General Circular No 01-37/2007(I)

My no FHB/SH/Gen/2015

Office of the Secretary Health, Nutrition and Indigenous Medicine
385, Baddegama WimalawansaThero Mawatha,
Colombo 10

6.01...., 2016

All Provincial Secretaries of Health,
All Provincial Directors of Health Services,
All Regional Directors of Health Services,
All Directors of Special Programmes,
Director/National Institute of Health Sciences,
All Medical Officers of Maternal and Child Health,
All Directors/Medical Superintendents/District Medical Officers/Medical Officers In charge of all Hospitals,
Chief Medical Officer of Health/All Municipal Councils,
All Medical Officers of Health,
All School Medical Officers,

School Health Programme

This Circular is further to General Circular no 01.37/2007 dated 2007.11.26 of Ministry of Health on "School Health Programme".

School Health Programme commenced in 1918 in the Colombo Municipality area by the Ministry of Health. With the establishment of the Health Unit System in 1926 at National Institute of Health Services (NIHS), School Health was identified as a duty of the Medical Officers of Health (MOH). In Colombo, Galle, Jaffna and Kandy there are School Medical Officers (SMO), and in Municipality areas there are Medical Officers of Health assigned for this work.

The goal of this programme is "Ensuring that children are healthy, capable of promoting their own health and health of the family and community; and are able to optimally benefit from educational opportunities provided". Ministry of Health and Ministry of Education act together to achieve this goal, by converting schools in to "health promoting settings/centers," according to the World Health Organization (WHO) criteria.

The scope of the School Health Programme has been amply justified by the increasing incidence of Non Communicable Diseases (NCD) and Communicable Diseases that are linked to human behaviour and environment. This has been highlighted by the National Plan of Action (NPoA) of 2011 based on the Report of the Lessons Learnt and Reconciliation Commission (LLRC).

The Ministry of Health, Nutrition and Indigenous Medicine is bound to provide health services to all school children WITHIN THE SCHOOL. Therefore, conducting School Medical Inspection (SMI), referring school children with defects to specialists' clinics, correction of defects, follow up, and empowering school community for health promotional activities are of prime importance.

Accordingly the following strategies have been identified and will be implemented in schools, special education units, piriven and private schools island wide within the administration of the Ministry of Education.

1. Formulate health promoting school policies
2. Develop competencies for the promotion of health
3. Create safe and healthy school environment
4. School and community relationships to promote health
5. Delivery of health services

Details of above five strategies are found in pages 3-6 of the booklet "School Health Promotion programme" by Ministry of Education.

The Ministry of Health has identified the Family Health Bureau (FHB) as the focal point for **School and Adolescent Health.** The Director Education/Health and Nutrition has been identified as the focal point in the Ministry of Education.

Objectives of School Health Programme

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

Officer responsible at the provincial level is the Provincial Director of Health Services (PDHS) and at the District level is the Regional Director of Health Services (RDHS). At the implementation level, the focal points for the programme at the district level are Medical Officer Maternal and Child Health (MOMCH), and at divisional level are MOH, while SMO and Chief Medical Officers (CMO) are at the municipality areas. Under their supervision, Public Health Inspector (PHI) is responsible for organizing and coordinating health programmes in the school. Supervising Public Health Inspector (SPHI), Public Health Nursing Sister (PHNS), Supervising Public Health Midwife (SPHM) and Public Health Midwife (PHM) should support school health activities.

Other provincial and district staff {(Provincial Consultant Community Physician (PCCP), Regional Epidemiologist (RE), Regional Dental Surgeon (RDS), Medical Officer-Mental Health (MO-MH), Medical Officer-Non Communicable Diseases (MO-NCD) and Medical Officer-Planning (MO-Planning), Supervising Public Health Inspector-Provincial (SPHIP), Supervising Public Health Inspector-District (SPHID), SPHI, Regional Supervising Public Health Nursing Officer (RSPHNO), PHNS, Health Educational Office (HEO)} should provide all necessary support at the request of above officers at implementation level.

Work with Educational staff to identify main activities of health promoting schools, at school level. After problem analysis and needs assessment, prepare a "plan of action" with the school community to solve them.

The responsibilities of the health staff include

- Working in partnership with the education officials to promote health of the school community
- Assessing of needs of students for optimal growth and development and guiding them to identify solutions
- Assisting the school health club in development of a school health policy and action plan, after problem analysis
- Imparting knowledge, attitudes and skills to take decisions on health issues and matters concerning their lives
- Developing attitudes and skills to begin and sustain school health promotion programme
- Helping to improve the health of students by screening and referring
- Identifying and referring students with mental health problems
- Identify, treat and/or refer students with special needs
- Improving skills of teachers on teaching Reproductive Health, Counseling and psychosocial skills (life skills)
- Providing guidance to keep the school environment safe, clean, and free from violence, abuse, bullying and harmful physical and psychological punishment
- Conducting SMI and annual school health survey, and giving the summary of SMI to school principle and Record of Health Problems to school teacher
- Guiding the school community to prevent communicable and non-communicable diseases
- Supervising mosquito control programme in school
- Guiding and supervising Iron, Folic Acid, and Vitamin C Supplementation Programme in school
- Supervising the mid-day meal programme
- Supervising school canteen
- Mobilizing support of community other agencies for school health activities
- Guiding the students for community activities and health development projects
- Facilitate improving psychosocial skills (life skills) of students
- Monitoring and evaluation of the school health promotion programme with educational officials and providing feedback

All Provincial Secretaries of Health Services (PSHS), PDHS, RDHS and other relevant Provincial and District Health staff should assist the Educational authorities to develop schools as "Health Promoting Schools".

Routine school health activities such as SMI, training programmes to teachers and students on school health promotion, advocacy to educational officials, and activities of the School Health Clubs etc. can be carried out without the permission of Central Health or Educational Authorities. However, those should be communicated to and planned with the respective Provincial, Zonal and Divisional Directors of Education and included in the Education Sector Development Plan (ESDP) as well as Health Sector Development Plan (HSDP) for the year.

(See **Annexure A)**

The total school health programme can be divided as follows

School Health Activities done at the beginning of the year
School Health Activities done at the 'school health day'
School Health Activities done throughout the year

School Health Activities done at the beginning of the year

1. Annual Sanitary survey

This should be done by PHI at the first quarter of each year to asses water and toilet facilities of school. The summary should be given to school (School Health Survey Report - H 1015A) and the school should be advocated to correct deficiencies.

School Health Day

Medical Officers of Health and Chief Medical Officers of Municipality Areas should allocate one day for school health activities. This will prioritize school health activities.
The date allocated for school health activities should be named as "School Health Day".

The activities of the school health programme should be conducted and supervised by Medical Officer of Health/School Medical Officer/Chief Medical Officer with the active support of School Community. Under their supervision, the Public Health Inspector is responsible for organizing and coordinating such programmes.

Activities to be done during the School Health Day

1. School Medical Inspection
2. Treatment of Identified ailments and Referral
3. Immunization Programmes
4. Awareness programmes/lectures
5. Suwanari clinic/NCD clinic for teachers
6. Recording school health data and giving relevant records to school
7. Also Monitor the implementation status of following programmes –
   Weekly Iron, Folic Acid, Vitamin C Supplementation Programme (WIFS)
   School Dental Services
   Mosquito control programmes
   Supervision of school canteens

1. School Medical Inspection (SMI) **(See Annexure B)**

Coverage of SMI should be 100 %. **The responsibility of conduction and coverage of SMI lies upon the MOH/SMO/CMO**. The MOH should make arrangements to get the assistance of hospital medical officers/doctor-parents/old pupils/relatives for the SMI. RDHS is responsible for making such arrangements.

The priority should be given to schools where SMI was not conducted during the previous year.

2. Referring and treating identified ailments

Students can be referred to the specialists clinics of the nearest hospital. These children need not go through Out Patient Department (OPD). Where there are no separate specialists clinics for students, the RDHS and MOMCH should take necessary action to re-establish them.

Use "**WHO growth standards**" when assessing Body Mass Index (BMI) of school children of 5 to 19 years of age. If a school child is found with BMI <-2SD, refer to any clinic at MOH clinic that falls on the closest date. Refer to specialists care on failing of MOH level management. If a school child is found with BMI >2SD or those suspected as having severe anaemia should be referred immediately for specialized care.

Dietary and life style advices should be given to the other children with over-weight/stunting/anaemia by Public Health Inspector at school level. They should be referred to Nutrition Clinic at MOH office on failing of such managements.

Train your staff to identify mental health issues of the students with the assistance of the Child Psychiatrist/Psychiatrist/MO-MH. Identified students should be referred to the Psychiatrists or Paediatricians of the area.

3. Immunization programmes

PHI should conduct vaccination/immunization during the day of SMI. A trained person to manage vaccine induced allergy/ anaphylaxis such as a Doctor/PHNS/PHI or PHM should be available in case of an emergency. Refer the circular 01-20/2001 dated 23/08/2011 by Epidemiology Unit of Ministry of Health.

Vaccination is not a separate entity, but a part of the SMI. The participation and the support of the SPHI, PHNS or PHM can be requested when necessary.

DT/OPV	should be given to Grade1; if not given before
aTd	should be given at Grade 7
MMR	should be given at Grade 8; if not given a vaccine containing Rubella before

All the immunizations should be recorded in Child Health Development Record (CHDR).

4. Awareness programmes/lectures

Following lectures/awareness programmes are compulsory.

Grade	**Programme**
Primary	Oral Hygiene, NCD, Child Abuse Prevention
Grades 6-7	Life Skills
Grades 8-9	Sexual and Reproductive Health (SRH) and Life Skills
Grade 9	Brief all teachers teaching grade 9 on sexual and reproductive health, giving special attention to the teacher's role in preventing teenage pregnancy. It is compulsory to teach SRH and Prevention of Teenage Pregnancy to grade 9 students.
10-11	SRH, Future Planning and Life Skills

Empower students to carryout following health activities

- Measure Body Mass Index (BMI) and do self-interventions
- Check own visual acuity
- Monitor nutritional value of own meal
- Measure own physical fitness

5. Suwanari clinic/NCD clinic for teachers

Conduct NCD screening and Suwanari clinics for teachers during the date of SMI or in a separate day. The cooperation of the teachers will be enhanced by this activity.

6. Recording school health data

It is compulsory to record health data in CHDR.
Gradually seize from using Student Health Record (H 457).

Give a copy of Summary of School Medical Inspection (H 1247) to Zonal Education Director
Summary of School Medical Inspection (H 1247) to Principle
School Medical Examination Record of Health Problems (H 456) to class teachers.
School Health Survey Report (H 1015A) to principle (at the beginning of the year)

Refer the 'guidelines on completing formats related to school health database - 2015' by Family Health Bureau. Use newly amended formats to record school health data from 2015.

Activities to be done throughout the year

1. Supervision of WIFS
2. School Dental Services
3. Mosquito control programmes
4. Supervision of school canteens
5. Awareness programmes
6. Follow up visits

1. Supervision of WIFS Programme

All children of grades 1-13 should be given one tablet of Ferrous Sulphate, Folic Acid and Vitamin C, according to the circular 02-08/2007(1) dated 2013/03/25 of Ministry of Health and parallel circular 2013/01 dated 2013/06/03 of Ministry of Education. The supplementation should be started during the first quarter of every year and should be given for weekly for 24 weeks (6 months). The exact dose is 200 mg Ferrous Sulphate, 1 mg Folic Acid and 100 mg Vitamin C. **The dose of Folic Acid has been reduced to 1 mg since 2015.**

500 mg tablet of Mebandazole is given to all the children at the beginning of the supplementation. An additional dose of Mebandazole is given at the end to students of Uva, Sabaragamuwa, Central, Northern and Eastern provinces.

2. School Dental Service

School dental service is a compulsory service of SHP. The service should be given by Dental Surgeons (DS) and School Dental Therapists (SDT). When school dental services are not available, Medical Officer should identify and refer the children with dental problems to nearest school dental clinic / MOH office / hospital.

Refer to the circular FHB/OHU/SDS/2011/02 dated 2011/11/25.

3. Mosquito control programme

Confirm that school premises are inspected once a week and is free from mosquito larvae and breeding places.

4. Supervision of school canteen

Supervise school canteens using H800 (Grading of food handling institutions) and attempt upgrading them by post inspection.
Further guidelines are found in the canteen circular 2011/03 dated 2011/01/18 issued by Ministry of Education.

Make sure that list of 'food that should not be available in a school canteen'' and the poster on 'traffic light system for selecting food" are displayed in the school canteen.
Notify any deviations in writing to D. Edu: Health and Nutrition of Ministry of Education and School Health Unit of FHB.

5. Awareness programmes should be conducted in schools in addition to that of School Health Day.

6. Follow up visits

Special care should be taken to follow up girls with suspected heart diseases in view of preventing maternal deaths.

School Health Committees (see **Annexure C** for composition, responsibilities, Responsibility of Establishment, Monitoring and activities of Health Promoting School)

1. School Health Club
2. School Health Advisory Committee
3. Divisional School Health Promotion Committee
4. Zonal School Health Promotion Committee
5. Provincial School Health Promoting Committee
6. National Coordinating Committee on School Health (Working Group)
7. National Level Committe on School Health Promotion

Refer to the booklet 'Guidelines on Health Promoting Schools' and 'School Health Promotion Programme' by Family Health Bureau of Ministry of Health and Health and Nutrition Branch of Ministry of Education for further details.

Supervision and Advocacy of School Health Programme

Supervision and advocacy should be conducted at all levels to fulfill our goal of achieving 100% coverage of SMI. The collaboration between Ministry of Health and Ministry of Education can be achieved via Health Promotional Committees too.

Please bring the contents of this circular to the attention of all relevant staff/institutions under your purview and ensure that they abide by the instructions.

Thank you.

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Colombo 10, Sri Lanka.

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Anura Jayawickrama
Secretary/ Ministry of Health, Nutrition and Indigenous Medicine

Cc:
Secretary/Ministry of Education
Additional Secretary (MS) Ministry of Health
Additional Secretary (Education Quality Development) Ministry of Education
Director General of Health Services Ministry of Health
Deputy Director General Public Health Services II, Ministry of Health
Deputy Director General (MS) Ministry of Health
Director Maternal and Child Health/FHB
Director Health Education Bureau
Chief Epidemiologist/Epidemiology Unit
Director Education Health, Ministry of Education
Director Education Nutrition, Ministry of Education
Director Education Sports, Ministry of Education
Secretary Government Medical Officers Association
Secretary/Ministry of Economic Affairs
Secretary/Live-stock development
Secretary/Ministry of Water and Sanitation
Secretary/Ministry of Agriculture
Secretary/Ministry of Sports
Secretary/Consumer services Authority

Annexure - A

Planning and Implementation of School Health Activities by Partners

A. All Directors in the Ministry of Health who have planned school health activities within their mandates should inform their school health activities to the focal Director in the Ministry of Education, through the Director Maternal and Child Health, Family Health Bureau before the 1st of October of the preceding year.

B. All such school health activities should go through Provincial Director of Health Services, Regional Director of Health Services and should be implemented through Medical Officer of Health/School Medical Officer/Chief Medical Officer of the area. All measures should be taken not to by-pass these officers who are responsible for the programme at the implementation level.

C. School health activities by organizations, businesses or personals which are not approved by the national level committee at the Ministry of Education and are not included in the provincial Education Sector Development Plan, should not be conducted at schools.

D. Medical Officers of Health/Medical Officers of the government sector should not assist or participate in such activities. Such incidences should be brought to the notice of Director/FHB and Director Education/Health and Nutrition of MOE.

Annexure B - School Medical Inspection (SMI)

A. SMI should be conducted in all government schools, special education units, piriven and private schools annually.

B. SMI should be conducted annually for all children in Grades 1,4,7,10 and special education units in schools with more than 200 students. When the total student population is 200 or less, SMI should be conducted for all children annually.

C. The priority should be given to schools where SMI was not conducted during last year.

D. **The responsibility of conducting, supervision and coverage of School Health Programme lies upon Medical Officer of Health (MOH) or Chief Medical Officer or School Medical Officer in Municipality area. The responsibility of organizing and coordinating the School Health Programme, under supervision of MOH, is the responsibility of area Public Health Inspector (PHI).**

E. This should be planned by the area PHI in consultation with the MOH/Additional MOH (AMOH) together with the school principals of the area and the field health staff. The 'Quarterly advance programme for School Health (H 1016)' should be prepared accordingly.

F. Thus planned school health activities should be discussed with provincial, zonal and divisional directors of Education and should be included in provincial sector development plans of Ministry of Education and Ministry of Health.

G. The Ministry of Education has agreed to declare the date of SMI as 'School Health Day' in which all health activities should be planned and implemented with other health staff (curative and preventive sectors) and school community.

H. At least two weeks prior to the planned date for SMI, PHI should visit the school and remind about SMI and the immunization programme to school principal. The Principal in turn is expected to inform the parents to participate at the SMI for Grade 1 students and children with health problems.

I. The school principal is expected to request the parents to send the Child Health Development Record (CHDR) and to give consent for immunization (Written consent is preferred).

J. Screening for health problems has to be completed by the PHI prior to the SMI.

K. The SMI should always be conducted by MOH/AMOH/Medical Officer (MO)/Registered MO (RMO)/Assistant MO (AMO). They should ensure that the findings of the PHI at screening are confirmed when necessary.

L. Immunization should not be done in isolation, but as a component of the total package. PHI should conduct immunization, on the day of SMI. The assistance of Supervising Public Health Inspector (SPHI), Public Health Nursing Sister (PHNS) and Public Health Midwife (PHM) should be sought when a large numbers of students need to be immunized.

M. A trained person to manage vaccine induced allergy/anaphylaxis such as a Doctor/PHNS/PHI or PHM should be available in case of an emergency. Refer the circular 01-20/2001 dated 23/08/2011 by Epidemiology Unit of Ministry of Health.

DT/OPV	should be given to Grade 1; if not already given
aTd	should be given at Grade 7
MMR	should be given to all Grade 8 students; if Rubella containing vaccine was not given before

N. All the immunizations should be recorded in Child Health Development Record.

O. Duly completed vaccine return should be handed over to PHNS, to be added to the quarterly immunization return, before the 15th of the first month of the following quarter.

P. School teachers /children should be empowered to measure their Body Mass Index, assess the nutritional status of their own meals, self-assessment of vision, and their own physical fitness and do interventions.

Q. Children who were absent on the day of the SMI should be seen later at the school or at the central clinic held at the MOH office on Saturdays.

R. Children found with defects at SMI should be referred to the relevant specialist clinics of the nearest medical institution for further management, with the completed School Health Referral Card (H 606). These children **need not go through Out Patient Department (OPD).**

S. Children found with learning and behavioural problems should be referred to the Psychiatrist or Medical Officer-Mental Health (MO-MH) of the nearest hospital.

T. Hospital authorities should give priority to school children referred to OPD or Specialists clinics. (General circular 02-32/2002). Such children should not be kept waiting at queues or clinics. Hospitals should conduct specialist clinics on Saturdays/week-day evenings for school children.

U. Use "WHO growth standards" when assessing Body Mass Index (BMI) of school children of 5 to 19 years of age. If a school child is found with BMI <-2SD, refer to any clinic at MOH clinic that falls on the closest date. Refer to specialists care on failing of MOH level management. If a school child is found with BMI >2SD or those suspected as having severe anaemia should be referred immediately for specialized care. Dietary and life style advices should be given to the other children with over-weight/stunting/anaemia by Public Health Inspector at school level. They should be referred to Nutrition Clinic at MOH office on failing of such managements.

V. Give copies of Summary of School Medical Inspection (H 1247) to Zonal Education Director, (H 1247) and School Health Survey Report (H 1015A) to school principal and School Medical Examination Record of Health Problems (H 456) to class teachers; and make sure problems are attended.

W. Follow up visits should be done by the PHI at least at one month and three months. Special care should be taken to follow up girls with suspected heart diseases in view of preventing maternal deaths.

X. If children are found during follow up visits to be defaulting further treatment, they should be encouraged to get treatment.

Y. Those children who need spectacles or hearing aids should be referred with the prescriptions, to Director/Special Education at the Provincial Education Office to provide spectacles or hearing aids; or they can be referred to Social Service Officer at Divisional Secretariat Office. Educate teachers about Vision 20/20 secretariat, which funds for free optical and about the procedure to obtain spectacles.

Z. Other activities to be done during the date of SMI are mosquito control programmes, canteen inspection, supervision of Weekly Iron Folic Acid, Vitamin C Supplementation (WIFS), Non Communicable Disease (NCD) screening and Suwanari clinic for teachers.

AA. Conduct awareness programmes/ lectures on topics mentioned in the circular during the date of SMI.

BB. All PHI should prepare the monthly return on school health (H 1014) at the end of each month and handed over to the Supervising PHI (SPHI) for preparation of the monthly statement on school health activities -master sheet (H 1014)

CC. The SPHI should prepare the school health quarterly return (H 797) at the end of the quarter and the copies to the Regional Director of Health Services and Director/Maternal and Child Health before the 20th of the first month following the quarter.

DD. It is compulsory to send returns on time.

Refer the 'guidelines on completing formats related to school health database - 2015' by Family Health Bureau. Use newly amended formats to record school health data from 2015.

(Annexure C) School Health Committees

1. School Health Club

Composition	Responsibilities	Responsibility of Establishment	Monitoring
Education Sector Principle (Chairperson) Students- President/ Vice president/ Joint secretaries/ Treasurer/ Committee members Membership Any number of students can get membership Sub-committees- Can be formed upon requirement of the school Advisor/s Vice principle(Health) Section head Teacher in-charge (Health) Other teachers (can be Health/ Physical Education/ Life Skills/ Science/ Other)	Planning school health activities with school community and implementation of interventions.	School principle	Monthly supervision-supervising teachers and commiittee members. Quarterly supervision-principle, teachers and committee members. Annual supervision-principle and zonal Director of education.

Activities that should be given priority

Preparation of school health promotional policy

Preparation of annual activity plan for health promotion, getting approval of the club and implementation.

Formulating a methodology to minimize the number 'school leaving' students

Monitoring Body Mass Index, nutritional status, visual acuity and physical fitness of students

Conducting an annual health day

Annual activity plan of School Health Club may include-

a) Monthly meetings of the School Health Club.
b) Conducting special events such as guest lectures, panel discussions, role plays, dialogues, short dramas, film programmes, peer consultations etc.
c) Conduct daily health talks through public addressing system.
d) Organizing health related competitions such as dramas, art exhibitions, talks, debates etc.
e) Maintenance of health promotional "wall news-paper "
f) Help implementing healthy canteen policy.
g) Maintenance of health resource center with leaflets, videos, posters, news-paper articles etc.

h) Organizing peer education programmes.
i) Minimize conflicts, violence, abuse, unprotected sexual behaviour and improve team work by life skills development.
j) Assist teachers in distributing WIFS.
k) Assisting in correction of problems identified during school sanitary survey.
l) Proper disposal of refuse / recycling and maintenance of a clean environment.
m) Assisting in controlling mosquito borne diseases like Dengue.
n) Assisting in provision of safe drinking water.
o) Assisting in maintenance of cleanliness of toilets.
p) Assisting in School Medical Inspection.
q) Finding health problems identified in school by getting data of School Medical Examination Record of Health Problems (H456) from teachers.
r) Conducting awareness programmes accordingly
s) Follow up of children with defects
t) Motivating the school community to practice healthy habits
u) Assisting in implementation of mid-day meal programme.
v) Maintenance of a first aid centers and provides first aid when required.

2. School Health Advisory Committee

Composition	**Responsibilities**	**Responsibility of establishment**	**Monitoring**
Education sector Principle (chairperson) Deputy principle-Health Deputy principle -Primary Section head/s Teacher –Health and/or(as decided by principle) Teachers of Physical Education/ Life skills/ Science/ Etc. Student representatives President Secretary Treasurer Representatives from parents Health sector Area PHI Other Samurdhi Dev: officer Well wishers	Approval of the school health plan prepared by the school health club Providing support for mobilization of resources etc. and Guidance to the School Health Club activities, Monitoring and providing feedback on school health activities.	Principle Area PHI	Quarterly supervision – principle and committee members Annual supervision – principle and Zonal Edu: Director

3. Divisional School Health Promotion Committee

Composition	Responsibilities	Responsibility of establishment	Monitoring
Education sector Divisional Director of Education (chairperson) Divisional Deputy Director/ Ed: (Health, Nutrition/ Asst: D/ Ed:/ Other officers from Divisional Edu Office. Principals Health sector MOH/AMOH SPHI Health Edu: Officer Other Samurdhi Dev: officer	To evaluate school health promotion programme using the checklist provided. To provide feedback for the implementation of the health promotion programme in schools	Divisional Director in Education	Six monthly supervision Principles of HPS should present the progress. Divisional D/ Edu: and MOH should conduct the supervision)

4. Zonal School Health Promoting Committee

Composition	Responsibilities	Responsibility of establishment	Monitoring
Education sector Zonal Director Education (chairperson) Zonal D Edu:/ Asst: D Edu: (Health and Nutrition) Divisional D/ Edu: Accountant (ZonalEdu:Office) Four Principals (One principal from each school; 1AB,1C, type 2 and type 3) Health sector MO/MCH Officers nominated by RDHS (eg RE/ RDS) MOHs SPHID Health Edu: Officer Other Samurdhi Dev: officer	To evaluate school health promotion programme using the checklist provided. To provide feedback for the implementation of the health promotion programme in schools To provide a list of schools which are eligible for the "Gold medal" to the Ministry of Education	Zonal Director of Education	Annual Supervision Divisional D/ Edu: should present the progress. Zonal D/ Edu: and Provincial CCP or MO/MCH should conduct the supervision)

Feed back of monitoring should be sent to D/ Edu: (Health and Nutrition) of Education Service Ministry.

5. Provincial School Health Promoting Committee

Composition	Responsibilities	Responsibility of establishment	Monitoring
Education sector Provincial Secretary of Education (chairperson) Provincial Director of Education Provincial Director- Primary Education Deputy Director of Education- Health and Nutrition Accountant (Provincial Education Department) Health Sector Provincial Secretary of Health Provincial Director of Health Services or CCP Regional Directors of Health Services MOO/MCH Provincial PHI Provincial Health Edu: Officer Other District Samurdhi Manager	Development of Provincial School Health Promoting policies according to the National School Health Promoting Policies. To have biannual evaluation meetings to evaluate the programme Provide feedback to implement the School Health activities successfully.	Provincial Secretary of Education(chairperson)	Supervision Twice a year by Provincial Secretary of Education

6. National Coordinating Committee on School Health (Working Group)

Composition	Responsibilities	Responsibility of establishment	Supervision
Health sector Director General of Health Services (Chairperson) DDG (PHS I) DDG (PHS II) DDG (ETandR) DDG(Planning) Director (MCH) Director (HEB) Director (NCD) Director (Nutrition) Director (Nutrition Coordination) Director (UandRH) Director (NIHS) Chief Epidemiologist PDHS 2 CCP/SH (National Focal Point) CCP/AH CCD/OHU MOMCH 1 MOH 1 CMOH (CMC) PPHI Accountant (Ministry of Health) Education sector Additional Secretary (Education Quality Development) D Ed: Health and Nutrition D Ed: Sports D Ed: Primary Education D Ed: Science D Ed: Non Formal and Special Edu: National Programme Officer (Health) National Institute of Edu: Other Representative/ Ayurveda Dept: Representative/Central Environmental Authority Representative/ Ministry of Sports Representative/ National Child Protection Authority Representative/ Child Secretariat	Taking policy Decisions on matters related to school health Monitoring and evaluation of programme activities Addressing issues related to school health. All officials should ensure that the instructions issued in the circular are adhered to for the successful implementation of this programme.	DGHS	DGHS

7. National Level Committee on School Health Promotion

Composition	Responsibilities	Responsibility of establishment	Supervision
Education sector Secretary/ Ministry of Education (chairperson) Additional Secretary (Education Quality Development) Additional Secretary (Planning and Performance Review) Director Edu: (Health and Nutrition) Director Edu: (Primary Schools) Director Edu: (Sports) Director Edu: (NFE and SE) Chief Accountant (MOE) Health sector Secretary/ Ministry of Health/ Additional Secretary (MS) Director General of Health Services DDG (PHS II) Director (MCH) Director (HEB) Consultant Community Physician (National Focal Point for School Health) Family Health Bureau Other Secretary/ Ministry of Economic Development Secretary/ Ministry of Live-stock development Secretary/ Ministry of Water and Sanitation Secretary/ Ministry of Agriculture Secretary/ Ministry of Sports Secretary/Consumer services Authority	Taking national policy Decisions on matters related to school health Monitoring and evaluation of programme activities Addressing issues related to school health. All officials should ensure that the instructions issued in the circular are adhered to for the successful implementation of this programme.	Secretary/Ministry of Education	Secretary/ Ministry of Education (chairperson)

Establishment, Meeting, Supervision and Monitoring of the committee are the responsibilies of the Chairperson of the committee.