SUMMER INTERNSHIP REPORT

AT

Department of Health & Family Welfare, (Chandigarh)

National Health Mission (NHM) PUNJAB

(April 29th - June 28th,2024)

A REPORT ON

INITIATION OF IMPLEMENTATION OF AYUSHMANN BHARAT SCHOOL HEALTH AND WELLNESS PROGRAMME IN THREE DISTRICTS OF PUNJAB

By: Divyanshu (PG/023/34)

PGDM (Hospital and Health Management)

2023-2025

International Institute of Health Management Research, New Delhi

ACKNOWLEDGEMENT

I am extremely appreciative of the chance to undertake my summer internship at the Department of Health and Family Welfare (NHM Punjab) in Chandigarh. This experience has been not only fulfilling but also motivating, and I attribute its success to numerous people who have mentored and assisted me during this journey.

To begin with, I want to convey my sincere appreciation to Dr. Jaskirandeep Kaur Randhawa, State Program Officer of the RBSK/RKSK. Her outstanding support and mentorship during the last two months have been incredibly beneficial. The dedication, knowledge, and motivation exhibited by Dr. Jaskirandeep greatly contributed to making my internship experience smooth and rewarding.

I would like to highlight the essential guidance and vision that Dr Sukhjit Sidhu (medical officer) of RBSK/RKSK has provided, as her consistent support was instrumental in the successful preparation of this report.

Special thanks to Mr. Tarun Jawa, state technical Consultant for his valuable insights, data analysis skills, and critical assessment. The support of the whole team of RBSK/RKSK was instrumental in completing this work. I also appreciate the feedback from Dr. Rajni Sharma (State school health coordinator) in refining my findings and recommendations.

I am also immensely thankful to Dr. Ekta Saroha, Associate Professor at IIHMR Delhi, who is my mentor. Her constant support, insights, and encouragement have been crucial in helping me navigate and make the most of this experience.

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I am profoundly thankful to my parents, whose consistent support and motivation have served as the cornerstone of all my efforts. Their faith in me has enabled this accomplishment to come to fruition.

I would like to take a moment to express my heartfelt gratitude to my colleagues for their unwavering willingness to lend a helping hand whenever the need arises. Their consistent support and encouragement have played a crucial role in enriching my overall learning experience, allowing me to grow and develop in ways I hadn't anticipated.

Finally, I would like to thank IIHMR Delhi for providing me with the opportunity to intern at NHM Punjab. This platform has allowed me to gain invaluable practical experience and insights into the healthcare sector.

GOVERNMENT OF PUNJAB
DEPARTMENT OF HEALTH & FAMILY WELFARE
Parivar Kalyan Bhawan, Sector 34-A, Chandigarh

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NATIONAL HEALTH MISSION

ਨੈਸ਼ਨਲ ਹੈਲਥ ਮਿਸ਼ਨ ਪੰਜਾਬ

ਵੱਲ

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ਨੰ: ਆਰ.ਕੇ.ਐਸ.ਕੇ./ਪੰਜਾਬ/ 2024/ 60 ਮਿਤੀ: ਚੰਡੀਗੜ੍ਹ 28/06/2024

ਵਿਸ਼ਾ :- **Request regarding the use of NHM Punjab data for Report-making.**
ਹਵਾਲਾ :- ਆਪ ਜੀ ਦੇ ਬੇਨਤੀ ਪੱਤਰ ਮਿਤੀ 24-06-2024 ਦੇ ਸਬੰਧ ਵਿੱਚ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਤੇ ਹਵਾਲਾ ਅਧੀਨ ਪੱਤਰ ਦੇ ਸਬੰਧ ਵਿੱਚ ਆਪ ਜੀ ਨੂੰ ਰਿਪੋਰਟ ਬਣਾਉਣ ਲਈ ਸਕੂਲ ਹੈਲਥ ਐਂਡ ਵੈਲਨੈਸ (ਆਯੁਸਮਾਨ ਭਾਰਤ) ਪ੍ਰੋਗਰਾਮ ਦਾ ਡਾਟਾ ਵਰਤਣ ਦੀ ਪ੍ਰਵਾਨਗੀ ਉੱਚ ਅਧਿਕਾਰੀਆਂ ਦੇ ਹੁਕਮਾਂ ਅਨੁਸਾਰ ਹੇਠ ਲਿਖੀ ਸ਼ਰਤਾਂ ਅਨੁਸਾਰ ਦਿੱਤੀ ਜਾਂਦੀ ਹੈ :-

The permission is hereby granted to to do study with the following conditions-

1. There will be no financial liability on the part of the Government of Punjab, of any kind.
2. It will be sole responsibility of the applicant that is Dr. Divyanshu to work on this without any additional HR assistance.
3. The data should not be shared with any other organization without the permission of the Department of Health & Family Welfare, Punjab.
4. The data collected will be kept safe & confidential & will be shared with the Department of Health & Family Welfare, Punjab.
5. The results and observations of this report should not be published in any journal without the permission of the Department of Health and Family Welfare Punjab.
6. It is important to acknowledge the contribution of the Department and also give authorship to at-least 2-key officers of RKSK/SHWP Program for any publication.

The Department will provide full support for the successful completion of this report.

ਸਹਾਇਕ ਡਾਇਰੈਕਟਰ, ਕਮ ਸਟੇਟ ਪ੍ਰੋਗਰਾਮ ਅਫਸਰ
ਆਰ.ਬੀ.ਐਸ.ਕੇ, ਆਰ.ਕੇ.ਐਸ.ਕੇ ਪੰਜਾਬ।

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IIHMR DELHI

International Institute of Health Management Research, New Delhi

Submitted by.
Divyanshu
Divyanshu

28/6/2024

28/06/2024

HEMPb 2024/1762 Dated 28/6/2024

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Divyanshu

Summer Internship Institution: Department of Health and family Welfare, Punjab, Chandigarh NHM Punjab.

Area of Summer Internship:
Rashtriya Bal Swasthya Karyakaram (RBSK), Rastriya Kishor Swasthya Karyakaram (RKSK)

Attendance:

100%.

Objectives met:

All given / assigned work completed on time.

Deliverables: Conducted analysis of initiation of implementation of Ayushmann-Bharat School Health and wellness Program in three districts of punjab.

Strengths:
Knowledgeable, good analytical skills, resilient, prefers to give attention to details. Keen to learn new things and has positive approach.

Suggestions for Improvement:
- Keep up with technological advancements.
- Read more about govt. Health Programs and protocols

Signature of the Officer-in-Charge (Internship) 28/6/2024

Date: 28/6/2024
Place:
Department of Health and family welfare, Punjab Chandigarh.

10

(Completion of Summer Internship from respective organization)

The certificate is awarded to

Name Divyanshu

In recognition of having successfully completed his/her Internship in the department of

Title Rashtriya Bal Swasthya Karyakaram
RBSK | RKSK

and has successfully completed her Project on

Title of the Project - Initiation of Implementation of Ayushmann Bharat School Health and wellness program in three districts of punjab.

Date 28 June 2024

Organisation NHM Punjab

He/She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish him/her all the best for future endeavors

Organization Supervisor
28/6/2024

Head-HR/Department Head

8

Certificate of Approval

The Summer Internship Project of titled "**INITIATION OF IMPLEMENTATION OF AYUSHMANN BHARAT SCHOOL HEALTH AND WELLNESS PROGRAMME IN THREE DISTRICTS OF PUNJAB**" at **"NHM PUNJAB"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.

Dr. Ekta Saroha
Associate Professor & Dean
IIHMR, Delhi

Divyanshu ST report

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FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: DIVYANSHU

Summer Internship Institution: Department of Health and family Welfare, Punjab Chandigarh NHM Punjab.

Area of Summer Internship:
Rashtriya Bal Swasthya Karyakaram (RBSK)
Rastriya Kishor Swasthya Karya Karam (RKSK)

Attendance:
100%.

Objectives met:
All given / assigned work completed on time.

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Signature of the Officer-in-Charge (Internship)

Date: 10 July 2024
Place:
IIHMR Delhi

TABLE OF CONTENTS

ACRONYMS/ ABBREVIATIONS

Sno.	Abbreviations	Full Form
1.	SHWP	School Health and Wellness Program
2.	RKSK	Rastriya Kishor Swasthya Karakoram
3.	A.W.C	Anganwadi Centers
4.	HWA	Health and Wellness Ambassador
5.	MOHFW	Ministry of Health and Family Welfare (MoHFW)
6.	MOE	Ministry of Education
7.	AFHC	Adolescent-Friendly Health Clinic
8.	HWC	Health & Wellness Clinics
9.	HWM	Health & Wellness messengers
10.	IEC	Information Education Communication
11.	BCC	Behavioural Change Communication
12.	DRG	District Resource Group
13.	BRG	Block Resource Group
14.	MIS	Management Information System
15.	AHWD	Adolescents Health and Wellness Days
16.	NDD	National Deworming Days
17.	NRG	National Resource Group
18.	WIFS	Weekly Iron and Folic Acid Supplementation
19.	SCERT	State Council of Educational Research and Training (SCERT)
20.	TOT	Training of trainers

OBSERVATIONAL LEARNINGS

INTRODUCTION

The National Health Mission (NHM) in Punjab, established in 2013, is an all-encompassing healthcare program aimed at delivering accessible, affordable, and high-quality healthcare to both rural and urban communities throughout the state. To enhance public health through a comprehensive strategy, NHM Punjab executes several initiatives, including the RBSK/RKSK.

The Rastriya Bal Swasthya Karakoram (RBSK) branch of the National Health Mission (NHM) in Punjab is an essential child health program that originated with the launch of the national RBSK initiative in 2013. Each year, approximately 6 to 7 out of every 100 infants born in this country present with a birth defect. In the Indian landscape, this equates to 1.7 million birth defects annually, which contribute to 9.6% of all neonatal fatalities. Various nutritional deficiencies in preschool-aged children vary between 4% to 70%. Developmental delays during early childhood impact at least 10% of the child population.

Such children face an increased risk of mortality during infancy and the under-five years, in addition to suffering from recurrent childhood illnesses, deficiencies, or developmental challenges. Medical and surgical treatments are necessary, along with early stimulation, to maximize the growth of these children, enabling them to achieve their complete genetic potential.

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As a component of the wider NHM framework, RBSK in Punjab has been committed to thorough health assessments and prompt intervention for children. The initiative emphasizes the timely detection and treatment of the "4 Ds" - Defects at birth, Diseases, Deficiencies, and Developmental delays, including disabilities - for children from birth up to 18 years old. Through its network of mobile health teams, screening at schools and Anganwadi’s, and referral support to higher facilities, RBSK has been instrumental in improving child health outcomes across the state. By providing free treatment and support, the initiative has significantly contributed to reducing child morbidity and enhancing the overall well-being of Punjab's younger population since its inception.

OBJECTIVES

- To understand program structure and comprehensive knowledge of RBSK's organizational structure, workflow, and implementation at various levels.
- To understand and apply the screening procedures for recognizing the 4 Ds (Defects, Diseases, Deficiencies, and Developmental delays) in children.
- To get familiar with data management platforms like the RBSK portal used for recording and analyzing screening results.
- To understand the Referral system and follow-up of children who availed services
- To Observe and assist in the functioning of mobile health teams during Schools and AWC visits and screenings.

OPERATIONAL APPROACH

- For Newborns: Screening conducted at public health facilities by current healthcare personnel, including Medical Officers and staff nurses, at designated delivery locations. - Home-based screening in the community within 48 hours of birth and up to 6 weeks of age during visits by ASHAs, as part of the HBNC package.
- For children aged 6 weeks to 6 years: Screening at Anganwadi Centres at least twice a year is performed by dedicated Mobile Health Teams under RBSK.
- - For children between 6 years and 18 years: School-based screening conducted at government and government-aided schools at least once a year by dedicated Mobile Health Teams.

The state endeavours for early detection of developmental Delays through Mobile Health Teams under Rastriya Bal Swasthya Karyakaram and early intervention through District Early Intervention Centres (DEIC) which will prevent these conditions from progressing to their more severe and debilitating form, thereby reducing the incidence of disability.Screening is done at public health facilities by delivery point staff and in Anganwadi's and Govt. & Govt. aided schools by dedicated mobile Health Teams. Children diagnosed with any of the 4Ds under RBSK. Children diagnosed with any of the 4'D's under RBSK are provided free treatment at government health facilities in accordance with current RBSK guidelines, RBSK Procedures, and Model Costing for Surgeries. If tertiary care is necessary, they are referred to Government Medical Colleges of Punjab, PGIMER Chandigarh, and private empanelled hospitals (for CHD/RHD only) for free treatment as per RBSK guidelines, RBSK Procedures, and Model Costing for Surgeries under the National Health Mission through the Government of Punjab.

Five District Early Intervention Centres (DEICs) have been set up in Bathinda, Hoshiarpur, Ludhiana, Ropar, and Tarn-Taran. The aim of the DEIC is to assess and offer treatment, management, and rehabilitation services to all children under the age of 6 years.

Each DEIC is manned by a team consisting of a Pediatrician, Medical officer, Dentist, Staff Nurse, Social worker, Early Interventionist cum Special Educator. Physiotherapist and Psychologist to provide services.

Data collection: Reporting formats and registers have been developed for Mobile Health Teams and each Mobile Health Team will be equipped with a tool kit with Internet access for recording and uploading data. A central RBSK software has been developed by NIC, and GoI for data analysis and report generation.

Targeted Interventions based on the data received from the field are the essence of the RBSK program. Once the data starts flowing in, an epidemiological database will be created for all defects at birth till the block level. The epidemiological mapping of selected health conditions will be done for appropriate and timely interventions.

MODE OF DATA COLLECTION

- Direct screening and examination of children by Mobile Health Teams (MHTs), use of age-specific questionnaires and tools, Anthropometric measurements (height, weight, BMI), Visual examinations and Recording of demographic details.
- RBSK portal daily screening summary reports for checking MHT compliance.
- Monthly Progress Report of RBSK for the financial year
- Reports of referred children for tertiary care units at PGI Chandigarh, private empanelled hospitals for CHD/RHD.
- Monthly screening summary reports for 23 districts.

GENERAL FINDINGS ON LEARNINGS

- **Anganwadi Centres (0-6 years):**

  -Issues observed: Anaemic, skin rashes, dental caries, dehydration in infants.

  -Incomplete Attendance: Not all enrolled children were present for the screening. For instance, only 26 out of 44 enrolled children were examined at one Anganwadi centre.
- **Monthly Progress Report:**

  -In the screened children, the incidence of congenital heart disease, Down syndrome, cleft lip and palate, neural tube defects, clubfoot, developmental dysplasia of the hip, and congenital deafness is higher among defects observed at birth.

  -Conversely, vitamin A deficiency, vitamin D deficiency, severe thinning, and obesity are prevalent in the deficiencies category.

  -Otitis media and rheumatic heart disease are among childhood disease

  -Vision impairment, Cognitive delay and learning delay were higher than in Developmental delays including disabilities.
- **School Screening (6-18 years):**

  - Out of 350 students of a school: 5.43% had dental caries, 4% had visual difficulty, 2.57% had scabies, 0.28% had goiter, 2% had otitis media, 0.85% had reactive airway disease, and 1% were anaemic.
- **MHT team-wise compliance**

  - Out of 23 districts, the team-wise summary on the RBSK portal of 15 districts was found to be appropriate. Three districts faced technical problems in closing daily screening summaries, while the remaining districts had at least one non-compliant component.
- The health and wellness centres located in Sangatpura at Boothgarh are currently functioning at their full capacity. However, there are significant deficiencies in essential amenities such as sanitation, electricity, and water facilities.

CONCLUSIVE LEARNING

1. The Mobile Health Team creates a detailed plan in collaboration with the Education Department and SSWCD to ensure coverage of all Anganwadi Centers (AWCs) and government as well as government-aided schools within their region. The MHT operates under the overall direction and supervision of the District Nodal Officer and the Block Senior Medical Officer (SMO), and they upload their school visits to www.epunjabschool.gov.in. This detailed plan is then shared with the schools and AWCs to enhance screening efforts. Associated vulnerabilities such as lack of resources, monetary support, awareness, and follow-up challenges among beneficiaries were seen at the time of the field visit.
2. Counselling on the intake of nutrient-rich diets, and the practice of maintaining hand hygiene and oral hygiene was a crucial aspect of promoting health during screening.
3. The significance of providing psychological support and counselling in health promotion has been recognized.
4. Health education integrated with interactive activities such as poster-making competitions has been proven to be highly beneficial.
5. It's disconcerting to see that even after screening, counselling, and guiding students for suspected health problems, they are unable to access public health facilities. One possible factor could be the lack of financial assistance provided to their parents.

LIMITATIONS

1. The shortage of trained staff is hindering the effective operation of new technologies.

2. Inadequate staffing of Mobile Health Teams (MHT) during screenings, such as not assigning one or the other team member like AMO, Staff nurse or pharmacist during a school visit, placed an immense burden on other team members.

3. Limited resources signify a lack of access to better health facilities and are seen as vulnerable.

4. There is a lack of awareness among beneficiaries regarding the importance of screening and the availability of free treatment facilities.

5. Lack of follow-up: There is no system in place to ensure that referred children will continue to visit the district hospital for further investigation and treatment.

SUGGESTIONS FOR IMPROVEMENT

- Married couples planning to have a child should ensure prior if they are nutrient deficient or not and take supplementation to prevent birth defects like neural tube defects.
- One important way to reduce birth defects is to provide free diagnostic services to pregnant mothers, such as colour Doppler ultrasound, quadruple screening, non-invasive prenatal testing, anomaly scan, screening for sexually transmitted infections, RH factor screening, and genetic carrier screening. These services can help prevent abnormal pregnancies that may result in birth defects.
- Availability of Genetic carrier counselling to help parents understand how genetic conditions can impact their future parenting experiences and what resources are available to support them.
- Increasing counselling for family planning and child upbringing while considering the nutritional needs of children as an important factor.
- Ensure screening services are available in remote and underserved areas thereby improving accessibility.
- Enlisting well-trained and qualified health professionals to provide expert care, including doctors, nurses, and other medical personnel, to ensure high-quality healthcare services.
- To enhance the effectiveness of health education, the RBSK program could incorporate various visual aids (IEC) such as charts, murals, and posters. Utilizing a visual learning strategy can assist children in grasping and retaining complex health concepts more effectively.
- To Increase attendance, implement better communication strategies to inform parents about screening dates. Conduct awareness campaigns to emphasize the importance of these health screenings.
- Time and financial constraints: All children diagnosed with health conditions coming to Parivar Kalyan Bhawan should be provided with a travel allowance to access services.
- Develop more engaging IEC (Information, Education, and Communication) materials and conduct regular health education sessions for parents and children.
- Improve follow-up: Implement a robust referral tracking system. Establish a follow-up protocol to ensure referred children receive the necessary treatment.

INITIATION OF IMPLEMENTATION OF AYUSHMANN BHARAT SCHOOL HEALTH AND WELLNESS PROGRAMME IN THREE DISTRICTS OF PUNJAB

INTRODUCTION

Healthy kids form the cornerstone of a healthy society, and the future of a nation relies on the condition of its youth. Worldwide leaders have recognized schools as vital spaces where children cultivate the behavioural skills necessary for their physical, emotional, and social health. Apart from the family unit, no other institution significantly affects children's lives more than schools. Each day, millions of kids across the country attend school, spending a significant amount of time engaging with peers and educators, acquiring knowledge, developing attitudes and skills, and shaping their behaviours. The behavioural habits formed during childhood and adolescence are typically retained throughout life. Consequently, schools are essential in fostering healthier nations globally.

With this understanding, the Government of India's Ministry of Health and Family Welfare and the Ministry of Human Resource Development have taken a unique initiative to address the necessity for comprehensive health education programs for children in schools by introducing the Ayushman Bharat School Health and Wellness Programme (ABSHWP), aimed at enhancing the health and well-being of students.

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This initiative marks a crucial advancement in merging the health and education sectors to support the overall growth of children in India. Aiming at students from 1st to 12th grade in government and government-aided schools, the initiative intends to offer thorough health care and encourage healthy lifestyle choices. Its key components include regular health check-ups, nutrition interventions, mental health support, health education, and physical fitness activities. The ABSHWP is implemented through a collaborative effort between health and education departments, with teachers trained as "Health and Wellness Ambassadors" and involvement from local health workers and the community. The program focuses on disease prevention, healthy lifestyle promotion, early health issue detection, and addressing adolescent health concerns. With objectives ranging from providing age-appropriate health information to promoting safe drinking water use and menstrual hygiene practices, the ABSHWP also emphasizes yoga, meditation, and research on children's health. Through regular monitoring and evaluation, the program aims to improve overall health status, increase health awareness, reduce absenteeism, and enhance academic performance, representing a significant integration of health and education sectors for the holistic development of India's children.

In Punjab, the implementation of SHWP will involve designating two teachers per school as "Health and Wellness Ambassadors." These representatives, ideally one man and one woman, will receive targeted training to lead weekly health promotion activities for students. The program will cover a wide range of age-appropriate topics, including personal hygiene, nutrition, mental health, substance abuse prevention, and sexual and reproductive health. By integrating these crucial health education components into the regular school curriculum, Punjab aims to instil lifelong healthy behaviours in its young population.

The initiation of SHWP in Punjab will also strengthen existing health initiatives such as the Weekly Iron Folic Acid Supplementation (WIFS) program, National Deworming Day, and the Rastriya Bal Swasthaya Karakoram (RBSK) and the Rastriya Kishor Swasthya Karyakaram (RKSK). The state will focus on creating a supportive environment for health promotion, involving not just teachers and students, but also parents, local health workers, and the broader community. With its comprehensive approach and emphasis on preventive care, the implementation of SHWP in Punjab represents a significant step towards improving the overall health outcomes of the state's school-going population and, by extension, its future generations.

RATIONALE

1. Understanding the training of Health and Wellness Ambassadors can inform best practices for capacity building. The study can explore SHWP's integration with existing health initiatives, identifying initial barriers and facilitators to help devise strategies to overcome challenges. Finally, the findings can provide feedback to policymakers, potentially influencing the program's future iterations.

2. Studying the initial implementation phase of SHWP is crucial for understanding the program's foundation and early challenges. This phase provides valuable insights into the program's design, resource allocation, and initial reception by schools, students, and communities. By examining this stage, researchers and policymakers can identify early successes and obstacles, allowing for timely adjustments and improvements. It also helps assess the program's alignment with its intended goals and its practicality in implementation strategies.

3. Furthermore, analysing this phase can reveal important factors affecting the program's sustainability and scalability, informing future policy decisions and resource allocation. Ultimately, a thorough study of the initial implementation can contribute to the long-term success and effectiveness of the SHWP in improving student health and well-being across India.

OBJECTIVES

Primary Objective

Evaluate the effectiveness of the training program by using assessments before and after the training, as well as measuring knowledge retention.

Secondary objective

To explore the ambassadors' experiences, and perceptions of the training.

- **Pre-Test**: Determines the initial knowledge, attitudes, and behaviours and identifies where they hold misconceptions and areas that need more information or improvement in health and wellness ambassadors regarding health and wellness.
- **Post-Test**: Allows comparison to identify changes and improvements and evaluate the program's effectiveness in enhancing knowledge and changing behaviours.

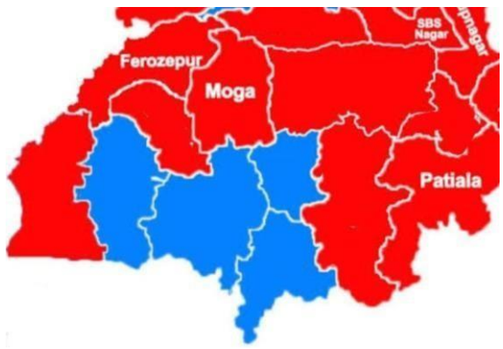
RESEARCH QUESTION

"How effective is the Health and Wellness Ambassador training program for SHWP, and what factors contribute to or hinder the ambassadors' ability to apply their training in schools?"

MATERIALS AND METHODS

STUDY DESIGN: Mix methods of cross-sectional design

STUDY SETTING Moga, Patiala, Ferozepur districts of Punjab



STUDY DURATION- 2 Months

STUDY POPULATION.

Total target population-1676

Sample size(N)-1577

DATA SOURCE:

Data was obtained from google sheet format by Adolescent Division MoHFW, GoI

INCLUSION CRITERIA

The District Education Officers of Ferozepur, Moga, and Patiala have identified proactive and self-motivated educators who demonstrate strong communication skills and the capacity to connect effectively with students. Preference has been accorded to individuals with backgrounds in science and physical education.

HWA's who are interested in baseline assessment

EXCLUSION CRITERIA

HWA's which are not interested in baseline assessment

Health and wellness ambassadors of all the other remaining districts

SAMPLING METHOD Convenience sampling

STUDY VARIABLES

Outcome variable- Pretest scores and post-test score

Exposure variable – Knowledge levels and attitude

DATA COLLECTION TOOL

The Baseline Assessment tool for HWAs is crucial for establishing a starting point and measuring the program's effectiveness over time. This tool helps evaluate the ambassadors' initial knowledge, skills, and attitudes before they begin their roles. It provides valuable data on their understanding of health and wellness concepts, communication abilities, and readiness to implement the program. By identifying gaps in knowledge or skills, the tool enables targeted training and support for the HWAs. The baseline data also aids in tailoring the program to specific needs and contexts, ensuring its relevance and effectiveness. Overall, this assessment tool is essential for strategic planning, resource allocation, and demonstrating the program's value to stakeholders and policymakers.

METHOD OF DATA COLLECTION

The pre and post-test tools have been developed to assess the knowledge and attitude of teachers known as health and wellness ambassadors (HWA) towards the health and well-being of children and adolescents. The information being through this tool will enable the MOHFW and MoE to understand the current level of Knowledge, awareness levels and attitudes among teachers on the 11 themes being covered in the curriculum.

A Google form is to be shared with the selected HWAs as a link on their mobile phones about 3 to 4 days before the training starts. The link to the tool ishttps://forms.gle/kXeiFhYtKYQknpU79https://forms.gle/S9BNNUzaVqdtwsmy8. Then the TOT for 11 modules is done and again a Google form is shared with appeared HWAs to find post-test scores.

Table1-Estimated numbers of ambassadors enrolled for training

District Name	No. of batches to be trained	Total no. of Schools (Middle+High+Sr. Sec)	No. of ambassadors	Targeted Students
Ferozepur	15	239	478	57063
Moga	10	249	418	52835
Patiala	28	376	800	105432

The above table represent the estimated numbers of ambassadors subjected for this training.

The baseline analysis happens on a real-time basis through a Dashboard that is being maintained at the National level. The findings will be shared with the respective state/UT as the baseline is completed.

DATA MANAGEMENT PLAN

IMPLEMENTATION STRATEGY

Capacity Building Initiative

The training of Health and Wellness Ambassadors has involved the application of Cascade models. In December 2022, a total of 48 training Of trainers (ToTs) from the SCERT Punjab, the Department of Health, and the State Institute of Health and Family Welfare in Punjab were educated from the districts of Ferozepur, Moga, and Patiala. A joint national training session took place in January 2023 in New Delhi, conducted by trainers from the Ministries of Health and Education, which was also attended by members of the SRG.

To empower district-level Health and Wellness Ambassadors, training sessions commenced in Moga and Ferozepur in February 2023, with 478 and 418 HWAs being trained, respectively. Between October and December 2023, Patiala District trained 800 HWAs, which is crucial for effectively implementing the School Health and Wellness Program (SHWP). Each district-level training lasted four days, accommodating an average of 32 participants per group. Block trainers and SRG members have also facilitated an orientation session for the school principals in their respective blocks. Existing mechanisms for teacher capacity building have been leveraged for this training. Additionally, the facilities of DIET and government schools have been effectively utilized for these activities.

Structure of Health Promotion Activities

The Health and Wellness Ambassadors, comprising 478 trained educators in District Ferozepur and 418 in District Moga, will facilitate weekly sessions and complete the designated modules for the forthcoming academic year 2023-24, by the proposed schedule. These sessions will be integrated into the existing timetable and the overall classroom curriculum. Furthermore, it is proposed that every Tuesday be recognized as Health and Wellness Day. Age-appropriate materials are being adapted from various established programs, including Life Skills, AEP, Peer Educator modules, and ASHA modules, to support the execution of activities within the schools. The Health and Wellness Ambassadors will utilize the training materials that have been provided to them.

If any challenges arise during the implementation of the sessions, they are encouraged to seek assistance from the Medical Officer at the Primary Health Centre (PHC)/Community Health Centre (CHC), the Block Health Coordinator, or the RBSK team physician. To facilitate student inquiries, a question box will be installed in the schools, allowing students to submit their queries anonymously, thus mitigating any potential bias related to question-asking.

INTERVENTION-

Health and Wellness Ambassadors will initiate discussions by addressing these questions at the beginning of each new session. They will be assisted by two representatives from each class who will aid in managing the initiatives and activities related to the school health program, referred to as "Health and Wellness Messengers." Alongside them, Peer Educators from the school and community, the Block RBSK Team, and ANMs will provide additional support during outreach efforts. The Block RBSK Team may also utilize audio-visual aids to showcase various educational materials when available. Schools will schedule Adolescent Health Days, during which students can choose the theme. Students can create various materials in preparation for the designated Adolescent Health Days, where parents and other stakeholders will also be invited. Activities are designed to empower students to take control of their health and make informed choices to adopt healthy behaviours. A resource kit has been developed, including activity kits and aids, audiovisuals, films, posters, postcards, fact sheets, and pamphlets to support the sessions. The training and sensitization kit for teachers consists of manuals intended for overseeing mentoring and monitoring activities at the schools. Additionally, intra-school competitions, such as poster-making, slogan writing, and health quizzes, will be organized. Mobile applications, e-health/m-health platforms, and various social media channels will also be promoted for counselling support.

Table 2: Showing a set of Plans and activities carried out by HWA

WEEKLY	**FORTNIGHTLY/ MONTHLY**	**QUARTERLY**	**BI-ANNUAL**
▪ Classroom Transactions through Health & Wellness Ambassadors ▪ Iron Folic Acid	▪ Thematic School Assembly ▪ Question Box Responses	• Thematic Adolescent Health and Wellness Days (AHWDs) • Parent-Teacher Meetings	Administration of Albendazole tablets (National Deworming Day)

The School Health and Wellness Ambassadors program will establish crucial connections with existing school-based initiatives, including the Weekly Iron and Folic Acid Supplementation (WIFS), Nutrition and Dietary Diversification (NDD), Mental Health Services (MHS), and Reproductive and Child Health (RBSK) programs. These ambassadors will play a pivotal role in facilitating student access to comprehensive healthcare support. Their responsibilities will extend to coordinating referrals for students who need additional medical attention or support, directing them to Adolescent Friendly Health Centers and Health & Wellness Clinics

DATA VALIDATION:

The data collected was cross-checked by the supervisor assigned. Scores are automatically calculated as well as area of concern-wise (11 areas of concern)- The checklist is attached in Annexure Department vis critical gaps were identified and written under their respective standard in separate Excel sheets – excel sheets are attached in Annexure

DATA COMPILATION–

All the data that has been obtained from Google Sheets filled by health ambassadors has been compiled and entered into Excel.

Data is then put into a pivot table and analysed using Excel functions and percentage change was determined for each objective.

Result has been expressed in the form of frequencies and percentages

Data Analysis Methodology

The research employed a comprehensive analytical approach that integrated two distinct methodological techniques. This approach involved conducting a rigorous **statistical examination of quantitative data** to extract numerical insights, complemented by a **thematic analysis of qualitative data** to uncover deeper, contextual patterns and meanings.

The statistical analysis focused on quantitative data, utilizing mathematical and statistical methods to process, interpret, and draw objective conclusions. Simultaneously, the qualitative component involved a thematic analysis that systematically identified, examined, and reported patterns and themes emerging from the non-numerical data, providing a rich, interpretive understanding of the research findings.

STATISTICAL ANALYSIS

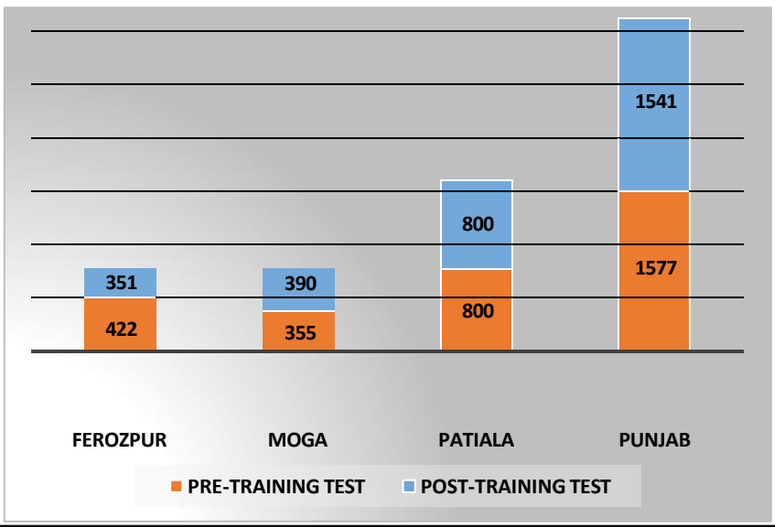


Figure1 District wise distribution of HWAs in Pre & Post training

NAME OF THE DISTRICT	PRE-TRAINING TEST	POST-TRAINING TEST
FEROZPUR	422	351
MOGA	355	390
PATIALA	800	800
PUNJAB	1577	1541

Table 3: District-wise distribution of HWAs in Pre & Post training test appearance

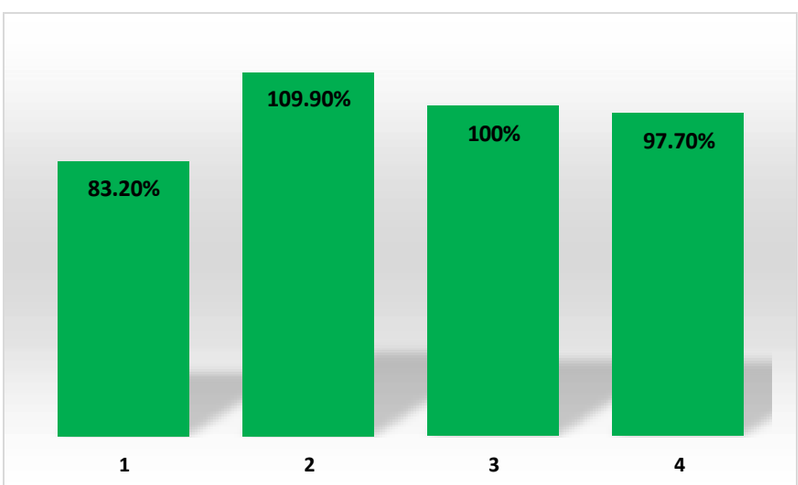


Figure 2: POST-TRAINING APPEARANCE IN %

TABLE 4: POST-TEST APPEARANCE PERCENTAGE

In the state of Punjab, 1,577 Health and Wellness Ambassadors (HWAs) from three districts - Ferozpur, Moga, and Patiala - initially took the pre-test. Of these participants, 1,541 subsequently completed the post-test assessment. The participation rate for the post-test was remarkably high, with 97.7% of the original group maintaining their involvement in the study.

NAME OF THE DISTRICT	PRE-TRAINING TEST	POST-TRAINING TEST	POST TRAINING APPEARANCE IN %)
FEROZPUR	422	351	83.20%
MOGA	355	390	109.90%
PATIALA	800	800	100%
PUNJAB	1577	1541	97.70%

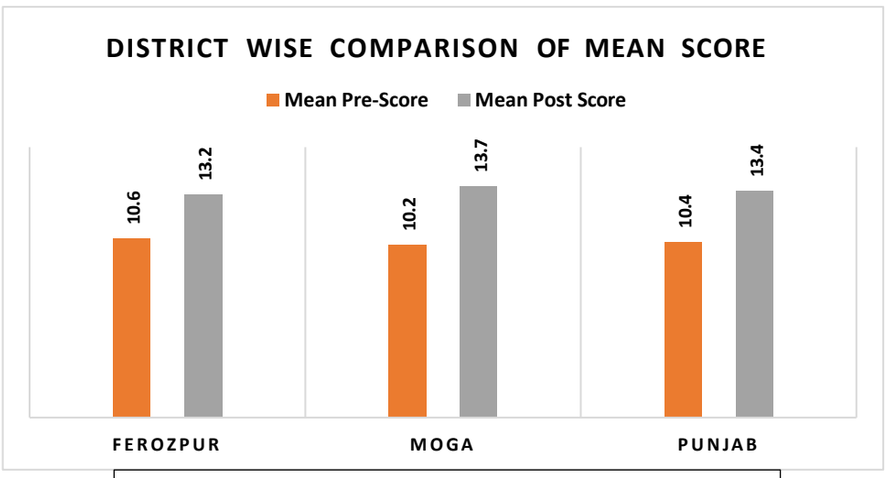


Figure 3: District-wise comparison of mean score

THEMATIC ANALYSIS

Following an initial Pre-test assessment, participants from two districts underwent comprehensive training across 11 critical modules of the School Health and Wellness Program (SHWP). These modules covered a wide range of essential topics including personal growth, mental health, social skills, civic responsibility, gender perspectives, nutrition, health practices, substance abuse prevention, lifestyle promotion, reproductive health, personal safety, and digital literacy. After completing the training in subsequent batches, participants were evaluated through a Post-test assessment to measure their acquired knowledge and shifts in attitudes towards these health and wellbeing subjects.

Table 5.	**MODULE**	**FEROZPUR**		**MOGA**	
		PRE test score %	**POST test score %**	**PRE test score %**	**POST test score %**
Module 1	Growing up healthy	14.4	18.2	14	24.5
Module 2	Emotional wellbeing and Mental Health	23.4	30.1	22	31.2
Module 3	Interpersonal Relationships	24.4	35.9	20.8	36.9
Module 4	Values and Responsible Citizenship	15.9	22.7	12.1	24.5
Module 5	Gender Equality	41	44.3	40.3	44.6
Module 6	Nutrition, Health and Sanitation	17.2	23.9	19.8	28.9
Module 7	Prevention and Management of Substance Misuse	16.4	33.6	21.3	36.1
Module 8	Promotion of a healthy Lifestyle	17.4	17.9	17.9	19.2
Module 9	Reproductive Health and HIV prevention	35	42.1	31.7	41.4
Module 10	Proactive Prevention and Protection	34.6	37.4	30.6	34.3
Module 11	Guiding individuals to use digital tools and online spaces	44.6	47.9	42.9	48.2

TABLE 5 : DISTRICT-WISE REPRESENTATION OF PRE-TEST AND POST-TEST THEMATIC SCORES

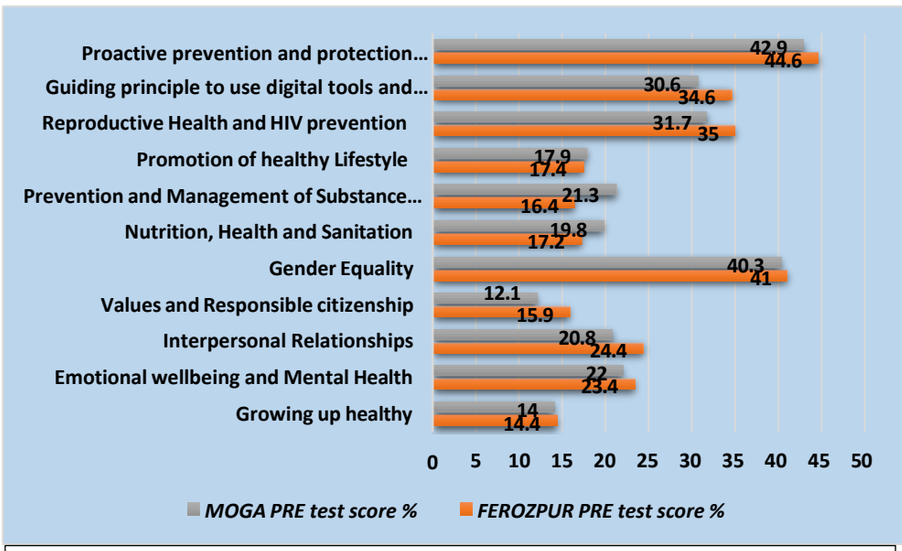


Figure 4: Comparison Between Moga and Ferozpur Pre-test Score

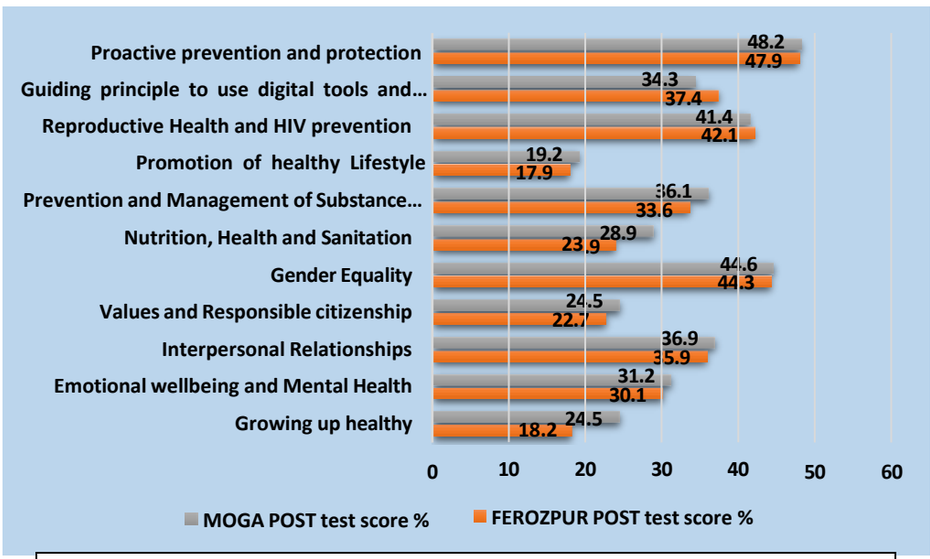


Figure 5: Comparison Between Moga and Ferozpur Post-test

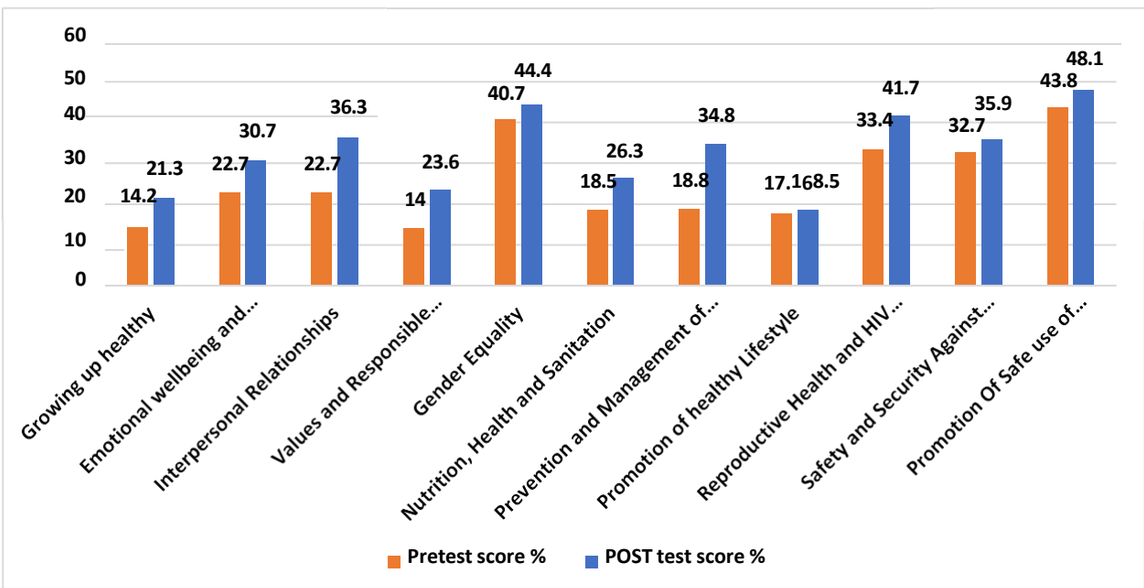


FIGURE 6: THEME-WISE COMPARISON OF COMBINED PRE-TEST AND POST-TEST SCORES

Module	FEROZPUR	MOGA
	Knowledge Transformation Percentage	Knowledge Transformation Percentage
Growing up healthy	26%	74.60%
Emotional wellbeing and Mental Health	28.80%	41.70%
Interpersonal Relationships	46.70%	76.80%
Values and Responsible Citizenship	42.40%	103.30%
Gender Equality	8%	10.50%
Nutrition, Health and Sanitation	38.60%	46%
Prevention and Management of Substance Misuse	105.10%	69%
Promotion of a healthy Lifestyle	2.70%	7.20%
Reproductive Health and HIV prevention	20.10%	30.60%
Proactive Prevention and Protection	7.80%	11.90%
Guiding individuals to use digital tools and online spaces	7.60%	12.40%

TABLE 6: DISTRICT WISE PERCENTAGE CHANGE IN KNOWLEDGE LEVEL AFTER TRAINING OF HWA'S

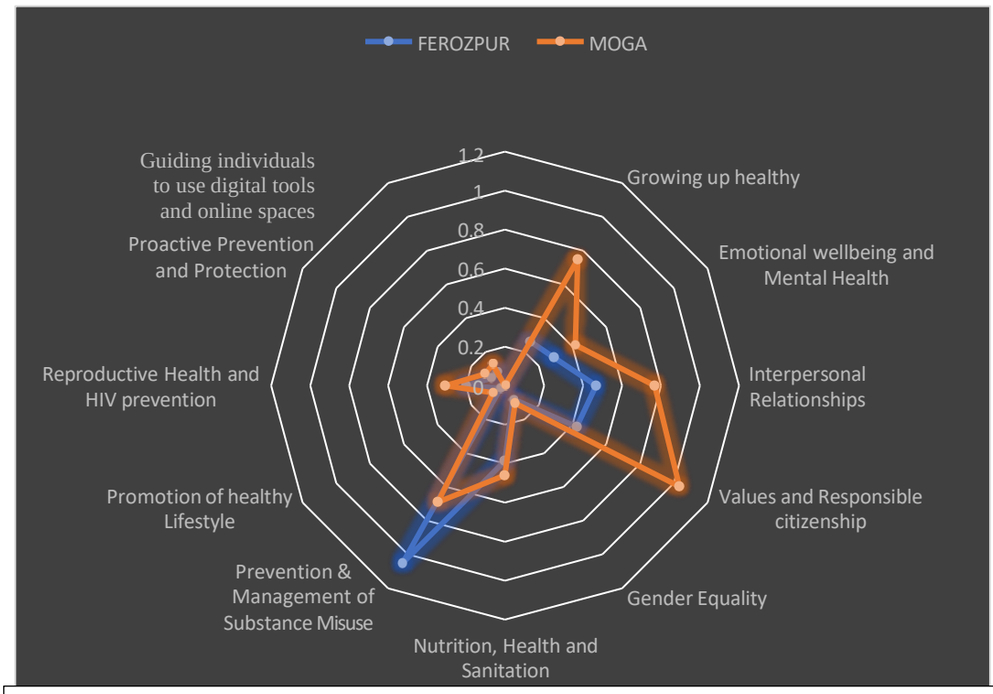


FIGURE 7: GRAPHICAL PRESENTATION OF PERCENTAGE CHANGE IN KNOWLEDGE LEVEL AFTER TRAINING

Aspects/ features of the training	Not Satisfactory	Satisfactory	Good	Very Good
Teaching skills	0.2	18.3	17.7	63.8
Contents of the training	0	16.3	23.5	60.2
Opportunities for you to participate	0.2	14.2	25.8	59.8
Handling of Questions	0.2	15.8	24.4	59.6
Presentations and training aids used	0.2	14.4	26	59.4
Time Management	0	14.4	28.5	57.1
Overall relevance and usefulness	0.2	13.7	25.4	60.8

Table 7: Feedback provided by HWAs on different aspects of training

FIGURE 8: GRAPHICAL REPRESENTATION OF FEEDBACK PROVIDED BY HWAS ON DIFFERENT ASPECTS OF TRAINING

KEY FINDINGS

- **Table 1 shows** 1 HWA on 119 students for 239 schools of Ferozpur, 1 HWA per 126 students for 249 schools of Moga, and 1 HWA per 131 students for 376 schools of Patiala.

- **Table 3 Figure 1** shows a slight decrease in the total number of test appearances from pre-training (1577) to post-training (1541) across Punjab.

- **Table 4 Figure 2** District-specific observations: Ferozpur: Showed a significant decrease in test appearances (422 to 351) 83.2%, Moga: Experienced an increase in test appearances (355 to 390) 109.9%, Patiala: Maintained a consistent number of test appearances (800 in both tests)i.e. 100%.Changes in test appearances might indicate the impact of training on participation or the health worker program's management in different districts.

- **Figure 3** shows an overall 28.8% increase in mean pre and post-test scores indicating a positive change in knowledge levels of the HWAs. Moga District shows more positive changes in knowledge levels (34.3%) than Ferozpur district (24.5%)

- **Table 5 Figure 4 Initial** knowledge levels-Moga had slightly lower pre-test scores than Ferozpur, but often showed larger improvements, potentially indicating more effective training implementation in Moga. It shows the most significant improvement in the knowledge outcomes in the pretest score of Ferozpur in modules like substance abuse than the pre-test scores of Moga

  Moga on the other hand has better knowledge outcomes in pre-test scores for modules like Growing up Healthy.

- **Figure 5 Both** districts show improvements across all modules, with Module 8 showing the least improvement in both cases, suggesting this area may require revisions in the training approach.
-
- **Table 6 Figure 6,7** Highest percentage change in knowledge levels is seen for questions covering thematic areas of Prevention and Management of Substance Misuse (85.2), Values and Responsible Citizenship (67.8%) followed by Interpersonal Relationships (60.2%) and Growing up Healthy (49.3%)However, participants showed minimal change in knowledge levels for certain technical modules such as Promotion of Healthy Lifestyle (4.9%), Gender Equality (9.2%), Low comprehension rates in Proactive Prevention and Protection(9.7%) and Guiding individuals to use digital tools and online spaces (9.9%) suggest that current training is inadequate. HWA refresher programs must prioritize and deepen technical modules addressing these critical knowledge gaps.

- **Table 7 Figure 8** Teaching skills, overall relevance and usefulness of the training and training contents were reported as very good by more than 60% of the HWAs. Time management of the training was found good by 28.5% of the HWAs

DISCUSSION

The Initiation of implementation of the School Health and Wellness Program (SHWP) in Ferozpur, Patiala, and Moga districts of Punjab is an important step in improving the overall health of students in the area. This program's introduction in these three districts provides valuable insights into the difficulties and achievements of such projects in different environments.

Data from the pre-and post-training assessments shows a generally positive trend, with improvements seen in all areas in Ferozpur and Moga. This indicates that the training program for Health Worker Assistants (HWAs) has been largely successful in enhancing their expertise and abilities. However, the differing degrees of progress in various areas and districts highlight the need for customized approaches to address specific local requirements and challenges.

The allocation of HWAs across the districts (1:119 in Ferozpur, 1:126 in Moga, and 1:131 in Patiala) raises important questions about resource distribution and fairness. While Ferozpur seems to have a more favorable ratio, the larger number of schools in Patiala poses unique challenges for program implementation and coverage. These differences underscore the significance of considering both efficiency and coverage in resource allocation decisions.

The high satisfaction rates reported by participants regarding different aspects of the training program are encouraging. They suggest that the program's content and delivery methods are well received, which is crucial for the successful implementation of health and wellness initiatives in schools. However, the slightly lower ratings for time management and presentation aids indicate areas for potential improvement.

Moving forward, it will be crucial to strike a balance between standardizing approaches across districts and allowing for flexibility to address district-specific needs. The initial achievements and challenges observed in Ferozpur, Patiala, and Moga provide a solid foundation for refining the program and guiding its expansion to other districts in Punjab. Continuous monitoring, evaluation, and adaptation will be essential to ensure the long-term success and sustainability of this significant initiative in promoting student health and wellness.

RECOMMENDATIONS

By implementing the following recommendations, Punjab can work towards a more effective, equitable, and impactful School Health and Wellness Program across all districts.

- Maintaining the current strengths while making targeted improvements in time management and presentation aids could further enhance the already successful training program.
- Standardize HWA-to-student ratios: Aim to achieve a more uniform distribution of Health and wellness ambassadors across districts, using Ferozpur's ratio (1:119) as a benchmark. This may involve allocating more HWAs to Moga and Patiala to improve coverage and potentially enhance service quality, thus factors influencing this distribution should be examined, more HWAs should be trained and equitably divided among the districts.
- Focus should be on lowering the student-to-HWA ratio which could result in more attention to students and eventually result in a better quality of health services and monitoring for students.
- Advocate for adequate funding and resource allocation to support the optimal HWA-to-student ratio across all districts and to provide necessary materials for effective program implementation.
- Enhance training in specific modules by focusing on improving training effectiveness in areas that showed the least improvement, particularly the "Promotion of Healthy Lifestyle" module.
- Create a routine to check the training's success. Use before-and-after tests and feedback forms to track progress and make ongoing improvements to the program.
- Enhance training by adding practical, hands-on experiences that directly link theoretical knowledge to real-world applications, particularly in underperforming modules. Focus on interactive learning that helps participants translate academic concepts into tangible workplace skills.
- The state should eventually incorporate more and more districts by funding and resource allocation to meet the greater coverage and implementation of SHWP across Punjab.
- Enhance time management aspects of the training program.

CONCLUSION

The program has effectively improved the knowledge and skills of Health and Wellness ambassadors (HWAs), contributing to better health services for students. There was a 28.8% increase in mean test scores, indicating the training's effectiveness. Moga's performance suggests its training methods could be adopted as best practices. Module-specific outcomes show strengths and areas that need attention. The training program was well-received, delivering valuable content through interactive instruction. Overall, the positive outcomes indicate the program could serve as a strong foundation for future educational initiatives.

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ANNEXURE

1. What is the safest way to protect your personal information while using the internet?

A) Share your passwords with trusted friends

B) Avoid clicking on suspicious links or emails

C) Post your address and phone number on social media

D) Use the same password for multiple accounts

Correct Answer: B) Avoid clicking on suspicious links or emails

2. Which of the following is a safe practice for setting passwords?

A) Using simple passwords like "123456" or "password"

B) Sharing passwords with family members

C) Creating complex passwords with a mix of letters, numbers, and symbols

D) Writing passwords down on sticky notes and leaving them near your computer

Correct Answer: C) Creating complex passwords with a mix of letters, numbers, and symbols

3. What should you do if you receive a message from an unknown sender asking for personal information?

A) Reply with your personal details

B) Ignore the message

C) Share your personal information to help the sender

D) Immediately report the message as suspicious

Correct Answer: D) Immediately report the message as suspicious

4. How can you protect yourself from online scams and fraud?

A) Click on pop-up ads to see if they offer good deals

B) Share your banking information with online retailers

C) Verify the legitimacy of websites and online offers before making any transactions

D) Respond to emails claiming you've won a lottery without entering

Correct Answer: C) Verify the legitimacy of websites and online offers before making any transactions

MCQ on Substance Abuse

1. **Which of the following is NOT considered a commonly abused substance?**

a) Alcohol

b) Nicotine

c) Prescription medications

d) Multivitamins

Correct answer: d) Multivitamins

2. **What is the most commonly abused illicit drug worldwide?**

a) Heroin

b) Cocaine

c) Marijuana

d) Methamphetamine

Correct answer: c) Marijuana

3. **What are some potential consequences of substance abuse?**

a) Improved mental health

b) Enhanced decision-making skills

c) Increased risk of addiction and overdose

d) Better academic performance

Correct answer: c) Increased risk of addiction and overdose

4. **What is a potential warning sign of substance abuse**?

a) Increased social engagement

b) Improved personal hygiene

c) Sudden changes in behavior or mood

d) Regular participation in extracurricular activities

Correct answer: c) Sudden changes in behavior or mood

MCQ on Emotional Wellbeing and Mental Health.

1. **Which of the following is NOT a common symptom of poor emotional well-being or mental health?**

a) Persistent feelings of sadness or hopelessness

b) Increased energy levels and motivation

c) Difficulty concentrating or making decisions

d) Withdrawal from social activities and relationships

Correct answer: b) Increased energy levels and motivation

2. **What is a healthy way to cope with stress and improve emotional well-being?**

a) Avoiding all stressful situations

b) Engaging in regular physical activity and exercise

c) Relying solely on alcohol or drugs for relaxation

d) Ignoring feelings of stress and anxiety

Correct answer: b) Engaging in regular physical activity and exercise

3. **Which of the following is NOT a common mental health disorder?**

a) Depression

b) Anxiety

c) Schizophrenia

d) Diabetes

Correct answer: d) Diabetes

4. **How can one support a friend or family member struggling with their mental health?**

a) Minimize their feelings and tell them to "snap out of it"

b) Listen without judgment and offer emotional support

c) Avoid talking about mental health altogether

d) Pressure them to seek immediate treatment

Correct answer: b) Listen without judgment and offer emotional support