

5. Health Care In The School

Health Checkup, 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 / Don'ts 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: As the child is sitting, 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 Activity 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 activity is measured.
- Each eye is treated separately.
- Color blindness can be assessed .
- Ask whether she/he can see properly at a height.

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.



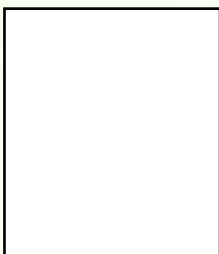
School Health Record

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 in even more so. For each parent the health of the child is of paramount importance and their support will be assured

SCHOOL HEALTH RECORD

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		
MVR	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 ^{1/2} 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

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

Dental _____

Eyes _____

General Cleanliness _____

Systemic Examination _____

Name: _____ Class _____

Age _____ Sex _____

Address: _____

Phone No: _____

Blood Group: _____

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: _____

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.

Providing First Aid

First aid should be provided in the following order:

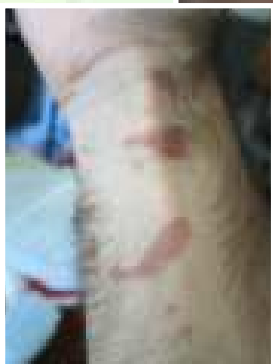
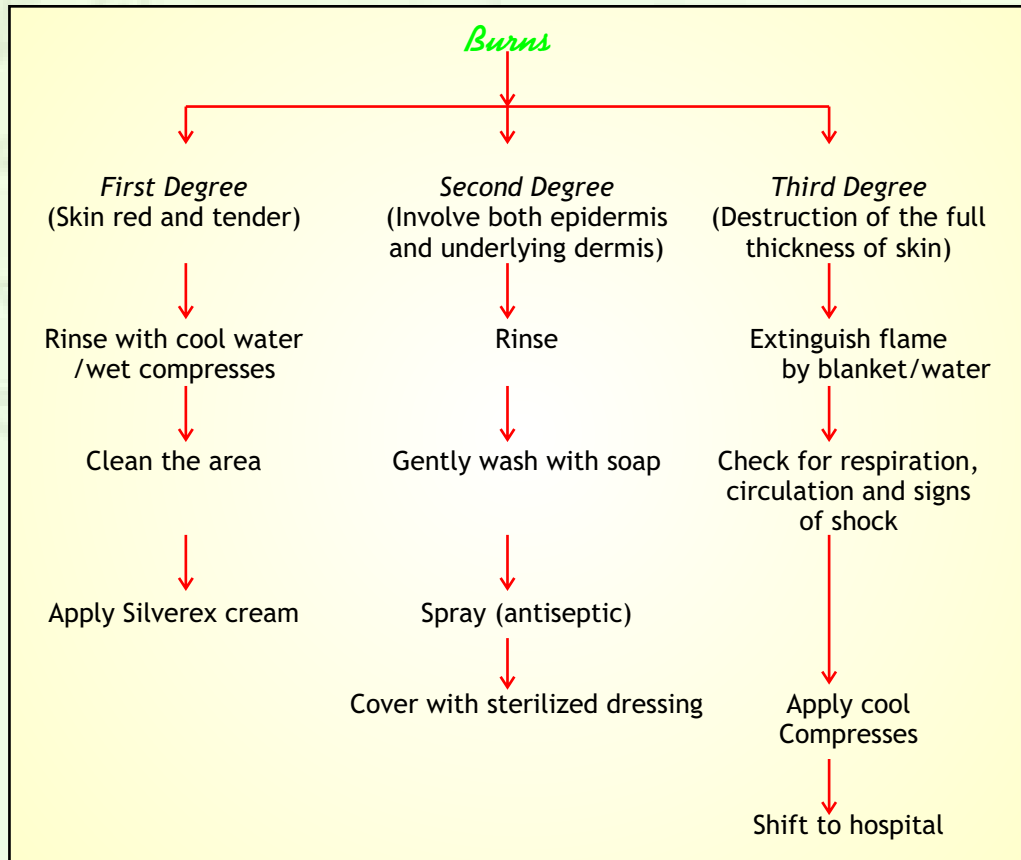
- ❖ *First:* Access victim for signs of life. For an adult if signs of life are absent, call for help
- ❖ *Second:* Restore respiration if breathing has stopped
- ❖ *Third:* Restore heart action if there is no discernible heartbeat or pulse
- ❖ *Fourth:* Stop bleeding
- ❖ *Fifth:* Treat for shock

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



Check for 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

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

Take the person to doctor



Nose Bleeding



To sit with head slightly forward



Press the nostrils together



Maintain pressure (5 to 10 minutes)



Sprains



Rest



Apply ice pack



Compression (with an elastic bandage)



Elevation (use pillow or sling)



Note: if bleeding continues, insert a twist of sterile gauze



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

Start CPR



Convulsion

When seizure begins protect the person from injury

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

Put a mouth- piece on the tongue to prevent the rolling of tongue

After the seizure roll the victim on to one side

Do not restrain the person any more than necessary

Take the person to doctor for evaluation

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

- R Value all the contributions you receive from the participants.
- R 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.

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?

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

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

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

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:

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

B. With parents:

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

8. Surveys

Anonymous collection of information about behaviour and behaviour change

- How has this program affected your behaviour at home and at school?
- 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'.

Appendix

WEBSITES

Adolescent and Youth Reproductive Health in India, Status, Policies, Programs and Issues, http://www.policyproject.com/pubs/countryreports/ARH_India.pdf

Approach to Adolescents: UNESCO's Objective, www.un.org.in/jinit/unesco.pdf

Culture and Adolescent Development, www.ac.wvu.edu

Future of Mid-day Meals, www.hinduonnet.com

Health Needs of Adolescents in India, www.icrw.org

History of Games and Sports in India, www.indianmirror.com

J. Niti, Teens, www.boloji.com

Joseph Ammo, The World According to Adolescents, www.hsph.harvard.edu

Kumar Anant, 'Poverty and Adolescent Girl Health', www.bihartimes.com

National School Health Strategies and Mega Country Health Promotion Network, www2.edcorg/hhd/who/ind_natlstrat.htm

Parents and Children, www.arogya.com

Patel, Andrews et al, 'Gender, Sexual Abuse and Risk Behaviors in Adolescent: A Cross-Sectional Survey in Schools in Goa, India, www.who.int

PH@ a Glance: Adolescent Nutrition, wbln0018.worldbank.org

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

Problems of Adolescent Learners, www.ncert.nic.in

Scheme for Promotion of Yoga in Schools, www.education.nic.in

Seth Mridula, *Building life skills for better health-the Rajasthan experience*. Delhi, UNFPA <http://www.unfpa.in>

Sex and the Adolescent, www.webhealthcentre.com

Sex Education and Children, www.indianparenting.com

Sex, Studies or Strife? What to Integrate in Adolescent Health Services, 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

Yoga in Kerala government, www.kerala.gov.in/dept_generaleducation

Youth, Gender, Well-being and Society, www.icrw.org

<http://wwwedu.ewc>

www.unu.edu/unupress/food/unupress.htm

Food & Nutrition Board

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