनों में समाचार माध्यमों के जरिए आपने कितने सिगरेट विरोधी विज्ञापन देखे हैं जैसे टेलीविजन, रेडियो, परचा नोटिस, पोस्टरों, समाचार पत्रिकाओं और फिल्मों के माध्यम से?

- A. काफी कुछ
- B. थोड़ा बहुत
- C. कुछ नहीं

43. जब आप टेलीविजन, विडियो या फिल्म देखते हैं, कितनी बार आप कलाकारों को सिगरेट पीते देखते हैं?

- A. मैं कभी टेलीविजन, विडियो या फिल्म नहीं देखता
- B. कभी नहीं
- C. कभी-कभार
- D. कुछ समय
- E. ज्यादातर समय
- F. सदैव

अगले 2 प्रश्न तंबाकू चबाने को लेकर हैं।

44. आप कितने साल के थे जब आपने पहली बार तंबाकू चबाया?

- A. मैंने कभी भी तंबाकू नहीं चबाया
- B. 7 वर्ष या उससे कम
- C. 8 या 9 वर्ष
- D. 10 या 11 वर्ष
- E. 12 या 13 वर्ष
- F. 14 या 15 वर्ष
- G. 16 वर्ष या अधिक

**37. During the past 12 months, have you ever tried to stop smoking cigarettes?**

- A. I have never smoked cigarettes
- B. I did not smoke cigarettes during the past 12 months
- C. Yes
- D. No

**38. During the past 7 days, on how many days have people smoked in your presence?**

- A. 0 days
- B. 1 to 2 days
- C. 3 or 4 days
- D. 5 or 6 days
- E. All 7 days

**39. Which of your parents or guardians use any form of tobacco?**

- A. Neither
- B. My father or male guardian
- C. My mother or female guardian
- D. Both
- E. I do not know

**40. When you see a man smoking, what do you think of him? SELECT ONLY ONE RESPONSE.**

- A. Lacks confidence
- B. Stupid
- C. Loser
- D. Successful
- E. Intelligent
- F. Macho

**41. Do you think smoking cigarettes is harmful to your health?**

- A. Definitely not

B. Probably not

C. Probably yes

D. Definitely yes

**The next 2 questions ask about role of the media and smoking.**

**42. During the past 30 days, how many anti-smoking media messages (such as television, radio, billboards, posters, newspapers, magazines, and movies) have you seen?**

- A. A lot
- B. A few
- C. None

**43. When you watch television, videos, or movies, how often do you see actors smoking?**

- A. I never watch television, videos, or movies
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

**The next 2 questions ask about chewing tobacco.**

**44. How old were you when you first chewed tobacco?**

- A. I have never chewed tobacco
- B. 7 years old or younger
- C. 8 or 9 years old
- D. 10 or 11 years old
- E. 12 or 13 years old
- F. 14 or 15 years old
- G. 16 years old or older



45. पिछले 12 महीनों में आपने कभी तंबाकू छोड़ने की कोशिश की?

- A. मैंने कभी तंबाकू नहीं चबाया
- B. पिछले 12 महीनों में मैंने तंबाकू नहीं चबाया
- C. हाँ
- D. नहीं

अगले 4 प्रश्न मद्यपान की भूमिका के बारे में हैं इसमें वोडका, बीयर व व्हीस्की पीना शामिल है। मद्यपान में शराब की कुछ बूंदे पीना जो कि धार्मिक उद्देश्य से ली गई है, शामिल नहीं हैं।

46. पहली बार अल्कोहल पीते समय आप कहाँ मौजूद थे?

- A. मैंने कभी मद्य युक्त पेय नहीं पीया
- B. घर में
- C. किसी अन्य के घर में
- D. स्कूल में
- E. गली में, पार्क में या अन्य खुली जगह पर
- F. किसी बार, पब या डिस्को में
- G. किसी रेस्तराँ में
- H. किसी अन्य जगह पर

47. इस स्कूल वर्ष के दौरान क्या आपको कभी अल्कोहल के खतरों के विषय में पढ़ाया गया?

- A. हाँ
- B. नहीं
- C. मुझे नहीं पता/ मैं नहीं जानता/जानती

48. आपके माता पिता या संरक्षक में से कोई मद्यपान करते हैं?

- A. कोई नहीं
- B. मेरे पिता या पुरुष संरक्षक
- C. मेरी माता या महिला संरक्षक
- D. दोनों
- E. मैं नहीं जानता/ जानती

49. जब आप टेलीविजन, विडियो एवं फिल्मों देखते हैं आपने कितनी बार कलाकारों को मद्यमान सेवन करते देखा है?

- A. मैं कभी भी टेलीविजन, विडियो या फिल्मों नहीं देखता
- B. कभी नहीं
- C. कभी कभी
- D. कुछ समय
- E. अधिकतर समय
- F. सदैव

अगला प्रश्न नशीली दवा से संबंधित है।

50. पिछले 12 महीनों में कितनी बार आपने नशीली दवाओं का सेवन किया है जैसे कोई तरल पदार्थ, चरस अथवा गांजा सेवन?

- A. 0 बार
- B. 1 या 2 बार
- C. 3 या 9 बार
- D. 10 या उससे अधिक बार

अगले 5 प्रश्न एच.आई.वी. संक्रमण या एड्स से संबंधित हैं।

51. क्या आपने कभी एच.आई.वी. संक्रमण या एड्स रोग के विषय में सुना है?

- A. हाँ
- B. नहीं

52. इस स्कूल वर्ष के दौरान क्या किसी विषय में आपको एच.आई.वी. संक्रमण या एड्स के विषय में पढ़ाया गया?

- A. हाँ
- B. नहीं
- C. मैं नहीं जानता/जानती

53. इस स्कूल वर्ष के दौरान, क्या आपको किसी कक्षा में एच.आई.वी. संक्रमण या एड्स से बचने के तरीके बताए गए?

- A. हाँ
- B. नहीं
- C. मैं नहीं जानता/जानती

**45. During the past 12 months, have you ever tried to stop chewing tobacco?**

- A. I have never chewed tobacco
- B. I did not chew tobacco during the past 12 months
- C. Yes
- D. No

**The next 4 questions ask about the role of alcohol. This includes drinking vodka, beer, or whiskey. Drinking alcohol does not include drinking a few sips of wine for religious purposes.**

**46. Where were you the first time you had a drink of alcohol?**

- A. I have never had a drink of alcohol
- B. At home
- C. At someone else's home
- D. At school
- E. Out on the street, in a park, or in some other open area
- F. At a bar, pub, or disco
- G. In a restaurant
- H. Some other place

**47. During this school year, were you taught in any of your classes the dangers of alcohol use?**

- A. Yes
- B. No
- C. I do not know

**48. Which of your parents or guardians drink alcohol?**

- A. Neither
- B. My father or male guardian
- C. My mother or female guardian
- D. Both
- E. I do not know

**49. When you watch television, videos, or movies, how often do you see actors drinking alcohol?**

- A. I never watch television, videos, or movies
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

**The next question asks about drugs.**

**50. During the past 12 months, how many times have you used drugs, such as inhaling any fluid, using Charas, or Ganja?**

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 or more times

**The next 5 questions ask about HIV infection or AIDS.**

**51. Have you heard of HIV infection or the disease called AIDS?**

- A. Yes
- B. No

**52. During this school year, were you taught in any of your classes about HIV infection or AIDS?**

- A. Yes
- B. No
- C. I do not know

**53. During this school year, were you taught in any of your classes how to avoid HIV infection or AIDS?**

- A. Yes
- B. No
- C. I do not know

54. क्या आने कभी अपने माता-पिता से एच.आई.वी. संक्रमण या एड्स के विषय में बातचीत की है?

- A. हाँ
- B. नहीं
- C. मैं नहीं जानता/जानती

55. क्या स्वस्थ दिखने वाला व्यक्ति भी एच.आई.वी. से संक्रमित हो सकता है?

- A. हाँ
- B. नहीं
- C. मैं नहीं जानता/जानती

अगले 2 प्रश्न शारीरिक क्रियाकलापों से संबंधित हैं। शारीरिक क्रियाकलाप वो क्रिया है जो आपकी हृदय गति बढ़ाती है और कई बार आपकी साँस उखाड़ भी देती है। शारीरिक क्रियाकलाप खेलकूद, दोस्तों के साथ खेलते हुए या स्कूल पैदल जाते हुए हो सकती है। इसके कुछ उदाहरण हैं - दौड़, तेज़ चाल, साइकिल चालन, नृत्य और फुटबाल। अपने रोज के शारीरिक क्रियाकलाप के समय को जोड़ें। इसमें शारीरिक शिक्षा और जिम कक्षाओं का समय न मिलाएँ।

56. पिछले 7 दिनों में आप कितने कम से कम 60 मिनट के लिये शारीरिक रूप से क्रियाशील थे?

- A. 0 दिन
- B. 1 दिन
- C. 2 दिन
- D. 3 दिन
- E. 4 दिन
- F. 5 दिन
- G. 6 दिन
- H. 7 दिन

57. किसी सामान्य या असामान्य सप्ताह में आप कितने दिन कम से कम 60 मिनट (एक दिन में) शारीरिक रूप से क्रियाशील थे?

- A. 0 दिन
- B. 1 दिन

- C. 2 दिन
- D. 3 दिन
- E. 4 दिन
- F. 5 दिन
- G. 6 दिन
- H. 7 दिन

अगले 2 प्रश्न शारीरिक शिक्षा व प्रारंभिक व्यायाम से संबंधित हैं।

58. इस स्कूल वर्ष में हर एक सप्ताह में आप कितने दिन शारीरिक शिक्षा की कक्षा में गए ?

- A. 0 दिन
- B. 1 दिन
- C. 2 दिन
- D. 3 दिन
- E. 4 दिन
- F. 5 दिन या उससे अधिक दिन

59. पिछले 7 दिनों में कितने दिनों तक आपने प्रारंभिक व्यायाम या मजबूती के लिए व्यायाम किया जैसे पंजे छूना, घुटने मोड़ना या दंड लगाना?

- A. 0 दिन
- B. 1 दिन
- C. 2 दिन
- D. 3 दिन
- E. 4 दिन
- F. 5 दिन
- G. 6 दिन
- H. 7 दिन

अगला प्रश्न प्रत्येक दिन में सोने से घंटों के विषय में है।

60. सामान्यतः आप रोज कितने घंटे तक सोते हैं?

- A. 4 घंटों से कम
- B. 4 से 6 घंटों तक
- C. 6 से 8 घंटों तक
- D. 8 से 10 घंटों तक
- E. 10 घंटों से अधिक



54. Have you ever talked about HIV infection or AIDS with your parents or guardians?

- A. Yes
- B. No
- C. I do not know

55. Can a healthy-looking person be infected with HIV?

- A. Yes
- B. No
- C. I do not know

The next 2 questions ask about physical activity. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activity are running, fast walking, biking, dancing or football. ADD UP ALL THE TIME YOU SPEND IN PHYSICAL ACTIVITY EACH DAY. DO NOT INCLUDE YOUR PHYSICAL EDUCATION OR GYM CLASS.

56. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- F. 7 days

57. During a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day?

- A. 0 days
- B. 1 day
- C. 2 days

- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- F. 7 days

The next 2 questions ask about physical education class and stretching exercises.

58. During the school year, on how many days did you go to physical education class each week?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 or more days

59. During the past 7 days, on how many days did you do strengthening exercises, such as toe touches, knee bends, or push-ups?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

The next question asks about hours of sleep per day.

60. Typically, how many hours do you sleep per day?

- A. Less than 4 hours
- B. 4 to 6 hours
- C. 6 to 8 hours
- D. 8 to 10 hours
- E. More than 10 hours

अगला प्रश्न आपके उस समय के बारे में है जो आप ज्यादातर बैठकर बिताते हैं जब आप विद्यालय में नहीं होते या गृहकार्य नहीं कर रहे होते।

61. एक सामान्य दिन का कितना समय आप बैठकर, टी.वी. देखकर, कम्प्यूटर गेम खेलकर, दोस्तों से बातें करके या अन्य बैठकर करने वाले क्रियाकलाप जैसे संगीत सुनना आदि में व्यतीत करते हैं?
- A. एक दिन में 1 घंटे से कम
  - B. एक दिन में 1 से 2 घंटे
  - C. एक दिन में 3 से 4 घंटे
  - D. एक दिन में 5 से 6 घंटे
  - E. एक दिन में 7 से 8 घंटे
  - F. एक दिन में 8 घंटे से अधिक

अगले 2 प्रश्न स्कूल जाने व स्कूल से घर जाने से संबंधित हैं।

62. पिछले 7 दिनों में आप कितने दिन स्कूल पैदल या साइकिल से आए और गए?
- A. 0 दिन
  - B. 1 दिन
  - C. 2 दिन
  - D. 3 दिन
  - E. 4 दिन
  - F. 5 दिन
  - G. 6 दिन
  - H. 7 दिन
63. पिछले 7 दिनों में प्रतिदिन आपको विद्यालय जाने एवं आने में कितना समय लगा? (विद्यालय जाने का तथा आने का समय जोड़ें)।
- A. प्रतिदिन 10 मिनट से कम
  - B. प्रतिदिन 10 से 19 मिनट
  - C. प्रतिदिन 20 से 29 मिनट
  - D. प्रतिदिन 30 से 39 मिनट
  - E. प्रतिदिन 40 से 49 मिनट
  - F. प्रतिदिन 50 से 59 मिनट
  - G. प्रतिदिन 60 मिनट या उससे अधिक

अगले 5 प्रश्न आपके स्कूल व घर के अनुभवों के बारे में हैं।

64. पिछले 30 दिनों में आप कितने दिन कक्षा या स्कूल से बिना अनुमति के अनुपस्थित रहे?
- A. 0 दिन
  - B. 1 या 2 दिन
  - C. 3 से 5 दिन
  - D. 6 से 9 दिन
  - E. 10 या उससे अधिक दिन
65. पिछले 30 दिनों में कितनी बार आपके सहपाठी आपके साथ उदार एवं मददगार रहे ?
- A. कभी नहीं
  - B. कभी-कभी
  - C. कुछ समय
  - D. अधिकतर समय
  - E. सदैव
66. पिछले 30 दिनों में आपके माता-पिता या संरक्षक ने कितनी बार यह जांचा कि आपका गृहकार्य पूर्ण है या अपूर्ण?
- A. कभी नहीं
  - B. कभी-कभी
  - C. कुछ समय
  - D. अधिकतर समय
  - E. सदैव
67. पिछले 30 दिनों में कितनी बार आपके माता-पिता या संरक्षक ने आपकी समस्याओं एवं चिंताओं को समझा?
- A. कभी नहीं
  - B. कभी-कभी
  - C. कुछ समय
  - D. अधिकतर समय
  - E. सदैव
68. पिछले 30 दिनों में कितनी बार आपके माता-पिता या संरक्षक ने जाना कि आप अपने खाली समय में क्या कर रहे थे?
- A. कभी नहीं
  - B. कभी-कभी
  - C. कुछ समय
  - D. अधिकतर समय
  - E. सदैव



The next question asks about the time you spend mostly sitting when you are not in school or doing homework.

61. How much time do you spend during a typical or usual day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities, such as listening to music?
- A. Less than 1 hour per day
  - B. 1 to 2 hours per day
  - C. 3 to 4 hours per day
  - D. 5 to 6 hours per day
  - E. 7 to 8 hours per day
  - F. More than 8 hours per day

The next 2 questions ask about going to and coming home from school.

62. During the past 7 days, on how many days did you walk or ride a bicycle to and from school?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
63. During the past 7 days, how long did it usually take for you to get to and from school each day. **ADD UP THE TIME YOU SPEND GOING TO AND COMING HOME FROM SCHOOL.**
- A. Less than 10 minutes per day
  - B. 10 to 19 minutes per day
  - C. 20 to 29 minutes per day
  - D. 30 to 39 minutes per day
  - E. 40 to 49 minutes per day
  - F. 50 to 59 minutes per day
  - G. 60 or more minutes per day

The next 5 questions ask about your experiences at school and at home.

64. During the past 30 days, on how many days did you miss classes or school without permission?
- A. 0 days
  - B. 1 to 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 or more days
65. During the past 30 days, how often were most of the students in your school kind and helpful?
- A. Never
  - B. Rarely
  - C. Sometime
  - D. Most of the time
  - E. Always
66. During the past 30 days, how often did your parents or guardians check to see if your homework was done?
- A. Never
  - B. Rarely
  - C. Sometime
  - D. Most of the time
  - E. Always
67. During the past 30 days, how often did your parents or guardians understand your problems and worries?
- A. Never
  - B. Rarely
  - C. Sometime
  - D. Most of the time
  - E. Always
68. During the past 30 days, how often did your parents or guardians really know what you were doing with your free time?
- A. Never
  - B. Rarely
  - C. Sometime
  - D. Most of the time
  - E. Always