
Health Promoting School Setting Implementation Guideline



Ministry of Health and Medical Services, Solomon Islands

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Abbreviation

AHC	Area Health Centre
CBO	Community-Based Organisation
CSO	Civil Society Organisation
FBO	Faith-Based Organisation
MHMS	Ministry of Health and Medical Services
MOFT	Ministry of Finance and Treasury
NHPD	National Health Promotion Department
NGO	Non-Governmental Organisation
NCD	Non-Communicable Disease
NHSP	National Health Strategic Plan
NHVC	National Healthy Village Committee
PHPD	Provincial Health Promotion Department
RDP	Role Delineation Policy
RHC	Rural Health Centre
VHC	Village Health Committee

Introduction

This Implementation Guideline outlines how to implement the Health Promoting School Component of the National Healthy Settings Policy. It is developed for all national and provincial Government organisation, Ministries, National and Provincial Government, Education Authorities (EAs), teachers' unions, learners, parents, school board, health providers, community leaders, stakeholders, NGOs, FBOs and private sector.

A health promoting school is a setting that is constantly strengthening its capacity for living, learning and progress. Its basic concept consists of “Curriculum, teaching and learning practices; School organisation, clean and safe environment; Partnerships and services”. Health promoting schools holistically promote formation of healthy habits and skills, adequate recreation, healthy foods, clean and safe drinking water, hygienic sanitation, adequate counselling and referrals, social support and health services.

1. Implementation framework

The Ministry of Health and Medical Services (MHMS) through the National Healthy Settings Coordinating Committee (NHSCC) and Provincial Healthy Settings Coordinating Committee (PHSCC) in the Health Promotion Department and the Ministry of Education and Human Resources Development (MEHRD) are jointly mandated by the National Healthy Settings Policy and the 2012 Memorandum of Understanding (MOU) to effectively coordinate the implementation of the Healthy School Component of the NHS Policy. The MOU provides for the MEHRD to absorb National Healthy School Coordinator (NHSC) to coordinate Health Promoting School (HPS) work with the MHMS and stakeholders. This mechanism sets the Healthy School program as an important agenda for all national and provincial government schools, privately owned schools and church schools.

The Implementation Guideline for the Health Promoting School Settings will enhance health and wellness, learning of learners, teachers, parents and guardians. Furthermore, it will assist families, community leaders and members within the school catchment area to participate and benefit from the program.

1.1 Organisational structure

The stakeholders will be represented in Health Promoting School mechanisms at national, provincial and school level. The line of command and coordination will be clearly demarcated with specific roles and responsibilities to ensure efficiency and effectiveness in the Healthy School system.

1) National level

- The National Health Promotion Department (NHPD) in the Ministry of Health and Medical Services (MHMS) in collaboration with the National Healthy School Coordinator based in the Ministry of Education and Human Resource Development (MEHRD) will be responsible for the rollout of the National Health Promoting School Settings.
- The National Health Promoting School Coordinating Committee (NHSCC) will be established with representatives from the MEHRD, MHMS, Ministry of Agriculture and Live Stock (MAL), Ministry of Women, Youth, Children and Family Affairs (MWYCFA), Honiara City Council (HCC), and other key stakeholders, institutions, World Health Organisation (WHO) and other agencies.
- This committee will collaborate with the National Healthy Settings Coordinating Committee (NHSCC), the Provincial Healthy Settings Coordinating Committee and the Provincial Healthy School Committee (PHSC) (Annex 1).

- Terms of reference (TOR) for the NHSC will be to advise on policy, provide advocacy for Health Promoting Schools, coordinate activities, disseminate information and monitor implementation program.

2) Provincial level

- At the provincial level, the Health Promotion Department (HPD) in the Provincial Health Office (PHO) in collaboration with the Provincial Education Department (PED) and Educational Authorities (EAs) will establish a Provincial Healthy School Committee (PHSC).
- Representatives to the committee come from the key Health Programs and provincial line Ministries including the Ministry of Agriculture and Live Stock, the Ministry of Women, Youth, Children and Family Affairs and stakeholders.
- The Provincial Health Promoting School Committee is a sub-committee of the Provincial Healthy Settings Coordinating Committee.
- Terms of reference (TOR) for the committee will cover advocating for Healthy School, coordinate activities, disseminate and monitor school program implementation.
- HPS coordinators to oversee the implementation of HPS activities at school level.

3) School level

- The health promoting school is to establish their own Healthy School Committee (HSC) chaired by the Head Teacher or Principal of the school.
- Parents and members from the local communities will be represented in the Health Promoting School Committee to encourage families to actively participate in the development of their children's skills, knowledge and practices related to health.
- Healthy School Committee will be established in coordination with school board management.
- Health Promoting School Committee will link to the Provincial Healthy School Committee, the Provincial Healthy Settings Coordinating Committee and the school board of management.
- Terms of reference (TOR) for the Health Promoting School Committee will cover advocating for healthy school, developing healthy school policies or guidelines, identifying resources, preparing, implementing, monitoring and evaluation of the action plan.

1.2 Processes, Roles and Responsibilities

The processes from the WHO Healthy Settings framework can be adopted for the implementation of the Healthy School programs. The processes used to establish any elemental settings are as follows:

- Advocate health promoting school concepts among school management and stakeholders.
- Select Health Promoting School Committee Members.
- Conduct training for the Health Promoting School Committee.
- Conduct school profiling and prioritisation of school needs.
- Develop the Health Promoting school action plan.
- Implement, monitor and evaluate.

Roles and responsibilities of Health Promoting School Focal Persons are as follows:

1) National level

National Health Promoting School Coordinator located in the MEHRD

- Communicate all Health Promoting School matters from the MEHRD to MHMS counterpart.
- Serve as secretariat to the National Health Promoting School Committee.
- Ensure Health Promoting School is part of the MEHRD Multisectoral Action Plan.
- Coordinate with the Curriculum Development Department (CDD) and School Services Department (SSD) in the MEHRD.
- Liaise with the National Healthy Settings Coordinator in the MHMS.
- Take charge of policy, planning, coordination and organisation at national level.
- Identify budgets and resources for the Health Promoting School program.
- Provide training materials and guidelines.
- Support training of teachers.
- Monitor, supervise and feedback to the provinces.
- Document healthy school program successes and best practices.
- Advocate the Health Promoting School concept.

National Healthy Settings Coordinator in MHMS

- Liaise with the National Health Promoting School Coordinator in MEHRD.
- Assist in Secretariat work of the National Health Promoting School Committee in MHMS.
- Facilitate Information Education and Communication (IEC) Materials for approval by the Health Communication Committee.
- Participate in the development of training materials and guidelines for teachers.
- Identify budget and resources for the Health Promoting School program.
- Liaise with the Provincial Health Promoting School Coordinator (PHPSC).
- Monitor, supervise and feedback to the provinces.
- Present healthy school lessons learned during senior health conferences and seminars.

2) Provincial level

Provincial Healthy School Coordinator

- Serve as secretariat for the Provincial Health Promoting School Committee.
- Assist the Provincial Health Promoting School Committee to coordinate orientation meetings with provincial Education Authorities.
- Plan, coordinate and organise Health Promoting School programs.
- Organise training on Health Promoting School settings program for provincial teachers.
- Conduct Health Promoting School training for Healthy School committee members.
- Facilitate community wide consultation and setting up of new healthy schools.
- Coordinate resources and tools to implement the Health Promoting School action plan.
- Support, monitor and evaluate Health Promoting School programs.
- Communicate regularly with the school principals and provide feedback.
- Present good healthy school practises in seminars for stakeholders.
- Submit health promoting school settings report to provincial executive government.
- Advocate the Healthy Promoting School concept.

3) School level

Head Teachers/Principals is Chairperson of the Health Promoting School Committee

- Identify key stakeholders and organise a Health Promoting School committee.
- Conduct regular Health Promoting School committee meetings.
- Consult with the Area Health Centre (AHC)/Rural Health Centre (RHC) nurse for school health services and learner's referrals.
- Conduct profiling and prioritisation of school health and education needs.
- Consult with key health programs to use the school settings for their programs.
- Liaise with the provincial healthy school coordinator for tool, materials and resources.
- Liaise with provincial chief education officer and school inspectors for tools and material support.
- Identify key stakeholders including retired teachers (Volunteers) in communities and their roles and responsibilities and map out a road map for a healthy school.
- Develop and implement a Health Promoting School action plan.
- Monitor and supervise healthy school activities in the school.
- Meet periodically with the community and parents for support to promote health and to provide feedback.
- Report monthly to the provincial health promoting school coordinator.
- Advocate the Health Promoting School concept.

4) Partnership at Provincial Level

Local health and education officials, participating Ministries, stakeholders and private sector

- Identify key stakeholders; teachers and members of the community to be trained on the Healthy Settings and Health Promoting School concept.
- Support schools to develop and implement Healthy School rules.
- Prepare and train teachers to be actively engaged in the healthy school program.
- Provide materials for health education and promotion in the classrooms.
- Assist in assessment and analysis of health needs and risks of students such as prevalence of ill health and the lifestyles related to health.

- Work together with school teachers and authorities to improve school health services.
- Provide safe water supply and sanitation services to schools.
- Support schools in developing supsup gardens, teaching learners' appropriate skills for preparation, nutritional practices, and the value of food crops and seafoods.
- Provide health talks and demonstrations to learners and teachers.
- Address social issues such as disabilities, sexual orientation, financial support, and so forth.

2. Implementation management

All schools are important centres for promoting better health of the learners and for the local communities. Each school is different and will be starting from a different point. The level of support services and resources available also varies greatly among schools. However, it is possible to achieve considerable progress by adopting policies and practices consistent with the concept of Health Promoting School.

Health Promoting Schools address and promote a healthy environment, school health education, and school health services. Activities include health outreach by health workers, health promotion programs for staff, nutrition and food safety programs, opportunities for physical education and recreation, and programs for counselling and social support and mental health.

2.1 Preparatory phase

1) Establishing a team

A team should consist of experienced and committed teachers and community representatives with the motivation to promote health for learners and teachers. The team must be trained on the healthy school concept and supported by the Provincial Healthy School Committee led by the Provincial Health Promoting School Coordinator.

It is vital for the team to identify and involve key committees and stakeholders at the school and provincial level to collectively implement a Health Promoting School program and achieve goals. The team will be responsible to conduct wider consultation with the school teachers, community and stakeholders and map out the overall plan for the implementation of the Healthy School program. They should also advocate for support and buy-in from the relevant entities including provincial line Ministries, Non-Governmental Organisations (NGOs), Faith

Based Organisations (FBOs), Civil Society Organisations (CSOs) and the private sector from the initial stages of the program.

2) Writing an overall plan

Critical school environment, school health education, health services and community organisation issues, identified during the school profiling process (Annex 3) will form the basis for the development of an overall Health Promoting School Action Plan. The profiling data will be collected from the School, AHC/RHC through wide consultation with teachers and local community members. It is recommended that an overall plan is designed with SMART (Specific, Measurable, Achievable, Relevant and Time-bound) objectives with clear indicators to monitor and evaluate. This overall planning should be facilitated by the Provincial Healthy School Committee, the Provincial Health and Education Offices. Sharing the profile and overall plan with teachers and community members will enhance local ownership and engagement in the implementation, monitoring and sustainability of the Healthy School Program.

2.2 Implementation phase

1) Strategies development and implementation approach

In developing strategies for the Health Promoting School program, the five Actions Areas of Health Promotion will be utilised:

- Build Healthy Policy:
Develop school's own public health policy (guideline or rules)
- Create Supportive Environment:
Create clean, safe and enjoyable school environment
- Strengthen Community Action:
Develop and implement school's own action plan
- Develop personal skills:
Empower teachers, learners and community people with necessary skills and information
- Reorient Health Services:
Move in a health promotion direction beyond clinical and curative services

For implementation, the 6Ds approach will be applied in all settings.

- Discover: Health Promoting School Profiling
- Dream: Setting the vision of the School towards Healthy School

- Direction: Setting objectives and priorities
- Design: Development of the Health Promoting School Action Plan
- Deliver: Implementation of the Healthy School Action Plan
- Drive: Monitoring, evaluation and update of Healthy School Action Plan

It is vital to ensure participatory process at every stage of program implementation. Provincial Health Officers will conduct Training of Trainers (TOT) of Healthy Settings including these implementation knowhows, for members of Provincial Health Promoting School Committee and Healthy School teams, who in turn will train school teachers and members of the Health Promoting School Committee.

2) Indicators and reporting mechanisms

There are key performance indicators and result indicators to take into consideration.

- Performance indicators include the number of certain activities (e.g. health screening, periodic audits of school buildings and equipment), the state of school environment (e.g. availability of safe water, separated toilet facilities for boys and girls), and behaviour changes (e.g. learners' participation in school clean up, families are involved in decision making),
- Result indicators are the health status of learners in the model schools, such as the number of malaria cases, diarrhoea and NCDs, obesity. Specific health indicators identified in the school profiling should also be monitored.

These indicators will be reported from the school to the provincial and to national level as inscribed in the reporting form.

- The Chairperson of the Health Promoting School Committee with support of nurses in the nearest AHC/RHC will send a report to the Provincial and National Health Promoting School Committees.
- The reports are compiled by the Provincial Health Promotion Department and submitted to the National Health Promotion Department in MHMS.
- Those who receive regular reports are responsible for analysis and feedback to the reporters.

3) Monitoring, evaluation and learning

The monitoring mechanism for health promoting school is developed and strengthened at all levels:

- National Health Promoting School Coordinator with support of the National Healthy School Committee is responsible for compiling information on progress of the Healthy School programs of all provinces.
- Provincial Health Promoting School Coordinator, Provincial Health Promotion Officers and School Inspectors are responsible to conduct regular monitoring and supervision of the Health Promoting School Committee.
- Health Promoting School Committee takes direct responsibility for monitoring implementation of their Healthy School program.
- Monitoring tools developed and used by the Health Promoting School Committee must be simple and user friendly (Annex 2).
- It is recommended to use the Most Significant Change Technique and other Monitoring and Evaluation (M&E) tools to enhance documentation of stories from selected or sentinel settings.

4) Financing, resource mobilisation and management

Local resources to support the Health Promoting School Action Plan can be obtained from within the school premise and communities. The school and the surrounding community through the Healthy school Committee should organise ways and means of mobilizing the people to contribute resources to support some small priority activities in the Action Plan. For larger-scale activities, the Health Promoting School Committee members may write request letters for assistance to donors at Provincial and National level in consultation with the Provincial Health Promoting School Committee and the Provincial Health Office. An example is the Rural Water, Sanitation and Hygiene (RWASH) Program of the MHMS, which can be facilitated through the Provincial Environmental Health Department (PEHD).

To enhance sustainability of the Health Promoting School program the MHMS, MEHRD with the support of the MAL and MWYCFA shall provide financial support through their respective program Annual Operational Plans. In the communities, the School Setting must include HPS budget in their own Annual Operational Plans (AOP) and be released in the form of School Grant to implement health promoting school activities. National and Provincial Health Programs must also allocate resources through their Annual Operational Plans and Budget to introduce and monitor health program interventions in the schools. Active monitoring and

evaluation of school health programs must be conducted by the Provincial Health Promotion Department (PHPD) and the Health Promoting School Committee.

Health Promoting School Committee must have the capacity to manage their own resources. Members of the Health Promoting School Committee will be identified and trained on how to manage finances and other resources allocated for the Health Promoting School activities. An inventory book of items obtained from health and education programs, donors and stakeholders must be updated from time to time. They must have a borrowing template to keep track of resources at school and in surrounding villages. Important for a stock-take of all items and tools to be conducted on a regular basis.

2.3 Maintenance phase

To ensure sustainability of Health Promoting School the following are recommended:

- Integrate Health Promoting School into the routine work of the school, and those responsible for the programs need to have appropriate skills and resources.
- The preferred approach is to develop policies, practices and structures to embed the fundamentals of a health promoting school into a school's routine operations.
- It is important to understand that the concept of the healthy school is a way of working towards existing goals rather than additional responsibilities.
- Essential to regularly monitor and evaluate the healthy schools' program in participating schools and provinces
- Collective learning is encouraged by sharing of knowledge and experience between individuals, schools, partner organisations, provinces and Ministries.
- Roles and responsibilities should be clear enough to allow all partners to be fully aware of their input and impact on the program as a whole.
- An assessment of health issues at schools on an annual basis will provide feedback on their efforts in terms of achievement and areas to improve.

1) Incentive

For the members of the Health Promoting School Committee and retired teachers who will be performing activities on a voluntary basis, it is important to find ways and means to continually support to sustain the Health Promoting School program. Incentives may be monetary or in kind, non- monetary such as recognition and training opportunities.

2) Further training and support

Continuous capacity building is vital in the Health Promoting School program. Training materials and guidelines will be developed and used to train school teachers and members of the Health Promoting School Committee. Refresher training will be conducted to refresh them on different health programs.

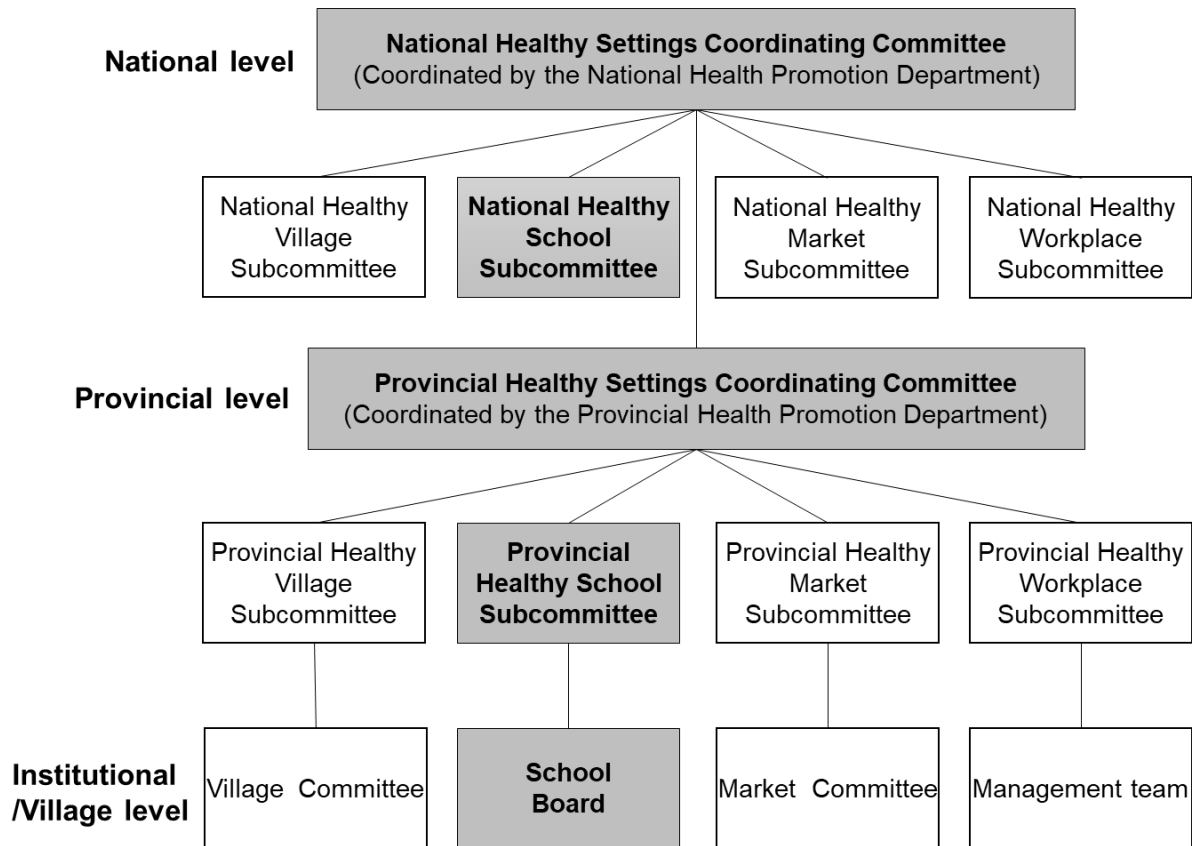
3) Best practice documentation and sharing

Documenting and sharing best practices of the Health Promoting School program will encourage collective learning and motivate stakeholders.

- Provincial Health Officers should document practices and share them with the Provincial Health Promoting School Committee, Health Promoting School Committee members and other stakeholders in occasions Provincial Government meetings, the National Healthy Settings Conference and press conferences.
- The National Health Promoting School Coordinator (NHPSC) is responsible for compiling and documenting best practices from all provinces of the country and presenting them in meetings such as the National Health Promotion Conference and the National Health Conference.

Annex

Annex 1. Organisational Structure



Annex 2. Progress Monitoring Framework

No.	Components	Minimum criteria	Baseline	Year 20 ____	Year 20 ____
1	Healthy school committee	Male and female members Coordinate with all other groups including school board, PTA			
2	Healthy infrastructure: classrooms, dormitories, teachers' residents and dining	Clean, hygienic, with ventilation, spacious, strong			
3	Regulations and policies to promote health	Healthy food, environment, safety, social issues			
4	Betel nuts, tobacco, alcohol and drugs	Restrictions and bans			
5	Drinking water	Safe and clean water			
6	Healthy foods	Control of school catering, vendors, parents			
7	Proper toilets	Separate toilets for males and females			
8	Rubbish disposal management	Rubbish bins, segregation, collection & dumping systems			
9	Landscaping	Look nice outside classrooms			
10	Playing grounds	Safe recreational areas			
11	Social issues (discrimination, harassment, violence)	Basic counselling service			
12	Curriculum for physical education	Include in school curriculum			
13	Curriculum for health education	Include in school curriculum			
14	Health promotion	Extra curriculum programs			
15	Health services	School outreach and inspection			
16	Disaster resilience	Evacuation plan, committee, drills			

Step 1	Step 2	Step 3	Step 4
Committee formed and oriented	An action plan developed based on assessment	Regular meetings conducted	Assessment results and plans updated and actions taken
25%	50%	75%	100%
Draft and consultation	Orient/Introduce	Practise	Maintain Behaviour
Rules drafted	Orient/Introduce	Practise	Maintain Behaviour
1 tap per > 76 pupils	1 tap per 51-75 pupils	1 tap per 26-50 pupils	1 tap per ≤25 pupils
Everyone oriented and vendors regulated	> 50% of pupils eating healthy food	> 70% of pupils eating healthy food	100% of pupils eating healthy food
1 toilet per > 76 pupils	1 toilet per 51-75 pupils	1 toilet per 26-50 pupils	1 toilet per ≤25 pupils
Regulated. Everyone orientated	Procure and distribute rubbish bins	Practice	Maintain Behaviour
25% of classrooms	50% of classrooms	75% of classrooms	100% of classrooms
Sites & tools assessed	Physical measures taken	Regulation and orientation on use	Maintain sites & tool. Supervise activities
Identify social issues	Regulation, orientation	Counselling services provided	Counselling is part of school program
Include as part of curriculum	Designate & train PE teacher	PE taught in school	Weekly PE program
Include as part of curriculum	Designate & train health teacher	Health taught in school	Weekly health program
School event plan	Health events conducted	Health events programmed as part of calendar	Health events continued annually
Health assessment & services plan	50% of services delivered	75% of services delivered	100% of services delivered
Plan and committee	People oriented	Periodic drills	Prepared and always ready

Annex 3. Health Promoting School Profiling Template

GENERAL INFORMATION

Name of School: _____ Date----/----/-----

Name of School Principal: _____ Phone Number: _____

Name of School Head teacher: _____ Phone Number: _____

Name of ECE Supervisor: _____ Phone Number: _____

Type of School: ECE Kindergarten Primary Secondary School

Address:

_____ Ward/Province _____

School's Education Authority:

- Provincial Government
 Mission
 Private
 Others (Specify) _____

School Enrolment

Sector		Male	Female	Total
Early Childhood Education	Students			
	Staff (Teaching & General)			
Primary	Students			
	Staff (Teaching & General)			
Secondary	Students			
	Staff (Teaching & General)			

School Health Coordinating Committee

Names	Members (example)
	School Board
	School Administration
	Community Representatives
	Teacher(s)
	Health Personnel
	Student(s)
	Parents (PTA)

Meeting Frequency - Weekly () Monthly () 6 Monthly () Yearly ()

Infrastructure Development:

NGO or Government funded

Year	Types of infrastructure	Donor	Comments

KEY FACTOR 1: SCHOOL HEALTH POLICIES/LEGISLATION			Comments
The school has a current policy on;			
Tick (Y/N)		Healthy and safe food sold in school canteens and markets.	
Yes	No		
Yes	No	Healthy and safe food provided in boarding schools.	
Yes	No	School health screening and school inspection.	
Yes	No	School inter-cultural and sports activities.	
Yes	No	No discrimination, bullying and equal opportunities for pupil with special needs.	
Yes	No	Distribution of medication and first aid.	
Yes	No	Closure of school during disaster, disease outbreaks and crisis.	
Yes	No	Equal access to school resources and activities by both boys and girls.	
Yes	No	Tobacco, alcohol and betel nut use.	
Yes	No	Infectious disease prevention and control with Standard Operation Procedures (SOPs)	
Yes	No	Control of worms, helminths and other parasites.	
Yes	No	Media advertisement, products and practices that pose risk to health.	
Comments			

KEY FACTOR 2: SCHOOL'S PHYSICAL ENVIRONMENT			Comments
SAFE, SECURE AND HEALTHY ENVIRONMENT			
Tick (Y/N)		Safety guidelines are in place for play grounds, play space and equipment.	
Yes	No		
Yes	No	Adequate space for playground and they are safe and well maintained.	
Yes	No	Playground equipment is inspected and maintained to ensure children's safety.	
Yes	No	Adequate and strong classroom and teacher's buildings which can withstand disasters.	
Yes	No	Periodic audits of school buildings and equipment are done to ensure safety.	
Yes	No	Adequate dormitories and dining facilities for boarding schools.	
Yes	No	Procedures for visitors are put in place to ensure safety of students and staffs.	
Yes	No	The school takes action to minimize traffic related hazards.	
Yes	No	Regular school clean up to remove mosquitos breeding sites.	
Yes	No	Healthy and nutritious food are available for student's consumption.	
Yes	No	No selling and consuming of tobacco, betel nuts, alcohol and drugs in the school.	
Comments			

SAFE & ADEQUATE WATER IS AVAILABLE			Comments
Types of water supply – <i>Tick in the bracket</i>			
1 Tap () 2 Tank () 3 Bore hole () 4 Well () 5 River () 6 Stream ()			
Yes	No	Drinking water is available.	
Yes	No	Drinking water is adequate for all students.	
Yes	No	Adequate water is available for cleaning and other purpose.	
Yes	No	Hand washing stations and soap available	
Yes	No	Hand washing with soap and running water is practised	
Comments			
ADEQUATE & SECURE SANITARY FACILITY IS AVAILABLE			Comments
Types of toilets facilities – <i>Tick in the bracket</i>			
1 Pit () 2 Pour flash () 3 VIP () 4 Septic ()			
5 Others – specify -----			
Tick (Y/N)		Toilet facilities are available for both students and staffs.	
Yes	No		
Yes	No	Toilets with hand washing facilities with soap available	
Yes	No	Boys and girls have separate toilet facilities.	

No	Yes	Shower facilities for girls in senior grades (sanitary purposes).	
Yes	No	Toilet facilities for pupils with special needs.	
Yes	No	Toilet facilities are adequate for the school population.	
Yes	No	Toilet facilities are clean and well maintained.	
Comments			
PERSONAL HYGIENE PRACTISES			Comments
Tick (Y/N)			
Yes	No	Conduct weekly or daily hand inspection	
Yes	No	Supervised daily hand washing with soap in running water	
Yes	No	Covering of mouth and nose when coughing or sneezing	
Yes	No	Social distancing during infectious disease outbreaks	
Comments			
SOLID WASTE MANAGEMENT			Comments
Tick (Y/N)		Solid waste separation is practiced.	
Yes	No		

Yes	No	Waste bins are provided for solid waste disposal.	
Yes	No	Solid wastes are buried in safe places.	
Yes	No	Solid waste are burned in safe places.	
Yes	No	Solid wastes are disposed openly at a dump site.	
Yes	No	The school has a waste collection and disposal system.	
Comments			
NATURAL ENVIRONMENT			Comments
Tick (Y/N)		All domestic animals are fenced (50 -100 m) away.	
Yes	No		
Yes	No	The school has rules in place for control of domestic animals within school area.	
Yes	No	School have a playing grounds for physical activities	
Yes	No	Landscaping of school grounds includes pathways and clear signage to show direction.	
Yes	No	The school lawn is kept clean and tidy.	
Yes	No	Drainage system around school area is well maintained.	
Yes	No	Students participate in beautifying the school by planting flowers and painting murals.	

Yes	No	Students participate in keeping the school clean.	
Comments			
CLASSROOM SPACE			Comments
Tick (Y/N)		Adequate teaching and learning space is available.	
Yes	No		
Yes	No	Adequate chairs and tables for the school pupil.	
Yes	No	Adequate lighting and ventilation in the classrooms.	
Yes	No	Outdoor learning facilities/area is available.	
Comments			
KEY FACTOR 3: SCHOOL'S SOCIAL ENVIRONMENT			Comments
Tick (Y/N)		The school promotes self-esteem and resilience of students and staffs.	
Yes	No		
Yes	No	Teachers do not use harsh discipline and are supportive and respectful towards students.	
Yes	No	Students are encouraged to participate in school decision making processes.	

Yes	No	School actively discourage physical and verbal violence among students and staffs	
Yes	No	Students are encouraged to be active participants in their learning.	
Yes	No	The school promotes equal respect for adults, children and people with various differences.	
Yes	No	Support to children with special needs in providing appropriate facilities & learning aids.	
Yes	No	Provides opportunities to celebrate cultural, religious and ethnic diversity through festivals.	
Yes	No	Curriculum provides opportunities for students to learn about our diversity.	
Yes	No	School provides specific education services for parents e.g. literacy, parenting skills, health etc.	
Yes	No	School provide basic counselling for those in need.	
Comments			
KEY FACTOR 4: COMMUNITY IN PARTNERSHIP			Comments
Tick (Y/N)		Families are involved in decision about suitable health promoting activities.	
Yes	No		
Yes	No	Health curriculum contains activities which involve parents working with their children	
Yes	No	Students and teachers participate in community events like sports, festivals and culture.	
Yes	No	With the community, the school take action to prohibit sales of tobacco, betel nut & alcohol.	

Yes	No	The school has committee, plans and procedures for emergency response.	
Comments			
KEY FACTOR 5: ACTION COMPETENCIES FOR HEALTHY LIVING			Comments
Tick (Y/N)		The health curriculum is taught in both primary and secondary school sectors.	
Yes	No		
Yes	No	The health curriculum is interesting, engaging and relevant to local setting.	
Yes	No	Students are supported to acquire skills in practicing protective behaviour.	
Yes	No	Students develop competencies to work with peers as leaders, educators and mentors.	
Yes	No	Teachers are provided trainings on health promotion & Health promoting school.	
Yes	No	Teachers are trained to use the health curriculum & materials in teaching.	
Yes	No	Trained in infection prevention control (IPC) and personal protective equipment (PPE)	
Yes	No	Training and regular drills on Standard Operation Procedures (SOPs) for emergencies.	
Yes	No	Professional development programs are made available for teachers.	
Yes	No	Physical education is included in the curriculum for students to be physically active.	
Yes	No	Parents are provided adequate health information to support their families.	

Comments		
KEY FACTOR 6: SCHOOL HEALTH CARE AND PROMOTION SERVICES		Comments
Tick (Y/N)		The school actively seeks immunisation for its students.
Yes	No	
Yes	No	Appropriate health screening is provided like vision, hearing & physical development.
Yes	No	Appropriate oral health and nutrition services are provided.
Yes	No	Counselling & support services are available for socially and emotionally distressed students.
Yes	No	Health workers collaborate with teachers to support them with the health curriculum.
Yes	No	School health inspection is conducted on water, toilets, class room and play grounds.
Yes	No	Health awareness is provided in the school and communities around the school.
Yes	No	School student referral system with the nearest health facility – clinic or hospital.
Comments		



Health Promoting Village Project
Japan International Cooperation Agency