

Health on the Wheels-Campus Health program for adolescents of India

Project Proposal by

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Keywords-Adolescents, Nutrition, Mental Health, Counselling, Health Promotion, Holistic Development, Behaviour Change Communication, Health on the Wheels

Context

One in six people are aged 10-19 years, with India having the largest adolescent population in the world, i.e about 253 million. Adolescence is a unique and formative time. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, has made adolescents vulnerable to array of health issues, including Mental Health. Protecting adolescents from adversity, promoting socio-emotional learning, psychological well-being, and ensuring access to good nutrition and mental health care is critical for their development. ¹

The Problem

Worldwide, it is estimated that 10%–20% of adolescents experience mental health conditions.² As per the National Mental Health Survey of India (2015–2016), the prevalence of psychiatric disorders among adolescents (13–17 years) is reported around 7.3%.³ Yet, very little attention has been paid to the mental health issues and nutrition for this age group. The COVID-19 pandemic has brought on far-reaching consequences for adolescents. Beyond the physical health consequences of the virus, the COVID-19 pandemic is expected to have a substantial impact on mental health

The Solution: Campus Health Programme

We propose to implement Campus Health Program for school children in classes 6th-10th standard. The campus health programme will be a one of it's kind programme, delivering health on the wheels to the adolescents of India. This programme aims to leverage the platform of schools to reach out to adolsecents to enhance their mental and nutritional wellbeing. The programme, through a team of experts will cater to adolescents across locations in the country. Each Health on the Wheels unit will employ a team of experts such as a Psychologist, a nutritionist, a medical officer, a coordinator an Auxiliary Medical Nurse, and a programme manager amongst other human resources. The programme will be implemented with the support of the school and loacal authorities, keeping in mind the specific geographic and socio-economic requirements in the region. The Health on Wheels programme has the following objectives

¹ <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

²

<https://www.anip.co.in/article.asp?issn=2588-8358;year=2019;volume=3;issue=1;spage=4;epage=7;aulast=Nebhinani>

³http://www.medknow.com/crt.asp?prn=7;aid=AnnIndianPsychiatry_2019_3_1_4_259083;rt=P;u=http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=28529357&dopt=Abstract

Objectives

- To screen students for Mental Health issues and Nutrition status
- To facilitate management of malnutrition of different forms
- To provision one on one counselling and psychological support for mental well-being
- To provide age appropriate information on Mental health and nutrition to the children
- To communitise the intervention by increasing student ownership

Duration

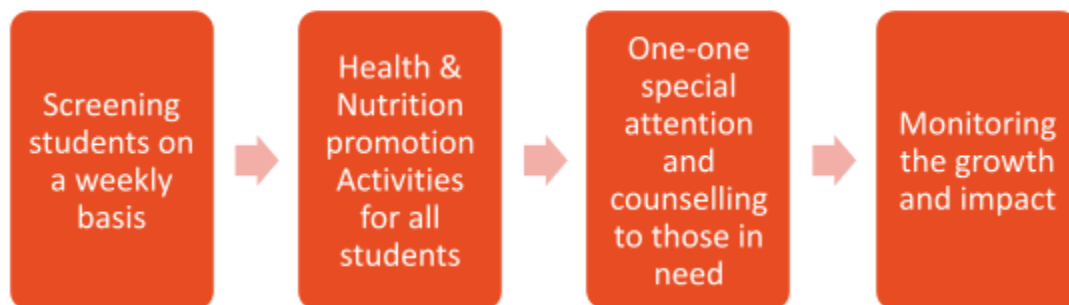
The project will be implemented for a duration of 06 months, with weekly visit to each village in the first month of the project, biweekly visits for remaining 05 months of the project.

Phase	Duration	Frequency of visit
Phase 1	01 month	Weekly visit to each village
Phase 2	05 months	Biweekly visit to each village

Target Geography and Target Numbers

Kalol is a city in Gandhinagar district in the Indian state of Gujarat. As per the census 2011, Kalol has a population of 133,737 with a 88% literacy rate.⁴ The city is divided into four major parts Kalol East, Kalol Centre, Kalol West and New Panchvati. One village from each part of Kalol will be selected through convenience sampling for rolling out of the project. From each village, depending on the size of school, 1-2 schools will be selected for project roll-out. The pilot project in its initial phase will cater to students of 6th-10th standard and thus, in a month will cater to 800-1000 students per village.

Project Implementation and Operational Plan



⁴ <https://www.census2011.co.in/census/city/315-kalol.html>

A mobile health unit named “Health on the Wheels” will visit each target village once a week. In the first month of the project, weekly visit of the teams will be planned to each village. In each village, screening activities followed by health promotion activities such as one-one mental health counselling, nutrition counselling, working with the school staff towards including nutrition positive behaviours and habits in the student curriculum will be carried out. Upon completion of one month of weekly visits, the biweekly visits will be made to each village to roll out the other interventions and services. Mentioned below is a sample plan to roll out the programme on a weekly basis in the first month of roll-out.

Project Roll-out 1st Month

Day	Activity
Monday	Preparations, Training, content development
Tuesday	Visit to Village 1, in 01/02 schools
Wednesday	Visit to Village 2, in 01/02 schools
Thursday	Visit to Village 3, in 01/02 schools
Friday	Visit to Village 4, in 01/02 schools
Saturday	Reporting of the activities in the past week and preparations for the upcoming week

Program Rollout-2nd Month onwards

Biweekly visit of the mobile health unit to the schools screened until the next 04 months. Post the completion of 05 months, an exit strategy wherein the Peer Leaders, the teachers and most importantly the students are empowered enough to seek support and to take the agenda to the adolescents in the entire village

Key Objectives, Activities and Outcomes

Objective	Activity	Outcome
To screen students for Mental Health issues and Nutrition status	Screening of children for Nutrition and mental health status through dedicated mobile health teams at schools	Electronic Health Record of all children screened
To provide age appropriate information on Mental health and nutrition to the children	Age appropriate incremental learning for promotion of healthy behaviour	Positive health seeking behaviours Health promotion Activities-
To communitise the intervention by increasing student ownership	Identification of student peer leaders and facilitation of peer learning and peer meetings	Continued learning and development activities
To facilitate management of malnutrition of different forms	Provision of access to services to combat malnutrition-IFA Tablets, Albendazole tablets, nutrition counselling etc	Increased access and awareness on malnutrition and it's management
To provision one on one counselling and psychological support for mental well-being	Provision of access to Mental Health services-Counselling, Therapy, Medications if required, referral to higher centres	De-stigmatisation of Mental Health issues and increased access

		to mental health services
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Monitoring and reporting

Weekly and monthly reports will be shared with as per the reporting formats and closely monitored. A comprehensive closure report along with case studies to showcase impact will be shared. The growth monitoring of students and the improvement in the socio-emotional learning curve will be documented through vetted templates.

An intermediary report comprising of student profiles and impact created will be shared on completion of Phase 1 and a Final report will be shared with student profiles of all the students enrolled in the project upon completion of 06 months of the project. A database of all the students screened will be maintained and shared with all the stakeholders.

All the reporting and monitoring templates will be available in a digitally reproducible format.

Financial Proposal

Sl. No.	Particulars	Unit Cost	No. of Units	No. of months	Amount
A	Human resource				
	Project Manager				
	Nutritionist				
	Psychologist				
	Part time Psychiatrist				
	Supporting staff				
	ANM				
	Data entry operator				
	Driver				
B	Health on the wheels establishment				
	Vehicle				
	Branding				
	Other Maintenance				
	Fire Extinguisher				
	Stationary				
	Miscellaneous				
C	Screening Camps and services				
	Camp setup				
	Diagnostic Tests for nutrition status				
	Medications				
D	Project Admin				
	Administration				

	Monitoring and Reporting				
	Total (A+B+C+D)				