

# **SCHOOL HEALTH POLICY**

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**2010**

**Ministry of Education  
and  
Ministry of Health and Family**

**Republic of Maldives**

This book is a joint venture by the Ministry of Education and Ministry of Health and Family to strengthen school health programmes in Maldivian schools.

The right to modify the content of this book lies exclusively with the School Health Unit of the Ministry of Education.

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## Foreword

A healthy mind and a healthy body are inseparable, binding upon each other for a productive life. Similarly, a healthy school environment is a pre-requisite to ensure that schools provide an ideal learning place for cognitive, social and emotional development of our children. Children learn best in a safe, healthy and cognitively motivating environment. Inspired by these facts, the Health Promoting Schools Initiative was initiated with the aim to enable students to care for themselves, and others, and have self-control over factors that affect their health. The programme is also designed to facilitate students to make responsible and productive decisions. Central to the programme is also emphasis placed on creating a school community that promotes all aspects of health, making the school a health promoting environment.

This health promoting policy outlines Ministry's policy regarding the implementation of global health promoting school initiative in Maldives. It is anticipated that implementation of the health promoting school initiative as guided by this policy will contribute to achievement of the Quality School goals and targets. This initiative will involve the entire school community: school management, teachers, students and parents. It will encourage the professional development of teachers and curriculum change to teach health promoting concepts, and engage student in health promoting activities. The monitoring and evaluation component is inherent and linked to the quality School indicators and its monitoring system which is critical in achieving the outcomes of the Ministry's policy goals.

The strategies for achieving the objectives of this new initiative are designed and with the support of our education partners, especially the Ministry of Health and Family, WHO and UNICEF. We thank all our partners and look forward to their continuous support and encouragement during the programme implementation.

Dr. Mustafa Lutfi

Minister of Education

September 2010

## Foreword

Good health and success in educational attainment in schools are interrelated. The primary mission of schools cannot be achieved if students and staff are not physically, mentally, and socially healthy. Best practices from a number of countries indicate that active involvement of schools in promoting health is vital for inculcating healthy behaviour among children and young people.

The role of schools in promoting health and building a healthy generation was recognised at the very inception of the policy of primary health care in the country. Thus the school health programme was initiated in 1986 as a collaborative effort between the Ministry of Education and the Ministry of Health. Although the strengthening and expansion of the school health programme has been slow, the support and cooperation of schools in promoting health and disease prevention is noteworthy.

The types of health problems common among us have changed dramatically over the past two to three decades. While major life threatening diseases of the past no longer scare us, lifestyle and behaviour induced diseases and conditions linked to mental health are emerging. Recent school health surveys indicate that alarming proportions of young people are engaged in substance abuse, tobacco use and self harm, behaviours that put them and their families and community at risk of serious health and social problems.

Healthy eating patterns and regular adequate physical activity are essential for students to achieve their full academic potential, proper physical and mental development. Empowering students with coping skills and other essential life skills is critical to make them mentally strong and make healthy decisions that prevent them from engaging in harmful habits such as substance abuse, tobacco use and self harm. A health promoting school not only provides the students information and knowledge on health issues but also develop their basic life skills within a safe and healthy physical and social environment. Educational institutions have a responsibility towards the health and the well-being of students and staff to ensure the ultimate goal of producing healthy productive citizens for this country, thus contributing to the national goals of health and education.

The adoption of this health promoting school policy is a commitment for all to work together and to rise to these challenging tasks, in the interest of our future generations. I applaud the Ministry of Education and the schools participating in this initiative for putting it into practice.

Dr.Aminath Jameel

Minister of Health and Family

September 2010

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First and foremost we would like to express our heartfelt appreciation and thanks to the Honourable Minister of Education and the Honourable Minister of Health, for their encouragement and commitment with this critical and valuable cause. With their continuous support we will be able to improve the health of whole school communities in the Maldives, especially children and young people.

We owe our special thanks and wish to express our deepest gratitude to the MoE policy makers and head of ESQID for their guidance and support, and for their commitment to the Health Promoting Schools initiative.

A special thank goes to School health focal points and Counsellors for their significant input towards the development of this document. In addition, we would like to express our gratitude to the members of the School Health Co-ordinating Committee for their comments and contributions.

Moreover, we would like to extend a very special thank you to Ms.Nina Jutila and acknowledge with appreciation, her tireless effort in developing the health promoting school policy and initiative in 2004, which formed the basis of this document.

We also extend our thanks to \_\_\_\_\_, for her hard work in designing the layout of the policy document.

Last but not least, we wish to thank the staff at the School Health Unit and the Administration Unit of the Ministry of Education.

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Senior Co-ordinator, School Health Programmes Educational Development  
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September 2010

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## 1. INTRODUCTION

School health is a global concept relevant to achieving health and education goals as expressed in the WHO's goal of "Health for All" and UNESCO's "Education for All". These goals are inseparably linked and they can be achieved together. This will require joint action, enhanced co-operation and new partnerships between health and education agencies, non-governmental organisations and the private sector.

Education and health go hand in hand. We know that happy and healthy children learn well. If children are healthy, they can take full advantage of every opportunity to learn. We also know that successful learning supports health. Educated people are better able to respond to their own health needs as well as those of their families and contribute to the well-being of their communities. As we promote health, we can see the significant investments in education yield the greatest benefits.

Health promoting schools recognises the unique opportunity provided by the school setting to promote lifelong learning, health and wellbeing. Good health and successful learning are mutually supportive. The concept of a 'Health Promoting School' can help provide vision and direction for creating a framework for policy and actions that can strengthen both education and health.

## 2. SCHOOL HEALTH PROGRAMME

The School Health Programme was established in 1986 by the Ministry of Education in order to give an additional impetus to the health issues related to school children. The programme includes medical screening of children, health education and awareness on various health issues through core curricular and co-curricular activities, and provision of health information for teachers and parents.

A policy level committee, the School Health Co-ordinating Committee, steers the programme with representatives from the Ministry of Education (MoE), Ministry of Health and Family (MoHF), schools, Faculty of Health Sciences, health service providers and NGOs. Within schools the programme is planned and managed by a trained School Health Assistant or a School Health Focal Point who is usually a specially trained teacher of the school. Most of the school health activities are presently carried out mainly in Male' schools, while in the schools in the atolls the programme is not established to its full potential.



The purpose of the School Health Programme are:

1. To promote healthy lifestyles among students, by providing them with knowledge and skills that will enable them to take responsible decisions to protect their own health and well-being.
2. To improve the school and family environment to enable the protection of the health and wellbeing of the students.
3. To enhance the role of students in contributing actively and positively to the national health situation.
4. To ensure that the School Health becomes and continues to be an integral part of the overall education programme in all schools.
5. To ensure health and wellbeing is a key learning area and healthy practices are key competencies to be instilled from the national curriculum.

The expansion of the School Health Programme is a key strategy to target the health needs of children and adolescents. The aim is to expand the programme to the atoll schools; to ensure that critical health issues that are not yet incorporated into the curriculum are incorporated into either the co-curricular or curricular activities; and to include health and wellbeing training of teachers to provide them with skills needed for integrating health issues into regular class activities and co-curricular activities.

Health promoting school initiative is one of the key initiatives of the school health programme launched in the year 2004 to carry forward the WHO global initiative of Health Promoting Schools in the country.

Another landmark event of the School Health programme in the recent past has been the conduction of the global School Students Survey in the Maldives in 2009 and dissemination of its finding to policy makers, school heads and key stakeholders. The survey provided the much needed evidence to guide the direction of the School Health Programme and the Health promoting school policy.

The study showed that serious health problems in students include drug use, tobacco use, violence, bullying, sexual abuse and mental health issues such as suicidal tendencies (Box 1). Others include nutritional and hygiene problems and sexual health issues and physical inactivity.

<b>Box 1- SELECTED INDICATORS FORM GLOBAL SCHOOL HEALTH SURVEY 2009, MALDIVES</b>					
<b>Results for students aged 13-15 years</b>	<b>Total</b>	<b>Boys</b>	<b>Girls</b>	<b>Male'</b>	<b>Atolls</b>
<b>Dietary Behaviours</b>					
Percentage of students who usually drank carbonated soft drinks one or more times per day during the past 30 days	32.7	35.7	30	37.8	30.3
Ate fruits and vegetables such as banana and pumpkin five or more times per day during the past 30 days	12.9	15.6	10.4	9.1	14.5
Ate breakfast most of the time or always during the past 30 days	46.5	48	45	48.2	45.9
<b>Hygiene</b>					
Percentage of students who usually cleaned or brushed their teeth less than one time per day during the past 30 days	7.6	10.1	5.1	3.8	9.3
Percentage of students who never or rarely washed their hands after using the toilet or latrine during the past 30 days	4.6	5.4	3.9	3.8	5
Among students who washed their hands at school during the past 30 days, those who never or rarely used soap to wash their hands	46.1	47.9	43.8	55.1	41.8
Did not have a source of clean water for drinking at school	38.7	37.8	39.6	40.6	37.8
<b>Physical Activity</b>					
Percentage of students who were physically active for a total of at least 60 minutes per day on five or more days during the past seven days	27	29.5	24.5	29.3	25.9
Percentage of students who spent three or more hours per day during a typical or usual day doing sitting activities	42.3	43.2	41.5	47.1	39.9
Percentage of students who were physically active for a total of at least 60 minutes per day on five or more days during a typical usual week	24.3	28.3	20.6	25.1	24
<b>Mental Health</b>					
Percentage of students who ever seriously considered attempting suicide during the past 12 months	17.2	16.3	18	14.9	18.4
Percentage of students who had no close friends	9.6	11.8	7.7	7.7	10.7
<b>Tobacco Use</b>					
Percentage of students who smoked cigarettes on one or more days during the past 30 days	8.9	13.9	4.3	8.5	9.1

Among students who ever smoked cigarettes, the percentage who first tried a cigarette before age 14 years	74.6	77.4	68.3	71.7	76.2
Percentage of students who reported people smoked in their presence on one or more days during the past seven days	57.8	58.7	57	60.7	56.5
<b>Drug use</b>					
Percentage of students who used drugs one or more times during their life	5.4	7.5	3.2	3.7	6.1
Percentage of students who shared needles or syringes to inject any drug into their body one or more times during their life	5.7	6.6	4.5	2.4	7.1
Percentage of students to whom had someone offer, sell, or give them a drug during the past 30 days	10.8	13	8.7	11	10.7
Percentage of students who had offered, sold, or gave a drug to someone else during the past 30 days	10.3	12.1	8.6	8.7	11.1
<b>Alcohol Use</b>					
Percentage of students who drank at least one drink containing alcohol on one or more of the past 30 days	4.9	7.3	2.6	3.4	5.6
Percentage of students who drank so much alcohol that they were really drunk one or more times during their life	4	6.1	2.2	2.6	4.7
<b>Violence and Unintentional Injury</b>					
Percentage of students who were in a physical fight one or more times during the past 12 months	30.4	45.3	16.6	29.8	30.7
Percentage of students who were bullied on one or more days during the past 30 days	36.9	39.9	34.1	38.9	41.6
Percentage of students who were physically forced to have sexual intercourse when they did not want to	17	17.8	16.1	11.2	19.5

### 3. HEALTH PROMOTING SCHOOLS

The concept of health promoting schools was established by WHO towards achieving the goal of Health for All proclaimed in the declaration of Alma Ata. This initiative is about helping schools to build and use their entire organisational capacity to improve health among the students, staff, families and community members.

A health promoting school is a school constantly strengthening its capacity as a healthy setting for living, learning and working. A health promoting school creates health by enabling students to care for themselves and for others, to make decisions and have control over circumstances that affect their health, and by ensuring that the society they live in creates conditions that allow the attainment of health by all its members. A health promoting school aims to

achieve healthy lifestyles for the whole school population by developing supportive environments conducive to the promotion of health. It offers opportunities for and requires commitment to the provision of a safe and health-enhancing physical and psycho-social environment.

**Box2: WHO Definition of a “HEALTH PROMOTING SCHOOL”**

- Fosters health and learning with all the measures at its disposal.
- Engages health and education officials, teachers, students, parents, health providers and community leaders in efforts to make the school a healthy place.
- Strives to provide a healthy environment, school health education, and school health services in partnership with school/community projects. Opportunities will also be given for health promotion programmes for staff, nutrition and food safety programmes, physical education and recreation, and programmes for counselling, social support and mental health promotion.
- Implements policies and practices that respect an individual’s wellbeing and dignity, provides multiple opportunities for success, and acknowledges good efforts and intentions as well as personal achievements.
- Strives to improve the health of school personnel, families and community members as well as pupils; and works with community leaders to help them understand how the community contributes to, or undermines, health and education.

The Health promoting School Policy launched in 2004 was piloted in selected schools in Male’ and attempts were made to expand it to the schools in the atolls. However, a number of factors, both internal and external, hindered successful implementation of the Health Promoting School Policy of 2004.

Some of the deterrents identified by the implementers include:

- Competing educational priorities in the school for students’ time.
- School health programme still considered to be secondary to teaching by school heads and senior management.
- Little involvement of the school health assistant or focal point in delivering the health topics in the curriculum.
- Inadequate teaching materials and IEC materials on health topics.
- Lack of support from local health service providers.

- Minimum health and counselling infrastructure in schools.
- Current public health issues of student population not covered in the curriculum and the content in the curriculum being outdated
- Lack of an in-service training programme to bring all school health focal points (who come from different health backgrounds such as nursing, PHC) to same level of understanding of concepts.

Some of the external factors such as change of school head and changes in the governance and policy level at MoE and MOHF led to reduced attention given to the programme including inactivation of the School Health Coordinating Committee. The recent economic crisis faced by the country also contributed in terms of reduced public financing for the programme interventions.

Some positive experiences include:

- Sensitized School head and senior management facilitated implementation of school health education activities by scheduling of adequate time during school session and as extra activities.
- Coordination of leading teachers and school health assistants/focal points and counsellors enabling them to deliver health topics of the curriculum jointly
- Effective utilization of parents who are health professionals to conduct health education and screening programmes
- Informal liaison with national public health programme level staff in the health sector facilitated timely technical support and resource materials

While implementation of the Health Promoting School initiative has been hampered, there have been notable achievements in terms of mainstreaming school health into public policy, as described in section 4 below.

## 4. POLICY CONTEXT

Several national policies recognise the health and wellbeing of children and adolescents as an important and essential goal. All 3 goals and several policies outlined in the national Strategic Action Plan 2009-2013 related to Education sector directly relates to improving health and wellbeing of students

**Box 3: RELEVANT POLICIES OF EDUCATION SECTOR IN THE STRATEGIC ACTION PLAN 2009-2013**

**Policy 1:** Ensure that clear policies are set for the levels of **knowledge, skills, discipline, well-being** and academic standards that students should realise and provide the necessary assistance in achieving these targets

**Policy 6:** Ensure the school **curriculum meets national needs** and promotes values

**Policy 7:** Transform all schools as single session schools in order to **provide holistic education and conducive environment** for the students

**Policy 8:** Increase and expand educational **opportunities for children with special needs** including the gifted and talented

**Policy 11:** Ensure that every pupil who completes each key stage achieves specified **outcomes, skills and attitudes.**

**Policy 12:** Ensure that all Maldivians are educated to cater for the basic needs of life in **literacy, skills and knowledge** through opportunities for lifelong learning

(Box 3).

Furthermore, health has been identified as a key domain for a Quality School in Maldives and is included in the quality indicators for “Child Friendly *Baraabar* Schools” (CFBS) launched in March 2010. This set of quality indicators provides guidance to school to achieve the expected standards of Ministry of Education in achieving its policy goals. Health and Safety dimension covers 7 aspects. These include health personnel and facilities, school health policies, health and nutrition services, health education, healthy physical environment, healthy social environment and Fitness and activities. Another domain identified in the CFBS is that of inclusivity containing areas such as policy on inclusivity, annual enrolment and projections, inclusions plan, children at risk and leadership and monitoring. Other domains such as Family and Community Partnerships, Leadership and Management have direct relevance to the implementation of the domains related to Health and Inclusivity.

The consultations on the revision of the national curriculum identified the need for inclusion of health and wellbeing, including physical education as a key area for learning and competency development. Based on this, the Education Development Centre is undertaking the revision of the national curriculum K-12. In the national curriculum framework health and wellbeing is being

considered to be infused across many subjects in Stage 1 (K-3), while from stage 2 onwards (4-10) health and wellbeing is being developed as a separate subject. It is conceptualized that this subject area will cover areas on health protection and promotion of healthy practices and behaviours covering hygiene, nutrition, reproductive health, mental and psychosocial health, tobacco and drug use prevention, physical education as well as prevention of disease, injury and disability.

Developing skills and promoting physical, mental and psycho social development of students Health and wellbeing of students and is identified among the objectives of education in the proposed Education Act. At the same time, Education Ministry is entrusted with the mandate to ensuring schools conduct programmes for promotion of health and wellbeing and provide a health promoting school environment. It is hoped that the passing of this legislation will further empower the Ministry of Education and the schools to implement this policy and the health promoting school initiative.

The relevant health sector policy outlined in the national Strategic Action Plan 2009-2013 is Policy 1, 'Strengthen health promotion, protection and advocacy for healthy public policies'. The reviewed Health Master Plan 2006-2015(HMP) further translated this policy of the Strategic Action Plan into policy goals 1 and 2, with specific relevance to promoting health and wellbeing of students and providing them with a health promoting environment (Box 4).

Collaboration and partnership between the MoHF, MoE and partners engaged in education and health service is stressed to ensure that a health promoting environment is provided to students and young people receive adequate information and education on health issues so that they will be provided with information and skills to enable them to take responsibility for themselves and their family's health.

**Box 4: POLICY GOALS AND RELEVANT STRATEGIES OF THE REVIEWED HEALTH MASTER PLAN 2006-2015**

**Policy goal 1: Ensure people have appropriate knowledge and behaviours to protect and promote their health**

- Advocate for inclusion of health and safety promotion in the national primary and secondary school curriculum and teachers training to ensure appropriate delivery of the curriculum in schools.
- Advocate for accessibility to public places including schools, health facilities, roads and transport vehicles/vessels by aged and disabled persons and orient all public services to be baby/child friendly, and sensitive to the needs of gender, aged and persons with disabilities.

**Policy goal 2: Ensure safe and supportive environments are in place to promote and protect health and well being of the people**

- Promote and develop plans for implementation of healthy settings such as health promoting hospitals, health promoting schools and health promoting atolls and islands.

## 5. SCHOOL HEALTH POLICY

The Government's policy regarding school health is encompassed in the national education philosophy stated in the Vision statement of the Ministry of Education - "Universalize access to education from preschool to higher education and develop the students into healthy and capable citizens".

School health is also an integral component of the government's policy on quality education. In this regard Ministry of Education shall strengthen the School Health Programme taking stewardship of the programme and developing strong partnerships with the schools and the health sector. Government will collaborate with UN agencies to obtain technical and financial support for the programme.

Ministry of Education will adopt the concepts of the global Health Promoting Schools initiative and integrate them into the national Quality School Initiative - "Child Friendly *Baraabar* Schools" (CFBS) to ensure institutionalization of the health promoting school concept into the education system. In this regard, Standards and Indicators of a health promoting school in the country will be featured in the Health and Safety dimension of the CFBS.

Ministry of Health and Family shall provide technical expertise and resource materials and support capacity building of the school health programme and school health teams in the schools. In this regard Ministry of Health and



Family, as the national focal agency for liaison with WHO, will facilitate technical support and staff capacity building for the programme at national and school levels. Health sector shall also ensure support of local health service providers to facilitate implementation of school health services through necessary administrative and legislative facilitation.

Government shall mainstream health and wellbeing into the national curriculum. In this regard health and wellbeing will be featured as one of the key learning areas and key competencies in the national curriculum. It shall develop of cadre of teachers and educators to deliver health and wellbeing content of the curriculum to orient focus of teaching and learning to skill development through in-service and pre-service training of teachers.

Government shall monitor implementation of the school health policy and initiatives in public and private schools as an integral part of educational supervision and monitoring. It shall integrate school health statistics into the education information system. Ministry's school health programme shall conduct research into school students' health status at periodic intervals to guide policy and emerging health issues in collaboration with health sector and establish mechanism to disseminate and exchange information to stakeholders.

A large part of implementation of the programmes and initiatives of the school health policy rests with the schools. To facilitate this, Ministry of Education shall facilitate appointment of school health officers in all public schools and provide support to build school health teams with administrative facilitation and supervision. A handbook for participating schools shall be prepared by the School Health Programme at MoE and will continue to provide technical support to schools for successful implementation of this policy.

To ensure sustained implementation of the school health programmes and initiatives in schools, MoE and MoHF in partnership will provide recognition to schools achieving different Stages of the Health and Safety dimension of the CFBS. As such for those schools meeting the criteria at each stage will be certified jointly by MoE and MOHF. Incentives such as additional opportunities to take part in national and international forums related to school health will also be facilitated to such certified schools.

## 6. GOALS AND OBJECTIVES

The goal of the school health policy is to:

- To mainstream health and wellbeing into the education system of the

country

The objectives are:

- To ensure health and well being is mainstreamed in the education system of the country
- To ensure that provision of skills and competencies for health and wellbeing is an integral part of the national curriculum.
- To achieve a common understanding by all members of the school community, on the central nature of health and wellbeing for achieving educational targets
- To empower students with skills and competencies that enable them make healthy choices to prevent health problems, maintain and improve their health, and adopt healthy behaviours.
- To provide a safe and healthy physical and psycho-social environment that prevent ill health, disease spread and promote inclusive participation of all students and school community.
- To promote the practice of physical activity, fitness and sports that all students enjoy and can pursue every day of their lives.
- To ensure all students have access to preventive health services and basic medical and psychosocial first aid in schools.

## 7. STRATEGIES

### 7.1 Commitment to the school health policy and partnership for health promotion through schools among key stakeholders

The success of the school health programme and health promoting schools demands an effective partnership between Ministries of Education and Health, curriculum developers and teacher educators working closely with the public health and health service providers. The school health policy and the Health Promoting Schools initiative need to be supported by ministries and their departments, heads and senior management of schools. Education and health professionals need to work in partnership to support, develop and implement the programme. As such the School health unit within the MoE and existing national School Health Co-ordinating Committee (SHCC) provides an opportunity to foster and strengthen this partnership with its broad based membership of health and education sectors, NGOs and school community.

Promoting positive interaction between the school and the community is essential for sustainability of any school health improvement process. Schools need the involvement of everyone - students, staff, parents and local agencies, to succeed in promoting learning, health and wellbeing of the school community. Community partnership creates awareness, a sense of

collaboration, commitment and ownership.

- 7.1.1 SHCC will be revived to enhance the policy coordination and inter-sectoral and intra-sectoral support and action. This advisory group will provide advice and direction to the development of the school health programme. MoE will take the stewardship to ensure continuation of the SHCC. The school health unit of the MoE will act as the secretariat and providing feedback of putting into practise the decisions of the SHCC.
- 7.1.2 Ministry of Education will strengthen its school health unit by employing staff trained in public health to provide technical guidance and technical resources to schools, coordinate school health interventions within the sector and with the health sector and carry out monitoring and evaluation of the health promoting school initiative and other school health programme activities.
- 7.1.3 Ministry of Education will ensure that national curriculum will contain health and well being as a core subject through kindergarten to level 12. MoE will collaborate with Education Development Centre and support them to produce the Health and Wellbeing subject syllabus to cover critical health topics that are most relevant and common among the student population and physical activity and skills to enable students to effectively deal with the health related challenges of everyday life, remain active, promote health, prevent disease, and adopt healthy behaviours.
- 7.1.4 Ministry of Education will ensure that teachers are provided with the necessary competencies to deliver skill based health education in teaching topics to students. MoE will collaborate with Faculty of Education of the MHCE to bring about necessary changes to the pre-service teacher's education curriculum to integrate relevant knowledge and skill development modules required for teachers of K-12 to deliver skill based health education. MoE will also coordinate with FET to deliver these modules as in service training programme to existing teachers and school health officers.
- 7.1.5 Ministry of Education will organize orientation and training programmes targeting school heads, and senior management and school health team to develop knowledge and understanding of the school health policy and Health Promoting School Initiative. Specific trainings on skilled based health

education and public health issues will be facilitated for 'School Health Officers' and 'counsellors in collaboration with MoHF'.

7.1.6 At school level, the school will have an overall school policy on health promotion aligned to the national school health policy and health promoting school initiative and national public health priorities, and provide opportunities to ensure that all staff, parents and students are aware of the policy. The school will have a designated person, a school health officer [or a designated teacher] for the coordination of school health activities supported by a school health team (SHT) that guide and coordinate the school health activities. The school will be proactive in addressing health issues affecting students and will encourage active involvement from students, teachers, parents and the local health care providers.

7.1.7 Schools will actively engage with NGOs and CBOs to implement health education activities and health screening programmes health projects in schools and in the community involving school children. School health programme at MoE will facilitate such engagement and provide necessary administrative support.

7.1.8 Schools will provide opportunities for parents and teachers to actively participate in health promotion interventions and health education programmes organized by school. S

## 7.2 School Health Personnel and Services

An important component of health promoting schools is health and nutrition services. Trained personnel and facilities and commodities for provision of a wide range of health and nutrition promotion and prevention interventions, counselling, health screening, first aid and treatment of minor ailments are essential for school health services.

7.2.1 The MoE will collaborate with health sector to identify essential public health services to be delivered through schools such as vaccination, supplementation and coordinate with schools to ensure their implementation. School health unit at MoE will liaise with the national public health programmes to obtain necessary public health commodities and technical guidance and materials required for implementation of such programmes. In implementing such programmes the national public health programme will provide the required amounts of

such commodities, such as micronutrients, deworming tablets, vaccines as required by the national public health programmes. They will also provide guidelines for implementers, training and IEC materials as required for successful implementation of specific programmes.

- 7.2.2 At school level, the school will employ a “School Health Officer”, a professional trained in public health to implement a wide range of health promotion, prevention activities and provide health screening, first aid and treatment of minor ailments. S/he will be supported by a staff trained in counselling or mental health to provide psychosocial analysis and support to the students and the rest of the school community. The school will have at least one staff trained in first aid available within school premises whenever the school is in session.
- 7.2.3 At school level, the school will have facilities to provide first aid, health screening, counselling and access to basic health and hygiene commodities and over the counter medicines for minor ailments together with hand washing and toilet facilities,. The school will have designated space, a “Health Room”, to provide basic first aid, counselling and to conduct clinical observation of students and staff requiring immediate attention.
- 7.2.4 The school will ensure all students have a health screening on school entry covering physical, sensory and mental health aspects and every 2 years following the initial check up. This can be done by School health officers, trained teachers, peer educators and/ or in partnership with local health service providers and NGOs.
- 7.2.5 The school will coordinate with local health services to establish a referral procedure to the nearest health facility to provide appropriate care for students and staff with serious illness, mental health conditions and those requiring emergency medical care following injury.
- 7.2.6 The school will ensure unhealthy food are not served in school canteens or brought into school by students and staff. School will monitor and identify students who come to school without breakfast and those with nutritional deficiencies and liaise with their families and public health officials for providing dietary guidance and supplementation.
- 7.2.7 The school will maintain a student health record, as guided by the School Health Unit of MoE. Clear procedures in providing

care, referral and recording of behavioural and medical information will be put in place to support students' health condition, with a respect for confidentiality ensured

- 7.2.8 The school will actively carry out preventive interventions at regular intervals in collaboration with local health authorities. Such interventions include inspections of personal hygiene of students and staff, inspection of school environment for vector breeding sources, inspection of canteens, testing of drinking water sources, inspection of school grounds, infrastructure and furniture for possible sources of injury and accidents at regular intervals.

### 7.3 School Health Education

Teaching health issues through the curriculum using skill based teaching methodologies, by competent and supported teachers, develop knowledge and motivate and help students to make healthy decisions, maintain and improve their health. It is important that students are active participants in all aspects of school health programmes and health promoting activities. This is an effective and empowering way to help children and young people acquire the knowledge, attitudes, values and skills needed to adopt healthy lifestyles and support health and education for all.

Health education and promotion activities targeted to priority health issues of students identified in the GSSHS are important to improve health of the students. In this regard, it is important to conduct health education and behaviour change programmes targeted to improve mental health, reduce drugs, tobacco and alcohol use, reduce abuse, violence and self harm. Other important areas to address are to improve nutrition and hygiene status and reproductive health issues.

- 7.3.1 Ministry of Education together with Ministry of Health and Family will ensure appropriate training programmes are developed and opportunities provided to teachers, school health officers and counsellors to build their knowledge and competency to deliver skill based health education, and behaviour change programmes using participatory teaching and learning methodologies.
- 7.3.2 Ministry of Health and Family will support health education and prevention activities of the schools by providing expert assistance, resource materials and IEC materials. The schools will collaborate with the health sector and NGOs to access Information and other resource materials and expert assistance in carrying out health programmes. Ministry of Health and

Family will also conduct awareness and sensitization programmes targeting school management on emerging public health concerns in the country.

- 7.3.3 Schools will allocate sufficient time to teach health and physical components covered in the curriculum. Schools will provide opportunities for extra-curricular health-related programmes targeting priority health issues identified from school health surveys and assessments that enable students to learn about and make appropriate decisions regarding their health behaviour.
- 7.3.4 School will use approaches such as peer education and school health clubs with the participation of students, teachers and parents to empower students to build their skills in promoting and practicing healthy behaviours. Schools will provide opportunities for all students to actively participate in health education and training programmes and carry out health projects in the school and in the community in collaboration with health sector and NGOs.

#### 7.4 Healthy physical environment

A healthy school environment is essential in order to prevent ill health and promote the health and wellbeing of the school community. Safe school grounds, sufficient sanitation and water, clean and hygienic environment free from disease spreading vectors and smoke-free environment are necessary for providing a healthy school environment:

- 7.4.1 Ministry of Education will review the school infrastructure designs for health, safety and accessibility and integrate into the school building codes. MoE will ensure necessary infrastructure changes are made to existing schools to ensure class rooms and school facilities are accessible to students with disabilities. Schools will ensure that they have support mechanisms in place to assist such students.
- 7.4.2 Schools will make safe drinking water available for all students and staff and enough toilets for both genders. School will make soap and hand washing facilities accessible to the whole school community. These facilities will be regularly cleaned and maintained.
- 7.4.3 Schools will ensure the physical school environment is clean and safe for students to play and study, for staff to work and teach. Schools will have a schedule for cleaning school grounds and buildings and roofs to prevent breeding of

mosquitoes, rodents and other pests and collection and disposal of waste. Schools will ensure that school community is not exposed to second hand smoke by strictly observing regulations on tobacco control in the school environment, including canteens.

7.4.4 Schools will have a schedule of maintenance to prevent accidents and injuries from damaged building furniture and other material within the school grounds. Schools will ensure fire safety devices are in place and emergency evacuation drills are carried out as per standard emergency operational procedure.

7.4.5 Schools will ensure that the classroom environment is health enhancing and facilitate learning through the provision of adequate lighting, air circulation, noise control and seating arrangements that prevent postural problems.

## 7.5 Healthy social environment

A healthy school environment promotes social and emotional supportiveness in order to promote the health and wellbeing of the school community. A climate of care, trust and respect, social support and mental health promotion are among the areas necessary for providing a healthy social environment for students in school.

7.5.1 Ministry of Education will develop standard operating procedures in collaboration with key stakeholders to guide implementation of standards for safety, prevention and management of abuse, bullying and violence in the school community.

7.5.2 Ministry of Education in collaboration with relevant stakeholders will provide opportunities for capacity building of school health team and peer educators to promote social connectedness, and develop a mentoring programme to provide psychosocial support to victims of bullying, abuse and violence.

7.5.3 Schools will develop a mentoring programme and conduct extracurricular programmes to provide students with interpersonal and communication skills to manage peer pressure, seek help and develop healthy relationships.

7.5.4 Schools will develop specific programmes to enhance mental health and life skills of students with special focus on prevention of substance abuse, tobacco and self harm.



## 7.6 Fitness and physical activities

Physical activity and physical education is critical for attainment of complete physical and mental wellbeing. Regular physical activity to enhance students' physical fitness together with a variety of sports that students enjoy helps students to pursue sports and physical activity throughout their lives.

- 7.6.1 Ministry of Education will ensure physical education as an integral part of the curriculum and facilitate training of teachers to deliver the curriculum to achieve the objective of physical fitness and continued engagement of students in physical activities.
- 7.6.2 Ministry of Education will collaborate with Ministry of Youth and Sports and national Sports Associations to facilitate schools to access their sports grounds and facilities and provide support to schools to conduct physical fitness and sports programmes.
- 7.6.3 Schools will provide time for students to engage in daily physical activity and schedule physical education classes for adequate time necessary for the physical and mental development of the students. Schools will conduct physical fitness assessment of all students at entry to school and every 2 years thereafter and provide feedback to student's families and teachers.
- 7.6.4 Schools will provide space, facilities and materials for students to engage in physical activity and ensure all students, including those with disabilities to access to these facilities and materials

## 8. IMPLEMENTATION

The lead agencies for implementation of this policy are Ministry of Education, Ministry of Health and Family and the Schools. School Health Unit at MoE will take the first step in advocating and sensitizing stakeholders on this policy and develop an action plan which will feed into the MoEs annual action plans.

Effective implementation of the school health policy requires adequately trained, capable and motivated staff, familiar with the concepts of health promoting schools and appropriate teaching methodologies. Training and orientation of the School Heads and senior management and School Health Officers will be the responsibility of the School Health Programme at MoE and

at School level, the responsibility of the School Head and its senior management.

## 9. MONITORING AND EVALUATION

Developing reporting and evaluation mechanisms to monitor and evaluate the development of health promoting schools, including their degree of implementation and effectiveness, is critical. Examining outcomes of activities is essential in order to build evidence-based practice

The implementation of the school health policy will be monitored on an annual basis at central level by the School Health Programme at MoE, as part of the monitoring and evaluation activities of ESQID at MoE. Evaluation will be conducted after 5 years of initiating implementation. Feedback will be given to SHCC, lead implementing partners, individual schools and published at MoE website.

Outcome and output indicators for success at national level are provided in the monitoring and evaluation tool of this policy (Appendix 1). The indicators for school level will be the CFBS indicators for Health and Safety dimension. This is to avoid duplication and harness complementarities of efforts in implementation of the health promoting school concepts and CGBSI as stated in the policy statement.

Information from Schools Management Information System and reports of School health activities and supervision reports will be the key source of information for monitoring. Research at operational level and impact level such as follow up GSSHS will be conducted to obtain additional information for evaluation for the policy and to inform the future direction of the school health policy, promoting schools initiative and school level activities.

**APPENDIX 1: Monitoring and Evaluation tool**

OUTCOME INDICATORS	BASELINE (2009/2010)	TARGETS				
		2011	2012	2013	2014	2015
Health and well being recognized as an integral part of education system in the country	Explicit in education policies of SAP			Explicit in education policy & law	-	Law & its regulations enforced
Health and wellbeing is made as an integral part of the national curriculum in K-10	Policy decision made at MoE			curriculum with H&W component Piloted		H&W taught in K-10
Percentage of secondary schools with teachers trained in skill based health education deliver health and wellbeing syllabus	Nil					
Percentage of the school community (school management, teachers, other staff, parents and students)that believes health and wellbeing as an important aspect of school education	NA					
Percentage of schools implementing Health and Safety dimension of CFBS	Nil					
Percentage of students 13-15yrs who eat breakfast most of the time or always	47%					
Percentage of students who wash their hands at school who never or rarely used soap to wash their hands	46%					
Percentage of students 13-15yrs who were physically active for a total of at least 60 minutes per day on five or more days during the week	27%					
Percentage of students 13-15yrs who ever seriously considered attempting suicide	17%					
Percentage of students13-15yrs who smoked cigarettes	9%					
Percentage of students who used drugs one or more times	5%					
Percentage of students who drank at least one drink containing alcohol	5%					
Percentage of students who were bullied on one or more days	37%					
Percentage of students who were physically forced to have sexual intercourse when they did not want to	17%					
Taught in any of their classes during this school year how to avoid HIV infections or AIDS	31%					

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OUTPUT INDICATORS	BASELINE (2009/2010)	TARGETS				
		2011	2012	2013	2014	2015
No. of meetings of the SHCC held annually	Nil					
No. of staff with public health training appointed at School Health & Safety Unit of MoE	1					
No. of 'school health officers' and 'counsellors' provided with refresher training	Nil					
Inclusion of health and Wellbeing into revised curriculum as a key area for learning and competency	in curriculum framework					
Development of Health and Wellbeing subject syllabus	planned					
No. of primary school teachers in service provided with training and resource materials for skill based health and wellbeing education	Nil					
Development of training course for teachers on Health and Wellbeing subject	discussion with FE					
No. of teachers trained to deliver Health and Wellbeing subject	Nil					
No. of orientation/advocacy sessions conducted for school heads, school senior management on HPS concept and the Health and safety dimension of CFBSI	1					
No. of monitoring and supervision reports providing feedback on implementation of the Health and Safety dimension of CFBS	Nil					
No. of national public health protection services implemented through school health programme (supplementation, immunization etc)	2					
No. of Schools implementing health awareness programmes on issues identified as national public health concerns by MOHF	NA					
No. of schools at 'Emerging' level for each Standard of Health and Safety dimension of CFBS	Nil					
No. of schools at 'Progressing' level for each Standard of Health and Safety dimension of CFBS	Nil					
No. of schools at 'Achieving' level for each Standard of Health and Safety dimension of CFBS	Nil					
No. of schools at 'Achieved' level for each Standard of Health and Safety dimension of CFBS	Nil					

**For indicators at school level, refer to “HEALTH AND SAFETY, Quality Indicators, Child Friendly *Baraabaru* Schools, Maldives” published by Ministry of Education, 2010**

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