**TERMS OF REFERENCE (TOR)**

**Third-Party Contract**

**School Health Promotion (Implementation II Phase)**

# **Purpose:**

This assignment is the second phase implementation of the developed module on the School Health Program. The current assignment will engage a professional for the training of trainers on the “School Health Promotion”module for master trainers (School teachers, Teachers Parents Council members, and School heads) for the screening of eyesight, hearing, Skin, and personal hygiene of students in the schools from approved guidelines which were developed during phase I earlier June 2024 and finalization of drafted tools to maintain screening records, referral records, follow-up, and monitoring records by the targeted schools

The broad areas in the scope of work will include the following:

* 1. Training of Master Trainers and School Headmasters/Teachers and monitoring staff from the Health and Education Department (Training Module)
  2. Finalization of Tools to maintain screening records, referral records, follow-up, and monitoring records (Used by master trainers, and schoolteachers)

1. **Background:**

WHO has played the leading role in the piloting of the PHC-Model of Care (MoC) in selected health and education facilities in two districts of Pakistan Charsadda and ICT. The PHC MOC is the first of its kind that is being tested for holistic implementation of the UHC benefit package with a primary focus on PHC. The MOC is not only supporting access to prioritized interventions of UHC BP related to non-communicable diseases, communicable diseases, RMNCAH, nutrition, immunization, and physical and mental health to achieve the UHC targets but is also addressing the intersectoral & social determinants of health through health education & improving the WASH services in the model schools.

The strong relationship between the health of students and their learning inspired planners and educators to hundred years ago in developed countries to launch health-related interventions in schools. Several children can be saved from losing interest in their studies and dropping out of school when their learning difficulties or disorders are detected through health screening and addressed at early stages. Collaboration between the health and education sectors is crucial for this component of the school health program. In June 2005, the National Commission for Human Development (NCHD) launched the School Health Program in 17 districts of Pakistan. The program covered 23,266 Primary Schools in these districts and benefited 1.86 million students. These students were screened bi-annually for health problems and were referred for corrective actions to the established referral outlets. For example, out of 1.86 million students screened during 2006-07, 3.31 % had weak eyesight, 1.31% had eye disease, 1.04% had weak hearing, 1.2% had ear diseases, 5.02% suffered from dental problems and 2.94% students suffered from skin problems. (https://bmcophthalmol.biomedcentral.com/articles/10.1186/1471-2415-6-8)

Several factors directly and/or indirectly facilitate or encumber the learning ability of young students. The most vulnerable and therefore affected are predominantly primary school students. Amongst the most commonly prevalent learning impediments are vision, hearing, dental, skin, and personal hygiene issues. The school Health will aim at increasing the learning ability of primary school students by addressing the major determinants of learning ability impediments like visual and hearing impairment, and dental, skin, and personal hygiene problems. The program is designed to lead to the establishment of a sustainable system at the district level with the active and effective involvement of all the possible stakeholders. These stakeholders essentially include Health and Education Department parents, and community health committees (PCMCs).

Another major aim will be, to demonstrate, that people living under normal, conditions, may undergo a process in which they are transformed into a cohesive group of citizens living under improved conditions, showing a growing awareness of other improvements that are needed and developing the necessary skills to affect these improvements. This assignment is the second phase of School Health interventions in which an expert will be designing a comprehensive manual/ module for the master trainers by using phase I developed guidelines along with tools development to maintain screening records, referral records, follow-up, and monitoring records by the master trainers at the school level.

**Timelines:**

14 June 2024 – 10th December 2024 onward (06 working days expanding on a month)

# **DELIVERABLES:**

The APW holder will be expected to produce the following deliverables:

Output 1: Finalization of tools

Deliverable 1.1: To finalize the tools for screening records, referral records, follow-up, and monitoring records of students for eyesight, hearing Skin infections, and personal hygiene keeping in view the feedback of consultative meetings of teachers group.

Output 2: Training of master trainers on School Health Improvement manual and tools

Deliverable 1: To develop the agenda of ToT on School Health Improvement (maximum of 2 days training- Seven to eight hours per day)

Deliverable 2.1: To train master trainers of selected institutes (schoolteachers, staff from the education department) on School improvement modules and record-keeping tools in Charsadda and ICT.

# **Coordination and reporting:**

The selected expert will report to Dr. Naveed Asghar acting Cluster Lead Health System Development WHO Country Office. The consultant will be expected to work closely with relevant team members in the HSD team WCO, Provincial sub-office KP, and other relevant Government offices and stakeholders.

# **Characteristics of supplier:**

**Education:**

Master’s degree in medicine or public health

**Experience:** At least 3 to 5 years of experience in curriculum/ manual and tools development and training of trainers, preference will be given to candidates with:

* Knowledge about School Health Improvement Programs
* Experience with manual / curriculum and tools development.
* Demonstrated ability to work effectively in a team with multiple disciplines.

# **Place of assignment:**

Charsadda & ICT

# **Remuneration:**

As per consultant rates of NOC level (Previous assignment rate)