MASTER OF PUBLIC HEALTH

Johns Hopkins Bloomberg School of Public Health & IIHMR University

PRACTICUM REPORT

By

Ritupreet Virk

Cohort-3
2015-17

Under the Guidance of

Dr. J P Singh

Associate Professor
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TO WHOMSOEVER MAY CONCERN

This is to certify that **Ritupreet Virk**, student of Master of Public Health Program offered by Institute of Health Management Research IIHMR University, Jaipur in cooperation with Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone Practicum Training at **PGIMER, School of Public Health** on the topic "**Assessment and Accreditation of Health Promoting Schools (HPS) of Chandigarh city"** from November 2016 to April, 2017.

The Candidate has successfully carried out the study designated to her during practicum training and her approach to the study has been sincere, scientific and analytical.

The Practicum Training is in fulfillment of the course requirements.

I wish her success in all his future endeavors.

Sd-

Dr. J P Singh
Practicum Advisor

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Project titled "**Assessment and Accreditation of Health Promoting Schools (HPS) of Chandigarh city"** submitted by me, Ritupreet Virk with Enrollment No. IIHMR-U\07\2015-2017\0012 under the supervision of Dr. J.P Singh for award of **Master of Public Health** carried out during the period *2nd November 2016 to 30th April* 2017 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Ritupreet Virk

MPH Candidate 2015-17

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Professor

No.Com/Med/16/
Dated: 29.04.2017

TO WHOM IT MAY CONCERN

This it to certify that Ms. Ritupreet Virk, student of Master of Public Health offered by Johns Hopkins University Bloomberg School of Public Health, Maryland USA in cooperation with IIHMR University, Jaipur, India has undergone practicum training under the supervision of Dr. J.S Thakur, Professor, School of Public Health, PGIMER, Chandigarh from 2nd November, 2016 to 29th April, 2017. She has successfully completed more than two hundred (200) hours of practicum training in the project entitled "Assessment for Accreditation and comparative analysis of Health profile in selected accredited schools of Chandigarh."

She has successfully carried out the study designated to her during practicum training and her approach to the study has been sincere, scientific and analytical.

I wish her success in all her future endeavors.

Dr. J.S Thakur

Contents

Assessment and Accreditation of Health Promoting Schools (HPS) of Chandigarh city

Introduction

Health promoting schools (HPS) is a holistic approach that strengthens to promote a healthy environment for learning, living and working in the school community. The World Health Organization (WHO) has fostered many of HPS initiatives, supported by health and educational bodies and a variety of non-public organizations. The concept of 'Health Promoting Schools' was adopted by the World Health Organization (WHO) in 1995, as part of a settings-based approach to health improvement.[1]

HPS framework comprises of three key areas (Curriculum, environment, and partnerships) that links the health needs of all school community members. Research has shown that promoting a healthy environment in schools has shown changes in health behaviour of students. An 12- week intervention study conducted from July 2008 to March 2009 in Chandigarh comprising of life skill sessions, lifestyle diary, physical activity period, and healthier options in school canteen.[2] Eight schools in UT Chandigarh were selected from a list of schools shortlisted on the basis of proximity to the field practice area of School of Public Health. The intervention produced significant changes in health behaviour in the areas like proportion of children opting to play outside during free time, regular physical activity, television watching hours, not skipping breakfast, preferring fruits over snacks, reduced frequency of fast food intake, supporting a friend with HIV, and knowledge about risk factors for chronic NCDs. The post assessment results had a positive impact on the students in changing health behaviour of students but no anthropometric changes were observed.

Thakur et al study depicted that 20 week school-based lifestyle intervention package favourably affected anthropometric (weight, waist circumference and triceps and biceps thickness) and behavioural parameters.[3] It was also recommended that at least 20 weeks (~5 months) of health promoting intervention period in each academic year on a long-term basis is required so as to bring

about a desirable change in behavioural and anthropometric or biochemical parameters of school children and thereby have significant impact on health and well-being of population in future. Hence there it can be concluded that developing 'Health Promoting Schools' is feasible and can be widely replicated in all the schools. In India, Thakur et al study developed a checklist for accreditation of HPS schools.[4] The present study has been nested under the ICMR project entitled "Assessment for accreditation and comparative analysis of health profile in selected accredited schools of Chandigarh" sanctioned to Principal investigator, Dr JS Thakur, Professor, School of Public Health, PGIMER. The present study was conducted with following objectives:-

Objectives of the study

1. To develop criteria for selecting assessors who will conduct accreditation activities in schools
2. To conduct assessment and accreditation of private and public schools in Chandigarh city

Methodology

A cross sectional study was conducted in Chandigarh city. A total of 43 schools from public (n=23) and private (n=20) schools were randomly selected from a list of 170 (112 public and 74 private) schools obtained from the website of Education Department of the Union Territory of Chandigarh. It was ensured that schools from all the geographical directions were included in study.

The criterion for recruiting of assessors was developed after discussion with experts. For developing the criteria, various parameters like education, age, qualification, relevant experience were graded. Advertisement in various newspapers was given for the opportunity of assessors. All applications were scrutinised as per the criteria established. After that all applicants were invited for attending one day training workshop at Post Graduate Institute of Medical Education and Research (PGIMER), School of Public Health. The key stakeholders of the project i.e officials from Education and Health departments also participated in the training workshop. Other

stakeholders such as dignitaries from Indian Council of Medical Research (ICMR), the Quality Council of India (QCI), Director School Education (DPI Schools) also attended the workshop.

Team of four members were constituted for carrying out assessment activities in each school. Assessment and accreditation was done as per the checklists used in Thakur et al study (Annexure-I and II). The study period was from November 2016 to April 2017. Scores were calculated on the basis of eight domains (Healthy School Environment, Mechanism for promoting health and awareness about Health Promotion in schools, School Health Services, School Nutrition Services, Physical Education, School counselling, psychological and social services, Community participation, Extent of implementation of School standards and evaluation framework (Shaala Siddhi)). A scoring system will include 24 parameters (with 1 to 3 points awarded for each item) and scoring will be undertaken. The scores of 100–120, 121–150, 151–200 and >200 points will be categorized as bronze, silver, gold and platinum levels (Figure 1).

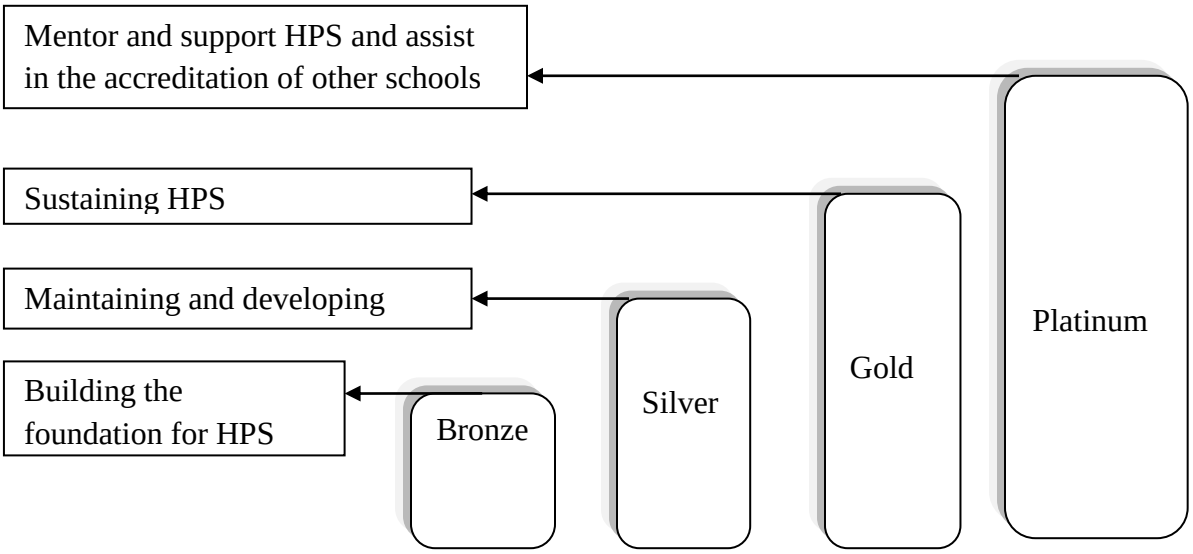

Figure 1: Categories of Health Promoting Schools

The accreditation scoring criteria is defined as follows:

Bronze level – It sets the foundation level for HPS. The school administration understands and prepares to implement the HPS framework. School health committees are formed. Health cards, including immunization records for every student and records for students with special medical needs must be implemented.

Silver level – The school management must maintain the requirements of the HPS bronze level. HPS must demonstrate improvements, along with increased involvement of parents and students.

Gold level - Schools must demonstrate further improvements. There must be promotion of environmental health and staff health and well-being. Wider community engagement must be strengthened and an induction package must be implemented that supports student health and well-being.

Platinum level – A three-year strategy to further improve school community well-being must be developed. Schools at this level mentor and support new HPSs and assist in the accreditation process of other schools.

A debriefing session was held at the end of each school assessment for further improvement.

Results

Assessors were recruited based on the criteria like education, age, qualification, relevant experience and communication skills were graded on 1-3 score (Table 1).

Table 1: Criterion developed for recruitment of assessors

Indicators with mode of verification	**Scoring criteria**		
	1	2	3
Educational qualification (Certificates)	Graduation	Bachelor of Education (B.Ed)	Post – Graduate degree in Social Sciences/ public health or any health related field
Work Experience (Certificates)	1 year experience in health related field promoting health activities	2 years of work experience in health related field promoting health activities	3 years of work experience in health related field promoting health activities or 3 years experience working in school activities
Communication Skills (Observation and	Communication characterized by	Can communicate with reasonable	Effectively communicates

interview)	frequent inaccuracies and misunderstanding and the assessor is unfamiliar with the topic.	accuracy and can correct mistakes if they have led to a misunderstanding.	information and ideas both orally and in writing. Listens carefully and familiar with the topic and can respond confidently and spontaneously to complex questions.
Critical Thinking	Most or all of key issue/s and/or problem/s are not identified or defined, or are identified or defined inaccurately.	Identifies most or all key issue/s and/or problem/s. Some minor inaccuracies may be present.	Clearly, accurately, and appropriately identifies key issue/s and/or problem/s.
Problem Solving	Identifies one or more approaches for solving the problem that do not apply within a specific context.	Identifies multiple approaches for solving the problem, only some of which apply within a specific context.	Identifies multiple approaches for solving the problem that apply within a specific context.
Teamwork skills	Rarely contributes to team by offering ideas and asking questions.	Contributes to team by offering ideas and asking questions at least once per assessment that is done.	Proactively and regularly contributes to team by offering ideas and asking questions and respecting the points of view of others. Shares information and resources with others to promote positive and collaborative work relationships.

The basic profile of the schools assessed required certain standards i.e. one toilet per 50 boys/ girls, one drinking water tap per 50 students and 5 litres of water per person per day (See Annexure II). The number of public and private schools assessed that met the required standards are shown in Table 2. The results reveal that 77.8% (n=14) of private schools had one toilet per 50 male students as compared to 69.6% (n=16) of public schools. There was no significant difference found between the public and private schools in relation to toilets, drinking water facility and availability of 5 litres of water per person per day.

Table 2. Number of schools that meet the standards of adequate toilets, drinking water taps and availability of water.

Type of school	1 toilet per 50 boys	1 toilet per 50 girls	1 drinking water tap per 50 students	Availability of 5 litres of water per person per day
Public schools (N=23)	16 (69.6%)	13 (56.5%)	12 (52.2%)	18 (78.2%)
Private schools (N=20)	14 (77.8%)	16 (80%)	8 (40%)	19 (95%)

The results of the baseline assessment of public and private schools are shown in Table 3. There was a significant difference between public and private schools in terms of providing a healthy school environment. 25% (n = 5) of private schools had the best score for access to clean drinking water, clean toilets and adequate lighting as compared to none of the public schools met the required standards. The proportion of implementation of school safety, security and presence of evacuation plan was 10% (n = 2) in private schools as compared to 4.3% (n = 1) in public schools. The presence of a School Health Committee (SHC) was found in 10% (n = 2) of private schools as compared to 8.7% (n = 2) in public schools. The practice of personal hygiene followed by students was 30% (n = 6) in private schools as compared to 17.4% (n = 4) in public schools. 5% (n=1) and 4.3% (n=1) of the private and public schools emphasized on training of teachers for Health Promotion Programmes that had maintained proper documentation of trainings attended by teachers. A significant difference was found in having a functional first aid kit to provide first aid to students and staff and maintaining a record of usage of first aid kit. The proportion of schools having a functional first aid kit in private schools was 30% (n = 6) as compared to none of the public schools maintaining proper documentation of usage of first aid kit. The proportion of private schools training students and staff on first aid was 10% (n = 2) as compared to none of the public schools.

Regarding school nutrition services, mid day meals are provided in all public schools and regularly monitored. There was a significant difference between nutrition services in public and private

schools. This may be due to non availability of canteens in private schools. However, in public schools, the quality of food was found to be documented but only 8.7% (n = 2) public schools had detailed remarks checked randomly by the school authorities and parents.

All private and public schools had playground facilities and specific hours dedicated for physical activity. 20% (n=4) of private schools had minimum of 40-45 minutes of 2 periods per week of physical activity as compared to 4.3% (n= 1) in public school. As per CBSE norms, 40-45 minutes of 5 periods per week of physical activity is required. Regarding school counselling services, 30% (n=6) of private schools showed documentation of active counseling of at least 2 students per day as per record and case studies / success stories were also documented by the counselor for difficult cases as compared to 21.7% (n=5) for public schools.

20% (n = 4) of private schools had community partnership in the form of Parent Teacher Association (PTA) meetings that were held once in three months with proper record of feedback as compared to 17.4% (n = 4) of public schools. Shaala Siddhi has been conceptualised towards comprehensive school evaluation as central to improving quality of school education in India. A National Programme on School Standards and Evaluation (NPSSE) has been initiated by National University of Educational Planning and Administration (NUEPA), under the aegis of Union Ministry of Human Resource Development. There was a significant difference in the implementation of Shaala Siddhi framework between public and private schools. Our results found that none of the private schools have implemented Shaala Siddhi framework as compared to all the public schools implementing it.

Table 3. Assessment of 20 private and 23 public schools

I. Healthy School Environment				
		Govt schools (%)	**Private schools (%)**	**P value**
		Best score* n (%)		
1	Access to clean drinking water, clean toilets and adequate lighting	0	5 (25%)	0.021

2	Sufficient dustbins for refuse disposal	1 (4.3%)	1 (5%)	0.311
3	School safety, security and presence of evacuation plan for which everyone is trained	1 (4.3%)	2 (10%)	0.400
II. Mechanism for promoting health and awareness about Health Promotion in schools				
		Govt schools (%)	**Private schools (%)**	
		Best score* n (%)		
1	Presence of School Health Committee / related mechanism	2 (8.7%)	2 (10%)	0.104
2	Knowledge and practices of personal hygiene	4 (17.4%)	6 (30%)	0.398
3	Presence of notice board/walls	0	0	0.309
4	Presence of posters and / or other means of publicizing and popularizing concept of Health Promotion in school and local community	2 (8.7%)	3 (15%)	0.808
5	Student awareness and understanding of Health promotion concept, objectives and strategies	1 (4.3%)	1 (5%)	0.930
6	Training for Health Promotion Programmes	1 (4.3%)	1 (5%)	0.984
7	Presence of a coordinator/health incharge for the Health Promotion	3 (13%)	4 (20%)	0.323
8	Curriculum which emphasizes on health related subjects and being taught	0	1 (5%)	0.755
9	Presence of sources and / or lectures on priority health subjects for students and staff	2 (8.7%)	3 (15%)	0.668
III. School Health Services				
		Govt schools (%)	**Private schools (%)**	
		Best score* n (%)		
1	Presence of health cards	6 (26.1%)	4 (20%)	0.275
2	Presence of first-aid kit	0	6 (30%)	0.007
3	Training of students and staff on first aid	0	2 (10%)	0.075
IV. School nutrition services				
		Govt schools (%)	**Private schools (%)**	
		Best score* n (%)		
1	Nutrition education in school	0	1 (5%)	0.027

2	Monitoring canteens/meals in the schools	2 (8.7%)	0	0.000
3	Option of healthy food and drinks	2 (8.7%)	1 (5%)	0.654
V. Physical education				
		Govt schools (%)	**Private schools (%)**	
		Best score* n (%)		
1	A minimum number of hours of physical activity per week to all students in or outside the school curriculum	1 (4.3%)	4 (20%)	0.136
VI. School counselling, psychological and social services				
		Govt schools (%)	**Private schools (%)**	
		Best score* n (%)		
1	Presence of social programmes and counselling services	5 (21.7%)	6 (30%)	0.846
2	Adolescent Education Programme services including life skill education	1 (4.3%)	2 (10%)	0.740
VII. Community Partnership				
		Govt schools (%)	**Private schools (%)**	
		Best score* n (%)		
1	Community partners in decision-making and planning in the health promoting activities of the school	4 (17.4%)	4 (20%)	0.086
VIII. Extent of implementation of School standards and evaluation framework (Shaala Siddhi) and involvement in establishing more Health Promoting Schools and their accreditation				
		Govt schools (%)	**Private schools (%)**	
		Best score* n (%)		
1	Extent of implementation of Shaala Siddhi as per checklist	16 (69.6%)	0	0.000

The proportion of private schools was 5% (n=1) as compared to none of the government schools in the gold category. 60.9% (n=14) and 75% (n=15) of public and private schools were below the bronze category (Table 4).

Table 4. Accreditation status of 23 public and 20 private schools

	Type of schools	
Accreditation category	**Public schools (N = 23)**	**Private schools (N = 20)**

Gold	0	1 (5%)
Silver	3 (13%)	2 (10%)
Bronze	6 (26.1%)	2 (10%)
Below bronze	14 (60.9%)	15 (75%)

Learning – self reflection

This project has exposed me to the real life experience of the initiation of a project to report writing in the format of a research paper. I have grown to realize the practical use of classroom knowledge through the application of field work, defining sample size, collecting, cleaning and analyzing data through SPSS, and report writing. SWOT analysis for myself was done to identify my strengths, weaknesses, opportunities and threats that will be curtailed for self improvement as shown in Table 3.

Table 3. SWOT analysis

Strengths	**Weaknesses**
Educational background Two years of work experience – customer service Use of Microsoft programs – Word, Excel and Powerpoint Have a passion for learning Good communication skills Teamwork skills Punctual	Meeting deadlines Analytical analysis of data using SPSS Practical use of statistical package Lack assessment skills Lack of writing a research paper Lack of listening skills
Opportunities	**Threats**
Have better job prospects due to practical experience through this project Develop assessment skills and be detail oriented To learn from others in similar profession as mine Collecting, cleaning and analyzing data to develop analytical skills	The multitude of everyday demands which conspires against self reflection Lack of publications due to lack of writing skills Growing competitive pressure

Strengths as described in table 4 have only strengthened with good communication, and teamwork skills due to interaction with school staff and students. Other skills that I can add are increased

knowledge of functioning of schools leading to sharing of ideas among team members for better self improvement.

Weaknesses as mentioned in table 4 have been the core focus to improve these hindrances. The data for schools was analyzed by comparing the data between different schools and generating tables and graphs. Data was collected from different schools and was cleaned using Microsoft Excel. Another weakness that was tackled to intitate the use of SPSS and use data collected by me and analyze it using t test. Multiple hindrances came up due to absence of school staff and thus school had to be visited again. Almost all of the schools complied for the assessment activities to be carried but some school officials had to be contacted repeatedly to get permissions. Such a project also developed my assessment skills and to follow minute details such as randomly choosing students to get a better assessment of the hygiene practices followed by students. This project also allowed me to develop my listening skills which was another weakness that needed to be curtailed. While assessing the school, I developed the habit to note down key points or best practices that are followed to be shared among the team members.

This project has helped me gain knowledge and skills of functioning of schools and guidelines that are required for health promoting schools. This has broadened my prospects of the growing competitive pressure as I have developed from limited research knowledge to data analysis and writing of a report.

Annexures

Annexure - I

Standard for Health Promoting Schools
Accreditation Checklist

S. No.	Parameter/Indicator	Score			Supporting Evidence
		1	2	3	
I.	**Healthy School Environment**				
1.	Access to clean drinking water and clean toilets and adequate lighting,.				
2.	Sufficient dustbins for refuse disposal.				
3.	School Safety, security and presence of evacuation plan for which everyone is trained. (Record and Observation).				
II.	**Mechanism for promoting health and awareness about Health Promotion in schools**				
1.	Presence of School Health Committee/related mechanism				
2.	Presence of Notice Board/walls.				
3.	Presence of posters and/or other means of publicizing and popularizing concept of Health Promotion in school and local community.				
4.	Student awareness and understanding of Health Promotion concept, objectives and strategies.				
5.	Training for Health Promotion Programmes.				
6.	Presence of a coordinator/health incharge for the Health Promotion				
7.	Curriculum which emphasizes on health				

	related subjects and being taught				
8.	Presence of sources and/or lectures on priority health subjects for students and staff.				
9.	Personal hygiene				
III.	**School Health Services**				
1.	Presence of a health cards.				
2.	Presence of first-aid kit.				
3.	Training of students and staff on first aid.				
IV.	**School Nutrition Services**				
1.	Nutrition education in school.				
2.	Monitoring canteens/ meals in the schools.				
3.	Option of healthy food and drinks.				
V.	**Physical Education**				
1.	A minimum number of hours of physical activity per week to all students in or outside the school curriculum.				
VI.	**School counseling, psychological and social services**				
1.	Presence of social programmes and counselling services.				
2.	Adolescent Education Programme services including life skill education				
VII.	**Community Partnership**				
1.	Community partners in decision-making and planning in the Health Promoting activities of the school.				

VIII.	**Extent of implementation of School standards and Evaluation Framework**				

1.	**(Shaala Siddhi) and Involvement in establishing more Health Promoting Schools and their Accreditation** Extent of Implementation of Shaala Sidhi as per checklist				
2.	Promoting and Assisting in the accreditation of other schools (Applicable in Midline or Endline assessment).				

Annexure II

SCORING OF QUALITY INDICATORS FOR HEALTH PROMOTING SCHOOLS

Indicators with mode of verification	**Means of Verification**	**Interpretation**		
		1	**2**	**3**
Healthy School Environment (Observation, record and interviews)	Access to clean drinking water Access clean toilets	Availability of clean drinking water, drinking water taps (1 per 50 students). < 5litre of water per person per day for drinking and sanitation. Cleaning of water tanks once in 6 months. Sufficient proportion of toilets (1 per50 girls or female staff, and 1 toilet plus 1 urinal (or 50 cms of urinal wall) per 50 boys or male staff. Provision for children with special needs. All washrooms are lockable.	Availability of clean drinking water, drinking water taps (1 per 50 students). 5litre of water per person per day for drinking and sanitation. Cleaning of water tanks once in4months Sufficient proportion of toilets (1 per 50girls or female staff, and 1 toilet plus 1 urinal (or 50 cms of urinal wall) per 50 boys or male staff. Provision for children with special needs. All	Availability of clean drinking water, drinking water taps (1 per 50 students). 5litre of water per person per day for drinking and sanitation. Cleaning of water tanks once in 3 months Sufficient proportion of toilets 1 per 50 girls or female staff, and 1 toilet plus 1 urinal (or 50 cms of urinal wall) per 50 boys or male staff. Provision for children with special needs. All

	Access to adequate lighting, (Luxmeter may be used if available)	Availability of dustbins in all washrooms. But irregular cleaning of most of the dustbins Adequate lighting in most of classrooms, library and some of toilets-only with artificial light so that children can read legibly and perform normal activities. But natural light is not sufficient	washrooms are lockable. Adequate cleaning of toilets with provision of soap and water. Adequate cleaning of toilets. Availability of dustbins. Irregular cleaning of few of the dustbins. Adequate lighting in all classrooms and toilets with artificial and natural light Children can	washrooms are lockable. Adequate cleaning of toilets with provision of soap and water. Posting of female attendants in washroom for lower class students in primary wing. Availability of dustbins and regular cleaning. Installation of vending machine for sanitary napkins/alternate mechanism. Provision and regular cleaning of all dustbins including the proper waste disposal of sanitary napkins. Display of name of accountable person for maintenance of toilets. Absence of

			read legibly	foul smell Adequate lighting in classrooms and toilets even with natural light but artificial light is also present. Children can read legibly
	➢ Sufficient Dustbins for refuse disposal in classrooms Garbage disposal Precautions for malaria/dengue/Chikangunya	Dustbins are present but are not adequate Refuse disposal plan in school is not in place Measures taken for checking of breeding places (flowerpots/coolers/AC/tanks/stagnation of water)	Atleast one dustbin per classroom is available. Students have been trained as "health ambassadors" and interact with peer group about waste disposal awareness. Refuse disposal plan in school. But not well organized	Atleast one dustbin per classroom is available and are not overflowing. Students have been trained as "health ambassadors" and interact with peer group about waste disposal awareness. Refuse disposal on daily basis in school. Organised waste disposal plan including awareness generation activities about

			Measures taken for checking of breeding places (flowerpots/ coolers /AC/tanks/ stagnation of water) Periodic sprays in classrooms	waste disposal .No burning of waste/leaves. Measures taken for checking of breeding places (flowerpots/ coolers /AC/tanks/ stagnation of water) Periodic sprays in classrooms. Wire mesh on windows for prevention of malaria.
	School safety and presence of evacuation plan for which everyone is trained.	Evacuation plan is there but actually not displayed	Evacuation plan documented/b ut is implemented ineffectively. (no documented evidence, no mock drills, etc.)	Evacuation plan is there and regularly implemented with documented evidence. Frequency can be confirmed by mock drill which can be confirmed by Interviewing 20 students.(2-3 students per class)
Mechanism for promoting health and awareness about Health	Presence of School Health Committee(SHC)/ alternative mechanism(member	Health issues are discussed in school meetings. School Health Committee (SHC)/alternative	School Health Committee exists and functional but records of	Well-functioning School Health Committee notified and

Promotion in schools (Observation,interviews and records)	s of committee to include; 1 teacher from primary;1from secondary;1health staff;1 PT teacher; chairperson a senior teacher.)	mechanism exists.	meetings poorly maintained.	minutes of meeting maintained regularly. Girl and boy representatives discuss problems with school children and bring to notice of SHC, Minutes of Meeting maintained
	Personal hygiene Do students wash their hands before eating and after toilet? Do students brush their teeth twice daily? Do they clip their finger and toenails weekly? Do students take bath daily?	Affirmation by 50% respondents.	Affirmation by 60% respondents	Affirmation by 75% respondents
	Presence of health posters/charts/information on Notice Boards / walls	Occasionally charts on health issues displayed. (once in 6months)	Charts on health issues displayed more frequently (once in 3months)	Presence of special 'Health Promoting Schools concept' notice board in the school with proper display(once in a month)
	Competitions or publicizing and popularizing concept of Health Promotion in school and local community-	Poster and charts on health issues e.g. immunization schedule, nutrition, health and hygiene are on display.	Competitions in the form of poster making, quiz, debate etc are	Competitions in the form of poster making, quiz, debate etc are

			organized amongst children or teachers. Health related issues are covered in the competitions (atleast once in six months)	organized amongst children or teachers. Proper record of all the activities is maintained. Atleast once in four months) Health related issues are covered in the competitions.
	➢ Student's awareness and understanding of Health Promotion objectives, strategies and concept.	Students understand the health issues but participation in discussion is less. (Interview with three representatives one each from boys, girls, peer educators may be undertaken for cross verification).	Students understand and discuss health issues in health committee meetings or in other forums. But it is poorly documented.	Students understand and fully participate in awareness programs pertaining to health promotion as health ambassadors/peer educators. Record of minutes of SHC/ meetings are maintained
	Training for Health Promotion/health related programmes inschools	One or more teachers received training on Health promotion or relevant programmes (RKSK/RBSK) Half of the components (4) of health well being priority areas has been addressed (personal hygiene, healthy eating, no substance abuse,	Training of teachers on different health programmes were properly scheduled with participation of good number of teachers participation. Record available and	Teachers are properly trained to execute different programmes /health promotion activities and they can further train children and community. Evidence and

		communicable and non-communicable disease prevention, emotional literacy, mental health and well-being, safe environment, adolescent health life skills education and physical activity).	not maintained. More than half of the components (6) of health well being priority areas has been addressed	proper record is maintained. All components (8) of health well being priority areas has been addressed
	Presence of a coordinator/health in-charge for the Health Promoting Schools Program	The coordinator /Health In charge actively participate in the Health Promoting activities in the school.	The coordinator keeps active liaison with the school Health Program /different programmes so that all related activities can be implemented.	The coordinator keeps active liaison with the school Health Program /different programmes so that all related activities can be attended and record of activities properly maintained.
	Curriculum /health manual which emphasizes on health related topics	Health related subjects such as infectious diseases, lifestyle diseases, reproductive and child health are in curriculum but practically poorly taught /covered.	Health related subjects are taught practically and children have started participating in health related activities. At least one class every fortnight is there	Health issues in the curriculum are taught and practically implemented Children have actively started participating in health related activities. For this notebooks from different classes can be reviewed

				randomly. At least one class every week is there
	Lectures on priority health subjects for students, parents and staff	Lectures or other activities are carried out by school health committee or any other agency.	Parents, community and students involve health agency in organizing sessions or lectures for students and staff. But no records available. Atleast one public lecture held every 6 months.	Parent community and student involved by school health in arranging lectures for students teachers and community. Atleast one public lecture held every 4 months. Records maintained properly
School Health Services (Observation and record)	Presence of Health cards /record registers (check 50 health cards randomly)	Presence of health cards, immunization cards for the students upto 50% complete.	Presence of health cards/immunization cards for the students with immunization and health record (more than 60% complete).	Presence of properly maintained health cards for students with immunization and health record in it (more than 75% complete). Follow up actions and referral done.
	Presence of First – Aid kit as per guidelines from school health program	Presence of First-Aid kit, but fail to provide services at various places of schools.	First-aid kit is readily available in good functional condition.	Regular presence of physician/nurse in the school. First-aid kit is available and properly

				maintained with record/register of first-aid.
	Training of students and staff on first aid	Trained staff and students provide training to other staff members and students but not in regular fashion. Annual training for students of 7,8 ,9 & 10 classes	Students (at least 2 per class) and staff have trained enough students to be health ambassadors for training of peer group, staff, parents, community.	Health ambassadors train students and staff as well as the peer group of different classes in school.
School nutrition services (Observation, records and interviews)	Nutrition education in school(confirm through interview of 10 children on topics: Balanced diet Food pyramid Deficiency diseases Junk food	Nutrition education is frequently talked among staff and children but not in organized fashion. Affirmation by 50 % respondents	Nutrition education is in school curriculum in one way or the other and is frequently discussed. Affirmation by 60% respondents through interview. Plan for demonstration of nutritive food in place	Health ambassadors impart nutrition education to peer group in prescheduled manner with proper maintenance of records. Affirmation by 75 % respondents Plan for demonstration of nutritive food in place
	Monitoring canteens/mid day meals in the schools/kitchen(applicable if canteen/kitchen is available)	Active involvement of school staff in planning menu of canteens if present. Occasional checking of canteens/mid day meal by school staff. Provision of checking the	Active involvement of school staff in planning menu. Regular	Active involvement of school staff in planning menu. Regular

		quality of Mid-day meal	checking of food and food handlers for hygiene and safety but without documentation. Provision of checking the quality of Mid-day meal	checking of food and food handlers for hygiene and with proper maintenance of records. Provision of checking the quality of mid-day meal
	Option of healthy food and drinks	Availability of both healthy/unhealthy options of food and drink (including milk, lassi, fruits and fruits drinks) in canteen	Availability of 60 % healthy options of food and drink (including milk, lassi, fruits and fruits drinks) in canteen	Availability of more than 75 % healthy options of food and drink (including milk, lassi, fruits and fruits drinks) in canteen
Physical education (Observation and Records) Interview students of minimum 3 classes primary, middle and high school	A minimum number of hours of physical activity per week to all students in school curriculum	Maintained playgrounds with optimum opportunity for physical activity all the students. Minimum activity of 40-45 minutes of 2 periods per week	Maintained playgrounds with optimum opportunity for physical activity all the students. Written policy or order for physical activities or PT period present. Minimum activity of 40-45 minutes of 4 periods per	Maintained playgrounds with optimum opportunity including stretching exercises for different option for games for all the students. Written policy or order for physical activities or PT period present and implemented daily.

			week	Minimum activity of 40-45 minutes of 5 periods per week
School counseling, psychological and social services (Observation and records)	➢ Presence of counselors and controlling health risk behavior	Presence of school counselor but no record of counseling services.	Documentation showing active counseling of at least 2 students per day as per record.	Documentation showing active counseling of at least 2 students per day as per record. Any case studies and success stories reported by the counselor for difficult cases more than 2 students per day.
	Adolescent education program including life skill education (Interview of 10 students)	Adolescent education is taught as per curriculum but irregularly implemented. Sessions on mental health and substance abuse conducted occasionally Affirmation by 50 % respondents	Adolescent education is taught as per curriculum. Regular Adolescent Education program and sessions on mental health and substance abuse are conducted by trained teachers periodically. Affirmation by 60 %	Adolescent education is taught as per curriculum. Regular Adolescent Education program and Session on mental health and substance abuse conducted by trained teachers periodically and documented.

			respondents	Affirmation by 75 % respondents
Community Participation (Observation and records)	Community partnership in decision making and planning Health Promoting activities of the schools.	PTA meetings are held at least once in a year but no record maintained. PTA representative/School management committees (SMC) participate in School Health Committee meeting but occasionally.	PTA meetings are held once in six months and records are there but poorly maintained. PTA representative/ SMCs participate in School Health Committee meetings in a pre scheduled manner.	PTA meetings are held once in three months with proper record of feedback and meeting minutes. PTA representative/ SMCs participate in School Health Committee meetings for health promoting activities with relevant records
Extent of implementation of School standards and Evaluation Framework (Shaala Siddhi) and	Assessment of schools on key domains and core standards of Shaala Sidhi	About 50% of the key domains and standards are implemented assessed with the help of a checklist	About 60% of the key domains and standards are implemented assessed with the help of a checklist	About 75% of the key domains and standards are implemented assessed with the help of a checklist

Involvement in establishing more Health Promoting Schools and their accreditation **(-Applicable for midline and endline assessment)** Observation and Records)	Mentoring and support for new Health Promoting Schools	The process of mentoring/supporting a new school in its vicinity has been initiated without proper documentation.	Mentoring and support for new Health Promoting Schools is done and proper record is maintained.	The Health Promoting School acts as a mentor to the other school in an organized manner and records are well maintained.

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