



Status of School Health Promotion Activities at the Middle Stage under the Ayushman Bharat Programme in DoE Schools of Delhi

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ABSTRACT

Background Health and education are the two most vital parts of a country's growth, and schools are a very crucial place to bring them together. The Ayushman Bharat School Health Programme (SHP) was made to teach Indian school kids about health, how to take care of themselves, and how to get health care. Even while the program reaches a lot of people, there are still gaps in what students and other stakeholders really know about it, how they feel about it, and what problems they have with putting it into action. This study aims to address certain deficiencies by examining the experiences of principals, students, and parents in North-West Delhi. The results are meant to help make the program better and keep it in accordance with the Sustainable Development Goals (SDGs).

Objectives The main aim was to assess awareness, opinions, and challenges regarding SHP among principals, students, and parents in middle stage (Classes 6–8) of Directorate of Education schools in North-West Delhi.

Methods A cross-sectional descriptive design was used. Structured questionnaires and interviews were conducted with principals, students, and parents to collect information on awareness, opinions, and challenges related to the programme.

Results Overall awareness of SHP areas like first aid, hygiene, nutrition, and emergency care was fairly high. Stakeholders usually spoke positively about the school's health-promotion efforts. At the same time, some problems have come in areas such as regular health check-ups, immunization drives, and uniform delivery of health education.

Conclusion The SHP has been successful in building health promotion in schools to a large extent, but some crucial gaps remain especially in preventive services and equal implementation across schools. Stronger monitoring, more training for stakeholders, and better delivery systems will be needed to get the maximum impact from the programme.

Keywords School Health Programme, Ayushman Bharat, Health Awareness, Stakeholders, Delhi Schools, Public Health Education

1. Introduction

Health has long been recognized as a basic human right, and children's health in particular forms the base of a nation's future strength. The progress of any country, including India, depends heavily on the physical and mental well-being of its young people. Within the framework of the Sustainable Development Goals (SDGs) 2030, health and education are treated as two key areas that directly shape national development. Schools play a very strategic role here—they are not only centers of learning but also practical spaces where health promotion

can be built into everyday life. A child who is physically and mentally well is far more likely to benefit fully from education, which makes school-based health initiatives a crucial step for any society aiming for inclusive growth.

According to the World Health Organization (WHO), health is not just the absence of illness but a state of complete physical, mental, and social well-being. In India, with nearly 47.3 crore children, investing in their health and life skills is both a social and an economic necessity. When children learn skills that help them make better choices, deal with stress, and adopt healthy habits, they are better prepared not only for school performance but also for life in general. Good health strengthens learning outcomes and contributes to holistic development, which in turn is central to realizing India's demographic dividend in a sustainable way.

The Indian government launched a series of programmes to improve child and adolescent health. Two notable ones are the Rashtriya Bal Swasthya Karyakram (RBSK, 2013) and the Rashtriya Kishor Swasthya Karyakram (RKSK, 2014), which aim at the early detection, treatment, and promotion of adolescent well-being. Building on this framework, the Ayushman Bharat School Health Programme (SHP) was introduced with the goal of combining health education, disease prevention, and life-skills development within schools. Under this programme, two trained teachers are designated as Health and Wellness Ambassadors. They were expected to conduct weekly health promotion sessions, while students take up some roles as Health and Wellness Messengers, carrying the message of good health to peers and communities. In this way, the SHP also strengthens the implementation of RBSK and RKSK by weaving them into the school setting.

Research from different parts of the world underlines how schools can effectively support children's health. For example, Orenstein et al. (2024) in the United States created a "State School Mental Health Profile" and found major gaps in the leadership and funding of mental health in schools. In India, studies by Chavan et al. (2022) and Jain et al. (2022) pointed out that while teachers know about school health services to some part, there is still a need for more training and better governance. Similarly, Khurshid (2018) and G (2019) emphasize how the lack of infrastructure, time and teacher training act as the major barriers to implementation.

Comparative studies outside India also highlight similar issues. Olabimpe et al. (2022) in Nigeria and Lisu (2022) in Indonesia show that poor infrastructure and limited staff training remain key obstacles to effective programme delivery, particularly in public schools. In India too, Mane et al. (2019) and Kaur et al. (2017) show that students' health attitudes and teachers' first-aid knowledge need considerable strengthening. At a big level, Levinson et al. (2019) reviewed global evidence and found that while specific interventions often work, there is a lack of comprehensive evaluations that bring together multiple components of school health.

The South Asian region also shows similar experiences. Programmes in Nepal and Sri Lanka, reported by Shrestha et al. (2019) and Wickramasinghe (2019), suggested positive outcomes but continue to face problems like weak coordination between sectors, limited resources and pressure from academic workloads.

Despite all this existing work, there is still a notable gap in literature like very few studies actually focus on what students themselves feel about these health services. Their access, satisfaction levels and gender-specific concerns remain overlooked. The present study addresses this by including the voices of students directly, along with principals and parents. By doing so, it adds a more detailed understanding of how the SHP is working in practice, particularly in preventive health and gender-sensitive areas. It also provides quantitative indicators that can help in monitoring the programme and linking it with the larger goals of the SDGs.

2. Materials and Methods

2.1. Design of the Study

Different research traditions—quantitative, qualitative, and mixed-methods—are often used to study health programmes. For this work, we have chosen a descriptive research design with a mixed-methods approach. This allowed us to combine numbers with lived experiences, so the findings could be understood in depth. Using both types of data collection also made it possible to cross-check and enrich the results.

2.2. Study Population

The study was carried out among principals, parents, and students from government schools under the Directorate of Education in Northwest-B district of Delhi. These groups were chosen because they are directly connected to, and affected by, the school health environment.

2.3. Sample of the Study

A multistage cluster sampling technique was applied. In the first stage, 20 government schools were randomly picked from the district. In the next stage, a stratified sample of 155 students (81 boys and 74 girls), 86 parents, and 20 principals were selected from these schools. The students belonged to classes 6 to 8 and were mostly between 11 and 14 years of age.

2.4. Tools for Data Collection

To gather information, three separate self-developed questionnaires were prepared—one each for students, parents, and principals. Both closed-ended and open-ended questions were included. Alongside this, interviews were conducted to get richer insights.

Development of Tools

The tools were created through a stepwise process. First, focus group discussions were held with some subject experts to draft the items. These drafts were then reviewed for clarity and relevance. A pilot trial was done in order to check for any difficulties in administration. Based on the feedback, the questionnaires were revised and finalised before being distributed through Google Forms.

3. Results

SECTION I: This section shows the results and discussion on the responses obtained from students through the administration of the questionnaire.

Table 1: Responses obtained from students regarding school health promotion activities

Group	S.No	Statement	Response			
			Always	Sometimes	Never	Total
Health Services	1	Have you ever given health information/education in your school?	104	47	4	155
	2	Are guidance and counselling given on sex education in school?	102	37	16	155
	3	Is information about infectious diseases such as AIDS or other sexually transmitted diseases taught in school?	92	47	16	155
	4	Is your health check-up done in your school?	83	52	20	155
	5	Are arrangements for first aid in case of sudden illness or injury in the school?	138	11	6	155
	6	Are you taken to the medical room if you get sick or injured at school?	129	12	14	155
	7	When a student is seriously injured, is the school taken to the hospital?	127	14	14	155
Hygiene & Sanitation	8	Is clean drinking water provided to you in the school?	147	1	7	155
	9	Is hand washing or soap etc. provided to clean hands in toilets etc. in the school?	108	21	26	155
	10	Is there cleanliness in your classroom and school?	139	14	2	155

	11	Are sanitary pads provided for you by your school? (only for girls)	72	0	2	74
	12	Is the sanitary pad disposal machine functional in your school? (only for girls)	60	10	4	74
Physical & Recreational	13	Are recreational sports organized in your school?	103	47	5	155
	14	Are yoga practices conducted in your school?	91	43	21	155
	15	Are sports competitions organized in your school?	103	51	1	155
Health Education & Awareness	16	Have you participated in any program in your school explaining the harmful effects of intoxicants (tobacco, alcohol and cigarettes etc.)?	68	51	36	155
	17	Are guidance and counselling related to a positive lifestyle provided in your school?	112	31	12	155
	18	Are programs like debates, poster making, slogan writing etc. organized in your school keeping in mind the importance of health and physical education?	126	26	3	155
Infectious Disease Protocols	19	Is prevention and control of infectious diseases discussed in your school?	92	61	2	155
	20	When you are suffering from an infectious disease, are you forbidden from coming to school?	119	26	10	155
	21	When a student is suffering from an infectious disease, is the teacher made to sit separately?	119	26	10	155
Nutrition & Supplements	22	Is mid meal provided in your school?	150	2	3	155
	23	Are Iron Folic Acid tablets provided by the school?	140	14	1	155

	24	Does the school provide Albendazole tablets?				
			114	30	11	155

Table No. 2 Responses obtained from principals regarding school health promotion activities

Group	S.No	Statement	Response			
			Always	Some times	Never	Total
Health Services & Emergency Care	1	Are health-related services provided in your school?	9	9	2	20
	2	Are emergency health care facilities provided in your school?	17	2	1	20
	3	Are health-related services being fully implemented in your school?	12	7	1	20
	4	Has your school appointed a Wellness Ambassador?	17	3	0	20
	5	Has training been conducted for wellness ambassadors in your school?	13	7	0	20
	6	Is the health card of students prepared in your school?	12	8	0	20
Hygiene & Sanitation	7	Are soap or hand washing etc. provided in all the toilets of the school?	20	0	0	20
	8	Are toilets etc. maintained in your school?	20	0	0	20
	9	Do employees wear gloves and follow hygiene rules while serving mid-meal?	20	0	0	20
Physical Activity & Awareness	10	Are sports competitions organized for students in your school?	18	2	0	20
	11	Are recreational sports organized for students in your school?	17	3	0	20
	12	Are yoga exercises conducted for students in your school?	16	4	0	20
	13	Are health/physical education posters, slogans, debate programs organized?	17	3	0	20
Disease Control Measures	14	Do teachers prevent infected students from coming to school?	8	8	4	20
	15	Are infected students asked to sit separately?	6	7	7	20
Mental & Emotional Health + Counselling	16	Are mental/emotional health sessions organized?	16	4	0	20
	17	Are students given STI-related information?	15	5	0	20
	18	Is safety education discussed for students?	17	3	0	20
	19	Is sex education counselling provided?	16	4	0	20
	20	Are children counselled to prevent violent tendencies?	20	0	0	20
	21	Are students given positive lifestyle guidance?	19	1	0	20
	22	Are infectious diseases discussed with students?	12	8	0	20
	23	Does your school provide folic acid tablets?	19	1	0	20

Nutrition Supplements &	24	Is clean drinking water available?	20	0	0	20
	25	Are Albendazole tablets provided?	20	0	0	20
	26	Is a committee formed for mid-meal food quality checks?	20	0	0	20
	27	Is mid-meal food quality checked?	19	1	0	20
Policy & Training	28	Is disaster management training organized for teachers?	17	3	0	20
	29	Is a COPTA 2017 committee constituted?	20	0	0	20

SECTION III: This section shows the results and discussion on the responses obtained from parents through the administration of the questionnaire.

Table No. 3 Responses obtained from parents regarding School Health Promotion activities

Group	S.No	Statement	Response			
			Always	Sometimes	Never	Total
Health Services & Medical Care	1	Is your child provided with health information or services at school?	69	16	1	86
	2	Is your child given health check-up in school?	50	25	11	86
	3	Does your child's school ask for a medical certificate in case of prolonged absence due to illness?	76	2	8	86
	4	If your child gets seriously injured accidentally or develops a sudden health problem, is he/she provided first aid?	76	6	4	86
	5	Does the school have arrangements to take your child to hospital if he or she is seriously injured?	73	6	7	86
	6	Are doctors, nurses and other facilities available for health check-up in your child's school?	38	48		86
	7	Does your child get any immunizations in school?	21	29	36	86
	8	Is your child made to sit separately in class when he or she is suffering from an infectious disease?	49	22	15	86
	9	Are infectious diseases discussed at your child's school?	68	14	4	86
	10	Does your child's school provide counselling guidance related to positive lifestyle?	69	11	6	86

	11	Do teachers discuss your child's health with you?	64	13	9	86
Hygiene and safety	12	Does the administration pay attention to cleanliness in your child's school?	80	5	1	86
	13	Is your child prohibited from coming to school when he or she is suffering from an infectious disease?	68	15	3	86
	14	Is your child made to sit separately in class when he or she is suffering from an infectious disease?	49	22	15	86
Nutrition and Supplements	15	Does your child's school provide Iron Folic Acid tablets?	83	2	1	86
	16	Does your child's school provide Albendazole tablets?	58	17	11	86
Physical Activity	17	Are sports competitions organized in your children's school?	59	23	4	86
	18	Are recreational sports organized in your children's school?	55	25	6	86
	19	Is yoga practice offered in your child's school?	57	17	12	86

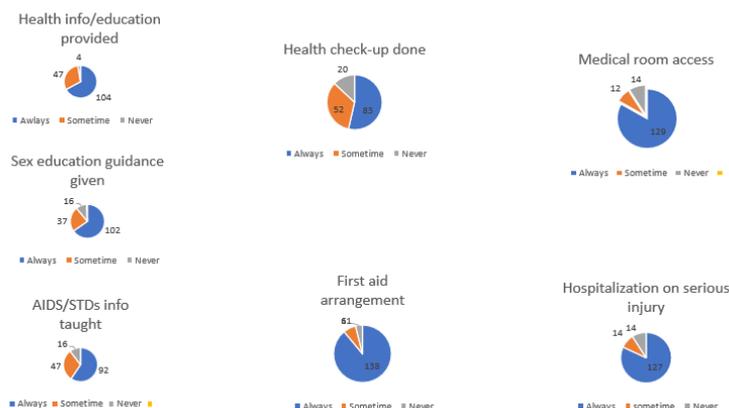
4. Discussion

4.1 Main Findings

Table 4: Student Responses Regarding Health Services in School

Statement	Always	Sometimes	Never	N	Key Finding
Health info/education provided	104	47	4	155	Majority (67%) reported regular health education.
Sex education guidance given	102	37	16	155	~66% say it's always provided; some gaps (~10% say never).
AIDS/STDs info taught	92	47	16	155	Only 59% always receive this information; notable gaps.
Health check-up done	83	52	20	155	Just 54% report regular check-ups; needs strengthening.
First aid arrangement	138	11	6	155	Very strong (89% always available).
Medical room access	129	12	14	155	83% are always taken to medical room if sick/injured.
Hospitalization of serious injury	127	14	14	155	82% confirm hospital transfer on serious injury.

Figure 1. Student Perceptions of School-Based Health Services



The findings from Table no.4 highlight that while several essential health services are well-established in schools, there are areas that need improvement. A majority students (67%) reported receiving regular health education, and around 66% stated that sex education guidance is always provided, through about 10 % indicated they never receive such guidance. Similarly, only 59% reports are always being taught about AIDS/STDs, revealing notable gap in this critical area of health awareness. Health check-ups appear less consistent, with just 54% confirming they occur regularly, pointing to a need for stronger implementation. On a positive note, first aid arrangements are robust, with 89% indicating they are always available. Access to medical rooms (83%) and hospitalisation in cases of educational health services require greater focus and consistency across the schools

Table No. 5 Student Responses Regarding Hygiene & Sanitation in school

Statement	Always	Sometimes	Never	N	Key Finding
Clean drinking water	147	1	7	155	Excellent (95% always).
Hand wash/soap in toilets	108	21	26	155	Good, but 17% report no provision.
Cleanliness in school/classroom	139	14	2	155	Very high (90% always).
Sanitary pads (girls)	72	0	2	74	97% always provided.
Sanitary pad disposal machine	60	10	4	74	81% always functional; some room for improvement.

Figure 2. Students' Responses on Hygiene and Sanitation Facilities in Schools



The Findings from Table no.5 indicate generally good standards of hygiene and sanitation in schools, with some areas needing further attention. Clean drinking water is very well maintained with 95 % of students reporting it is always available. Cleanliness of the school and classrooms is also well strong, with 90% confirming consistent upkeep. Hand wash facilities and soap in toilets are available to most, but 17% of students report the absence of these basic hygiene necessities, highlighting some gap that needs addressing. Among girls, 97 % reported that sanitary pads are always provided, showing excellent support for menstrual hygiene. However, 81 % noted that sanitary pad disposal machines are always functional, there is scope for improving consistency in this facility. While the hygiene and sanitation conditions are well commendable, ensuring universal access to handwashing facilities and consistently functional disposal machines would further strengthen the school environment.

Table no-6 Student Responses Regarding Physical & Recreational Activities in school

Statement	Always	Sometimes	Never	N	Key Finding
Recreational sports	103	47	5	155	Strong (66% always) but could be more consistent.
Yoga conducted	91	43	21	155	~59% always; notable portion (14%) not practicing yoga.
Sports competitions	103	51	1	155	Very good (66% always).

Figure 3. Assessment of School-Based Physical and Recreational Activity Opportunities

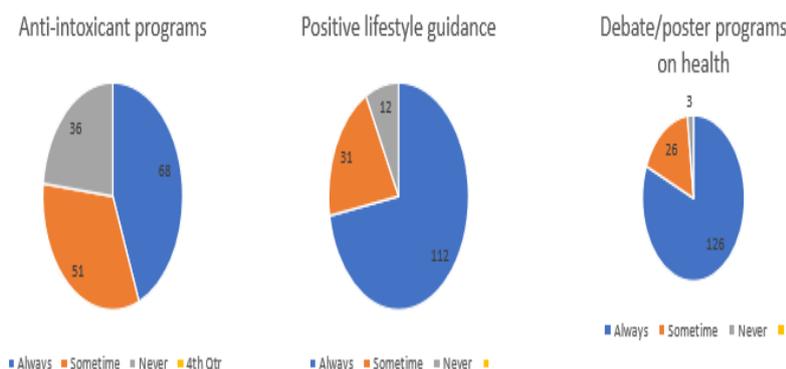


The findings from Table no.6 reflect a generally positive picture of physical and recreational activities in schools, though with room for greater consistency. About 66 % of students reported that recreational sports are always organized, while 66 % also confirmed regular sports competitions, indicating strong efforts in promoting physical activity. However, yoga sessions are less consistent, with only 59 % stating they are always conducting and 14 % reporting they never participated in yoga at school. These results suggest that while sports activities are fairly good integrated into school routines, yoga programs could benefit from more regular and inclusive implementation.

Table no-7 Student Responses Regarding Health Education & Awareness in school

Statement	Always	Sometimes	Never	N	Key Finding
Anti-intoxicant programs	68	51	36	155	Weak area: Only 44% always participate; 23% never.
Positive lifestyle guidance	112	31	12	155	Strong (72% always).
Debate/poster programs on health	126	26	3	155	Very good (81% always).

Figure 4. School-Based Health Education and Awareness Activities



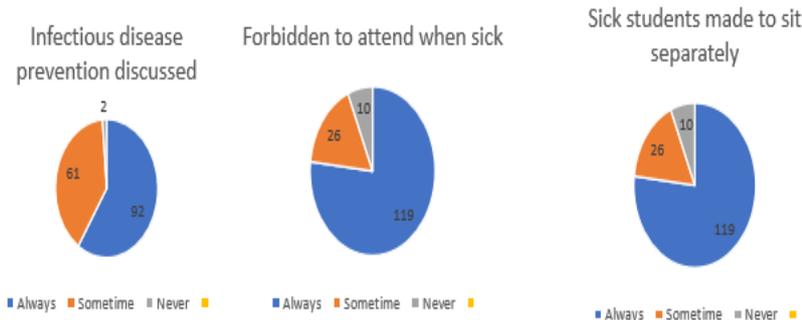
The findings from Table no.7 highlight mixed results in health education and awareness initiatives in schools. Positive lifestyle guidance is a strong area with 72 % of students reporting it is always provided. Similarly, 81% noted regular participation in health- related debates and poster programs, reflecting active engagement in awareness-building activities. But anti-intoxicant programs appear to be a weak point, with only 44% of students always involved and a concerning 23 % stating they never participate. This indicates clear need to strengthen efforts in this crucial of health education.

Table no-8 Student Responses Regarding Infectious Disease Protocols in school

Statement	Always	Sometimes	Never	N	Key Finding
Infectious disease prevention discussed	92	61	2	155	Good (59% always), but more consistent discussion needed.

Forbidden to attend when sick	119	26	10	155	Strong adherence (77% always).
Sick students made to sit separately	119	26	10	155	Same (77% always).

Figure 5. Availability and Adherence to Infectious Disease Protocols in Schools

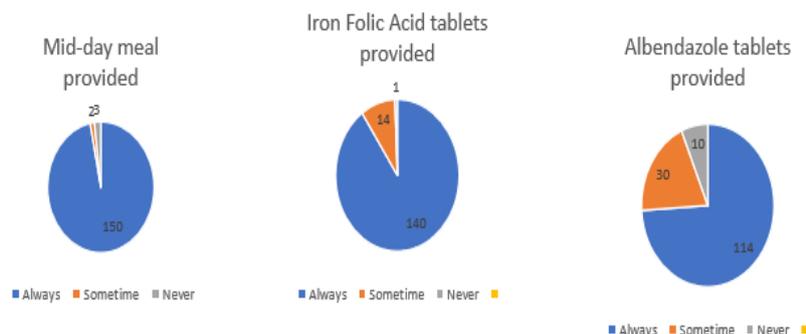


The findings from Table no.8 show that schools generally follow infectious disease protocols, though there is scope for improvement in preventive education. About 59 % of the students reported that infectious disease prevention is always discussed, indicating good practice but highlighting a need for more consistent communication. On the other hand, adherence to protocols when students are sick is stronger, with 77 % confirming that sick students are always forbidden to attend the school and similarly 77% noting that sick students are made to sit separately when present. While response measures for managing illnesses at school are well implemented, prevention discussions could be made more regular and comprehensive.

Table No. 9 Student Responses Regarding Nutrition & Supplements in School

Statement	Always	Sometimes	Never	N	Key Finding
Mid-day meal provided	150	2	3	155	Almost universal (97% always).
Iron Folic Acid tablets provided	140	14	1	155	Very high (90% always).
Albendazole tablets provided	114	30	11	155	Slightly lower (74% always).

Figure 6. Availability of Midday Meals and Nutritional Supplements in Schools

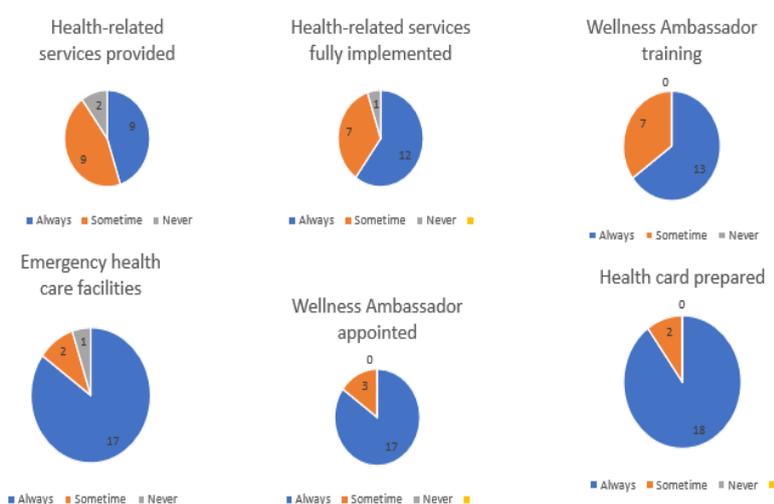


The findings from Table no. 9 indicate that schools generally have strong nutrition and supplement programs. The midday meal scheme is almost universal with 97 % of students reporting it is always provided. Iron and Folic acid tablet distribution is also very high with some 90 % confirming regular provision. Albendazole tables are slightly less consistently given with 74 % receiving them and some gaps in coverage notes. Data reflect effective nutrition support in schools through deworming efforts could be made more consistent.

Table 10: Responses of Principals Regarding Health Services and Emergency Care in Schools

Statement	Always	Some times	Never	Key Findings
Health-related services provided	9	9	2	Only 45% consistently have services; scope for improvement.
Emergency health care facilities	17	2	1	Strong (85% always); good preparedness.
Health-related services fully implemented	12	7	1	60% feel full implementation, but 35% report partial gaps.
Wellness Ambassador appointed	17	3	0	Very positive (85% always).
Wellness Ambassador training	13	7	0	65% always; some variability (35% sometimes).
Health card prepared	12	8	0	60% always prepared; it could be stronger.

Figure 7. School Principal’s Insights on the Availability of Health and Emergency Services



The findings from table no. 10 reveal that while emergency care and wellness initiatives in schools are generally strong, regular health services show the gap. About 85 % of students report that emergency health care facilities and wellness ambassadors are always reflecting good preparedness and focus on students’ well-being. However, only 45 % say that health related services are consistently provided and 60% feel these services are fully implemented, suggesting room for improvement in regular health support. Wellness ambassador training is always provided in 65 % of the case with 35 % reporting it happens only sometimes. Similarly, health card preparation is consistent for 60 % of students, indicating another area where efforts could be strengthened for comprehensive health monitoring.

Table 11: Responses of Principals Regarding Hygiene & Sanitation in Schools

Statement	Always	Sometimes	Never	Key Findings
Soap/hand wash in toilets	20	0	0	100% compliance - excellent.
Toilet maintenance	20	0	0	100% excellent hygiene.
Mid-meal hygiene (gloves etc.)	20	0	0	100% adherence - very strong.

Figure 8. Availability and Maintenance of Hygiene and Sanitation Infrastructure in Schools

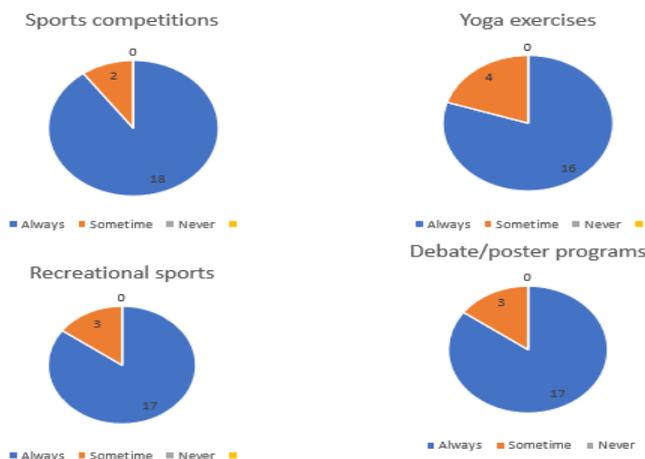


The findings from Table no.11 show exemplary standards of hygiene and sanitation in schools. All schools surveyed reported with about 100% compliance in providing soap or hand washing in toilets, maintaining toilets, and ensuring mid-meal hygiene practices such as using gloves. This also reflects a very strong commitment to maintaining a clean and safe environment for students.

Table 12: Responses of Principals Regarding Physical Activity & Awareness in Schools

Statement	Always	Sometimes	Never	Key Findings
Sports competitions	18	2	0	90% always; very good.
Recreational sports	17	3	0	85% always; strong.
Yoga exercises	16	4	0	80% always; consistent.
Debate/poster programs	17	3	0	85% always; well implemented.

Figure 9. Principals’ Perspectives on Physical Activity Promotion and Awareness Programs in Schools

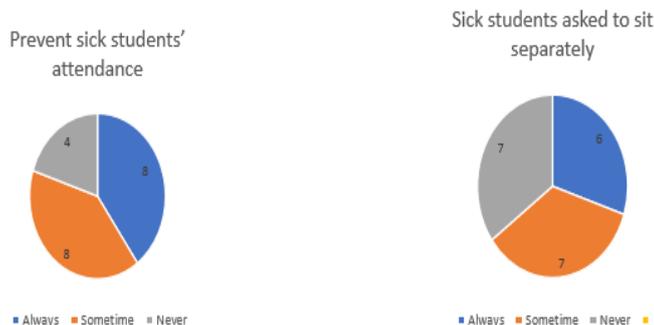


The findings from Table no.12 highlight a strong emphasis on physical activity and health awareness in schools. Sports competitions are regularly organised in 90% of cases while 85% of schools always conduct recreational sports and health-related debates or poster programs. Yoga exercise is consistently practiced in 80% of schools. The results reflect well-implemented and consistent efforts to promote physical fitness and health awareness among students.

Table 13: Responses of Principals Regarding Disease Control Measures in Schools

Statement	Always	Sometimes	Never	Key Findings
Prevent sick students’ attendance	8	8	4	Weak: Only 40% always; 20% report no action.
Sick students asked to sit separately	6	7	7	Weakest: Only 30% always; 35% no action.

Figure-10 Responses of Principals Regarding Disease Control Measures in Schools

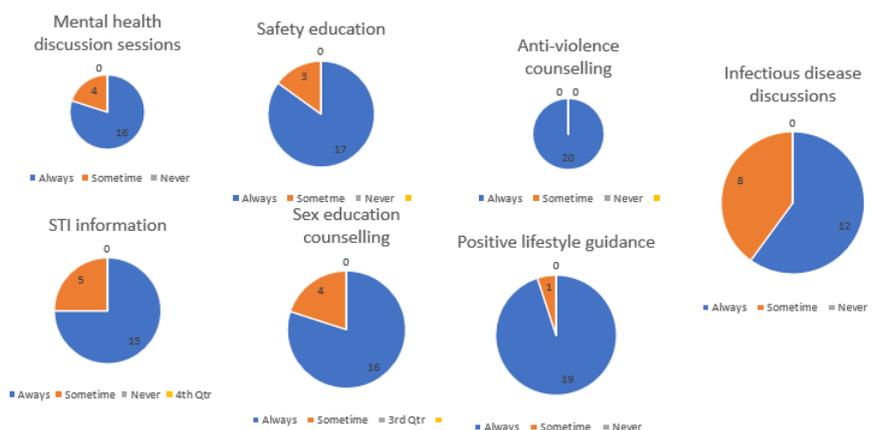


The findings from Table no.13 indicate a significant gap in disease control measures in schools. Only 40% of schools always prevent sick students from attending, while 20% of schools take no action at all. Similarly, just 30 % consistently ask sick students to sit separately, with 35 % reporting no such measures. These results point to a clear need for stronger and more consistent protocols to manage illness and prevent the spread of infectious diseases in schools.

Table 14: Responses of Principals Regarding Mental & Emotional Health + Counselling in schools

Statement	Always	Sometimes	Never	Key Findings
Mental health discussion sessions	16	4	0	80% always; very good.
STI information	15	5	0	75% always; strong.
Safety education	17	3	0	85% always; strong.
Sex education counselling	16	4	0	80% always; strong.
Anti-violence counselling	20	0	0	Excellent (100%).
Positive lifestyle guidance	19	1	0	95% always; excellent.
Infectious disease discussions	12	8	0	60% always need consistency.

Figure-11 Responses of Principals Regarding Mental & Emotional Health + Counselling in Schools

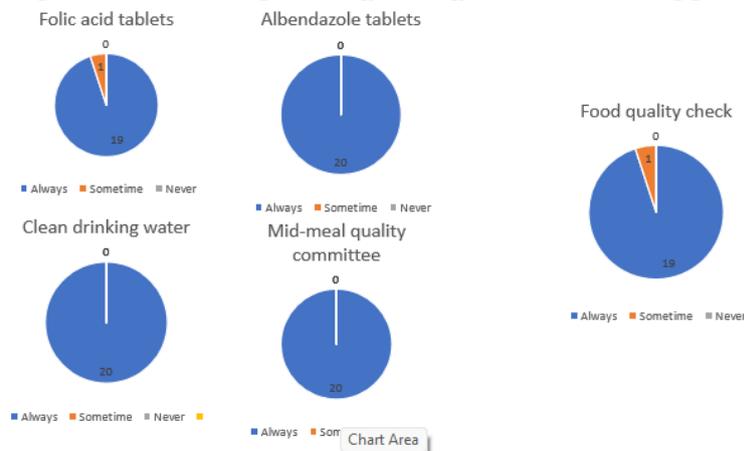


The results in Table no.14 show that schools usually do a good job of helping children with their mental, emotional, and sexual health. However, there are a few areas that need more consistent attention. Positive lifestyle coaching (95%) and anti-violence counseling (100%) are both very well done. Safety education (85%), sex education counseling (80%), mental health sessions (80%), and STI information (75%) are also good, showing that the school cares about the health of its students. Only 60% of schools, nevertheless, have frequent conversations about infectious diseases. This shows that there must be more consistency in this critical area of prevention. The findings as a whole show that mental and emotional health programs are on strong ground but more must be done to raise awareness of diseases.

Table 15: Responses of Principals Regarding Nutrition & Supplements in school

Statement	Always	Sometimes	Never	Key Findings
Folic acid tablets	19	1	0	95% always; excellent.
Clean drinking water	20	0	0	100% excellent.
Albendazole tablets	20	0	0	100% excellent.
Mid-meal quality committee	20	0	0	100% excellent.
Food quality check	19	1	0	95% always; excellent.

Figure 12: Responses of Principals Regarding Nutrition & Supplements in School

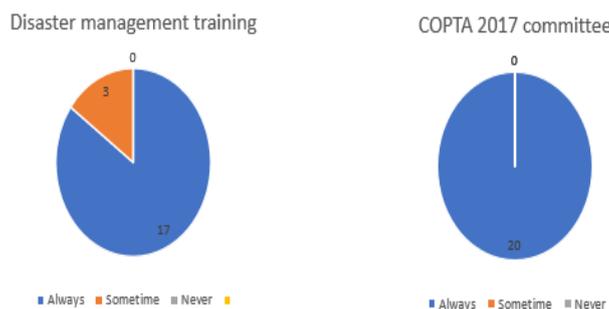


The findings from Table no.15 show that schools are doing a great job of putting nutrition and supplement measures into place. Every school provides or maintains clean drinking water, albendazole tablets, and mid-meal quality committees, which show that they are all following the rules. Folic acid tablets and food quality checks are also quite robust, with 95% saying they are always available and checked. In general, the schools do a great job of making sure that pupils eat well and stay safe around food.

Table 16: Responses of Principals Regarding implemented Policy & Training in schools

Statement	Always	Sometimes	Never	Key Findings
Disaster management training	17	3	0	85% always; very good.
COPTA 2017 committee	20	0	0	100% compliance – excellent.

Figure -13 Responses of Principals Regarding implemented Policy & Training in schools

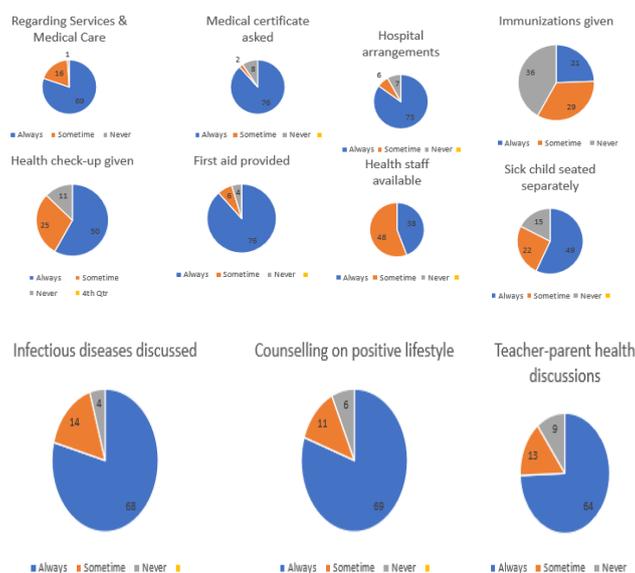


The findings from Table no.16 indicate strong implementation of policy and training initiatives in schools. Disaster management training is regularly conducted in 85% of the schools, reflecting very good preparedness. And there is 100% compliance in the formation of COPTA 2017 committees demonstrating excellent adherence to tobacco control policies. Schools show a solid commitment to safety, policy implementation, and student protection measures.

Table 17: Responses of Parents Regarding Services & Medical Care in Schools

Statement	Always	Sometimes	Never	Interpretation
Health info/services provided	69	16	1	Strong (80% always); schools are generally proactive.
Health check-up given	50	25	11	Mixed (58% always); check-ups are inconsistent.
Medical certificate asked	76	2	8	Very strong (88% always); good health documentation.
First aid provided	76	6	4	Very strong (88% always); first aid readiness is reliable.
Hospital arrangements	73	6	7	Strong (85% always); emergency preparedness good.
Health staff available	38	48	0	Mixed (44% always, 56% sometimes); staffing inconsistent.
Immunizations given	21	29	36	Weak (24% always); large gap in immunization services.
Sick child seated separately	49	22	15	Moderate (57% always); infection control needs strengthening.
Infectious diseases discussed	68	14	4	Strong (79% always); good awareness.
Counselling on positive lifestyle	69	11	6	Strong (80% always); schools promote healthy living.
Teacher-parent health discussions	64	13	9	Good (74% always); healthy communication levels.

Figure -14 Responses of Parents Regarding Services & Medical Care in Schools



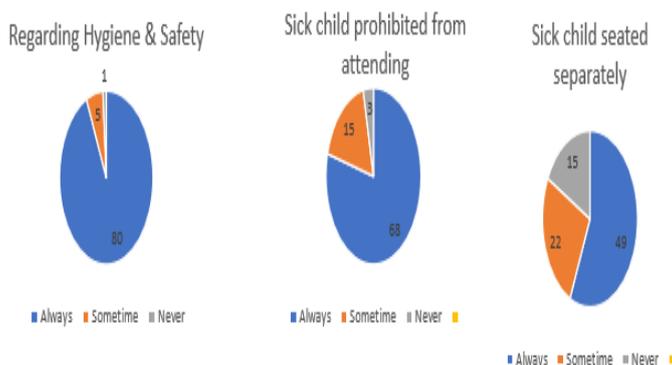
The findings from Table no.17 present a mixed picture of health services and medical care in schools. Schools show strong performance in providing health information (80% always), requesting medical certificates (88%), offering first aid (88%), arranging hospital care (85%), and discussing infectious diseases (79%). Positive lifestyle counselling (80%) and teacher-parent health discussion (74%) reflect good engagement. But health check-ups are inconsistent, with only 58 % reporting they are always conducted. Availability of health staff is mixed (44%, always 56 % sometimes), indicating staffing gaps. Immunisation services are particularly weak with just 24 % reporting regular provision. Additionally, while 57 % of schools always seat sick children

separately, infection control could be improved. While emergency readiness and health education are strong, greater focus is needed on consistent check-ups, staffing and immunisation coverage.

Table 18: Responses of Parents Regarding Hygiene & Safety in Schools

Statement	Always	Sometimes	Never	Interpretation
Cleanliness attention	80	5	1	Very strong (93% always); excellent hygiene practices.
Sick children are prohibited from attending	68	15	3	Strong (79% always); infection prevention is fairly good.
Sick child seated separately	49	22	15	Moderate (57% always) needs better implementation.

Table 15: Responses of Parents Regarding Hygiene & Safety in Schools

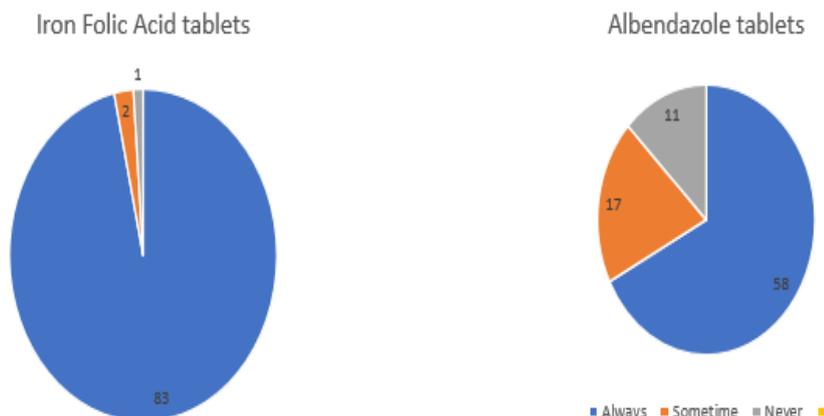


The findings from Table no.18 on hygiene and safety show generally strong practices with some areas requiring improvement. Cleanliness receives excellent attention with 93 % of schools always maintaining high hygiene standard. Infection prevention is fairly good 79 % schools consistently prohibit sick children from attending. However, only 57% of schools always seat sick children separately, indicating a need for stronger and more consistent infection control measures to reduce the risk of disease transmission.

Table 19: Responses of Parents Regarding Nutrition & Supplement in Schools

Statement	Always	Sometimes	Never	Interpretation
Iron Folic Acid tablets	83	2	1	Excellent (97% always); strong supplementation program.
Albendazole tablets	58	17	11	Good (67% always); some inconsistency.

Figure 16: Responses of Parents Regarding Nutrition & Supplement in Schools

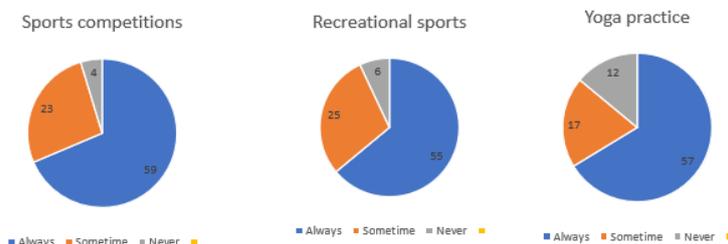


The findings from Table no.19 indicate that schools have a strong focus on nutrition and supplementation, though with some variability. The provision of iron and folic acid tablets is excellent with 97 % of students always receiving them, reflecting a well-implemented supplementation program. The distribution of albendazole tablets is less consistent 67 % always receive them, but gaps remain, highlighting the need for more uniform deworming efforts across schools.

Table 20: Responses of Parents Regarding Physical Activity in Schools

Statement	Always	Sometimes	Never	Interpretation
Sports competitions	59	23	4	Strong (69% always); good focus on competitions.
Recreational sports	55	25	6	Strong (64% always); scope for improvement.
Yoga practice	57	17	12	Good (66% always); yoga somewhat inconsistent.

Figure 17: Responses of Parents Regarding Physical Activity in Schools



The findings from Table no.20 on physical activity in schools show a generally strong commitment to promoting fitness, with some room for improvement in consistency. Sports competitions are regularly held in 69% of schools, reflecting a good focus on organized physical activity. Recreational sports are always conducted in 64% of schools, suggesting solid efforts but with scope for broader implementation. Yoga practice is reported as always in 66% of schools, indicating a positive trend, though its delivery remains somewhat inconsistent.

This study sets out to look at how much awareness, what opinions and what kind of challenge are linked to the School Health Programme (SHP) under the Ayushman Bharat initiative with a focus on principals, students and parents in middle stage classes (6 to 8) of Directorate of Education in North-West Delhi.

The result suggests that overall awareness of the SHP is fairly high across these groups. Stakeholders were especially aware of areas like emergency health services, hygiene, nutrition, and physical activities. Students and principals showed good knowledge of important SHP components such as first aid facilities, the mid-day meal scheme, wellness ambassador roles, and fitness activities. Parents too were generally aware of health and hygiene efforts, though their knowledge of things like immunization drives and disease-control measures was somewhat weaker compared to the other groups.

When it comes to opinions, most stakeholders expressed positive views about the programme. Schools were seen as active in offering emergency support, encouraging healthier lifestyles, and maintaining good standards of sanitation and nutrition. Principals pointed to successful implementation of wellness ambassador programmes, disaster management drills, and COPTA compliance. Students value access to first aid and health education sessions, while parents appreciate regular communication and the school’s emphasis on

cleanliness. This shows some gaps that stood out, including irregular health check-ups, inconsistent yoga and sports sessions and uneven attention to disease prevention discussions.

The challenges that came up in SHP implementation can be grouped into four broad areas. First, there were inconsistencies in health services like routine check-ups, deworming (Albendazole), immunization and the presence of trained health staff. Second, measures to control infections like keeping sick children home or seating them separately were often patchy, needing a more structured approach. Lastly, differences across schools were visible, especially in how some health activities or protocols were carried out.

Future Directions

Drawing from the findings, the following steps are suggested for strengthening the SHP under Ayushman Bharat:

1. Standardizing Preventive Health Services

Health check-ups, immunization drives, deworming (Albendazole), and trained staff should be made regular across all schools. This could be supported through scheduled health camps or mobile health units.

2. Better Disease Control Measures

Clear rules should be developed for handling sick students—such as seating arrangements and attendance restrictions—and schools should be monitored to ensure these are actually followed.

3. Integrating Mental Health and Infectious Disease Awareness

Mental health and infectious disease education should become routine parts of the curriculum, ideally led by wellness ambassadors and supported by trained counsellors.

4. Capacity Building for Staff

Principals, teachers, and wellness ambassadors should receive regular training on emergency care, mental health, and disaster readiness so that they feel confident in handling SHP responsibilities.

5. Stronger Stakeholder Engagement

Parents, students, and teachers should be kept involved through orientation programmes, feedback loops, and parent-teacher health committees so the programme remains grounded in real needs.

6. Uniform Monitoring and Evaluation-

A central monitoring system- using scorecards or SHP audits could help track activities and ensure equity across schools.

7. Promoting Sports and Wellness Activities

Yoga, sports, and recreational activities should be held regularly and made compulsory, with possible partnerships with local NGOs or sports bodies to support these activities.

By following these directions, the SHP has the potential to become a stronger, more inclusive, and more reliable programme for children's health and well-being in Delhi schools.

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