

**CHALLENGES THAT ARE FACED BY SCHOOLS IN
IMPLEMENTING HEALTH EDUCATION PROGRAM**

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A project submitted in partial fulfillment of the requirements for the
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ABSTRACT

Background: To identify the problem or challenges that were facing to implement the school health education program in Male' and to identified the current situation in Maldives at school level. What were the things that can be done to solve or how we can overcome from those challenges? Was identified the school staff opinion about those challenges and their overview to solve those challenges and problem.

Aim: The research was carried out to identify the challenges that are faced by school in implementing school health program among the schools in Male' city.

Method: This cross-sectional descriptive study was conducted among the schools in Male' city. 18 schools out of 36 schools from government and non-government, were selected randomly as the sample of the study. The data was collected using a structured questionnaire.

Result: The major challenge which is faced by the schools in implementing the health education program is insufficient resources such as facilities, budgets etc. and also, time constraints (write the % here) to conduct health education program in the schools. Though, more than 50% agreed that they were getting enough support from the government and non- governmental organization for implementing the health education program, (40%) schools said that they did not get enough help from other relevant sectors and parents. According to the results of the study, 50% of the schools has school health policy and implemented the policy effectively.

Conclusion: The study reviled that, there were many challenges faced by the schools in Male' city in implementing schools health education program. The challenges include lack of resources, support from other sectors, parents and also time constraints. Therefore it is recommended to assess the situation further and provide the necessary resources and training to build the capacity of the schools in conducting health education program effectively.

Key word: Implementing/ school health/ Challenges

DECLARATION

Name: Aminath Saalima

Student Number: 21630

I hereby declare that this project is the result of my own work, except for quotations and summaries which have been duly acknowledge.

Signature:

Date: 8th November 2015

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ABBREVIATIONS AND ACRONYMS

WHO	World Health Organization
GSHI	Global School Health Initiative
HPSI	Health Promoting Schools Initiative
CFBS	Child Friendly Baraabaruru Schools
CSHE	Comprehensive school health education
MOHG	Ministry of health and gender
HIPS	Health in Primary Schools Study
SHPPS	School Health Policies and Programs Study
ASHA	American School Health Association

CHAPTER 1

INTRODUCTION

1.1 Background of the Study

The World Health Organization's (WHO) Global School Health Initiative has consequently become one of the Organization's primary health promotion efforts. The general direction of WHO's Initiative is guided by the Ottawa Charter for Health Promotion (1986) and the Declaration of the Fourth International Conference on Health Promotion held in Jakarta (1997).

It is also guided by the recommendations of WHO Expert Committee on Comprehensive School Health Education and Promotion (1995), while WHO's Division of Health Promotion, Education and Communication (WHO/HPR) are charged with the Initiative's implementation and also with maintaining the secretariat for WHO inter-divisional Working Group on School Health (Global School Health Initiative / Health Promotion 1998).

The Global School Health Initiative (GSHI), was launched with an aim of mobilizing and strengthening health promotion and education activities at the local, national, regional and global levels. The Initiative is designed to improve the health of pupils, school personnel, families and other members of the community through healthy school environment (Mr jack T. jones, 1998).

The Health Promoting Schools Initiative (HPSI) is based on actions recommended in both the Ottawa Charter for Health Promotion and the Jakarta Declaration for

Promoting Health. The Initiative strives to increase international, national and local capacity for the development of Health Promoting Schools (WHO, n.d.).

The concept of health promoting schools was established by WHO towards achieving the goal of Health for all stated in the declaration of Alma Ata. This initiative is about helping schools to build and use their entire organizational capacity to improve health among the students, staff, families and community members. 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 the children learn best in a safe, healthy and interesting environment (Ministry of Health and Family 2010).

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.

To help students to make responsible and productive decisions we have to conduct a designed program.

A health promoting school aims is to achieve healthy lifestyles for the whole school population by developing supportive environments encouraging to the promotion of health. It offers opportunities for and requires promise to the provision of a safe and health-enhancing physical and psycho-social environment (Ministry of Health and Family 2010).

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 *Baraabaru* 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 (school health policy, 2010).

1.2 Research Problem and Justification

A healthy school environment is a pre-requisite to ensure that schools provide an ideal learning place for cognitive, social and emotional development of the children.

In the health promoting policy regarding the implementation of global health promoting school initiative in Maldives it has estimated that the implementation of the health promoting policy of school initiative will be guided by policy and will contribute for the achievement of the Quality School goals and targets. This initiative will involve the entire school community: school management, teachers, students and parents (school health policy, 2010).

Recent school health surveys indicate that disturbing proportions of young people are engaged in substance abuse, tobacco use and self-harm, behaviors that put them and their families and community at risk of serious health and social problems. 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 (School health policy 2010).

School health policies are focused from pre-school level to higher educational level to develop student into healthy and capable to focus the certain goals targets to set. Deputy Director General of Ministry of Education Mr. Hussein Rasheed has said “we are not happy to the level of its implementation” and he also confirmed that “there are many challenges that we are facing in the process” (Rasheed, 2014).

From these things also we can know that there is still challenges and problem in implementing school health program.

1.3 Purpose of Research

The aim of this study is to identify the problem or challenges that were facing to implement the school health education program in Male' and to identified the current situation in Maldives at school level. What were the things that can be done to solve or how we can overcome from those challenges? Was identified the school staff opinion about those challenges and their overview to solve those challenges and problem.

1.4 Objectives of study

1.4.1 General Objective

Identify the challenges that are faced by school in implementing health education program in Maldives.

1.4.2 Specific Objectives

- 1- Identify the challenges that are faced by school in implementing the school health education program in Maldives.
2. Identify the successfulness of school health program they had previously conducted.
3. Identify the participant opinion on the changes to be brought to implement a successful health program in school.

1.5 Research questions

- 1- What are the challenges that are faced by school in implementing the school health education program?
- 2- What are the things they can do to conduct a successful health education program?

3- What are the participant opinion on the changes to be brought to implement a successful health program in school?

1.6 Significance

WHO Global School Health Initiative, launched in 1995, seeks to mobilize and strengthen health promotion and education activities at the local, national, regional and global levels. This Initiative was designed to improve the health of the students, school personnel, families and as well as the other members of the community through schools. Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, of an individual or group must be able to identify and to recognize aspirations, to satisfy needs, and to change or deal with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Children also have to participate in the program to implement or to identify the major challenges. Comprehensive school health education (CSHE) is also an important tool to gain a common understanding and outline the action of weakens and strength of implementing those programs in their country, atolls, and island or in that schools.

From ministry of health and gender (MOHG) now they are publishing a Maldives health research bulletin every year and their mission is to promote demand driven health research in Maldives. The Bulletin is targeted at all readers interested in health research issues in Maldives, including priority health research, its planning, funding, implementation, and utilization of findings. It is also aimed at non-specialist scientists, policy and decision makers and the general public (Ministry of health and Gender 2014).

By conducting this research we can identify the major challenges that are faced by school in implementing the school health program. We can identify how much support the school gets from the community, parents, teachers, students, governments, health ministry and also from the education ministry and also how school health program affects the student, teachers and the parents.

1.7 Delimitations/Scope of the Study

This study focuses on identifying the challenges that the schools has in implementing health education program. In Maldives there are so many schools. But in this research focused only the schools in Male' to identify the challenges schools has in implementing health education program.

The aim of this research is to identify the challenges in Male' schools in implementing health education program. Also identify the successfulness of the program they had previously.

1.8 Definitions of Terms

Ottawa Charter:

The first International Conference on Health Promotion was held in Ottawa, Canada in November, 1986.

Global School Health Initiative:

A joint effort of the division of health promotion, education and communication, an intra-divisional working group on school health and WHO regional offices working in collaboration with other relevant organizations.

Health Promoting Schools Initiative

Is an extraordinarily effective setting in which to improve people's health? Schools provide the most effective and efficient way to reach large portions of the population,

including young people, school personnel, families and community members. Promoting health through schools enhances both health and the capacity of pupils to learn. Schooling in itself has been shown to be a powerful way to influence health both within and outside the school.

Comprehensive school health programs:

An integrated set of planned, sequential, school-affiliated strategies, activities, and services designed to promote the optimal physical, emotional, social, and educational development of students.

CHAPTER 2

LITERATURE REVIEW

2.1 Theoretical frame-work

Heuristic framework, PRECEDE is presented as a planning model rather than as a formal theory. The overriding principle of this model is that behavior change is voluntary in nature. This framework seeks to empower individuals with knowledge, understanding, skills, motivation and community involvement to improve their quality of life.

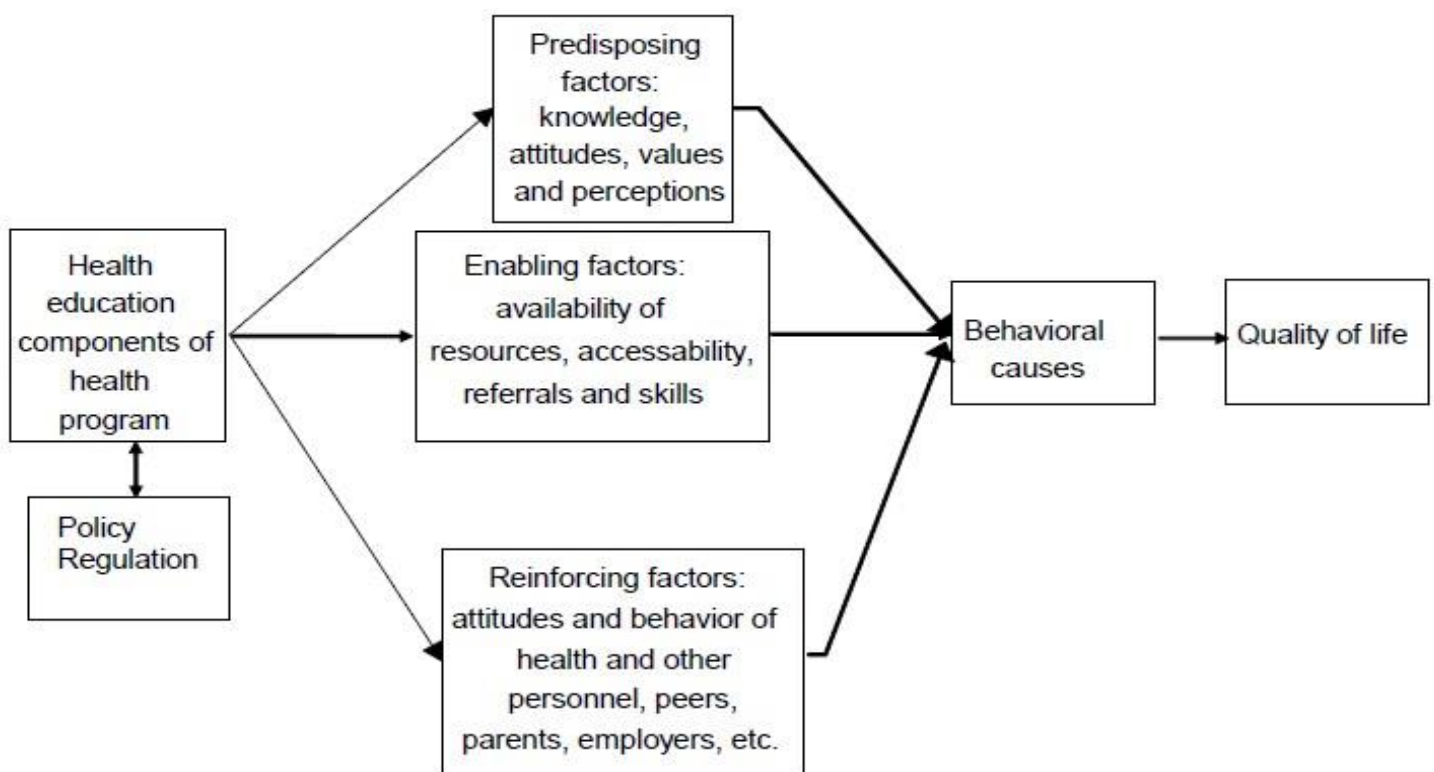
In the PRECEDE model Predisposing factors or personal preferences include attitudes, beliefs, values and perceptions that provide the motivation or reason behind the behavior that change and self-efficacy is included as a construct, demographic characteristics were dropped from this category as they are not readily susceptible to intervention or change and are reflected in other constructs of all three pre-behavioral factors of PRECEDE.

Reinforcing factors or rewards or reinforcements refers to the feedback individuals receive from others and the environment. These incentives, such as praise, social support, or alleviation of symptoms contribute to repetition or persistence of behaviors.

The final pre-behavioral construct, enabling factors, includes objective characteristics of individuals, communities and environments that support or hinder behavioral

change. Enabling factors include objective, not perceived barriers. Perceived barriers fall under the category of predisposing factors. Enabling factors allow individuals to overcome objective barriers by providing the means to act on their predispositions by means of available resources, supportive policies, assistance and services (Claire Bridis, 2005).

2.1.1 Figure Shows the Chart of the PRECEDE model



(Source: Green, L. W., Kreuter, M. W., Deeds, S. G., & Patridge, K.D, 1980)

The population of school age children and youth has grown rapidly in recent decades. Children learn respectively and after reaching these goals school age children, health education can be provide benefits to all level of society in individual, family, school, community and nation also. These benefits accrue the linkage between the children health status and the educational achievement like nutrition and health status of children improves the ability of attending school. School is important because they give the messages to others and they are an important channel of communication for providing the health messages to the student, family and to the community. These educations guides the people life of skills to think critically about health social issues and encourage them collaboratively to work in solving problems and provides them with the confident and have knowledge to participate completely in the community activity (code blue, 1990).

The experience of the past decades has demonstrated that the comprehensive school health education can influence the children health, knowledge, attitude and behaviors. WHO often collaborated with the other and international organization in many country they have carried out a designed program and few of them have been evaluated. Some are health changes in school age children and their health status is largely product of the both environmental condition in which the children lives and their life styles they choose. Among the health and nutrition condition are also linked to the student attendant and poor academic performance. In developing country they have nutritional deficiencies, helminthic and other infection, physical and mental disabilities. Many of the lifestyle or behavior related health problems identified in developed countries are becoming issued of concern among school age. Some health problems are alcohol drinking, smoking, violence and accident (code blue, 1990).

2.2 Healthy School Policies

It appears that few studies have been conducted which compare health outcomes in schools which have a specific health policy with those which do not. Given that many schools in Australia, for example, have implemented policies on sun protection 'no hat—no play'; in bicycle safety 'no helmet—no bike at school'; in bullying and violence; in canteen and food services; in equity issues, e.g. girls' accessibility to play areas; in physical activity—daily aerobics; then it is somewhat surprising that more comprehensive evaluation has not been undertaken. Some data from Victorian primary schools through the Health in Primary Schools Study (HIPS), e.g. Bates and Tacey (1992), Beardall (1992) and Purves and Sampson (1992), suggests some health gains for children were achieved where the school adopted a specific policy, but none of these studies involved control schools (Leger, 1997). WHO Western-Pacific Region Guidelines for Health Promoting Schools (WHO, 1996) has the most comprehensive attention to school based health policies and the policy is the most major international and national standard frameworks of health promoting schools. Although it is not supported by evidence which indicate physical health benefits can be achieved because policies are in place and there is no evidence offered to support the strong focus on policy as a way of improving health and they identify the policy statement and component for health promoting schools.

2.3 Comprehensive school health education

Children learn respectively and after reaching these goals school age children, health education can be provide benefits to all level of society in individual, family, school, community and nation also. These benefits accrue the linkage between the children health status and the educational achievement like nutrition and health status of children improves the ability of attending school. School is important because they give the

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2.4 Partnerships and inter-sectorial collaboration

WHO is taking an active lead to make sure that the health promotion principles of the 1986 Ottawa Charter and the health promotion guidelines of the 1997 Jakarta Declaration are diffused worldwide and will be apply in the development of Health-Promoting

Schools? Global school health of WHO recognize that the success of school health initiatives rests on the extent to which partnerships and it can be formed at local, national and international levels. This will require organizations involved in promoting health throughout the schools to identify individuals with responsibility, time and authority to work in partnerships with others and will also require them to jointly develop mechanisms that enable their organizations to document their achievements and improve their programs (Mr jack T. jones, 1998).

The concept of Health-Promoting Schools is a sound visualization for a better world. WHO invites all governmental and nongovernmental organizations, development banks, organizations of the United Nations system, interregional bodies, bilateral agencies, the labor movement and cooperatives, as well as the private sector in Global School Health Initiative to help the advance health promotion action for the Jakarta Declaration?

The health promoting school initiatives (HPSI) idea necessitates networking and collaboration among different partners and exchanges the information at in different level to enhance cooperation between the players. Networks can be achieved through but not limited to consultative meetings, newsletters, conferences, exchanges of materials and visits and peer evaluations (WHO, n.d.).

Networks and collaboration can help to disseminate knowledge, strategies and interventions; to motivate the people to implement interventions and share experience and to supporter for school health share resources. It is therefore important that mechanisms for networking and collaboration be developed, frequently reviewed and remain as the HPSI progresses (WHO, n.d.).

2.5 School and community collaboration

School and community are also very important to work together for implementing and promoting the program in school. These will improve nature and extent of parental involvement encouraged by the school and the Frequency of the nature in health promotion programs for school staff. The Involvement with local community leaders in promoting health (for example, preventing cigarette sales to minors) will help in promoting the program more successfully and there will be a good understanding and relationship between the community, school and with the children also. School and community collaboration will reach out the services will involve government, non-government, community and commercial agencies with school and organize the teacher-parent meetings and will discussed health issues in the meetings (WHO, n.d.).

2.6 Resources

Budgeting is the process of using information to allocate fixed resources to highlight organizational needs. In school districts, budgeting requires using information about school staff, students, and facilities to meet student learning needs and goals. Districts ideally should use comprehensive information systems, including financial data and student performance measures, to develop data-driven budgets that help ensure the effective use of resources to support and align effective practice across programs and educational departments (Chad d'Entremont, 2012).

Primary funding from government ministries and other sources should be required, for example income generating initiatives can be set up in schools, and private enterprises can make contributions to specific or even general HPSI activities (WHO, n.d.).

2.7 Methodological Issues

Methodological problems and analytical problems indicate that this is not an easy area to investigate, and research so far has not provided a perfect answer (A. R. Mellanby, 2000). There are so many methodological issues like students low mortality rate, to improve the health and nutrition status of school children which leads to improved school performance and activities include iron supplementation and deworming; health and nutrition education; capacity building of partners, teachers, and students; and provision of safe drinking water and toilets (Chandra Rai, 2009).

CHAPTER 3

METHODOLOGY

This chapter describes the research design and the methodology.

3.1 Research Design

A cross-sectional descriptive research design was used in this survey. A quantitative method was used to collect data.

3.2 Population and Sample

Target population for this study was collected from the schools of Male' city. There are total 36 schools in Male'. That is 13 government schools, 19 private schools and 4 community schools. (Ministry of Education, 2013) There are more than 400 schools in Maldives but in this research only the schools in Male' were selected. A simple random sampling technique were used in this study. So there is an equal chance for all the schools that have been selected from the target population? There are many methods to proceed with simple random sampling. But I have used 50% from the total population. So 18 schools were chosen randomly from the total of 36 schools.

3.3 Instrumentation

A self-administered structured questionnaire was used to collect the data. The questionnaire was designed with close ended questions, to reduce the rejection from the participants and save the time of both the researcher and the participated schools.

There were 5 parts in the question. The First part of the survey form was about the healthy schools policies. Second part of the survey form was about the comprehensive school health education, what was the challenges they have in implementing the health education program, whether it was successful and support getting from others.

Third part was about the Partnerships and intersectoral collaboration, whether they collaborate with other sector when conducting a program. Fourth part of the survey form was about the School and community collaboration and the last par was about the resources they have in implementing the program.

In the survey form there were total 23 questions in all 5 parts.

3.4 Data Collection Procedures

The Data was collected from schools by using a self-administered questionnaire. The survey was conducted from 21st October to 25th October 2015 among the schools in Male' city.

3.5 Validity and reliability

The questionnaire were pre-tested to minimize the bias and errors. After the pre-test, necessary changes were brought to the questionnaire and also expert opinion was obtained to in formulating the questionnaire.

3.6 Framework for Data Analysis

All the data were entered and analyzed using Microsoft Excel and SPSS version 17.0

Tables were used for the result.

Table 3.6.1 Summary of Analytical Framework

Objects	Question	Sources of Data	Types of Data	Technique of Analysis
Objective 1	1,2,4,9,10,15,16 , 17,18,19,20,21	Survey questioner	Quantitative data	SPSS
Objective 2	3,5,6,7,8,11,12, 13,14	Survey questioner	Quantitative data	SPSS
Objective 3	22,23	Survey questioner	Quantitative data	SPSS

The above table shows the Objectives of the study, the technique used in analyzing data.

3.7 Ethical Consideration

Before collecting data, an informed consent taken from the schools and the questionnaire was administrated only after they signed it. Moreover, the participated schools were assured that the information collected will be kept confidential and the information would be only used for the study purpose. All available data were completely anonymous. The data or questioner were not coded and there was not a link that would allow the data or samples to be identified Consent form letter of English version is attached in APPENDIX A

3.8 Conceptual framework

Independent variables

Healthy Public policies

Comprehensive school health education

Partnership and inter-sectorial collaboration

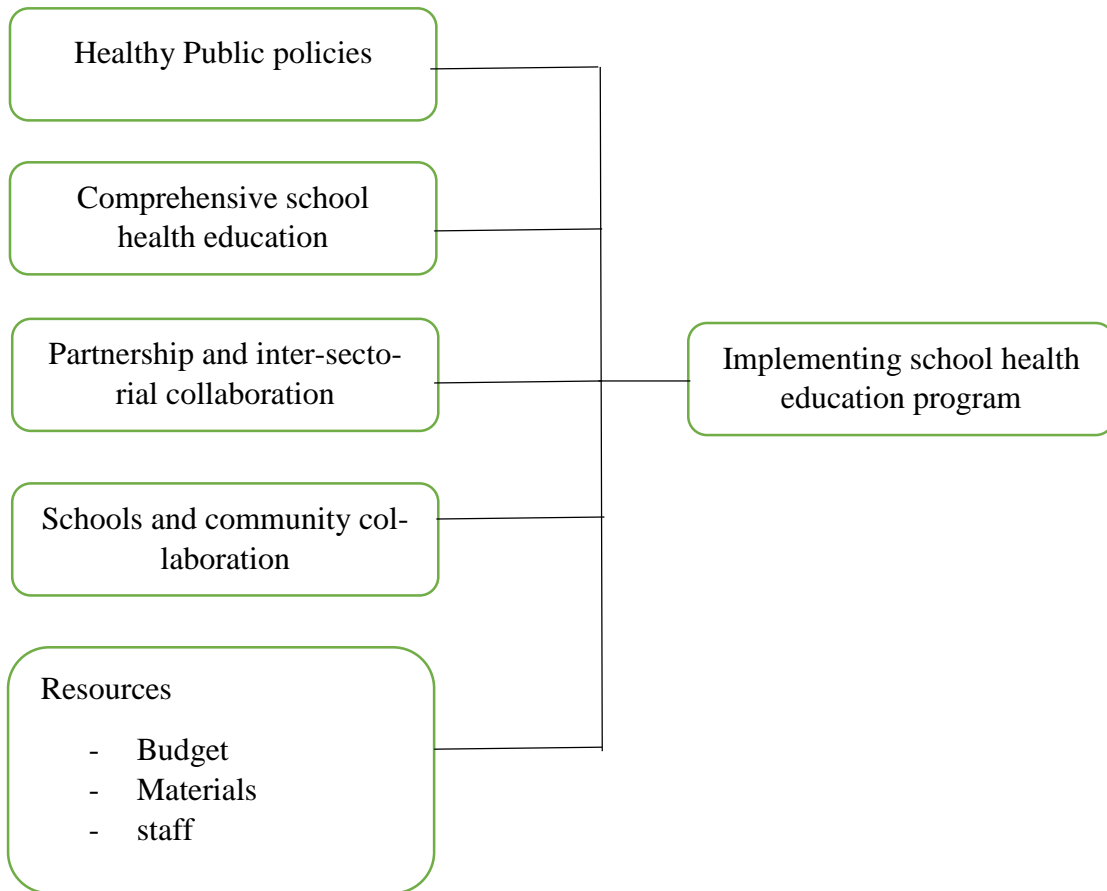
Schools and community collaboration

Resources

- Budget
- Materials
- staff

Dependent variable

Implementing school health education program



CHAPTER 4

DATA ANALYSIS AND RESULT

This cross-sectional descriptive study was conducted from 21st October to 25th October 2015. Total 18 schools were selected randomly for the survey. The questioners were given to the selected schools and they fill the questioner on their own. After that the questioner were collected. Table 4.1 describes the percentage and frequency of the schools that have a school health policy.

4.1 Healthy School policy

Table 4.1 Frequency and percentage of the schools that have school health policy

Characteristics	Frequency n = 18	Percent
Have school health policy		
Yes	9	50.0
No	9	50.0
Policy implemented effectively		
Yes	8	88.9
No	1	11.1

50% from the 9 schools are having schools health policy and another 50% from the 9 schools does not have schools health policy. 88.9% of the schools were implementing

the school health policy effectively and 11.1% schools who says yes but they are not implementing the school health policy effectively.

4.2 Comprehensive school health education

Table 4.2 Percentage of the schools conduct comprehensive school health education program

Statements	Once in a year (%)	6 months (%)	3 months (%)	Did not conduct (%)
Conduct comprehensive school health education program	44.4	16.7	16.7	22.2

Table 4.2 shows schools that participated in the survey conducts comprehensive schools health education program 44.4% once in a year, 16.7% in every 6 months, 16.7 in every 3 months and 22.2% did not conduct the comprehensive schools education program

Table 4.3 Percentage of the program implemented

Statements	Strongly agree (%)	Agree (%)	Somewhat agree (%)	Somewhat disagree (%)	Disagree (%)	Strongly disagree (%)
In the past years the program implemented was successful	16.7	44.4	27.8	11.1	0	0
There are no challenges in implementing the program	0	27.8	16.7	16.7	22.2	16.7

Those schools which implemented the health education program in the last year, 16.7% strongly agreed that the program implemented successfully. 44.4% agreed that the program implemented in the past year were successful, 27.8% somewhat agree that the program implemented in the past year were successful and 11.1% somewhat disagree that the program implemented in the past years were successful (Table 4.3).

Table 4.3 shows 27.8% agreed that there were no challenges in implementing the school health education program. 16.7% schools somewhat agree and also 16.7% somewhat disagree that there were no challenges in implementing the school health education program. 22.2% from 18 schools disagree that there was no challenges in implementing

the school health education program and 16.7% strongly disagree that there were no challenges in implementing the school health education program.

Table 4.4 Percentages of Support getting for comprehensive school education

Statements	Excellent (%)	Very Good (%)	Good (%)	Very bad (%)	Bad (%)
Support getting for comprehensive school education from the school staff and parent was	11.1	38.9	38.9	11.1	0

Table 4.4 shows 11.1% schools says that the support getting for comprehensive school education from the school staff and parent were excellent. 38.9% school specify very good and also 38.9% specify good for the support they were getting from the staff and parents for the comprehensive school health education program. 11.1% specify very bad for the support they were receiving from the parents and staff for the comprehensive program.

4.3 Partnerships and inter sectorial collaboration

Table 4.5 Frequency and percentage for inter sectorial collaboration

Characteristics	Frequency n = 18	Percent
Do you give vitamin A and deworming tablet to the students in every year		
Yes	17	94.4
No	1	5.6
Collaborate with other sectors when conducting program		
Yes	14	77.8
No	4	22.2

Table 4.5 shows school that are participated in the survey 94.4% are giving vitamin A and deworming for the students every year and the rest of 5.6% are not giving vitamin A and deworming for the students every year.

77.8% schools were collaborating with other sectors when conducting the health education program and other 22.2% were not collaborating with other sectors when conducting the health education program (Table 4.5).

Table 4.6 Percentage of first aid program

Statements	Year (%)	6 months (%)	3 months (%)	Did not conduct (%)
First Aid program was conducted every	55.6	16.7	11.1	16.7

55.6% schools conduct first aid program once in every year. 16.7% schools conduct first aid program every 6 months. 11.1% schools conduct first aid program every 3 months. 16.7% schools did not conduct first aid program in every year, 6 months, and 3 months (Table 4.6).

Table 4.7 Percentage of support getting from the organization and sectors for implementing the program

Statements	Strongly agree (%)	Agree (%)	Somewhat agree (%)	Somewhat disagree (%)	Disagree (%)	Strongly disagree (%)
From government and non-governmental organizations we are getting support for implementing the program	5.6	11.1	38.9	33.3	11.1	0
We are getting enough support from other sectors for implementing the program	0	50.0	33.3	5.6	5.6	5.6

5.6% schools strongly agree the support receiving from government and non-governmental organization in implementing the program. 11.1% schools agree and 11.1% also disagree the support they were receiving from government and non-governmental organization in implementing the program. 38.9% schools somewhat agree the support getting from government and non-governmental organization in implementing the program. 33.3% schools somewhat disagree the support getting from government and non-

governmental organization in implementing the program. No schools that was participated in the survey strongly disagreed from the support they were getting from government and non-governmental organization in implementing the program (Table 4.7).

Table 4.7 shows no schools strongly agree they were receiving enough support from other sectors for implementing the program. 50% schools agreed they were getting enough support from other sectors for implementing the program. 33.3% schools somewhat agree they were receiving enough support from other sectors for implementing the program. 5.6% schools somewhat disagree, 5.6% disagree and also 5.6% strongly disagree they were receiving enough support from other sectors for implementing the program.

4.4 School and community collaboration

Table 4.8 Frequency and percentage of health awareness program on issues identified as national public health concern

Characteristics	Frequency n = 18	Percent
Conduct health awareness program for the students and parents on issues identified as national public health concern		
Yes	17	94.4
No	1	5.6

Table 4.8 shows schools of 94.4% were conducting health awareness program for the students and parents on issues identified as national public health concern and other 5.6% were not conducting health awareness program for the students and parents on issues identified as national public health concern.

Table 4.9 Percentage of health education session and health screening program for the students

Statements	Once in a year (%)	6 months (%)	3 months (%)	Did not conduct (%)
Conduct health education session for the students, teachers and parents	50.0	27.8	11.1	11.1
Health screening program are conducting for the students	94.4	0	0	5.6

Table 4.9 shows 50% schools conduct health education session for the students, teachers and parents once in a year. 27.8% schools conduct health education session for the students, teachers and parents in every 6 months. 11.1% schools conduct health education session for the students, teachers and parents in every 3 months and 11.1% did not conduct health education session for the students, teachers and parents.

94.4% schools conduct health screening program for the students every once in a year. 0% schools conduct health screening program for the students in every 6 months and 3

months. 5.6% from 18 schools did not conduct health screening program for the students (Table 4.9).

Table 4.10 Frequency and percentage of health screening for the students

Characteristics	Frequency n = 18	Percent
Health screening is carried out all students for		
Physical and mental health	2	11.1
Dental	0	0
Vision	0	0
All of the above	16	88.9

Table 4.10 shows schools of 11.1% conduct health screening program for the students only for the Physical and mental health. The rest of 16 schools that is 88.9% were conducting the health screening program for all the Physical and mental health, dental and for vision.

4.5 Resources

Table 4.11 Frequency and percentage of the resources

Characteristics	Fre- quency n = 18	Percent
Is there any trained health officer in the school		
Yes	16	88.9
No	2	11.1
Is there any trained team for conducting the program for students, parents and for the teachers		
Yes	9	50.0
No	9	50.0
Is there a specific health room for giving First Aid services		
Yes	14	77.8
No	4	22.2
We have enough materials to conduct health education program effectively		
Yes	10	55.6
No	8	44.4

88.9% schools have a trained health officer. 11.1 from 18 schools there was no trained health officer (Table 4.11).

Table 4.11 shows 50% schools have a trained health team for conducting the program for the students, parents and for the teachers and also 50% did not have any trained health team for conducting the program for the students, parents and for the teachers.

Table 4.11 shows 77.8% schools have a specific health room for giving the First Aid services and other 22.2% from 18 schools did not have any specific health room for giving the First Aid services.

Table 4.11 shows schools of 55.6% have enough materials to conduct health education program effectively and 44.4% from 18 schools does not have enough materials to conduct health education program effectively.

Table 4.12 Frequency and percentage of staff trained to give first aid

Characteristics	Frequency n = 18	Percent
How many staff are trained to give first aid		
100%	1	5.6
More than 80%	1	5.6
More than 50%	3	16.7
More than 25%	5	27.8
Less than 25%	8	44.4
Null	0	0

Table 4.12 shows 5.6% schools staff were 100% and more than 80% were trained to give first aid services. 16.7% schools more than 50% of staff were trained to give first aid services. Also 27.8% schools more than 25% of staff were trained to give first aid

services. 44.4% schools less than 25% of staff were trained to give first aid services and no schools of staff were not trained to give first aid services.

Table 4.13 Percentage of staff and budget for implementing the program

Statements	Strongly agree (%)	Agree (%)	Some-what agree (%)	Some-what disagree (%)	Disagree (%)	Strongly disagree (%)
There are enough staff for implementing the program	11.1	44.4	27.8	0	11.1	5.6
Budget we are getting is enough for conducting the program	5.6	5.6	38.9	11.1	22.2	16.7

Table 4.3 shows 11.1% schools strongly agree and also 11.1% disagree that there were enough staff for implementing the programs. 44.4% schools agree that there were enough staff for implementing the programs. 27.8% schools somewhat agree that there were enough staff for implementing the programs. No schools somewhat disagree that there were enough staff for implementing the programs. 5.6% schools strongly disagree that there were enough staff for implementing the programs.

Table 4.13 shows 5.6% schools strongly agree and also 5.6% agree they are getting enough budget to conduct the health education program. 38.9% schools somewhat

agree they were getting enough budget to conduct the health education program. 11.1% schools somewhat disagree they were getting enough budget to conduct the health education program. 22.2% schools disagree they were getting enough budget to conduct the health education program. 16.7% schools strongly disagree they were getting enough budget to conduct the health education program.

Table 4.14 Type of challenges faced by schools in implementing schools health program

Challenges	No of schools	Percent
They are not getting enough budget to conduct the Program	6	20.8
Lack of facilities	6	20.8
They are not getting enough time to conduct the program	7	24.2
No specific health team	1	3.4
No trained health officer	1	3,4
Lack of management support	1	3.4
Lack of skilled staff	1	3.4
Not having enough knowledge about school health	1	3,4
Not enough space to conduct the program	1	3.4
No support from other sectors, parents and staff	4	13.8

Table 4.14 shows that 6 schools 20.8% schools that are participated in the survey indicate they were not getting enough budget and facilities to conduct the program. From 7 schools 24.2% indicate they were not getting enough time to conduct the program. From

different 6 schools 3.4% indicate different challenges they face. Therefore; have no specific health team, no trained health officer, lack of management support, lack of skilled staff, not having enough knowledge about school health and not enough space to conduct the program. From 4 schools 13.8% indicate that they were getting no support from other sectors, parents and staff. From 4 schools they did not indicate any challenges that can be faced in implementing school health education program.

Management of the schools opinion on the changes to be brought to implement a successful health education program

From 6 schools they did not indicate any changes that have to be brought to implement a successful health program and other 12 schools indicate different changes that have to be brought. The changes to be brought to implement a successful health education program are;

Conduct health awareness program for the students. Staffs and parent about the common disease. So it will help them too aware about the disease and will in turn make them more careful. Need to improve the time we are getting, support from the management, skilled staff and the budget we are getting for the program. Needs to conduct the first aid class to aware the staff more than now. Needs to improve the materials. Facilities we are using to conduct the program. So it will improve the for a better health education program The program has to be conduct at least once in a year for the teachers, parents and students. Needs a specific health team and trained staff for conducting health education programs and giving first aid services. More than one trained health officer in the schools and all the teachers need to train for the health program in schools.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1 Summary of main findings

The aim of this cross-sectional descriptive study was to identify the challenges that are faced by the schools in implementing the school health education program in Male' city. The most common challenges that are faced by the schools in implementing the health education program were, lack of facilities, not enough budgets, not enough time to conduct health education program in the schools. More than 40% from all the 18 schools agreed that there were challenges in implementing health education program. They are not getting enough support from other sectors and from the parents. 50% from total 18 schools has the school health policy and almost all the school they implement the school health policy effectively. Though, more than 50% agreed that they were getting enough support from the government and non- governmental organization for implementing the health education program, (40%) schools said that they did not get enough help from other relevant sectors and parents. The changes should be brought for a better and successful health program. Therefore, improvements can be brought to the resources needed for implementing the program and aware the school staff and parents.

5.2 Discussion

The study found that more than 40% agreed that there were different challenges in implementing school health education program. The results show that half of the schools have the schools health policy and they were implementing the policy effectively. Nevertheless many improvements need to be brought to the health education for better implementation.

The findings of current study also indicate that achieving future progress in the adoption of comprehensive school health programs will depend upon the quality of the workforce, especially the ability of teachers to participate fully in both the curriculum, and noncurricular activities implied in comprehensive school health programs. Education and health authorities in collaboration with tertiary institutions and key health development agencies, provide on a continued basis, in-service education of teachers in health education (Effective school health promotion, 1996).

One of the primary influences for founding comprehensive school health programs (CSHPs) has been that they will improve students' academic performance and therefore improve the employability and productivity of our future adult citizens. Another argument relates to public health impact—since one-third of the Healthy People 2000 objectives can be directly attained or significantly influenced through the schools, CSHPs are seen as a means to reduce not only morbidity and mortality but also health care expenditures. It is likely that the future of CSHPs will be determined by the degree to which they are able to demonstrate a significant impact on educational and/or health outcomes (Diane Allensworth, 1997).

Many strategic challenges impeding the success of primary health care are fixed in weak strategic inputs, including inter-sectorial collaboration. Some encouraging evidence from programmes, projects, and studies suggests that inter-sectorial collaboration is feasible and useful. The strategy has the potential to fast-track the attainment of Millennium Development Goals. However, the strategy is not commonly utilised in developing countries. The health sector expects inputs from other sectors which may not necessarily subscribe to a shared responsibility for health improvement, whereas the public expects “health” from the health sector. Yet, the health sector rarely takes on initiatives in that direction. The sector is challenged to mobilise all stakeholders for inter-sectorial collaboration through advocacy and programming. Pilot projects are advised in order to allow for cumulative experience, incremental lessons and more supportive evidence (Ofili, 2010).

In a cross-sectional study carried out in a rural area in Bolivia, where Save the Children/US worked, the hypothesis that participation in inter-sectorial development programmes results in improved health behaviours and better health outcomes were tested. Four groups of 2,552 individuals in 499 households with varying levels of access to the organisation’s programmes were compared, those participating in the health-only programmes; those with access to health and microenterprise credit, households participating in health and literacy programmes, those participating in all three programmes (health, credit and literacy), and a comparison group of households with no access to any of the programmes. The study showed that children in households participating in all three programmes

were significantly less likely than children from comparison communities to be malnourished or at risk of becoming malnourished, even after controlling for such potentially confounding factors as social class, source of drinking water, and the availability of health facilities (Ofili, 2010).

The school health services" have not been adopted, the School Health Policies and Programs Study (SHPPS) has described school health services as a "coordinated system that ensures a range of care from school to home to community health care provider and back" (Small et al., 1995). The goals and program basics of school health services vary at the state, community, school district, and individual school levels. Some of the factors that contribute to the differences include student needs, community resources for health care, available funding, local preference, leadership for providers of school health services, and the view of health services held by school administrators and other key decision makers in the school systems. The types of services offered from one school system to the next, which is likely the result of several factors. A majority of states have state school nurse consultants, many of whom have distributed sample policy and procedure manuals from their state department of health or education or both, to guide the development and delivery of health services in local settings (Diane Allensworth, 1997).

The National Association of School Nurses has defined roles and standards for school nurses (Proctor et al., 1993) and provides a system for publicizing information and training to nurses who practice in schools (Diane Allensworth, 1997).

The American School Food Service Association has free standards for school food service and nutrition practices (American School Food Service Association, 1995). Similarly, organizations such as the National Association of School Psychologists, the American School Counsellor Association, and the National Association of Social Workers have published position statements and standards for their professions. The American School Health Association (ASHA), through its interdisciplinary committees, has studied the advantages and disadvantages of different services, the organization and delivery of services, and the roles of various school health service providers. Subsequently, ASHA publications have brought this information to the attention of state and local health and education agencies. The American Academy of Paediatrics, working closely with national councils of the school health services sector as well as the community health system, periodically updates a school health manual, *School Health: Policy and Practice* that serves both as another combining force and as an informal mechanism for confirming local program quality (American Academy of Paediatrics, 1993) (Diane Allensworth, 1997).

A pilot study was carried out in a population of 2,000 children aged 5–16 in rural Western Kenya. The program comprised school meals, vitamin A supplementation, insecticide-treated bed nets, deworming, hand washing and health education. Data were collected on program delivery and on health, nutrition and education parameters. The result was 2103 children use dewormed Albendazole, supplied with insecticide-treated bed nets and Vitamin A was given to all children under 5. School meals were provided daily to all children. Additional water points with soap were installed with a 32.5% observational increase in clean hands and 86% increased soap use (B Eder, 2015).

5.3 Conclusion

In conclusion, this study found that more than 40% agreed that there were different challenges in different schools in implementing schools health education program. Most of the schools agree they were not getting enough budgets to conduct the health education program, though, they get enough support to conduct the program from government and non-governmental organizations. All most all the schools conduct health awareness program on issues identified as national public health concern. Most of the schools they were screening the students for physical and mental health, dental and vision. But still they are not getting enough resources to conduct the program. In most of the schools there are trained health officer but need to improve the staff support in giving health education program. Schools health officer or other staff can use the finding for a better successful health program in atoll schools. Conducting a better health education for the students, parents and staff can aware for the diseases and make them more concern for the diseases.

5.4 Limitations of the study

Since this is a quantitative study, the questionnaire did not provide for gaining in-depth views of schools' thinking on the challenges in implementing the health education program. Therefore, it might not include all the challenges that are faced by all the schools in implementing the health education in Male' schools.

5.5 Results applied publically

The study was carried out in Male' schools. For this study 50% of schools from Male' were taken to conduct the survey. Therefore, the results can be applicable in the schools in Male' city.

5.6 Recommendation

5.6.1 Recommendation for Further Research

Further studies should be conducted to assess the situation in the schools of Male' city and all the islands of the Maldives.

Further studies can be based on identifying ways to improve the challenges or what changes have to be brought and what can be done to implement a successful health program in school

5.7.2 Recommendation for policy level

According to the result in most of the schools they did not have facilities and budget to conduct the program. So here should be a policy in every schools and apply the policy effectively. There should be different policy level for the school staff and teachers, for the students as well as for the parents. School management can check whether the policy is applying for the students and parents. Likewise from government they can identify whether the schools is applying the policy.

5.7.3 Recommendation for school management

Therefore it is recommended to plan and implement training programs in the workplace to improve knowledge and skills of the staff and parents for a successful health program in schools. This should be applicable for the school staff and teacher to aware more and concern about the health education program. Schools provides better resources and trained staff will lead to a better health education program for students, parents and school all the staff.

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APPENDICES

APPENDIX A

Consent Form

My name is Aminath Saalima. Currently I am studying Bachelor of primary Health Care at Maldives National University. This questionnaire is to carry out my research project which I have to complete on the final semester of my course.

This research is based on the ' Challenges that are faced by schools in implementing health education program in Male' schools. The information collected through this will be confidential and will be used only for this research. Your representative schools' name will not be included in the survey questionnaire.

I consent to participate in this research on the basis of the details which have been explained to me.

Name:

Signature:

**CHALLENGES THAT ARE FACED BY SCHOOLS IN IMPLEMENTING
HEALTH EDUCATION PROGRAM**

Questionnaire

**This research is based on the' Challenges that are faced by schools in implement-
ing health education program in Male' schools.**

Please tick (✓) in the applicable answer provided:

Part 1: Healthy school policies

1. The school has a schools health policy

Yes No

a. If yes is the policy implemented effectively?

Yes No

Part 2: Comprehensive school health education

2. Conduct comprehensive school health education program

- Once in a year
- 6 months
- 3 months
- Did not conduct

Question		Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
3	In the past years the program implemented was successful						
4	There are no challenges in implementing the program						

Question		Excellent	Very good	Good	very bad	Bad
5	Support getting for comprehensive school education from the school staff and parent was					

Part 3: Partnerships and inter sectorial collaboration

6. Do you give vitamin A and deworming tablet to the students in every year?

Yes No

7. Collaborate with other sectors when conducting program

Yes No

8. First Aid program was conducted every

- Year
- 6 months
- 3 months
- Did not conduct

Question		Strongly agree	Agree	Somehow agree	Somehow disagree	Disagree	Strongly disagree
9	From government and non- governmental organizations we are getting support for implementing the program						
10	We are getting enough support from other sectors for implementing the program						

Part 4: School and community collaboration

11. Conduct health awareness program for the students and parents on issues identified as national public health concern

Yes

No

12. Conduct health education session for the students, teachers and parents

Once in a year

6 months

3 months

Did not conduct

13. Health screening program are conducting for the students

Once in a year

6 months

3 months

Did not conduct

14. Health screening is carried out all students for

Physical and mental health

Dental

Vision

All of the above

Part 5: Resources

15. Is there any trained health officer in the school?

Yes

No

16. Is there any trained team for conducting the program for students, parents and for the teachers?

Yes

No

17. Is there a specific health room for giving First Aid services?

Yes

No

18. We have enough materials to conduct health education program effectively

Yes

No

19. How many staff are trained to give first aid?

100%

More than 80%

More than 50%

More than 25%

Less than 25%

Nill

Question		Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
20	There are enough staff for implementing the program						
21	Budget we are getting is enough for conducting the program						

22. Please indicate any other challenges that can be faced in implementing school health programs

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23. In your opinion what changes have to be brought and what can be done to implement a successful health program in school?

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THANK YOU