

Commissioner of Health and Family Welfare Hyderabad, A.P,

Jawahar Bala Aarogya Raksha

Place and Person Responsible for Investigations

The following investigation are to be done after preliminary screening to the needy children on the advice of M.O PHC/CHC.

Sl.no	Test	Place			Person responsible	Supervisory officer at PHC level	Overall responsible at CHNC level
		School	S C	PHC			
1	Blood test (Hb%)	✓	-	-	ANM/LT	MPHS &MO	SPHO
2	Peripheral blood smear-(Malaria / Filaria parasite)	-	-	-	-	-	-
a	Peripheral blood smear-SLIDE taking (Malaria/ Filaria parasite)	✓	-	-	ANM/LT	MPHS &MO	SPHO
b	Peripheral blood smear-Lab testing(Malaria/ Filaria parasite)	-	-	✓	LT	MPHS &MO	SPHO
c	Peripheral blood smear-Report collection from Lab (Malaria/ Filaria parasite)	-	-	✓	ANM	MPHS &MO	SPHO
3	Urine test (Routine examination)	-	-	-	-	-	-
a	Urine Albumin test with	Uristics if available	-	✓	ANM	MPHS &MO	SPHO
b	Urine Sugar Test	✓	-	✓	ANM	MPHS &MO	SPHO
c	Urine Microscopic examination	-	-	✓	LT	MPHS &MO	SPHO
4	Sputum (for TB)	-	-	-	-	-	-
a	Sputum specimen collection	✓	-	✓	LT	MO ,MPHS	SPHO
b	Sputum processing/slide reading	-	-	✓	LT	MO	SPHO
c	Sputum report collection	-	-	✓	ANM	MO	SPHO

- Reports to be collected and consolidated at District level by all DMHOs and report back to state twice in a year.
- HM and ANM are responsible for entry of the reports in School Health Records.

Sd/-XXXXXX
Dr. Raja Prasanna Kumar
Additional Director,
Commissioner of Health and Family Welfare

Dt:06-10-2012.

GOVERNMENT OF ANDHRA PRADESH

ABSTRACT

Jawahar Bala Arogya Raksha – Revitalised School Health Programme – Orders – Issued.

HEALTH, MEDICAL AND FAMILY WELFARE (F1) DEPARTMENT

G.O. Ms. No.316

Dt: 10-11-2010

Read the following:

1. Minutes of Hon'ble Chief Minister's Meeting on 13 May and 07 October 2010
2. Series of Workshops with officials of the Health and Family Welfare, Education and Rajiv Vidya Mission (RVM)
3. National Rural Health Mission Programme Implementation Plan (PIP) 2010-11
4. Ministry of Health, Government of India, Approval of NRHM PIP 2010-11, No.10(3)/2010, NRHM-I dated 23.06.2010.

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ORDER:

1. The Government has been implementing school health programme covering around 35.8 lakh children studying in about 46,823 schools with an annual expenditure of Rs. 128.01 lakhs. During 2009-10 fiscal year, the government implemented a programme for deworming of children in six districts, covering about 20.6 lakh children studying in 21,697 schools, which heralded a successful partnership between the health and education departments. Based on the success of these initiatives, the Government has undertaken extensive consultations with the education, women and child development, tribal, social, backward caste and minority welfare departments to expand and deepen the scope of health coverage for the school age children.

2. Considering that school age children form a high proportion of state's population, investment in their physical, mental and social wellbeing will not only enable them to realise their full potential but also facilitate their holistic contribution to the economic growth and thus enable the state to harness the demographic dividend. In this direction, the Government hereby orders for the launch of a major initiative to provide comprehensive package of promotive, preventive, curative and referral health services to children studying in all primary, upper primary and secondary schools. The programme will also provide a comprehensive package of life-skills to children; decrease the prevalence of anaemia and malnutrition, especially amongst adolescent girls; reduce drop-outs from the education stream due to acute and sub-acute illnesses; provide treatment for all chronic ailments to enable children to grow up as productive citizens.

3. In this background, the Government hereby orders the launch of School Health Programme across the state on 14 November 2010, under the name of Jawahar Bala Arogya Raksha. The operational name for Jawahar Bala Arogya Raksha (JBAR) will be the Child Health Improvement Programme (CHIP). The objectives of the programme are to:

- a) health screening of all children studying in schools, followed by the issue of Student Health Record (SHR);
- b) administration of DPT booster vaccination to all children in the age group of 5 to 7 years and TT booster to children in the age group of 10 to 15 years;
- c) administration of deworming medicines and Vitamin-A and D to all children twice a year, and Iron and Folic Acid tables for those with anaemia;
- d) treatment of all minor ailments, including malnutrition, scabies, lice infestation, etc.;
- e) referral of children requiring secondary and tertiary care to the appropriate facility for specialist review, appropriate investigations, treatment of the disease and follow-up;
- f) integration of health education, life-skills and practical lessons in prevention of diseases and promotion of health; and
- g) health check-up for teachers and other school functionaries and integration of nutrition education with health promotion.

4. The Jawahar Bala Arogya Raksha will cover about 85,32,635 children studying in 46,823 government and government aided schools in the state. The screening of all students and referral of those with pre-existing diseases will be completed before the end of the current academic year, duly following a detailed schedule to be finalised at the Mandal and the District levels. Each school will be visited by a school health team lead by the PHC Medical Officer and a team of para-medical staff, including an Ophthalmic Officer, to screen each and every child in the school between 1 December 2010 and 10 March 2011 duly following the pre-fixed schedule.

5. Every child will be issued a Student Health Record (SHR) after detailed physical examination by the Doctor. The Student Health Record is a comprehensive document that will be valid for a five-year period and will incorporate details of all health events occurring in the life of the student. The SHR, which will be retained in the school under the custody of the teacher, will be given to the student / parent of the student, whenever the child requires referral to a hospital for further investigation and treatment. The student carrying the SHR will be given due priority for investigation and treatment in all APVVP and teaching hospitals. A separate counter and register will be established in all government hospitals for the school children. Apart from administration of Vitamin-A and D and deworming of children, minor ailments, if any, will be treated by the screening doctor.

6. The Government declares every Thursday as the School Health Day. Every health functionary – MPHA (F) / MPHA (M) / MPHS / CHO/ MPHEO/ CHN etc. – will visit atleast one school every Thursday for monitoring the well being of students and to disseminate information on any topic relating to health and hygiene. The children requiring referral and those on treatment for chronic diseases will be seen by the Medical Officer once every quarter or more frequently based on the need. Children studying in residential and ashram schools and hostels will be given priority attention. The Gram Panchayat, SHG groups, and parents will be involved in implementation of the programme. The education on health and hygiene and life-skills is integral to the pedagogical process.

7. The Programme will be a collective and collaborative effort of the Departments of Health and Family Welfare, School Education – Primary Education (RVM) and Secondary Education (RMSA), Women & Child Welfare, and of all Welfare Departments – Social, Tribal, BC and Minority Welfare. The Commissioner of Health and Family Welfare and the Commissioner and Director of School Education will be jointly responsible for the overall implementation, coordination, and monitoring of the Programme. The Director of Public Health and the State Project Director (SPD) of Rajiv Vidya Mission (RVM) are hereby designated as the Nodal Officers for Jawahar Bala Arogya Raksha for the state and they will be jointly responsible for the day-to-day implementation of the Programme.

8. The Government orders for the establishment of a District Steering Committee for Jawahar Bala Arogya Raksha under the chairmanship of the District Collector with the District Education Officer (DEO), District Medical and Health Officer (DMHO), the District Coordinator for Hospital Services (DCHS), Deputy Director of Social Welfare, District Tribal Welfare (DTWO), District BC Welfare and Minority Welfare Officers as members, with the Project Officer of RVM and the Jawahar Bala Arogya Raksha Coordinator as the Joint Member-Convenors. The District Collector may co-opt representatives of NGOs, teachers and doctors in the committee. A Mandal Steering Committee will be established for each Mandal with MDO as the Chairman and MEO and PHC Medical Officer as the Joint Convenors.

9. The Government orders for the establishment of a post of Jawahar Bala Arogya Raksha Coordinator in the NRHM-District Programme Management Unit (DPMU) to assist the District School Health Steering Committee in effective implementation of the programme. A Deputy Civil Surgeon or a senior Civil Assistant Surgeon – with aptitude, experience and expertise in children's health – will be deputed by the Director of Public Health on foreign service terms to DPMU to function as the JBAR Coordinator. The salary, emoluments and the transport will be financed by the District Health Society from the NRHM funds.

10. The Government hereby accord administrative sanction for an amount of Rs 1083.85 lakhs for implementation of Jawahar Bala Arogya Raksha during 2010-11 fiscal year from the National Rural Health Mission Funds. The Government authorises the NRHM Mission Director to utilise this amount for printing of Student Health Records, Registers, Training Manuals, IEC-BCC materials, purchase of medicines, transport, travel, supervision and monitoring, project management support, etc. The cost of printing student health records will be shared equally between NRHM and Rajiv Vidya Mission duly following the established procurement procedures of the government.

11. The Commissioner of Health and Family Welfare, the Director of Public Health, the Commissioner and Director of School Education and the State Project Director of Rajiv Vidya Mission shall take necessary action in this regard.

12. This order issues with the concurrence of School Education Department.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

DR P.V. RAMESH
PRINCIPAL SECRETARY TO GOVERNMENT

ABSTRACT

Jawahar Bala Arogya Raksha - School Health Referral Guidelines – Orders – Issued

HEALTH, MEDICAL AND FAMILY WELFARE (F1) DEPARTMENT

G.O.Ms.No 319

Dated:27.10.2011

Read the following:-

- (1) G.O.Ms No. 316 HM&FW (F1) Department, dated 10.11.2010.
- (2) G.O. Ms. No. 7, SW (TW Edn) Department, dated 07.03.2006.
- (3) G.O. Ms. No. 20, SE (PE) Department, dated 03.03.2011.

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ORDER

1. Government launched the School Health Programme across the state on 14.11.2010, under the name of Jawahar Bala Arogya Raksha (JBAR). Under this scheme, all school children will be screened by a school health team and referral of children requiring secondary and tertiary care to the appropriate facility for specialist review, appropriate investigations, treatment of the disease and follow-up will be undertaken.

2. Government of India has enacted the Right to Education where the state should ensure free education for all children between 5-14 years age. JBAR in a way ensures this by reducing drops out from school due to health reasons. As Jawahar Bala Arogya Raksha (JBAR) is ensuring screening of all the children, there is a gap to take further action on the children requires further treatments. Thus, there is a need to develop referral system under JBAR for the school children requiring specialist care is imperative to the success of not just the school health programme but also for every child to realize their right to education.

3. In order to ensure minimal dropouts of the children with ill health reasons, there is necessity of issue of specific guidelines to the field functionaries on the implementation of the programme and for proper screening referring the children for further treatment and to ensure healthy schooling.

4. Hence, the following guidelines are issued for referral of the children under the JBAR Scheme.

(i) **Referral Mechanism:** The referral for school health will be under the following three modes.

- a) By the PHC Medical Officer during the bi-annual school health screening.
- b) By the MPHA(F) during the monthly visit to the schools
- c) In case of emergency the student is immediately taken to the nearest medical facility by 108 ambulance services by the concerned head master/parent.

(ii) **Referral Procedure:**

A. **School level:**

- a) Medical Officer and his/her team will screen all children and identify those children requiring specialist referral services (As per referral criteria).

- b) If the referred student requires immediate medical attention, then the student must be sent to the CHC/FRU at the earliest else the student must be referred on the referral day (i.e. Tuesdays).
- c) The MO will refer to the nearest CHC/ FRU (or even secondary/ tertiary specialist services) along with the necessary medical history and referral form.

B. Mandal Level:

Student requires further treatment have to be referred directly to the Aarogyasri Network Hospitals.

C. CHC/ FRU/ Aarogyasri Network Hospital Level:

- a) Separate counter to be established to give priority to school health referrals on Tuesdays.
- b) A pediatrician and general physician must be available at the school health referral counter who will examine all school health referrals. In case the students require consultation with other specialists like gynecologist etc., then the pediatrician available at the school health referral cell will intimate the specialist and the child will be examined in the referral cell.
- c) Necessary investigations and diagnosis need to be conducted by the referral hospital free of cost . In case the necessary diagnostic facilities/ treatment facilities are not available with the referred hospital, then the student should be referred to the nearest medical facility where such services are available in normal conditions and in emergency conditions the referral hospital has to provide treatment on par with Aarogyasri beneficiary.
- d) For any student requiring super specialty medical attention/ any surgical intervention (if not possible at the FRU) then the student should be referred to tertiary care hospitals.
- e) If the student's ailment/illness falls under the approved procedures of Aarogyasri and subject to the student's eligibility under Aarogyasri necessary action has to be taken to treat the student under the Aarogyasree scheme.
- f) If referred students are not eligible under Aarogyasri then the District JBAR Coordinators should coordinate with the State School Health Cell/ Addl. Director, School Health to ensure the child receives proper treatment.

D. Tertiary Care Hospitals:

- a. Conduct necessary investigations and diagnosis. Treatment has to be provided and may even be hospitalized if necessary.
- b. In case the necessary diagnostic facilities/ treatment facilities not available then the student should be referred to the nearest super speciality facility where such services are available.
- c. If the student's ailment/illness falls under the approved procedures of Aarogyasri and subject to the student eligibility under Aarogyasri necessary action has to be taken to treat the student under the Aarogyasri scheme.

(P.T.O)

(iii) **Other logistics:** Transport and other financial support for the referral will be provided under the scheme.

- a) For tribal areas: A lump sum amount of Rs.5,000/- to be made available at all tribal PHCs which will be earmarked for school health referrals. The PHC Medical Officer in consultation with the Project officer, ITDA will arrange transport for all students and their parents/guardians who have been identified as requiring referral services.
- b) For plain areas: The parents of the students requiring referral services will be intimated to take the child to the specified referral centers.

(iv) **Roles and responsibilities for school health referral are as follows:**

Level	Officer(s) Responsible	Activities to be Undertaken
School	School Headmaster/ Principal and Sub-Centre MPHA(F)/ Paramedical Staff as health coordinator under the overall supervision of the Medical Officer/MEO/DyEO	<ol style="list-style-type: none"> 1. Maintain details of students referred in (a) School Health Register (b) Student Health and Education Register (c) PHC Referral register 2. Ensure all the referred students consult appropriate specialist 3. Enter follow-up action in the Student Health and Education Record (SHER) 4. Ensure the student completion and compliance of the treatment prescribed by the specialist 5. Send consolidated referral report to the Primary Health Center (PHC) on a monthly basis
PHC	Medical Officer and Mandal Education Officer as school health coordinators under the overall supervision of DMHO/ DEO/ PO RVM	<ol style="list-style-type: none"> 1. If student is referred during the monthly screening by MPHA(F) then, MO will conduct available investigations, provide diagnosis/ treatment. 2. If MO suggests further specialist treatment for the student, then the MO must provide medical history and referral form along with investigations done to the next health facility. 3. The MO will consolidate and update the details of the students referred and submit the same to the SPHO/ District JBAR Coordinator/ DMHO. 4. The MEO, in consultation with the MO, will track every referral and ensure completion of the course of treatment and follow-up. 5. They will consolidate the details of the students referred and submit the same to the PO RVM.

Community Health and Nutrition Cluster	Senior Public Health Officer under the overall supervision of DMHO	<ol style="list-style-type: none"> 1. The SPHO will track every referral and ensure completion of the course of treatment and follow-up. 2. Will provide support services to every student referred to the CHC. 3. The cases which are referred by the CHC/ FRU to higher institutes, the SPHO must immediately inform the District JBAR Coordinator/ DMHO. 4. Consolidate and update the details of the referred students in all the PHC areas under their purview and submit the same to DMHO/ District JBAR Coordinator.
Community Health Center/ FRU	Superintendent under the overall supervision of SPHO/DMHO/ DCHS	<ol style="list-style-type: none"> 1. Ensure priority services for students referred 2. Appropriate investigations must be conducted for confirmation of diagnosis. 3. Treatment/ hospitalisation may be provided where necessary. 4. In case student requires further specialist services then, student should be sent to the higher institution along with the medical history, referral form and diagnostic reports. The details of such students will be intimated to the SPHO immediately. 5. If the student has been advised follow-up services which are available in the CHC/FRU, then they must be provided for the entire duration till the student's treatment is completed. 6. Maintain record of the students, diagnosis and treatment details at the Center.
District	JBAR Coordinator(NRHM)/ JBAR Coordinator(RVM) under the overall supervision of DMHO/ DEO/ PO RVM	<ol style="list-style-type: none"> 1. Monitor and follow-up all school health referrals in their district. 2. District JBAR Coordinators must provide supportive services and guidance for cases referred to tertiary care. 3. Coordinate with all CHCs, Area Hospitals and District Hospitals to ensure that children referred through the school health screening receive priority treatment and follow-up. 4. Cases of students referred to super speciality to the State Capital, then the details must be immediately intimated to the Addl. Director, School Health. 5. Coordinate with District Rajiv Aarogyasri Health Insurance Scheme Coordinator to link referred

		students, where applicable, for support. 6. Consolidate the list of all students referred, the cause for referral, status of the student and required follow-up action and send it to the Addl. Director, School Health (O/o CHFW).
State	Addl. Director, School Health and ASPD (RVM) under the overall supervision of the CHFW, MD NRHM, DPH&FW, SPD RVM and Commissioner School Education	1. Monitor and follow-up all school health referrals in the state 2. The Addl. Director School health will provide supportive services and guidance to cases of students referred to super speciality to the State Capital. 3. Consolidate and update the details of the referred students 4. Report the details to the Mission Director (NRHM)/ SPD (RVM)

(v) Other Guidelines:

- a) Any dropout due to health reasons/ after diagnosis, must entail analysis and adequate follow up/ corrective measures for re-enrolment by class teacher/MPHA(F) in consultation with Principals/ Headmasters and Medical Officers including house visits, motivation of family etc.
- b) The District JBAR Coordinators (NRHM) and JBAR Coordinators (RVM) must ensure that the District School Health Committee consisting of the DMHO, DEO, PO RVM meet regularly to review the JBAR screening and referral.
- c) The Addl. Director, School Health will ensure that the State School Health Committee will meet regularly to review the JBAR screening and referrals.
- d) Heads of Departments and District Officials of concerned departments ie. Health & Family Welfare, School Education, Tribal Welfare, Social Welfare, BC Welfare, Minority Welfare, Women & Children, Disabled Welfare, DRDA etc. are requested to monitor the JBAR programme and take up random field visits.

5. The Commissioner Family Welfare, Mission Director (NRHM)/ the Director of Public Health, State Project Director of Rajiv Vidya Mission and Director & Commissioner School Education shall take necessary action in this regard.

6. This order is issued with the concurrence of School Education Department.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

K.R.KISHORE
PRINCIPAL SECRETARY TO GOVERNMENT