



Myanmar National Comprehensive School Health Strategic Plan (2017-2022)

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Executive summary:

In the era of Sustainable Development Goals (SDGs), health and its determinants cut across all sectors and require multi-sectoral coordination. Myanmar has aspiration toward sustainable and inclusive development that health and well-being of the people are at the centre of development. Best investment on health is for prevention and promotion. Promoting health through school setting is the most cost-effective that produce viable outcomes. A synergic interface between the health service sector and the education sector from the central to the grassroots level is a foundation for promoting the people's health, enhance health literacy, enabling people to access health and education services at all levels.

The Ministry of Health and Sports(MOHS) and the Ministry of Education (MOE) of Myanmar jointly are reforming school health programme with a greater emphasis on comprehensive health services and health literacy, environmental health and sanitation, school-based disease control and mental health, as well as injury and violence prevention and under the slogan: ***"A health promoting school is a school constantly strengthening its capacity as a healthy setting for living, learning and working."***

Ministry of Health and Sports in collaboration with Ministry of Education has implemented School Health services since 1920. The school health activities improve children's health condition physically and mentally. As a result, not only school enrolment rate increases, but also attendance rate improved. However, challenges remain in reaching the hard to reach population, where enrolment is low and retaining students for higher education and skill development are difficult. Contributing factors are low GDP per capita, inadequate resources for trained personnel, for health services and facilities in all schools, and lack of education and awareness on some crucial health issues, social stigma, myths and other social and economic barriers. Health promoting school approach were utilized in a fragmented manners depend on resources availability.

This Comprehensive School Health Framework 2017-2022 is crafted to improve quality of education and health of students through holistic health promoting school approach, along with factors influencing health of students especially from families and communities. National Consultation to consider the strategies was conducted in December 2016 participated by approximately 70 participants from MOHS and MOE.

Major Comprehensive School Health (CSH) strategies are

Strategic 1: Strengthen and develop health promoting school structure and system,

Strategic 2: Improve health and well-being through health literacy and services,

Strategic 3: Harmonize health and education through health promoting schools, and

Strategic 4: Strengthen community partnership in Health Promoting Schools

Strategic 1 is fundamental to effective and successful interventions to improve child and adolescent health as well as promote health to the whole community through schools, students and teachers. It will also enhance coordination and mobilization of resources.

Strategic 2 is the key toward promotion of health in school settings that include school students, teachers, parents and community participation in children's health and well-being, as well as provide multiple effects on health and sustainable development. Health services and health promotion in school can be cascaded in different sets of activities that ensure health and well-being of students. Four levels of activities are formulated as follow:

- Basic health service (minimum package – BHS): mostly feasible in all schools without financial support,
- Basic health promotion package plus (BHP+): mostly feasible in all schools with financial support,
- Intermediate package with advancement (IPA): include all the basic and other health promotion packages and selective measures based on students' needs, and
- Advance stages of school health services (ASH): depend on resource and needs in each school.

Strategic 3 provides linkage between health and education goals as well as approaches that have been utilized, promoted, or advocated for schools in the past and for future programmes as potential partners are involved.

Strategic 4 includes cooperation not only by children's parents but also by community people because Partnerships with local communities are indispensable factors for the effective implementation and success of health promotion schools. The health and education services through schools are included as well as cooperation of the local communities.

By the year 2022, health and well-being of students in Myanmar should increase in 2-3 folds if implementation of this strategic plan is carried out with sufficient resources and

coordination between multistakeholders and partners, from schools to home and communities, and supports among various agencies.

This comprehensive strategic plan is developed with support from the World Health Organization, South-East Asia Regional Office and Country office for Myanmar, and partners from school health initiatives in Myanmar. Professor Shohei Kokudo from Graduate School of Human Development and Environment, Kobe University was the main consultant commissioned by WHO-SEARO to conduct research, investigate current situation and past activities of school health programme in Myanmar, in order to draft appropriate comprehensive strategic plan. The Draft strategic plan was presented at the National Consultation on Comprehensive School Health meeting and further reviewed by WHO regional advisor and medical officers in-charge of school health in Myanmar. The document is finalized and submitted for the Ministry of Health and Sport's consideration.

Background

Myanmar has adopted the concept of health promotion in school settings since the beginning of Global School Health Initiatives in 1996. Health promoting school programme was introduced into existing school health services aiming to promote health standards for all students, the skills, and knowledge needed for adoption of healthy lifestyle. In principle, a health promoting school encompass healthy school policies; school's physical and social environment; health education, skills, literacy, and health services; and community engagement. Dual benefits of implementation of health promoting school are to achieve "health for all" and "education for all" as health condition of students contributes greatly to education performance, and numbers of health-related activities attract school enrolment and on the other hand, education can improve health condition of the whole population, extended from students, to parents, teachers, and communities. Many of the international and national commitments made on education and health sectors have emphasized the school health as one of the vital agenda.

Life expectancy at birth in Myanmar is 63.4 years and low in comparison to its neighbouring countries and in the region. Under-five mortality rate steadily reduced yet still high rate of 62 per 1,000 live births, highest in Southeast Asia. The gap between urban and rural health is widening.

Top three national priority community diseases for Myanmar are HIV, TB and Malaria, where a number of HIV-infected youths are on the rise, and higher than most countries in Southeast Asia.

From the National NCD Report 2014, NCD are estimated to account for 59% of total deaths in the country, as cardiovascular diseases counted 25%, cancer 11%, injuries 11%, chronic respiratory diseases 9%, diabetes 3%, and other NCD related diseases. Major risk factors for NCDs are unhealthy diets, tobacco and alcohol consumption, and sedentary life-styles.

Recent 2016 Myanmar Global School-based Student Health Survey (GSHS) demonstrated that the prevalence of unhealthy behaviors such as unhealthy dietary habits including eating junk foods (46%) and drinking carbonated soft drinks (45%), physical inactivity (30.2%), alcohol drinking (4.3%), and using tobacco (6.6%) among 13-17 year students become

increased. Concerning mental health indicators among students; consider suicide, plan to suicide and attempted suicide are also increasing about seven times in recent decade. Hence we can conclude that as compared to previous survey conducted in 2007, the trend of unhealthy behaviours as well as mental health issue among students has been rising up. Moreover, in the report of Myanmar Health Management Information System, in 2015, only 38.8% of schools covered health promoting school activities.

The Ministry of Health and Sports(MOHS) and the Ministry of Education (MOE) of Myanmar jointly are reforming school health programme with a greater emphasis on health promotion and health literacy, environmental health and sanitation, NCD prevention, including mental health, injury and violence prevention. MOHS has been implementing health promoting school under the slogan: "*A health promoting school is a school constantly strengthening its capacity as a healthy setting for living, learning and working.*"

Myanmar National Health Plan (NHP) 2017-2021 published in December 2016¹. Myanmar's political leadership has expressed a strong commitment to accelerating progress towards universal health coverage (UHC), which is defined as all people having access to needed health services of quality without experiencing financial hardship. NHP aims to strengthen the country's health system and pave the way towards UHC, choosing a path that is explicitly pro-poor. The main goal of NHP 2017-2021 is to extend access to a Basic Essential Package of Health Services (EPHS) to the entire population by 2020 while increasing financial protection.

The NHP will be operationalized nationwide to deliver the Basic EPHS based on existing capacity. Investments to expand Townships' capacity by improving service availability and readiness, however, will be gradually phased in, prioritizing Townships with the greatest needs. The size of the Basic EPHS package largely depends on what the country can afford and deliver. The planning at Township level will be emphasized for implementation of EPHS, which are based on the situation analysis (Health Input Scoring Index) and the performance (Health Output Scoring Index).

¹ Ministry of Health and Sports (2016), Myanmar National Health Plan 2017-2021

The comprehensive school health strategy 2017-2022 shall be developed based on the context of National Health Plan 2017-2022 for younger generation which come from both education and health sector.

Principles and Framework of Health promoting school

WHO's Global School Health Initiative is guided by the Ottawa Charter for Health Promotion (1986)²; Jakarta Declaration of the Fourth International Conference on Health Promotion(1997)³; and WHO's Expert Committee Recommendation on Comprehensive School Health Education and Promotion (1995)⁴.WHO Global School Health Initiative-launched in 1995⁵-with goals: *Increase the number of schools that can truly be called "Health-Promoting Schools"*. Health Promoting School can be characterised as a school constantly strengthening its capacity as a healthy setting for living, learning and working.

The 2016 Shanghai Declaration Promoting Health in the 2030 Sustainable Development Agenda⁶emphasized that good governance is crucial for healthy cities and communities are critical settings for health, and health literacy empowers and drives equity through actions across sectors. Health literacy is one of important actions that can be achieved through school settings that enabling children, parents, school staffs and communities to attain health information with good knowledge to apply and appropriately use to tackle health concerns in their day-to-day life.

The Health Promoting Schools Framework developed by the WHO, South East Asia Regional Office encourages a whole school approach to addressing health issues.

The framework consists of six areas (Figure1):

- School Policy and Management;
- Curriculum, teaching and learning;
- Health Service and Healthy activities;
- Healthy and safe Environment;
- Active participation of students; and



Figure 1 Health Promoting Schools Framework

²WHO Ottawa Charter for Health Promotion 1986 <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

³ Jakarta Declaration of the Fourth International Conference on Health Promotion(1997)<http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/>

⁴ WHO's Expert Committee Recommendation on Comprehensive School Health Education and Promotion (1995)http://www.who.int/school_youth_health/resources/expert_reports/en/

⁵ WHO Global School Health Initiative 1995http://www.who.int/school_youth_health/gshi/en/

⁶ Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, 2016 <http://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration/en/>

- Community Partnerships and Services

The Health Promoting Schools Framework serves as an ongoing reminder to consider the importance of working across all areas and facets of the school. It encourages a coordinated and comprehensive approach to the planning and delivery of school activities, programs, policies and environments. WHO Global school health Programme supports “healthy and safe school environment” which encompassed whole-school approach from physical and social environment to cognitive behavior and skills for healthy lifestyles of students, teachers, parents and community associated to schools.

WHO School Health Initiatives and global partners (WHO, UNESCO, UNICEF and the World Bank) developed FRESH Framework⁷ (Focusing Resources on Effective School Health Framework) to provide link with education sector to implement effective school health programmes to achieve both education and health results. The key pillars for effective school health are having a) equitable school health policies, b) safe learning environment, c) skills-based health education, e) school-based health and nutrition services.

Eight core indicators to support effective school health are 1) having a comprehensive national school health policy, 2) comprehensive health-related school policies, 3) national safety standards addressing physical, socio-emotional school environment, 4) school that meet national school safety standards, 5) priority health content and skills-based pedagogy, 6) regular skill-based health education in schools, 7) minimum package of school-based health and nutrition services at national level, and 8) minimum package of school-based health and nutrition services in schools.

Analysis of the Current Situation of School Health Programme and areas needed to be strengthened

In order to promote the health standards of the entire student, the skills and knowledge needed for adopting a healthy lifestyle, the following strategies were developed based on the national health policy:

⁷ Focusing Resources on Effective School Health
http://www.unesco.org/education/tlsf/mods/theme_b/popups/mod08t04s02.html

1. Conducting refresher training for teachers and BHS on the development of health promoting schools to promote the health standards of the entire student youth, the skills and knowledge needed for adopting a healthy life style at all levels.
2. Enhancing better quality and coverage of school health care by providing sufficient manpower and supplies.
3. Establishing school health committees at different levels for monitoring and evaluation mechanisms to ensure successful implementation.
4. Conducting research on the impact of school health program to promote existing school health activities.
5. Promoting co-ordination and collaboration mechanisms with ministry of education and other related departments.
6. Organising resources for national school health program through the involvement of local and international NGO's and international organizations.⁸

Current structure for school health programme and financial mechanism

The structure of the School Health Division in Department of Public Health, Ministry of Health and Sport comprise of 4 Assistant Directors in the School health division; 1) health promoting school, 2) School Health Program, 3) Adolescent Health, 4) Training and research.

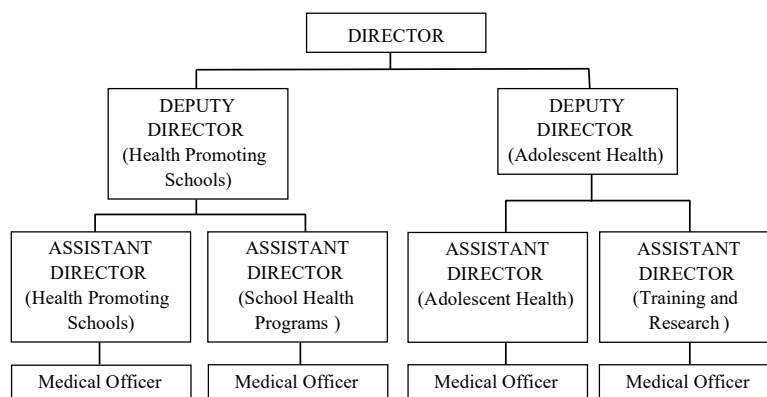


Fig. 2 Organization set-up of School Health Division, Department of Public Health

⁸UNICEF Myanmar (March 2013). Improving Learning Environment for Primary School Children in Myanmar, http://www.unicef.org/myanmar/media_20729.html retrieved 1 December 2016.

Human resource is the major constraint for implementation of school health programme in Myanmar. The main counterpart for school health division is the Department of Basic Education, Department of Education, Research, Planning and Training, Ministry of Education.

Regarding financing for School Health activities, there is no separate line item budget in Department of Public Health. But the finance for meeting, training and supervisory tours conducted by School Health Division can be reclaimed from Departmental budget. For external aids for school health activities, World Health Organization (WHO) is the main partner for school health. Other collaboration partners are UNICEF, MMCWA, MRCS, JOICFP etc.

New organization structure for school health is recently developed by the government in response to the governance structure showed layers of implementation teams to be set up. Under the new structure, there will be five levels of school health committees: central school health committee, state and regional school health committee, district school health committee, township school health committee, and school level school health committee. The new structure will also composed of multiple departments from the Ministry of Health and Sports, the Ministry of Education, the Ministry of Relief and Resettlement, Ministry of Border Affair, and NGOs such as MMCWA. Each level of school health committees will have clear roles and responsibilities which was absent in this current practices.

The National Consultation on Comprehensive School Health Strategic Plan held in December 2016 provided the first plat form for all the partners at different levels to convene and consider the draft comprehensive school health strategic plan.

Current activities in health promoting school since 2006

Health Promoting School programme, Ministry of Health and Sports, has been introduced into existing school health services since 1996 aiming to promote the health standards of the entire students, the skills and knowledge needed for adoption of healthy lifestyle. In 2006 the Nine Domains health promoting school programme was introduced with the following components:

1. Health education

2. School environmental sanitation
3. School-based disease control
4. Nutrition promotion and food safety
5. Medical examination including primary oral care and dental examination
6. Community outreach
7. Counselling and social support
8. Training and research
9. Sports and physical activity

Table 1: Health promotion activities in schools

Domains	Activities
<ol style="list-style-type: none"> 1. Health education 2. School environmental sanitation 3. School-based disease control 4. Nutrition promotion and food safety 5. Medical examination including primary oral care and dental examination 6. Community outreach 7. Counselling and social support 8. Training and research 9. Sports and physical activity 	<p><u>Health Education Focus</u></p> <ul style="list-style-type: none"> • Primary level: personal hygiene, hand washing and tooth brushing, garbage free school, use of sanitary latrines, DHF prevention and control • Secondary level: tobacco control, school environmental sanitation, school nutrition promotion and food safety, prevention and control of road traffic accident • High school level: reproductive health, sexually transmitted infections (STI), prevention and control of road traffic accident, tobacco and drug abuse, garbage free school • IEC collection and distribution for school-based health education
	<p><u>School Health Week (2nd Week of August)</u></p>

Domains	Activities
	<ol style="list-style-type: none"> 1. Health education, 2. Hand washing and systematic tooth brushing campaign, 3. Healthy life-styles exhibition, 4. Essays/ Posters/ Cartoons competition, 5. Physical examination including primary oral and dental care, 6. Vision screening 7. Model School selection and prize awarding ceremony <p>The Model School selection was conducted biannually, first round - April, May, and second round - Nov, Dec.</p>
	<p><u>Disease Control Activities</u>(communicable and non-communicable)</p> <ul style="list-style-type: none"> • Prevention and promotion education • Aedes Free School - DHF control activities in all schools including Monastic Schools (fogging, larva survey, larva control, abate) • Measles-Rubella immunization campaign in schools • Japanese Encephalitis immunization campaign in schools • Soil transmitted helminthiasis (STH) control programme • Integrated Neglected Tropical Disease control program in Myanmar – biannual Albendazole 400mg tablets for all preschool (2-4 years) and all school age children (5-15) years) • Biannual deworming for all students • Physical education and healthy lifestyle

Domains	Activities
	promotion for NCDs control <ul style="list-style-type: none"> • School health services : general medical examination and oral health care
	<u>School-based nutrition promotion and food safety</u> <ul style="list-style-type: none"> • Nutrition education, school feeding in selected townships • School canteen food safety by health education and medical examination for food handlers in school canteen • Biannual deworming, Iron & folate supplementation together with Nutrition Division • School food safety together with Department of Food and Drug administration
	<u>School Environment and Sanitation</u> <ul style="list-style-type: none"> • Garbage Free School • WASH in schools together with Ministry of Education and Ministry of Agriculture, Livestock Breeding and Irrigation • Protect from discrimination, harassment, abuse and violence • Tobacco Free School
	<u>Menstrual Hygiene Management in Schools</u> with Japan Organization for International Cooperation in Family Planning (JOICFP)

Domains	Activities
Cooperation and Collaboration with other sectors	<ul style="list-style-type: none"> • WASH in school (Hand washing, Safe drinking water, Use of sanitary latrines) together with Ministry of Education, UNICEF, Ministry of livestock, fishery and rural development • Menstrual hygiene management education and training for parents/ guardians and adolescent school girls in selected townships together with JOICFP
Training and Research	<p><u>Teacher Training</u></p> <ul style="list-style-type: none"> • Annual training for teachers and Basic Health Staffs on HPS • Refresher training on School and Adolescent health for school health personnel from both Education and Health sectors <p><u>Research</u></p> <ul style="list-style-type: none"> • 2016 Myanmar School-Based student Health Survey
Advocacy Meetings to strengthen Health Promoting School activities in States and Regions	

Student Health Concerns in Myanmar

Myanmar Global School-based School Health Surveys were conducted twice one in 2007 and another in 2016. The surveys showed overall health behaviour and risk factors across spectrums of health among students aged 13-15 years: ranging from dietary behaviours, hygiene, mental health, physical activity, alcohol and tobacco use, to protective factors, knowledge about HIV Infection and AIDS and violence and unintentional injuries.

Generally students' personal hygiene in Myanmar, including hand washing before and after meal as well as after using toilet, and teeth brushing, is in good coverage. Percentage of students reporting rarely washed their hands or cleaned their teeth is very low. Students who directly engaged risk behaviours are also low. However, they were exposed to tobacco as second hand smokers from their environment. Regarding physical activity and dietary behaviour, most students are at risks of becoming overweight as most students are not physically actives or having fruits and vegetables on regular basis.

The major health concerns can be presented in the Table 4 listing the top five health concerns among students age 13-15 and 15-17 years from the Global School-based Student Health Survey 2007 and 2016.

Table 4: Five key health concerns presented in the GSHS 2007 and 2016 Factsheets⁹

GSHS 2007 students aged 13-15			GSHS 2016 students aged 13-15			GSHS 2016 students aged 16-17		
Total %	boys	girls	total	Boys	girls	total	boys	girls
67.1 % of students who reported people smoking in their presence on 1 or more days during the past 7 days	71.6	62.6	72.7 % of students who reported people smoking in their presence on 1 or more days during the past 7 days	74.8	70.9	70.5 % of students who reported people smoking in their presence on 1 or more days during the past 7 days	77.1	64.7
27% of students who were in a physical fight 1 or more times during the past 12 months	31.4	22.5	68.4 % of students who drank alcohol before age 14 years for the 1 st time, among students who ever had a drink of alcohol other than a few sips	63.5	null	57.4 % students aged 13-17 who drank alcohol before age 14 years for the 1st time, among students who ever had a drink of alcohol other than a few sips	53.3	null
23.8% students reported that most of the students in their school were never or rarely kind and helpful during the past 30 days	26	22	50.1 % of students who were bullied on one or more days during the 30 days before the survey	51.4	48.7	50.1 % of students who were bullied on one or more days during the 30 days before the survey	49.3	50.7
21 % of students were physically attacked one or more times during the past 12 months	27	15	46.1 % of students who usually drank carbonated soft drinks one or more times per day during the 30 days before the survey	44.9	46.8	38.6 % of students who usually drank carbonated soft drinks one or more times per day during the 30 days before the survey	39.2	37.5
20% of students who missed classes or school without permission on one or more days during the past 30 days	22.8	17	36.4% of students who were seriously injured one or more times during the 12 months before the survey	44.3	29.1	36.2 % of students who were seriously injured one or more times during the 12 months before the survey	43.1	30.1

In Myanmar, although School Health services have been initiated since 1920 and Health Promoting Schools program with the concept of WHO school health initiative has been

⁹ Myanmar Global School-Based Student Health Survey Factsheet 2007 and Factsheet 2016
http://www.who.int/chp/gshs/Myanmar_2007_fact_sheet.pdf?ua=1

implemented since 1996, recent 2016 Myanmar Global School-based Student Health Survey demonstrated that the prevalence of unhealthy behaviors such as unhealthy dietary habits including eating junk foods (46%) and drinking carbonated soft drinks (45%), physical inactivity (30.2%), alcohol drinking (4.3%), and using tobacco (6.6%) among 13-17 year students become increase. Concerning mental health indicators among students, consider suicide, plan to suicide and attempted suicide are also increasing about 7 times in recent decade.

Global Youth Tobacco Survey (GYTS) 2016 (for students aged 13-15) shows that 14% of youth in Myanmar used tobacco (smoked and/or smokeless), 26% of boys and 4% of girls. 61% of current cigarette smokers bought cigarettes from a store, shop or street vendors. 11% of boys used smokeless tobacco. 65% of students thought other people's tobacco smoking is harmful to them, yet 25.8% students thought smoking tobacco helps people feel more comfortable at celebrations, parties and social gathering.

Associate with the nutrition and physical activity, 7.6% students were at risk for overweight ($>+1SD$ for BMI) and 18.0 % were under weight ($<-2SD$ for BMI). The double burden of malnutrition clearly presents in this country. 10.3% of students were physically active at least 60 minutes per day on all 7 days during the past 7 days before the survey. Sedentary behavior, such as children who spent 3 or more hours per day is existed 16.4%.

Myanmar Demographic and Health Survey (DHS) 2015-16,¹⁰ reported that Measles-Rubella immunization campaign was implemented 97% of schools in 2014. Soil-transmitted helminthiasis (STH) prevalence was significantly reduced from 69.7% in 2002 to 20.9% in 2012. The main contributor for this reduction was present of the Integrated Neglected Tropical Disease Control Programme, along with having biannual deworming activities for primary students on regular basis. Today only one-fifth of students remain infected by STH.

MOHS reported that health promoting school program since 2006 has covered 100% of schools. However, only 38.8% of schools are covered by Health Promoting School activities in 2015. Surveillance of dengue haemorrhagic fever (DHF surveillance) in Myanmar¹¹ showed 309 DHF cases among 2,890,451 students, while 86.9% of school conduct health education related to DHF. 91.0% of school conduct larva control activities which include

¹⁰Ministry of Health and Sports (2016), Myanmar Demographic and Health Survey 2015-16, Key Indicators Report

¹¹Ministry of Health (2012), Health in Myanmar 2012

66.0% of Abate schools and 13.6% of fogging. DHF prevention illustrated that the rate of larva control activities in combination with health education in school is necessary and need to be improved.

World Food Programme Myanmar coordinates with MOE, and partners with UNICEF, INGOs and other NGOs conducted school feeding programme in Northern and Southern Shan States and Magway Region. School feeding programme provides 58,000 children a daily snack of 75g fortified high energy biscuit (HEB) in schools and Take-home Family Ration distributed 10 kg of rice monthly to 174,000 schoolchildren and to their 696,000 family members. This programme illustrated that concert efforts from donor agencies to provide services that considered not only students but also their families to ensure prevention and control of diseases.

Implementation of the Health Promoting Schools and Lessons Learnt

According to the Annual Public Health Statistic reports 2013 and later in 2014 and 2015, six indicators are being used to measure health promoting schools. These are percentage of schools examined for health care, primary school children receiving medical examinations, standard ratio of 50 students per one fly-proof latrines, access to clean water, having nutrition promotion, and other health promotion activities (Table 4). From these indicators, 90% of schools have examined for school health care, and 90% of primary school children received medical examinations including monitoring nutrition status. About 80 to 85% of schools are respectively compliance to standard ratio of fly-proof latrines and access to clean water.

Two-third of schools conducted the nutritional promotion activities including health education at least once a week or having school feeding programme. However, less than 40% of schools implement health promoting school activities such as health education, school environment and sanitation, prevention of communicable diseases, etc.

The definition of school health implementation indicators focused on coverage rather than quality of health promoting schools and its functionality to improve health of students. There are no sufficient data or information on what being measured for students' health (height, weight, BMI, eye-power, oral and personal hygiene, or else); nor on water quality, resources,

or access. There is unclear measured on what included in health promotion activities, how often, how many activities, what methods use, or which target aged for which subjects were being conduct. School feeding programme and nutritious contents of food provided to students were not disclosed whether it was appropriate for the age or for the conditions to tackle malnutrition or general balance diets for health of younger or older age groups of students

When compare implementation of health promoting schools across regions and states, disparities are pertinent. School health programme considered 3 components to compare disparities in implementation of health promoting schools: namely access to water, promotion of nutrition and other health promotion activities. The activities are mostly implemented in Yangon and Mon State. Implementation rates are varied throughout the countries, Rakhine and Chin State lacks behind other states.

Water access is crucial factor for the implementation of the school health activity. Many Schools in rural area could not reach the water resource. Each school need to find and secure the water resources for drinking, washing hand and latrine. Additionally the economic conditions of remote Divisions and States are not able to sufficiently conduct the school health activities. For example, the school could not prepare soap for hand washing activities because of inadequate or lack of fund for health promotion activities in schools. Parents could not help the school economically because they were too living in poverty.

Gaps among different states (table 4) informed us that Chin and Rakhine states need further improvement and support to enhance their school health programmes and activities, while ratio of school health promotion activities in Kayah, Sagaing and part of Shan States were far less than other activities.

Additionally, some of improvement indicators shall be included in order to assess the effect of HPS activity, such as school attendance improvement ratio, morbidity ratio, lifestyle improvement, etc. The planning and reporting procedure shall be developed in order to promote the effective and sustainable implementation of HPS. The process will start at easy level, and will set the step by step system of plan and report.

Table 5. Implementation Ratio of the contents of HPS

Indicator	2013	2014	2015
% of schools examined for school health care	91.8	92.9	92.8
% of primary school children receiving school medical examinations	87.7	92.0	91.5
% of schools with the full standard ratio (50:1) of fly-proof latrines	81.6	83.4	84.8
% of schools with access to clean water	80.4	80.4	82.5
% of schools with nutritional promotion activities	55.0	61.6	65.7
% of schools with health promoting school activities	35.4	34.8	38.8

Source: DOPH Annual Public Health Statistics 2013¹².Data of 2014 and 2015 were provided form DOPH¹³

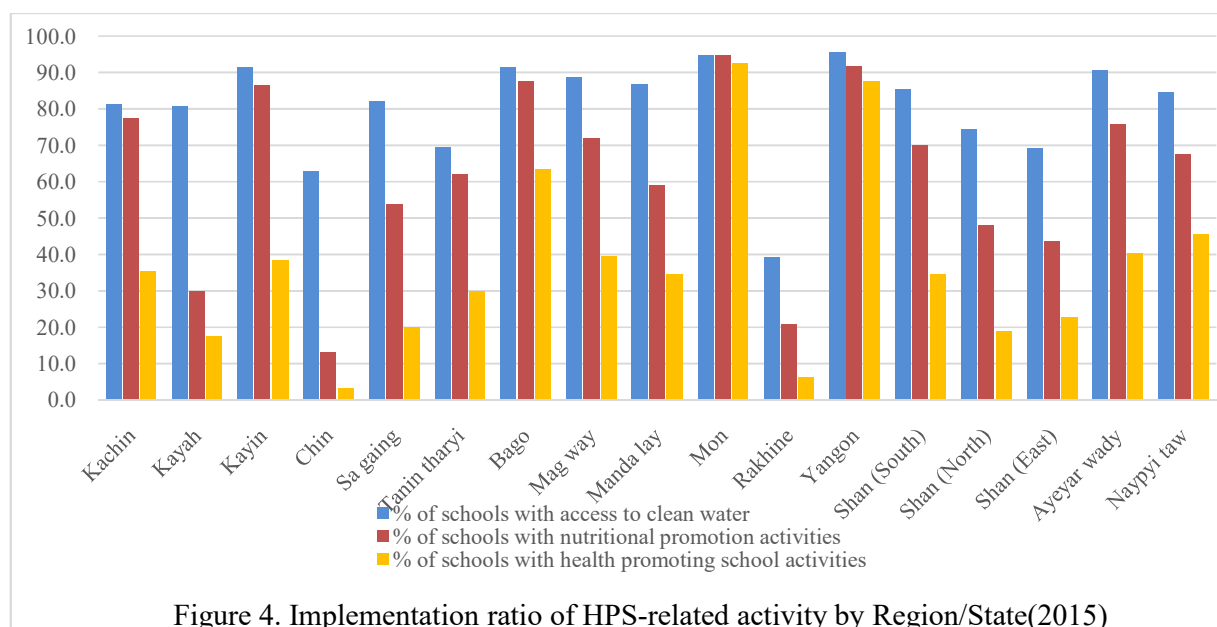


Figure 4. Implementation ratio of HPS-related activity by Region/State(2015)

Lessons learnt from past experiences in implementation of school health in Myanmar reveals the following needs:

- 1) Recognized important of schools in nurturing and instilling healthy behaviour of population, health promotion in school is critically important for early development of health behaviour and health literacy. Integrated health in academic curriculum will enhance the practice of school health initiatives in Myanmar.
- 2) Health promoting schools needs to have comprehensive programme and supportive structure and systems for schools to be active institutions that bring change for better health of students, teachers, and families in a long term.

¹²Department of Public Health, Ministry of Health and Sport (2015), Annual Public Health Statistics 2013

¹³Ministry of Education (2011).Community-Based Extended and Continuous Learning (EXCEL) for Out-of-School Children. Information Sheet, DEPT.

- 3) Basic infrastructure such as drinking water and utilities, functional toilet, weight and high scales, appropriate lighting (natural or others) in classroom, safe playground and walk ways, sanitized canteen or clean food areas, and safe building structure are prerequisite for school health programmes and activities.
- 4) Information system linkage between health and education sector will be a foundation to develop proper supports for school health activities as well as harmonize health and education outcomes.
- 5) Comprehensive school health services should be standardized with basic/minimum health packages that address not only health programmes but also infrastructures and factors that affect health of students, teachers and school staffs.
- 6) Comprehensive school health applies health promoting school approach that taken whole-of-school social and physical environment that contributing to health and well-being.
- 7) Current practices of health promoting school activities are fragmented and need to be harmonized.
- 8) Implementation gaps across regions reflect the social and economic conditions of the region/states. Strategic actions toward closing the gaps will enhance education, health, and other determinants of health and well-being of the students in the most vulnerable areas,

Strategic objectives of this plan are designed based on the baseline information and lessons learned.

Comprehensive School Health Strategic Framework 2017-2022

1. Vision and missions

Vision: To promote physical, mental and social health of entire students

Mission: Developing Health Promoting Schools for learning and working environment for all education families

Purpose of this strategy is to provide systematic framework to promote physical, mental and social health of entire students and promote healthy behaviour to prevent communicable and non-communicable diseases as well as determinants of health and risk factors to prevent diseases through comprehensive health promoting school approach

2. Policy context

- Policy guidance and perceived priorities of school health and targets health and education outcomes shall be determined by the Ministry of Health and Sport, and the Ministry of Education.
- By realizing the improvement of the children's health condition and the school environment, school teachers, students, parents and people of the community are motivated endogenously and can implement health promoting school approach in all school settings.
- The contents of school health activities need to be contextualized to local conditions fostering innovative and alternative actions to achieve minimum standard of health promoting schools. Sub-national school health committee play crucial roles to develop operationalized plan of actions, monitoring and support systems to implement comprehensive school health programme.

3. Tentative Targets

Primary targets of this strategic plan are school students aged 5-17 years or from kindergarten and Grade 1 to Grade 12. In order to ensure supportive environment for health and well-being of students, a comprehensive approach is applied to include teachers, school staffs, and parents as well as communities where there are possible.

Supportive environment is important for students to maintain healthy life-styles within and outside schools. Primary beneficiaries of health promoting schools are students, while teachers, parents and others are secondary beneficiaries. Health promoting schools can also be important settings for parents, teachers and communities to gain knowledge on healthy behaviour and practice what they try to instil in students.

Whole-school approach will be used as targets to achieve health promoting schools by 2022.

Tentative targets are:

- More than 90% of schools implement basic health promotion activities by 2022
- More than 80% of schools implement basic health promotion with additional health services or activities by 2022
- More than 65% of schools implement intermediate health promotion activities by 2022
- More than 55% of schools implement advance level health promotion activities by 2022

Each Region/State should set their realistic targets by the midterm implementation of this strategic plan in accordance with outcome evaluation and assessment comparing to baseline survey or national statistic in 2017.

4. Comprehensive School Health (CSH) strategies

Strategic 1: Strengthen and develop health promoting school (HPS) structure and system

Strategic 2: Improve health and well-being through health literacy and services

Strategic 3: Harmonize health and education through health promoting school (HPS)



Strategic 4: Strengthen communities participation in Health Promoting School Activities

Figure 5: Comprehensive School Health Strategic Framework

Transformation of current domains of health promoting school to systematic strategies was needed to foster inter-agencies, cross-sectoral actions to support health related programmes, with sufficient resources to strengthen school-based health programmes and improve health and education performance of school-aged children in Myanmar (Table 6). The framework also addresses the gaps to make school a healthy setting for learning and working, as well as aids integration of current fragmented activities.

Table 6: Transformation of current domains of health promoting schools to new strategic framework

Current domains	New Strategies
1) Health education including life skill education	Strategic 2: Improve health and well-being through health literacy and services Strategic 3: Harmonize health and education through HPS
2) School environmental sanitation	Strategic 1: Strengthen and develop HPS structure and system Strategic 2: Improve health and well-being through health literacy and services Strategic 3: Harmonize health and education through HPS
3) School-based disease control	Strategic 2: Improve health and well-being through health literacy and services
4) Nutrition promotion and food safety	Strategic 1: Strengthen and develop HPS structure and system Strategic 2: Improve health and well-being through health literacy and services
5) Medical examination including primary oral care and dental examination	Strategic 2: Improve health and well-being through health literacy and services
6) Community outreach	Strategic 4: Strengthen School Health Partnerships with Communities
7) Counselling and social support	Strategic 2: Improve health and well-being through health literacy and services Strategic 4: Strengthen School Health Partnerships with Communities
8) Training and Research	Strategic 1: Strengthen and develop HPS structure and system
9) Sports and Physical Activity	Strategic 2: Improve health and well-being through health literacy and services

Strategic 1: Strengthen health promoting school structure and system

This strategy is fundamental to effective and successful interventions to improve child and adolescent health as well as promote health to all the persons involved in the school health programme. This strategy will also enhance coordination and mobilization of resources. Clear roles between MOHS and MOE need to be set at different level of school health structures. School health policy framework could be developed at national or sub-national or at the school level to have clear guidance appropriate to the local contexts.

1.1 School health committees:

School health committee plays important roles in providing policy guidance, support implementation, assessment and mobilize resources. School health committees at all levels are important to ensure successful coordination and implementation in a long term. Structure of committees should be designed based on most effective ways to implement the school health in basic education structure and with different types of schools in Myanmar. National body of school health programmes will be providing technical supports to set goals and targets, set up a coordinating team, develop curriculum, appraise and provide recognition for successful health promoting schools.

- **Central/national school health committee:**
- **Sub-national school health committee** (States/Regions, District, Township)
- **School health committee at school level**(implementation and mobilize local resources through coordination and partnership)

The committees will be key instruments to develop work plan and monitoring system for each level. Innovative approach to engage with multi-stakeholders and resource mobilization could be developed through these committees. Terms of reference for each committee identify key roles and responsibilities need to be developed.

Table 7: Roles and Suggested Actions for National/State/Regional School Health Committees

Roles of National/State/Regional School Health committees	Suggested actions:
Strengthen Health Promoting School activities in States and Regions	<ul style="list-style-type: none"> • to organize the State and Region School Health Committee as designated • to coordinate and collaborate with State level NGOs, INGOs, related sectors to implement the school health activities conveniently • to develop the prioritized school health action plans and activities depending on local context and needs by the involvement of district and township level authorities in respective State and Regions. • To monitor and evaluate the organization set up and activities of District and township school health committee. • To provide supportive supervision on District and township school health activities • to conduct the State and Region School Health Committee meeting annually and as necessary to evaluate the activities of District and township school health committee.
Roles of School administration	Suggested activities
Organize HPS team in each school	<ul style="list-style-type: none"> • to carry out the duties and organize the teachers, parents and community for community mobilization in order to implement the activities of school level school health committee. • to operate and implement the health promoting school program like school health education, school nutrition activity and school environmental sanitation to achieve the goal/objectives. • to implement the school health activities according to

	<p>the guideline/ under the guidance of central/ state and regional/ district and township level school health committee.</p> <ul style="list-style-type: none"> • to operate the logistic management systematically (to coordinate with related sectors if necessary) • to send the report to the higher level monthly or quaterly • to report the actions and achievement outcome to higher levels and implement the necessary action according to the feedback
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1.2 Basic school infrastructure to promote healthy and safe environment

School can be a healthy setting starting from the infrastructure, facilities, and overall environment of school.

Key components of basic infrastructure to promote healthy life-styles and safe environment for children and teachers include physical environment, water, sanitation, toilet, safe buildings and sufficient classroom per numbers of students, lead free paints, waste management and separation of toxic chemicals, safe and healthy space for physical activities or food services, canteens, garden, etc.

Basic infrastructure for schools especially in remote areas in Myanmar needs to be considered and established to ensure effective implementation of school health programmes or making the schools a healthy setting to promote health for students, teachers, and parents. List of facilities and equipment require in school is provided in the appendix.

School health committee at national and school levels should develop operationalized plan and investigation for numbers of utilities, toilets, basic necessities per a numbers of students and teachers that are functioning in schools. Beside its functionality, appropriate functional toilets for boys and girls, as well as for female and male teachers need to be in place. Monitoring of their functionality is needed and to be conducted on regular basis.

Basic personal hygiene facilities are requirements for all schools. Waste management and adequate water supply are crucially important.

1.3 Resource Management

➤ Human Resource Management

At national level, designated and skilled staffs to coordinate implementation and provide technical guidance for health promotion in school will be crucial. Based on current structure, School Health Division need to have adequate numbers of professional staffs to strengthen health promoting schools and provide necessary supports to partners in delivering health services.

Ministry of Education in collaboration with MOHS need to develop teacher's trainings for national and sub-national school health resources.

Township school health and education personnel at township level and teachers at school level need to strengthen "health literacy" in their competency skills to conduct effective life-skill education that links with health services, counselling and psychosocial supports. The following actions are to be considered by schools:

- Develop teacher training package for conduct school health programmes and promote healthy activities in schools.
- Provide trainings to strengthen "health literacy" among teachers and staffs participating in health promoting school
- Develop appropriate trainings for school instructors at Monastic Schools

➤ Financial Resource management

Promoting health in school settings require adequate resources. As shown in the lessons learnt, implementation of school health programme cannot be achieved without inadequate financial supports from government, international development agencies, and partners.

This comprehensive school health strategies need to mobilize resources from government, development partners to support the implementation at all levels. The National School Health Committee needs to estimate the annual budget requirement for all schools at all levels. List of facilities, infrastructures, and equipment for schools to become health promoting schools need to have costing and integrated in annual budget for education.

At township level, local authorities that have sufficient resources may play important role as partner for school health programme where financial resources could be drawn from local development plan.

Specific schools such as monastic schools will also need to have appropriate strategic plan of action to support healthy monastic schools.

1.4 Monitoring and Evaluation System

➤ Establish monitoring system

In order to support comprehensive school health activities and develop designated health promoting schools in the country, monitoring system that provides positive supports will be contributed to success of this strategic plan. Development of institutionalized monitoring system will also help measuring progress and success for schools to be awarded as well as contribute to larger goals of improving health and well-being of students, parents, school teachers, and staffs. Successful implementation will create ripple effects for healthier society for Myanmar.

Establishing monitoring system includes the following activities:

Table 8: Monitoring actions at different level

Actions at National School Health Programme Level	Responsible agency(ies)
➤ Conduct baseline survey in 2017 to establish midterm and final targets to achieve in this strategic plan	MOE and MOHS
➤ Synchronize the Health Management Information System(HMIS) and Education Management Information System(EMIS)	MOE
➤ Establish Institutionalized monitoring cycle of all HPS components in the system of MOE	MOE in coordination with MOHS
➤ Develop the HPS implementation indicator and outcome indicator	MOE and MOHS
Actions at school and township level	Responsible agency(ies)
➤ Develop and distribute a daily, monthly, or annual checklist which will be utilized by the educational personnel to assess their performance for health promoting school activities.	School health committee at township and school levels
➤ Set the step-by-step monitoring system: Start from simple check list and reach to detail check list	School health committee

Actions at National School Health Programme Level	Responsible agency(ies)
➤ Develop outcome index by each objective for assess challenges and barriers for further improvement	School health committee at township and school levels

➤ **Develop Reporting system**

Reporting system is important to measure progress and synchronize efforts made to improve health of students. School health committees at all levels need to have reporting system that contributes to the **National Annual Report for Comprehensive Health Promoting School** and this strategic plan. Implementation reports from all levels need to be established to share outputs and outcomes of activities on regular basis. Reporting health situation of students by school annually to Ministry of Education should be integrated in routine educational management information system.

Certificate and award system should be provided based on the success of implementation of comprehensive school health programmes at national level. Cascade system of selection and nomination may be considered.

Township school health committee may assess and report annually on schools' performance and select good practices. Modelling Schools could be established and awarded based on criteria developed by National School Health Committee.

MOHS select unique and good practices of HPS from all schools nominated by township school health committee and finalized the best performers for recognition as designated health promoting schools in Myanmar.

1.5 Research and Development

Effective management of comprehensive school health programme could be achieved through understanding factors contributing to quality of services and how school policy, programme, and activities contribute to health and educational outcomes. Evidence-based school health interventions need to derive from national and local research that bring out the context and determinants of the success. Integrated research in strategic plan is part of management of school health programme and improving education, health and development. National school health committee may allocate resources for future research and documentation of the progress and innovation that may derive from implementation at all levels.

1.6 Networks and alliances for HPS

Numbers of programmes and activities related to health are being implemented in schools by various agencies. The comprehensive school health strategic plan aims to harmonize all the programmes to maximize the health and educational outcomes of students in all schools in Myanmar. Creating networks and alliances for health promoting schools among various agencies will be effective ways to synergize the efforts from various agencies.

Strategic 2: Improve health and well-being through health literacy and services

This strategy is the key toward prevention and promotion of health in school settings that include school students, teachers, parents and community participation in children's health and well-being, as well as provide multiple effects on health and sustainable development.

Based on standard of health promoting school, basic health services and health education need to be in place. To strengthen current promotion of healthy lifestyles, health literacy is emphasis

Four level of services based on the situation in each school;

- **Basic health services (minimum package) (BHS):** mostly feasible in all school without financial support
 - 2.1. Basic health education and literacy on healthy behaviour (physical activity, diet, personal hygiene, awareness of tobacco products and alcohol consumption, etc.)
 - 2.2. Promote physical activity and active life-style to reduce NCD risk factors, and sustainable development
 - 2.3. Prevention of infectious disease through improving hygiene include oral health and menstrual hygiene
 - 2.4. Nutrition services or school food programme (safe and standard nutrition, including school lunch menu and cafeteria/food service environment, along with health education)
 - 2.5. Prevent injury and develop the safety environment in/around school
 - 2.6. Basic sanitation and waste management in school(Basic WASH facilities)
 - 2.7. Basic life-skills education including reproductive health

- **Basic health promotion package plus (BHP+):** including the “basic health services” with additional items that are mostly feasible in all school with financial support
 - 2.8. Promote specific healthy diet and nutrition to reduce obesity and address double burden of malnutrition
 - 2.9. Provide the school health service for improvement of overall health for students including parents, peer and community supports including address bullying and violence in schools

2.10. Prevent and control specific communicable diseases (HIV/AIDs, Dengue, TB, malaria, encephalitis, leprosy, etc.)

- **Intermediate package with advancement (IPA):** including the implementation of all the basic school health services, other health promotion package, and select these objectives based on the school/community situations and resources

2.11. Oral Health Check-up by dentist

2.12. Eye check-up by otolaryngologist

2.13. Reproductive health and gender equality

2.14. Prevent alcohol and substance abuse

- **Advance stage of school health services (ASH):** depend on resource and needs in each school the following activities can be integrated to response to specific needs. As the country still have low capacity on counselling and psychosocial support for schools, mental health issue required more advance steps to advocate for human resources, training, research, and active participations of students to address mental health issue in schools.

2.15. Mental health including suicide prevention, screening and treatment of mental health related problems.

2.16. Strengthen school resilience for climate change and disaster preparation

Whole-school approach:

Based on the Myanmar students' health concerns reported in recent surveys GYTS and GSHS, whole-school approach need to be adopted to address high priorities health issues namely tobacco and alcohol consumption, bullies, carbonated and sugary added drinks, and injuries.

Whole-school approach is proven to be most effective to change behaviour and address factors hazardous to health. Strategically, comprehensive school health should address the immediate health issues by:

- **Establish tobacco-free schools:**
 - Creating tobacco-free school policies in all schools
 - Prohibiting use of tobacco and tobacco products in all school premises,
 - place appropriate signage in all areas to stop smoking, chewing tobacco, betel nuts etc.

- provide health education on tobacco products and health to students, parents, teachers, and school staffs
- establish referral system for those who needs counselling and treatment
- **Establish alcohol and substance free schools:**
 - Create school policy addressing harmful use of alcohol and substance-abuse in school in coordination with communities
 - Create a network of communities (police, traffic officers, local authorities, etc.) to support environment in school watch programmes to ensure that alcohol and substance aren't in and around schools.
 - Establish surveillance system or school watch programme linking with authorities to handle unexpected circumstances as results of substance abuse or harmful use of alcohol.
 - Establish referral system to health care services
- **Pursuit happy and safe schools**
 - Create positive peer support group and harmonize child-to-child programme/activities
 - Engage students in cultural events, music, festivals, sport activities to reduce stress and building characters for sportsmanship
 - Include physical activities in schools as PA and sports are mean to reduce stress and depression
 - Integrate conflict resolution in life-skill education preventing bullying and violence in school
 - Encourage parents, teachers and communities to work together to make school safer and traveling to school safe
 - Encourage participation of students, parents, and communities (including monks, elderly, artists, craftsmanship, etc.) to make school a happy supportive environment and everyone are welcome to take part in building supportive environment.
- **Call for healthier schools**
 - Make it school policy to control sale and distribution of carbonated sugary drinks in school
 - Remove sugar added drinks in canteen or school dispensers in all occasion (especially in school events)

- Health education to students and parents on effects of carbonated sugary drinks
- Conduct health literacy on healthy and nutritious food and beverages

Strategic 3: Harmonize health and education through HPS

This strategy provide linkage between health and education goals as well as approaches that have been utilized, promoted, or advocated for schools in the past and for future programmes. This strategy aimed to harmonize numbers of school health and education programmes/projects from various agencies to align their contributions to national comprehensive school health’s achievements. Key strategic areas are the following.

- 3.1.Strengthen health education and literacy to all school students, staffs, and parents, including formal life-skills education, and extra curriculum to promote health literacy.
- 3.2.Strengthen Healthy school components under Child Friendly School framework
- 3.3.Support education enrolment by improving school infrastructures and facilities (water, sanitation, functional toilets, hand washing facilities) clean, and green environment, classroom environment, etc.).

Table 9: Harmonization of health and education with responsible agencies

Strategy and detail actions	Responsible GO	Supporting GO	Supporting INGOs
3.1. Strengthen health education and literacy to all school students, staffs, and parents, including formal life-skills education, and extra curriculum to promote health literacy.	DOBE	DOPH	WHO
1. Include School Health as one of the major subjects in Teacher’s training curriculum			
2. Regular Health Promoting Schools training to teachers at township levels	DOPH	DOBE	WHO
3. Provide Health literacy Information, Communication and Education Materials to schools	DOPH	DOBE	WHO
4. Period training of healthy life styles, environmental sanitation, communicable disease control and first aids to students, initiated by Ministry of Health and Sports	DOPH	DOBE	WHO
3.2. Strengthen Healthy school components under Child Friendly School framework			

Strategy and detail actions	Responsible GO	Supporting GO	Supporting INGOs
- Synchronize activities and services between health promoting school and Healthy school component of child friendly school friendly school	DERPT, DOPH	MOH	UNICEF, WHO
- Integrate health components in the child-friendly school where the CFS has been established	DOBE, DERPT	DOPH	UNICEF, WHO

3.3 Support education enrolment by improving school infrastructures and facilities (water, sanitation, functional toilets, hand washing facilities)clean, and green environment, classroom environment, etc.).

- Improve the water-related environment including water resource management, functional toilet and hand washing facilities.	DOPH,	NWRC, other GOs	UNICEF, UNESCO, WHO, GIZ other INGOs
- Organize the school cleaning system and habit.	DOBE	DERPT, DOPH	UNICEF
- Improve the learning environment including wall for noise prevention, chalk board condition, brightness of class room, appropriate size of desk and chair for the child growth	DOBE	DERPT, DOPH, other GOs	UNICEF, UNESCO, WHO, other NGOs
- Gardening in School including the plant cultivation	DOBE	DERPT, MOAI	UNICEF, UNESCO, other NGOs

Note: DOBE: Department of Basic Education, Ministry of Education
DEPT: Department of Education Research, Planning and Teacher Training, Ministry of Education
DOPH: Department of Public Health, Ministry of Health and Sports
DPEA: Department of Physical Education and Sports, Ministry of Health and Sports
MOAI: Ministry of Agriculture and Irrigation
NWRC: Myanmar National Water Resources Committee

Strategic 4: Strengthen communities participation in Health Promoting School Activities

Partnerships with local communities are indispensable factors for the effective implementation and success of health promotion schools. This strategy intends to build partnership toward achieving sustainable health of students primarily, and for teachers, families and communities as multiplying affects toward healthy society. Successful health promoting schools often take active roles in promoting health not only within school boundary but extended to students' families, and communities nearby in order to ensure safe and healthy environment are available and accessible by students thus enhance healthy habits and choices.

The outcomes of school health partnerships with communities are encouraging parents to adopt healthier life-styles and communities to facilitate supportive and safe environment that everyone can be benefited from. Continuation of support for healthy behaviour is important to formulate in life-long habits from school to home and community. For example, provision of nutritious school lunch will have some impacts on students' health only as long as the programme is available and funded. However, if school nutrition programme partnership with families and communities the continuity to provide healthy nutritious food would be feasible given health education to families and communities and innovative participation to create healthy food sources such as school-home fruits and vegetable gardens. Benefits are multiplied with effective partnership.

Strategic actions for school health partnerships with communities include:

4.1.Strengthen partnership with communities to enhance continuation of health services and promotion of well-being

Extension of school health programme to communities and families will enhance health of students and further promote well-being of the whole families where children are most influenced by. Healthy behavior and habits can be formulated and supported by school, families, and communities. Activities that can enhance continuation of care and health promotion could be done through:

- **Provide extension of school-based education and health literacy for parents and communities**

The action on school-based education and health literacy for parents and communities are feasible by giving opportunities to the parents to participate in Health Education sessions and school health events. Where it is applicable, schools may organize sessions to reach out to parents and invite community leaders, local wise men/women, elderly, monks, and respected people from communities to join school activities. School can become learning space for all.

- **Organize well-functioning PTA and let them participate and initiate in every events of Students (Sports, nutrition promotion etc)**

Regular PTA meeting and let them know the plan of those activities in school.

4.2.Partnership with community to generate secure, safe, healthy environment for children inside and outside school boundary

Community plays crucial roles in protection and safe guard school environment both inside and outside the boundary. Major activities may include

- **Coordination with communities to create secure, safe, and healthy environment for students of all ages**

Community leaders could be part of school health committee to share their view, learn and contribute to building safe, protective, and healthy environment for children. Community involvement in school food gardening or building safe playground is common in many countries. Positive impacts from community engagement also include child's watch programme to prevent bully and violence; to stop selling of alcohol, cigarette, drugs and substances to students; to zone out selling of unhealthy products such as carbonated drinks, high sugar content beverages and snacks, as well as to introduce speed limit around the schools, street crossing regulation, and other preventions of traffic accident, injuries and disability prevention.

- **Provide social support for students and families**

Having community partnership with school will bring a whole society safety nest to provide social support to students and families, especially for children in difficult circumstances, children who engaged in child labour activities, children living with disability or with HIV/AIDS, children with single parent family, children head of household, orphans, etc. Communities can provide social support to alleviate the

difficult circumstances that enabling children to attend school, to obtain education, learn, play and become healthy and productive youth and adult.

- **Involve local community and authorities to contribute to school functions and outreach activities**

Community leaders and local authorities can be main contributors to support school infrastructure and school health function, participating in in-school activities as well as being resources for outreach activities that link home and schools for students who are in need of special services or support.

With these four major strategies, schools can become platform for promoting health and enabling school age children, families and communities to be able to take control over their own health to maintain minimum health condition and address some determinations or factors affecting their health together with support or contribution from schools. Active engagement of students will be additional assess for schools to create leadership and students' characters for being the change agents and ambassadors for healthy society in the longer term.

Operationalize Strategic Plan

Strategic 1: Strengthen health promoting school structure and system

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
1.1 Set clear roles for school health committees at all levels	<u>1.1.1. Strengthen Health Promoting School activities in States and Regions</u> <ul style="list-style-type: none"> Develop the stepwise school health activity, in which the basic level activities are mostly feasible in all school without financial support at remote States and Regions. Provide essential package of school health programme, life-skill education, including health education and health literacy Lead joint programme results and outcomes of national agendas and development goals. 		X					National/State/Regional school health committee committees verify schools that meet criteria for health promoting school in different level. Appropriate numbers of packages developed	
			X	X	X				
	<u>1.1.2. Develop the HPS implementation guideline</u> <ul style="list-style-type: none"> Develop the HPS guideline for primary school and secondary school at national & local level respectively, which include the activity, service, reporting process and checklist. Describe the required HPS activities which all contents shall be done in every schools 		X					Numbers of quality guidelines appropriate to national, regional, township and school levels implementation	
		X		X		X			

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
	<ul style="list-style-type: none"> Indicate the additional HPS activities which a school is able to select and customize based on the needs of children, environment/facility of school and community, regional/geographical condition, and urban/rural situation. Adopt and appropriate implementation guideline suitable for local contexts Build partnership and mobilize local resources 		X	X	X	X	X		
	<p><u>1.1.3. Organize HPS team in each school</u></p> <ul style="list-style-type: none"> Organize the HPS team in school participate with students and teachers. Invite and embrace the supports from parents and community including their participation in adjusting the HPS activities to achieve maximum health benefit of the students, school staff and community. Adapt health promoting school activities to maximize health benefits for students, school, staffs, and communities 	X	X	X	X	X		School administration and school health committee at school level	

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
	<u>1.1.4. Develop annual HPS plan and report at school</u> <ul style="list-style-type: none"> Establish a health promoting school policy Enhance the ownership of the local health staff and school principals in the planning, implementing and adjusting for improved plans (plan-do-check-adjust cycle) of HPS. 		X		X			50% of schools has school health policies, or dedicate funds for health promotion activities on regular basis by mid-term of this strategic plan	
1.2 Establish basic school infrastructure to promote healthy and safe environment	<u>1.2.1. MOE/MOHS investment on school infrastructure in collaboration with partners/donors</u> <ul style="list-style-type: none"> sufficient access to water sanitation (number of water tanks, litter of water available per number of students, toilets per number of students, classroom environment (number of students per classroom, panel/division between classes, lighting, air circulation, lead-free paint, etc.) learning equipment, e.g. books, toys, library, etc. safe, clean and healthy spaces for healthy habits, e.g. playground, garden, sport, etc. equipment to implement school health activities e.g. weight scale machine, height measurement, etc. 	X	X	X	X	X	X	50% of schools improve infrastructure by mid-term evaluation of this strategic plan and 90% by the end of the strategic plan	
			X	X	X	X	X		
			X	X	X	X	X		
			X	X	X	X	X		
	<u>1.2.2. School administration</u>							70% - 90% of schools engaged	

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
	<u>engage with communities and parents to maintain school infrastructure are in place and functioning</u>			X	X	X		with community and parents by the end of the strategic plan	
1.3 Manage and mobilize resource	1.3.1 Human Resource Management							60% of schools having appropriate numbers of teachers and human resources with appropriate capacities to implement school health programmes by the end of strategic plan	
	<ul style="list-style-type: none"> Enhance teacher capacity/skills (health literacy) concerning Life Skill Education (LSE) with strong linkages to health services, counselling and psychological support. 	X	X		X	X	X		
	<ul style="list-style-type: none"> Dedicate focal points for school health at all basic education and other types of schools such as monastic schools 	X	X		X				MOE human resource plan
	<ul style="list-style-type: none"> Update teacher trainings for capacity building needed to implement the current strategies such as health literacy 	X	X		X	X	X		
	<ul style="list-style-type: none"> Integrate school health subject, health literacy, and packages for promoting health activities in teachers training college 					X	X		
	<ul style="list-style-type: none"> Strengthen professional staffs to function of school health programmes implementation, monitoring, and training. 			X		X	X		
	<ul style="list-style-type: none"> Develop user-friendly references for staffs implementing school health programmes 			X	X				
<ul style="list-style-type: none"> Develop appropriate health literacy trainings for school 			X	X	X				

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
	instructors at monastic schools								
	<u>1.3.2 Financial resource management</u> <ul style="list-style-type: none"> • Develop partnership and joint/collaboration between government sectors and other UN & INGOs partners to mobilize, share, and allocate resources • Estimate annual budget and allocate sufficient funds for health promoting schools • Concrete financial plans and process to measure results of fund utilization • Develop appropriate measures of return of investment for school-based health intervention and innovative school health programmes • Provide support to improve school health and develop model schools 		X		X		X	Increase systematic financial support for school health programme	
			X		X		X		
			X	X			X		
				X	X	X			
				X	X	X			
1.4 Establish Monitoring and Evaluation System	<u>1.4.1 set up national monitoring system</u> <ul style="list-style-type: none"> • Conduct baseline survey in 2017 to establish midterm and final targets to achieve in this strategic plan • Synchronize the Health Management Information System(HMIS) and Education Management Information 	X		X	X			National school health programme level developed cleared indicators for output and outcomes of school health programme at all levels.	
			X		X				

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
	System(EMIS) <ul style="list-style-type: none"> Establish Institutionalized monitoring cycle of all HPS components in the system of MOE Develop the HPS implementation indicator and outcome indicator 	X	X	X	X				
	<u>1.4.2 monitoring system at school and township level</u> <ul style="list-style-type: none"> Develop and distribute a daily, monthly, or annual checklist which will be utilized by the educational personnel to assess their performance for health promoting school activities. Set the step-by-step monitoring system: Start from simple check list and reach to detail check list Develop outcome index by each objective for assess challenges and barriers for further improvement 		X		X			Monitoring system is agreed upon by MOE and MOHS along with reporting system. Schools adopted monitoring system at all levels.	
	<u>1.4.3. Develop Reporting system</u> <ul style="list-style-type: none"> Annual HPS activity and outcome at school, township, division, region and national Report the HPS implementation and outcomes periodically Establish criteria for good practices at all levels Document practices that are good / unique/ innovative at township 		X	X	X	X	X	Annual Reports from Schools integrated health and education outcomes Increase numbers schools certified for excellent performance awards	

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
	<p>level.</p> <ul style="list-style-type: none"> Develop Certificate and Award system for schools achieving excellent performance to be show case at national school health day (in August) or related activities. 		X		X				
1.5 Research and Development	<ul style="list-style-type: none"> Generate evidence-based school health interventions Document and identify contributing factors to success of health promotion in schools addressing various health concerns Document progress and innovation derive from implementation at all levels 				X	X	X		
					X	X	X		
				X					
1.6 Networks and alliances for HPS	<ul style="list-style-type: none"> Creating networks and alliances for health promoting schools Harmonize all the programmes to maximize the health and educational outcomes 		X	X	X	X	X		
			X	X	X	X	X		

Strategic 2: Improve health and well-being through health literacy and services

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
2.1. Set up standard health promoting school, basic health services and health education	2.1.1 Develop National Standard health promoting school composing of <ul style="list-style-type: none"> • Basic health services (minimum package) • Basic health promoting package plus • Intermediate package with advancement • Advance stage of school health services 	X	X	X	X	X	X	Standardize health promoting school guidance for all categories	
	2.1.2 Develop guidance for implementation of Whole-school approach <ul style="list-style-type: none"> • Tobacco-free school • Alcohol and substance free school • Happy and Safe School • Healthier School • Wellness in Monastic school 		X		X	X	X	Guidance for implementing whole-school approach with all categories (as appropriate to region and townships)	
2.2. Provide basic school health services	2.2.1 Basic health education and literacy on healthy behaviour (physical activity, diet, personal hygiene, awareness of tobacco products and alcohol consumption, etc.)		X	X	X	X	X	Regular reports of basic school health services performed by schools and health offices.	
	2.2.2 Promote physical activity and active life-style to reduce NCD		X	X	X	X	X	Numbers of schools implement basic health services and health education	

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
	<p>risk factors, and sustainable development</p> <p>2.2.3 Prevention of infectious disease through improve hygiene include oral health and menstrual hygiene</p> <p>2.2.4 Nutrition services or school food programme (safe and standard nutrition, including school lunch menu and cafeteria/food service environment, along with health education)</p> <p>2.2.5 Prevent injury and develop the safety environment in/around school, including trips from homes to schools and back</p> <p>2.2.6 Basic sanitation and waste management in school</p> <p>2.2.7 Basic life-skills education including reproductive health</p>							in coordination with MOHS.	
2.3. Provide basic health promotion package plus	<p>2.3.1 Promote specific healthy diet and nutrition to reduce obesity and address double burden of malnutrition</p> <p>2.3.2 Provide the school health service for improvement of overall health for students including parents, peer and community supports including address bullying and violence in schools</p> <p>2.3.3 Prevent and control specific</p>		X	X	X	X	X	<p>Regular reports of specific school health services performed by schools and health offices with specific health issues</p> <p>Increase number of schools utilizing or adopting more advance health services</p>	

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
	communicable diseases (HIV/AIDs, Dengue, TB, malaria, encephalitis, leprosy, etc.)								
2.4. Coordinate with all relevant sectors to support schools to advance school health activities	2.4.1. Support schools to advance for Intermediate package of school health services covering (oral health check-up, eye check-up, reproductive health and gender equality, prevention of alcohol and substance abuse)		X	X	X	X	X	Reports from MOHS recording services performed in schools	
	2.4.2. Support schools where it is possible to have advance stage of school health services <ul style="list-style-type: none"> Mental health including suicide prevention, screening and treatment of mental health related problems Strengthen school resilience for climate change and disaster preparation 		X	X	X	X	X	Reports from MOHS recording services performed in schools	
2.5. strengthen capacity for school health committees	<ul style="list-style-type: none"> Develop and share tools and manual to implement health promoting school Provide training on health literacy, health promotion, communication for behavioural change 	X	X	X	X				
			X		X	X			
2.6 Adopt whole school approach to address	<ul style="list-style-type: none"> Set standard to establish tobacco-free school, alcohol and substance free schools, happy 		X	X	X			Numbers of schools that declare to be tobacco-free, alcohol and substance free,	

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
priority health problems faced by students	<p>and safe schools, and healthier school using whole-school approach</p> <ul style="list-style-type: none"> • Support implementation of whole-school approach to tackle immediate health issues 							happy and safe, and healthier schools	

Strategic 3: Harmonize health and education through HPS

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
3.1 Strengthen health education and literacy to all school students, and staffs, including formal life-skills education, and extra curriculum to promote health literacy	<ul style="list-style-type: none"> • Include School Health as one of the major subjects in Teacher's training curriculum 	X	X	X	X	X	X	MOE reports on school education and health activities and DOPH annual reports	
	<ul style="list-style-type: none"> • Regular Health Promoting Schools training to teachers at township levels 		X	X	X	X	X		
	<ul style="list-style-type: none"> • Provide Health literacy Information, Communication and Education Materials to schools 		X	X	X	X	X		
	<ul style="list-style-type: none"> • Period training of healthy life styles, environmental sanitation, communicable disease control and first aids to students, initiated by Ministry of Health 		X	X	X	X	X		
3.2 Strengthen Healthy school components under Child Friendly School framework	<ul style="list-style-type: none"> • Synchronize activities and services between health promoting school and Healthy school component of child friendly school 			X	X	X	X	MOE reports on school education and health activities	
	<ul style="list-style-type: none"> • Integrate health components in the Child-friendly School 			X	X	X	X		
3.3 Support education enrolment by improving school	<ul style="list-style-type: none"> • Improve the water-related environment including water resource management, functional toilet and hand washing facilities. 		X	X	X	X	X	MOE reports on school education and health activities	

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
infrastructures and facilities	<ul style="list-style-type: none"> • Organize the school cleaning system and habit. • Improve the learning environment including wall for noise prevention, chalk board condition, brightness of class room, appropriate size of desk and chair for the child growth • Gardening in School including the plant cultivation 								

Strategic 4: Strengthen school health partnerships with communities

Strategic Actions	Major Activities	Timeline						Indicators/ means of verification	Agencies / budget
		2017	2018	2019	2020	2021	2022		
4.1. Strengthen partnership with communities to enhance continuation of health services and supports	<ul style="list-style-type: none"> • Provide extension of school-based education and health literacy for parents and communities • Organize well-functioning PTA and let them participate and initiate in every events of Students (Sports, nutrition promotion etc.) 		X	X	X	X	X	MOE reports on school education and health activities	
4.2. Partnership with community to generate secure, safe, healthy environment for children inside and outside school boundary	<ul style="list-style-type: none"> • Coordinate with communities to create secure, safe, and healthy environment for students of all ages • Provide social support for students and families • Involve local community and authorities to contribute to school functions and outreach activities 			X	X	X	X	MOE reports on school education and health activities	

Recommendations for School Level Implementation

A. List of Facilities and Equipment in school

Activities and services	Facilities / Equipment and costing
School Health committees	Transportation
Annual planning and monitoring	Documenting Sheet
Basic health services (minimum package) (BHS)	
Promote physical activity and active life-style to reduce NCD risk factors, and sustainable development	
Develop the enabling environments for physical activities among all school children	Equipment for ground maintenance
Develop the enabling environments for sports/physical activities among all school children	Sport equipment (goals, balls, net, etc.)
Introduce and expand school sportswear	Sportswear and shoes
Improve healthy behavior and hygiene include oral health and hygiene	
Latrine use and clean up	water resource, cleaning blush
Hand washing	water resource, soap, hand towel
Brushing teeth	tooth brush, dental paste, dental plaque stain
Mould control activity (clean & dry)	cleaning equipment(broom, dust cloth)
Self-evaluation their hygiene behaviour	personal recording sheet
Prevent injury and develop the safety environment in/around school	
Dangerous area map in school and around school	Large paper for mapping, stationary reporting sheet
List up and report the improved environment regularly	traffic rule books
Learn and examine the traffic rules	materials for traffic signs
Improve the traffic sign and signal on the commute road	safe playgroundsigns
Improve playground for safety prevention	
Develop the curriculum/extra-curriculum regarding safety, prevention of accidents and unintended injuries from kindergarten to primary school students	text books
Develop the curriculum regarding safety, prevention of accidents and unintended injuries for secondary school students	text books
Assigned staffs or high school students for traffic control before and after schools	
Assigned staffs for playground watch and assistant	First aid kits
Train staffs for first-aids remedies	
Develop the injury and accident reports and referral system	
Basic health promotion package plus (BHP+)	
Promote healthy diet and nutrition (reduce obesity and address double burden of malnutrition)	
School feeding	foodstuffs, kitchen, drinking water, cooking materials, cook
Health check-up (height and weight) and assessment and feedback of their nutritional condition	height and weight scale
Student medical examination record cards	recording sheet
Gardening / plant cultivation in school for nutritional improvement	farmland, farming material, seed, irrigation water, organic fertilizer
Calculation of energy intake and consumption.	information for the calculation
Healthy lunch box guide and demonstration	Healthy lunch box examples

Activities and services	Facilities / Equipment and costing
Develop the education curriculum for diet, nutrition, growth of body, body mass index and obesity/malnutrition	text book/ charts
Provide the school health service for improvement of overall health for students	
Medical examination including blood pressure, eye-care and hearing	manometer, eye chart, teachers' training
Immunization,	vaccine, medical staff
Student health profiling,	recording sheet, computer
Counselling	Counsellor
Teachers training for skill up the method supported by health Office	teachers' training
Prevent and control communicable disease (HIV/AIDs, Dengue, TB , leprosy, etc.)	
Garbage free school	separate garbage collection system
Mosquito control	Pyrethrum
HIV prevention	teaching material
Develop the daily health observation method within the school attendance record and implement by the classroom teachers	revised school attendance sheet
Strengthen the SHAPE program	
Intermediate package with advancement (IPA)	
Oral Health Check-up by dentist	dentist, material for dental check-up, transportation
Eye check-up by otolaryngologist	otolaryngologist, antiseptic, transportation
Reproductive health and gender equality	
Birth control and SCD	teaching materials
Menstruation hygiene including menstruation pad usage	menstruation pad
Teaching Skill Development(Teacher's Training for RH)	teacher's training
Develop the curriculum of Reproductive health for primary school children	
Develop teaching methodologies to discuss gender-based violence, gender equality, and child protection	text book
Revise the contents of reproductive health based on Myanmar culture and values	text book
Prevent alcohol and substance abuse	
Alcohol free school	sign board, material
Tobacco free school	sign board, material
Drug free school	sign board, material
Promote teachers' model behaviour	teacher's training
Strengthen and harmonize the Child Friendly school activities	classroom renovation, toilet renovation, desk and chair,
Advance stages of school health services (ASH):	
Mental health	
Counselling in school	counsellor, human resource
Develop the moral/ethic education curriculum for Primary school children	Textbook
Strengthen school health and adolescent and youth health activities in collaboration with related sectors	textbook, human resource
Promote the prevention attitude of the violence and suicide	textbook, human resource
Establish youth-friendly confidential health services	counsellor, human resource
Strengthen school resilience for climate change and disaster preparation	
Evacuation drills	manual

Activities and services	Facilities / Equipment and costing
Learn behaviour at flood and earthquake situation	Textbook
Develop the evacuation site and route	sign board, leaflet
Support education enrolment for improve school infrastructures and facilities	
Improve the water-related environment including water resource management, functional toilet and hand washing facilities.	water resource, waterworks, purifier, chlorine, toilet, soap, hand towel
Organize the school cleaning system and habit.	Cleaning tools
Improve the learning environment including wall for noise prevention, chalk board condition, brightness of class room, appropriate size of desk and chair for the child growth	Classroom infrastructure including, lightning window, separation wall, chalk board, desk and chair
Gardening in School including the plant cultivation	farmland, farming material, seed, irrigation water, fertilizer

B. Recommended Activities for school level implementation

Objectives	Beneficial/target groups	Recommended activities and services needed	Suggested Strategies for school level policy or administration
1. Promote physical activity and active life-style to reduce NCD risk factors, and sustainable development (reducing carbon footprint)	Kindergarten and primary school children	-Integrated outdoor activities with sciences, math, and other subjects -Control the game machine usage - promote to participate in sport and physical activities	Develop the enabling environments for physical activities for all school children Promote outdoor play at school/home
	Secondary school students	-Promote regular use of stairs in school environments -Class rotation between period -Integrated outdoor activities with sciences, math, and other subjects -Walk to school or bicycling to school (with safety gears) - Dedicate more free time for outdoor activities or physical education on regular school days	Develop the enabling environments for sports/physical activities for all school children Promote outdoor play at school/home Introduce and expand school sportswear Build sportsmanship, good character and leaders for active students
	Teachers and staffs	-Promote regular use of stairs in school environments -Integrated sport and physical education for teachers and school staffs -Resource mobilizations with partners	Develop the enabling environments for physical activities for all teachers, staffs, parents, communities Create role models and champions Promote PA for partnership buildings with teachers, parents, and communities
2. Improve healthy behaviour and hygiene include oral health and hygiene	Kindergarten and primary school children	- Latrine use and clean up - Hand washing practices - Brushing teeth promotion - Mould control activities (clean & dry)	Strengthen the activities of WASH in school Determine the criteria for good personal hygiene among school students
	Secondary school students	-Self-evaluation their hygiene behaviour -Strengthen the hygiene behaviour mentioned above	Improve the facilities related to hygiene Water resource Management

Objectives	Beneficial/target groups	Recommended activities and services needed	Suggested Strategies for school level policy or administration
	Teachers and parents	-Promote their model behaviour	
3. Prevent injury and develop the safety environment in/around school, and promote safe-route to school	Kindergarten and primary school	-Group commute from/to home for safety -Dangerous area map in school and around school -List up and report the improved environment regularly -Learn and examine the traffic rules and safe walking on road side -Learn to play safe and be considerate when play with friends	Strengthen the HPS team activity Develop the curriculum/extra-curriculum regarding safety and prevention of accidents and unintended injuries for primary school students
	Secondary school students	-Learn potential causes of injuries and consequences -Learn the latent dangers and how to recognize hazardous conditions in school -Participate in making school safe and friendly atmosphere for all students	Develop the curriculum regarding safety and prevention of accidents and unintended injuries for secondary school students
	Parents and communities	-Improve the traffic sign and signal on the commute road from home to school and back -Support/ escort students safe transportation from home to school	Develop the injury prevention and traffic protocol and reporting system
4. Promote healthy diet and nutrition (reduce obesity and address double burden of malnutrition)	Kindergarten and primary school children	-School feeding if possible, by the supports of donors -Health check-up (height and weight) and assessment and feedback of their nutritional condition -Student medical examination record cards -Gardening / plant cultivation in school for nutritional improvement	Develop the school lunch/feeding program based on the socio-economic analysis of school and community Strengthen the Health check-up system including record sheet management. Develop the education curriculum for diet, nutrition, growth of body, body mass index and obesity/malnutrition
	Secondary school students	-Health check-up (height and weight) and self-assessment their nutritional condition -Calculation of energy intake and consumption.	Develop the education curriculum for diet, nutrition, growth of body, body mass index and obesity/malnutrition
	Teachers and parents	-Healthy lunch box -School canteens programme -regulation of school canteen about selling foodstuffs and food safety measures	Education on healthy lunch box and screening of food handlers at home and in school

Objectives	Beneficial/target groups	Recommended activities and services needed	Suggested Strategies for school level policy or administration
5. Provide the school health service for improvement of overall health for students	All children / students in the school	-Medical examination including blood pressure, eye-care and hearing, oral health care services -Immunization, -Student health profiling, -Counselling	Teachers basic training for simple check-up and screening methods with supported by Health Office Coordinate with health officials for regular school visit for physical checkup and immunization
	Teachers & Staffs	-Application / utilization of Student health profiling	train teacher to record student health profiles (weight, height, BMI, and other screening or treatment report)
6. Prevent and control communicable disease	Kindergarten and primary school children	-Garbage free school -Daily health check up -Mosquito control -deworming -cough etiquette	Strengthen the activities of WASH in school Develop the daily health observation method within the school attendance record and implement by the classroom teacher.
	Secondary school students	-Garbage free school -HIV and STI prevention (Reproductive health) -Learn causes of selected infection mechanism of CD	Strengthen the SHAPE program Develop package on primary prevention of communicable diseases prone to the area
	Teachers & Staffs	Teaching skill development	Teachers Training
7. Oral Health Check-up by dentist	All children and Teachers/staffs	-Plaque control	Conduct the annual/biannual oral health check-up by dentist
8. Eye check-up by otolaryngologist	All children and Teachers/staffs	- Eye check-up (sight, and potential risks of blindness)	Conduct the annual/biannual eye check-up by otolaryngologist
9. Reproductive health and gender equality	Upper Primary school children	-Life-skill education	Develop the curriculum of Reproductive health for primary school children
	Secondary school students Community Adolescents	-Life-skill education -Birth control and STDs -Menstruation hygiene including menstruation pad usage	Revise the contents of reproductive health appropriate for Myanmar cultural context
	Teachers & Staffs	-Teaching Skill Development	Teacher's Training for RH
10. Prevent alcohol and substance abuse	Upper grade of primary school	-Alcohol free school -Tobacco free school -Prevent betel nut use	Strengthen and harmonize the Child Friendly school activities Customize the activity based on the own situation
	Secondary school students	-Alcohol free school -Tobacco free school -Drug free school -Control betel nut use -Health education for harmful use of alcohol and consequences of tobacco use, drugs, substances	Develop regulation for banning all

Objectives	Beneficial/target groups	Recommended activities and services needed	Suggested Strategies for school level policy or administration
	Parents and communities	-Promote their model behaviour (teachers role model) - Ban betel nut and tobacco use, alcohol consumption and substance abuse by teachers	form of harmful substance use in school (applying to teachers and students alike) Develop award programme for role-model teacher
11. Mental health,	Primary school children	- <u>Moral/ ethic education</u> -Emotion intelligent -Counselling in school	Develop the moral/ethic education curriculum for Primary school children
	Secondary school students	-Life-skill education -Emotion intelligent -Counselling in school	Strengthen school health and adolescent and youth health activities in collaboration with related sectors
	Community Adolescents	-Youth-friendly services (child-to-child approach and positive peer supports)	Promote the prevention attitude of the violence and suicide Establish youth-friendly confidential health services
12. Strengthen school resilience for climate change and disaster preparation	Kindergarten and primary school	-Evacuation drills -Demonstration/practice in natural disaster situation (flood and earthquake)	Promote the disaster risk reduction based on the UNESCO guideline (http://www.unesco.org/new/en/natural-sciences/special-themes/disaster-risk-reduction/school-safety/)
	Secondary school students	-Evacuation drills -Practice preparedness	
	Parents and communities	-Develop the evacuation site and route	

C. Recommended checklist for School implementation

<i>HPS Activities implementation status in school</i>	note/scale
HPS team	
HPS team organization in school	y/n
How many times dose the HPS team meeting have in a year	Times
Participate the parents/community person in the team	good-poor(5)
Commitment of Education Office to HPS program	good-poor(5)
Commitment of Medical Office to HPS program	good-poor(5)
Communication with parents and communities	good-poor(5)
Planning and Reporting	
HPS annual plan	% of school
HPS annual report	% of school
Nutrition and School feeding program	
% of children who receive the school feeding program	%of children
How many days dose SFP conduct in school	times/y
Prevention of Tobacco / Alcohol use	
Tobacco free school promotion was implemented collaborated with parents and communities	good-poor(5)
% of children/students who smoke tobacco / cigarette in 30 days	%of children
% of children/students who drink alcohol in 30 days	%of children
Physical activities	
% of children who physically active all 7 days during the past 7 days for a total of at least 60 minutes per day	
Conduct the survey of the physical activity (IPAQ)	

<i>HPS Activities implementation status in school</i>	note/scale
Statistics of vigorous-moderate PA time	
Statistics of sedentary time	
Implementation of Health check up	
Implementation rate of height and weight measurement (% of children)	
Implementation rate of vision test (% of children)	
Implementation rate Oral health check (% of children)	
personal health check sheet usage	
Statistics of height and weight by age and gender	
Hygiene	
% of students who did not clean or brush their teeth during the past 7 days	
% of students never or rarely washed their hands before eating during the past 7 days	
% of students never or rarely washed their hands after using the toilet or latrine during the past 7 days	
Toilet condition	good-poor(5)
Promote the healthy lifestyle	
Survey the children's lifestyle condition	
Make the pamphlets to parents, include the information of the status of children	
Promote the PDCA cycle in order to improve their lifestyle	
Facility improvement	
Number of functional toilet / children by gender	
Number of water tap for drinking water / children	
Number of water tap for washing hand / children	
Number of place where the environment is improved or become safety	
Budget of school feeding program	
Number of cleaning tool	
Number and rate of the class divided by the wall	

D. Recommended Award criteria for Health Promoting Schools (HPS)

Based on a recommendation from the national consultation to develop this strategic plan, incentive system will enhance implementation of school health programme and scale-up existing activities to become “health promoting school” as per the WHO’s guidance. To become health promoting school and recognize by national authorities, school administration need to follow standard criteria which is to be set up by the National School Health Committee. The award should be linked with accreditation process made by Ministry of Education for school that has high performances in academic and other activities.

The National School Health Committee may consider the following recommendation for setting up award criteria. The award could be cascaded from township to region/division to national.

Township level:

The Township School Health Committee verified the score based on evidential description. Sum of the score in each level is calculated based on two types of recognition: a) excellent performer and b) good performer (further improvement needed). Township School Health Committee may select a group of 2-3 schools to be recognized based on the two categories and report to the Division School Health Committee.

1. Excellent Performer Award

The award is to be determined by school achievement in conducting health education and services (as per strategic 2) for each level of activities.

Activity Level	Gold	Silver	Bronze
Basic HPS	Top10%	10-40%	under 40%
Basic HPS Plus	Top20%	20-50%	under 50%
Intermediate	Top30%	30-60%	under 60%
Advanced	Top40%	40-80%	under 80%

2. Good Performer Award

The award is for schools that have shown improvement to scale-up each level of their activities one step or more during the past one year, but not reaching the top as excellent performer award. The scale-up award could be given as follow:

Gold	Silver
Basic HP → Intermediate or Advanced	Basic HPS → Basic HPS Plus
Basic HPS plus → Advanced	Basic HPS → Intermediate
	Intermediate → Advanced

For schools that have shown improvement of the same activity level for the past year, good performer award may be given if they have reach the following percentage when compared to other schools;

Activity Level	Gold	Silver	Bronze
Basic HPS	Top30%	30-60%	under 60%
Basic HPS Plus	Top30%	30-60%	under 60%
Intermediate	Top30%	30-60%	under 60%
Advanced	Top30%	30-60%	under 60%

Division level:

The Division School Health Committee has crucial duty to select the best schools of all the categories submitted by the Township School Health Committee. One or two schools may grant another award by division to become **Sapphire or Myanmar Jade School**.

About 50 typical implementation schools are selected from the school reported by Division Committee. The activities are introduced nationwide using website.

National level:

The National School Health Committee select the best 3schools of the Excellent Performer Award and the best 3-5 schools of the Good Performer Award from the list of schools reported by Division School Health Committee.

The National School Health Committee may consider the Best of the Best award from over all consideration to become the **Diamond School** or **the Myanmar Ruby School** (for example the best good performer school that excel to become top 10 in the country).

Suggested Targets and Indicators for Monitoring of the National Comprehensive School Health 2017-2022

As stated in the vision of this comprehensive school health strategic framework 2017-2022, the goal of the plan is to improve quality of education and promote health and well-being of all students, teachers and parents in all schools in Myanmar. Targets and monitoring indicators need to be developed with broad range of outcomes while keeping in mind the existing available based-line data. The National School Health Committee will need to guide how and what would be achievable targets for the country, particularly where based-line information is not currently available.

I. Goal and Implementation index

General Indicator

<i>General indicator of children's health improvement</i>	2013-14	2017	2018	2019	2020	2011	2022
Health check up							
Rate of overweight / obese children by age and gender	(3.4%)				<3%		<2%
Rate of thin or malnutrition children by age and gender					<10%		<7%
Rate of the children who have tooth decay by age and gender		BS			*		*
Rate of the children whose vision power less than 0.7 by age and gender		BS			*		*
Prevention of Communicable disease							
Rate of morbidity of STH		BS			<15%		<10%
Rate of diarrhea by age and gender		BS			*		*
School Safety program							
Rate of injury in school by age and gender		BS			*		*
Rate of severe injury (such as fracture) in school by age and gender		BS			*		*
Number of traffic accident by age and gender		BS			*		*

Note BS: Baseline survey, *: target value

Baseline survey will be conducted by School Health committee based on the annual report form each school. The target value will be decided based on baseline survey in 2017.

II. Targets against Strategies

Strategic 1: Strengthen health promoting school structure and system (National, district, township, and school levels)

	2017	2018	2019	2020	2011	2022
1.1. Clear roles for school health committees are established at all levels		X	X			
Strengthen Health Promoting School activities in States and Regions, increasing capacity to implement at least 10% annually.		10%	20%	30%	40%	50%
Health Promoting School implementation Guideline developed		X				
Percentage of schools established HPS teams to maximize health outcomes for students, teachers, staffs, and communities		10%	20%	30%	60%	80%
Develop annual HPS plan at school		50%		70%		90%
Percentage of schools that establish policy and plan to become health promoting schools						
1.2. Percentage of schools that improved infrastructure				50%	70%	90%
Percentage of schools that engage communities to support school environment				50%	70%	90%
1.3. School health subjects including health literacy are integrated in national training for teachers or in teachers training college				X		X
Percentage of schools that enhance teachers capacity and skills for health literacy and life-skills education to carry out HPS		10%		30%		60%
Percentage of schools that have dedicated focal points for HPS		20%		40%		80%
Percentage of schools that able to build partnership with various sectors to mobilize supports for HPS		10%	20%	30%	40%	50%
Percentage of Monastic schools received health literacy trainings	BS			25%		50%
1.4. Estimate the annual budget and allocate funds for HPS program in schools		30%		50%		70%
Contribution from other organizations to improve school health activities as result of collaborative efforts between government and UN agencies and INGOs	BS			50%		
1.5. Establish the Monitoring and Reporting system	draft	finalize	✓	✓	✓	✓
Conduct the base line survey in 2017 in order to decide the midterm and final target. (MOE and MOHS)	✓					
Develop the HPS implementation indicator and outcome indicator (MOE and MOHS)	draft	finalize				
Set the step-by-step monitoring system: Start from simple check list and reach to detail check list.	✓					
Develop and distribute a daily, monthly, or annual checklist which will be utilized by the educational personnel to assess their performance for health promoting school activities. (MOE and MOHS)	✓					
Establish Institutionalized monitoring cycle of all HPS components in the system of MOE and reporting of health	draft	finalize	✓	✓	✓	✓

	2017	2018	2019	2020	2011	2022
situation of the students by schools annually (Linkage with Health information system or Education information system)						
Report the annual HPS activity and outcome at school level		>70%		>88%		>90%
National report on HPS implementation and outcomes						
Publish the typical HPS activities from MOHS		✓		✓		✓
Numbers of research and evidences on health school health interventions						
1.6. Networks and alliances for HPS established national and regional		*		*		*
Numbers of schools that has been recognized as HPS and participate in Global school health network				*		*

Note BS: Baseline survey, *: target value

Baseline survey will be conducted by School Health committee based on the annual report from each school. The target value will be decided based on baseline survey in 2017.

Strategic 2: Improve health of children through HPS for health literacy and services

HPS Activities implementation Target (% of school)	2015 estimated	Target estimated % of Schools with HPS	
		2020	2022
Planning and Reporting		88%	90%
Basic Health Services (BHS)	83%	88%	90%
Basic Health promotion package plus (BHP+)	66%	77%	81%
Intermediate package with advancement (IPA)	39%	58%	65%
Advance stages of school health services (ASH)	20%	45%	55%
Whole-of-school approach			
- Tobacco-free schools		40%	80%
- Alcohol and substance free schools		30%	70%
- Happy and safe schools		50%	100%
- Healthier schools		50%	100%

- Baseline study improving health status and health behaviour of students are to be measure against this strategic as the outcome of health promoting school practice
- Student health profiles and research need to be carry out to report on achievement of health and well-being outcomes of HPS by 2020 and 2022 (% of reduction of risk factors, and unhealthy behaviour should be presented and % of improving healthy behaviour and healthy environment to be increased)

Strategic 3: Strengthen education system through HPS harmonization

	2017	2018	2019	2020	2021	2022
3.1 Percentage of schools having annual HPS training for teachers at township level			50%		80%	100%
- Numbers of teachers/staffs trained on HPS		BS	*	*	*	*
3.2 Percentage of child-friendly schools and health promoting schools being integrated		10%		30%		60%
3.3 Percentage of schools with improvement of school environment including water, sanitation, cleanliness, physical environment and social support		10%	30%	50%	70%	90%
- Improve quality checklist and school attendance sheet						
- School health and hygiene activities						

Note BS: Baseline survey, *: target value

Baseline survey will be conducted by School Health committee based on the annual report form each school. The target value will be decided based on baseline survey in 2017.

Strategic 4: Strengthen School Health Partnerships with Communities

	2017	2018	2019	2020	2011	2022
4.1. Percentage of schools conduct collaborative efforts to improve health of students through community partnership			20%		40%	50%
- Numbers of schools provide extension education and health literacy to parents and communities			*	*	*	*
- Numbers of schools promote physical activities, sports, and healthy recreational activities with communities			*	*	*	*
- Numbers of schools organized health camps and first aids with community			*	*	*	*
4.2. Percentage of schools partnership with community to create secure, safe, and healthy environment for children inside and outside school boundary				40%		80%
- Numbers of schools coordinated with communities to create secure, safe and healthy environment		BS	*	*	*	*
- Numbers of schools provide social support to students and families in needs		BS	*	*	*	*
- Numbers of schools involve in local community and authorities to contribute to school functions and outreach activities		BS	*	*	*	*

Note BS: Baseline survey, *: target value

Baseline survey will be conducted by School Health committee based on the annual report form each school. The target value will be decided based on baseline survey in 2017.

III. School monitoring contents and scales

HPS Activities implementation monitoring contents	note/scale
HPS committee	
HPS team organization in school	yes / no
How many students are the members of HPS team?	No. of people
How many parents are the members of HPS team?	No. of people
How many committees are the members of HPS team?	No. of people
How many times dose the HPS team meeting have in a year	Times
Participate the parents/community person in the team	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Commitment of Education Office to HPS program	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Commitment of Medical Office to HPS program	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Communication with parents and communities	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Planning and Reporting	
HPS annual plan	yes / no
HPS annual report	yes / no
Physical activities	
How many children who physically active all 7 days for a total of at least 60 minutes per day (the result shall be come from survey in school)?	%of children
Statistics of vigorous-moderate PA time	Statistics
Statistics of sedentary time	Statistic
Hygiene	
How many children who brushed their teeth one or more in a day?	%of children
How many children who usually washed their hands before eating?	%of children
How many children who usually washed their hands after using the toilet or latrine?	%of children
Toilet condition (Clean or not)	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
How many times the toilets were cleaned in a week?	times a week
Organize and implement school cleaning system	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Improve the learning environment including wall for noise prevention, chalk board condition, brightness of class room, appropriate size of desk and chair for the child growth	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Injury prevention and safety environment	
Group commute from/to home for safety	yes (times/week)/ no
Dangerous area map in school and around school	yes / no
How many times the HPS committees checked the school environment in a month	times/month
Opportunity to learn and examine the traffic rules	yes(times)/no
Opportunity to Improve the traffic sign and signal on the commute road	yes(times)/no
Injury/traffic-accident report	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Implementation of Health check up	
How many children who measured height and weight ?	%of children
How many children who receive vision test?	%of children
Implementation rate Oral health check (% of children)	%of children
personal health check sheet usage(obesity/thin evaluation is conducted)	yes / no

HPS Activities implementation monitoring contents	note/scale
Statistics of height and weight by age and gender	yes / no
Nutrition and School feeding program	
How many children who receive the school feeding program	%of children
How many days dose SFP conduct in school	times/y
Budget of school feeding program	\$/year/children
Prevention of Tobacco / Alcohol use	
Tobacco free school promotion was implemented collaborated with parents and communities	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Alcohol free school promotion was implemented collaborated with parents and communities	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
How many children/students who smoke tobacco / cigarette in 30 days	%of children
How many of children/students who drink alcohol in 30 days	%of children
Life Skill Education	
Life skill education implementation in primary school	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Life skill education implementation in secondary school	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Life skill education implementation in high school	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Did you have examination of life skill knowledge in primary school?	yes (average score)/no
Did you have examination of life skill knowledge in secondary school?	yes (average score)/no
Did you have examination of life skill knowledge in highschool?	yes (average score)/no
Promote the healthy lifestyle	
Survey the children's lifestyle condition	yes / no
What time do children wake up or go to bed	Statistics
Make the pamphlets to parents, include the information of the status of children	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Promote the PDCA cycle in order to improve their lifestyle	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Promote the healthy and active life-style based on the education.	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Facility improvement	
Water resource management	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Number of functional toilet / children by gender	Number
Number of water tap for drinking water / children	Number
Number of water tap for washing hand / children	Number
Number of place where the environment is improved or become safety	Number
Number of cleaning tools (brooms) in school	number / total no. of classroom
Number of the class divided by the wall	number / total no. of classroom
Strengthen education system through HPS harmonization	
Strengthen and intensify health education/literacy including Life Skill Education	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
School Health Partnerships with Communities	
Strengthen the tobacco free school activity on the corroboration with parents and communities.	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Strengthen the alcohol free school activity on the corroboration with parents and communities.	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Provide school-based education and literacy for teachers, parents and communities	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Partnership with community to generate secure, safe, healthy environment for children inside and outside school boundary	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor

HPS Activities implementation monitoring contents	note/scale
Provide social support for students and family	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Promote physical activities, sports, and healthy recreational activities	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Provide basic school health services such as health camps and first aids in school	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
Involve local community and authorities to contribute to school functions and outreach activities	5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor

Appendix 1: Estimated targets by regions and states

Appendix Table 1: Target % of schools with basic activity in each Regions and States

Regions and States	estimated % in 2015	Target % of schools with basic activity in each Regions and States					
		2017	2018	2019	2020	2021	2022
Kachin	81%	83%	84%	86%	87%	88%	89%
Kayah	84%	85%	87%	88%	89%	90%	91%
Kayin	91%	92%	93%	93%	94%	94%	95%
Chin	67%	70%	73%	75%	78%	80%	81%
Sagaing	85%	86%	88%	89%	90%	91%	92%
Tanintharyi	78%	80%	82%	84%	85%	87%	88%
Bago	91%	92%	93%	94%	94%	95%	95%
Magway	89%	90%	91%	92%	93%	93%	94%
Mandalay	86%	88%	89%	90%	91%	91%	92%
Mon	94%	94%	95%	95%	96%	96%	96%
Rakhine	41%	47%	51%	56%	60%	63%	67%
Yangon	94%	95%	95%	96%	96%	96%	97%
Shan (South)	87%	89%	90%	91%	91%	92%	93%
Shan (North)	77%	79%	81%	83%	84%	86%	87%
Shan (East)	71%	74%	76%	79%	80%	82%	84%
Ayeyarwady	91%	92%	93%	94%	94%	95%	95%
Nay Pyi Taw	81%	83%	84%	86%	87%	88%	89%

Note: 2015 values were estimated from % of schools with the full standard ratio (50:1) of fly-proof latrines and % of schools with access to clean water. The target be estimated by 2017 baseline survey.

Appendix Table 2: Target % of schools with basic selectable activity in each Regions and States

Regions and States	estimated % in 2015	Target % of Schools with basic selectable activity in each Regions and States					
		2017	2018	2019	2020	2021	2022
Kachin	77%	79%	81%	83%	84%	86%	87%
Kayah	30%	36%	42%	47%	52%	56%	60%
Kayin	86%	88%	89%	90%	91%	91%	92%
Chin	13%	21%	28%	35%	40%	46%	51%
Sa gaing	54%	58%	62%	65%	68%	71%	74%
Tanintharyi	62%	65%	69%	71%	74%	76%	78%
Bago	87%	89%	90%	91%	91%	92%	93%
Mag way	72%	74%	77%	79%	81%	82%	84%
Manda lay	59%	63%	66%	69%	72%	74%	77%
Mon	95%	95%	96%	96%	96%	97%	97%
Rakhine	21%	28%	34%	40%	46%	51%	55%
Yangon	92%	93%	93%	94%	94%	95%	95%
Shan (South)	70%	73%	75%	77%	79%	81%	83%
Shan (North)	48%	53%	57%	61%	64%	68%	70%
Shan (East)	43%	49%	53%	57%	61%	65%	68%
Ayeyarwady	76%	78%	80%	82%	83%	85%	86%
Nay Pyi Taw	68%	70%	73%	76%	78%	80%	82%

Note: 2015 values were applied on % of schools with nutritional promotion activities. The target is to be estimated by 2017 baseline survey.

Appendix Table 3: Target % of schools with intermediate activity in each Regions and States

Regions and States	estimated % in 2015	Target estimated % of Schools with intermediate activity in each Regions and States					
		2017	2018	2019	2020	2021	2022
Kachin	35%	41%	46%	51%	56%	60%	63%
Kayah	18%	25%	32%	38%	44%	49%	53%
Kayin	38%	44%	49%	54%	58%	62%	65%
Chin	3%	12%	20%	27%	34%	40%	45%
Sa gaing	20%	27%	34%	40%	45%	50%	54%
Tanintharyi	30%	36%	42%	47%	52%	56%	60%
Bago	63%	67%	70%	72%	75%	77%	79%
Mag way	40%	45%	50%	54%	59%	62%	66%
Manda lay	35%	41%	46%	51%	55%	59%	63%
Mon	93%	93%	94%	94%	95%	95%	96%
Rakhine	6%	15%	22%	29%	36%	41%	47%
Yangon	87%	89%	90%	91%	91%	92%	93%
Shan (South)	35%	41%	46%	51%	55%	59%	63%
Shan (North)	19%	26%	33%	39%	44%	49%	54%
Shan (East)	23%	30%	36%	42%	47%	52%	56%
Ayeyarwady	40%	46%	50%	55%	59%	63%	66%
Nay Pyi Taw	46%	50%	55%	59%	63%	66%	69%

Note: 2015 values were applied on % of schools with health promoting school activities. The target is to be estimated by 2017 baseline survey.

Appendix Table 4: Target % of schools with advance stage of activity in each Regions and States

Regions and States	estimated % in 2015	Target % of Schools with advance stage of activity in each Regions and States					
		2017	2018	2019	2020	2021	2022
Kachin	18%	25%	32%	38%	44%	49%	53%
Kayah	9%	17%	24%	31%	37%	43%	48%
Kayin	19%	26%	33%	39%	45%	50%	54%
Chin	2%	10%	19%	26%	33%	39%	44%
Sagaing	10%	18%	25%	32%	38%	44%	49%
Tanintharyi	15%	23%	30%	36%	42%	47%	52%
Bago	32%	38%	43%	49%	53%	57%	61%
Mag way	20%	27%	34%	40%	45%	50%	54%
Mandalay	17%	25%	32%	38%	43%	48%	53%
Mon	46%	51%	55%	59%	63%	66%	69%
Rakhine	3%	12%	20%	27%	34%	40%	45%
Yangon	44%	49%	53%	58%	61%	65%	68%
Shan (South)	17%	25%	32%	38%	43%	48%	53%
Shan (North)	9%	17%	25%	32%	38%	43%	49%
Shan (East)	11%	19%	27%	33%	39%	45%	50%
Ayeyarwady	20%	27%	34%	40%	45%	50%	55%
Nay Pyi Taw	23%	30%	36%	42%	47%	52%	56%

Note: 2015 values were estimated from half % of schools with health promoting school activities. The target is to be estimated by 2017 baseline survey.

Appendix 2: School Level Health Monitoring Sheet

School information								
Grade	N of children			N of class	N of classroom	Number of Teachers	N of children use suitable desk	N of children use suitable chair
	boys	girls	total					
KG								
G1								
G2								
G3								
G4								
G5								
sub total								
G6								
G7								
G8								
G9								
sub total								
G10								
G11								
G12								
sub total								
total								

Health check-up information								
Grade	Average of height		Average of weight		Number of obese children		Number of thin children	
	boys	girls	boys	girls	boys	girls	boys	girls
KG								
G1								
G2								
G3								
G4								
G5								
sub total								
G6								
G7								
G8								
G9								
sub total								
G10								
G11								
G12								
sub total								
total								

School attendance and medical check-up information

Grade	School attendant rate	No of children who absent form school more than 60 days	low vision power (≤ 0.7)	low hearing ability	tooth decay
KG					
G1					
G2					
G3					
G4					
G5					
sub total					
G6					
G7					
G8					
G9					
sub total					
G10					
G11					
G12					
sub total					
total					

Health status information (Communicable disease and Injury)

Grade	morbidity of STH	diarrhea	injury in school		sever injury in school		traffic accident	
			boys	girls	boys	girls	boys	girls
KG								
G1								
G2								
G3								
G4								
G5								
sub total								
G6								
G7								
G8								
G9								
sub total								
G10								
G11								
G12								
sub total								
total								

Life Skill Education status

Total No of class life skill education	examination	self-evaluation
KG		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G1		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G2		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G3		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G4		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G5		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G6		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G7		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G8		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G9		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G10		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G11		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor
G12		5.very good, 4.good, 3.moderate, 2.poor a little, 1.poor

HPS Activities implementation monitoring

Contents	score
HPS committee	
HPS team organization in school	
How many children are the members of HPS team?	
How many parents are the members of HPS team?	
How many committees are the members of HPS team?	
How many times dose the HPS team meeting have in a year	
Participate the parents/community person in the team	
Commitment of Education Office to HPS program	
Commitment of Medical Office to HPS program	
Communication with parents and communities	
Planning and Reporting	
HPS annual plan	
HPS annual report	

HPS implementation level

Actively Level	Implementation
L1. Basic objectives Promote physical activity and active life-style to reduce NCD risk factors Improve healthy behaviour and hygiene include oral health and hygiene Prevent injury and develop the safety environment in/around school	3. Implemented well 2. Start to implement 1. Not yet
L2. Basic selectable objectives Promote healthy diet and nutrition (reduce obesity and address double burden of malnutrition) Provide the school health service for improvement of overall health for students Prevent and control communicable disease (HIV/AIDs, Dengue, TB, leprosy, etc.)	3. Implemented well 2. Start to implement 1. Not yet
L3. Intermediate objectives Oral Health Check-up by dentist Eye check-up by otolaryngologist Reproductive health and gender equality Prevent alcohol and substance abuse	3. Implemented well 2. Start to implement 1. Not yet
L4. Advance stages of objectives Mental health Strengthen school resilience for climate change and disaster preparation	3. Implemented well 2. Start to implement 1. Not yet

All activities belong to each level shall be scored as follows:

Scored 3 level, 3: good implementation
 2: moderate implementation
 1: poor implementation

The evidential description supports the evaluation validity.

2.1. Physical activity and active life-style to reduce NCD risk factors, and sustainable development		
Activities	Score	Evidential Description
Integrated outdoor activities with sciences, math, and other subjects		
Control the game machine usage		
Promote regular use of stairs in school environments		
Class rotation between period		
Integrated outdoor activities with sciences, math, and other subjects		
Walk to school or bicycling to school		
Integrated sport and physical education for teachers and school staffs		
Resource mobilizations with partners		
Promote outdoor play at school/home		
Develop the enabling environments for sports/physical activities among all school children		

2.1. Physical activity and active life-style to reduce NCD risk factors, and sustainable development		
Activities	Score	Evidential Description
Introduce and expand school sportswear		
Develop the enabling environments for physical activities for all teachers, staffs, parents, communities		
Create role models and champions		
Promote PA for partnership buildings with teachers, parents, and communities		

2.2. Healthy behavior and hygiene include oral health and hygiene		
Activities	Score	Evidential Description
Latrine use and clean up		
Hand washing		
Brushing teeth promotion		
Mould control activity (Clean & dry)		
Self-evaluation hygiene behaviour		
Strengthen the hygiene behaviour		
Promote their model behaviour		
Strengthen the activities of WASH in school		
Determine the criteria for good personal hygiene among school students		
Improve the facilities related to hygiene		
Water resource Management		

2.3. Prevent injury and develop the safety environment in/around school		
Activities	Score	Evidential Description
Group commute from/to home for safety		
Dangerous area map in school and around school		
List up and report the improved environment regularly		
Learn and examine the traffic rules		
Learn the cause of death/injury of children		
Learn the latent dangerous and find the condition in school		
Improve the traffic sign and signal on the commute road		
Develop the curriculum/extra-curriculum regarding safety and accidental injury for primary school students		
Develop the curriculum regarding safety and accidental injury for secondary school students		
Develop the injury/traffic-accident report		

2.4. Healthy diet and nutrition		
Activities	Score	Evidential Description
School feeding		
Health check-up (height and weight) and assessment and feedback of their nutritional condition		
Student medical examination record cards		
Gardening / plant cultivation in school for nutritional improvement		
Health check-up (height and weight) and self-assessment their nutritional condition		
Calculation of energy intake and consumption.		
Healthy lunch box		
School canteens programme		

2.5. Provide the school health service for improvement of overall health for students		
Activities	Score	Evidential Description
Medical examination (blood pressure)		
Medical examination (eye-care)		
Medical examination (hearing)		
Immunization		
Student health profiling		
Counselling		
Application / utilization of Student health profiling		

2.6. Prevent and control communicable disease		
Activities	Score	Evidential Description
Garbage free school		
Daily health check up		
Mosquito control		
HIV prevention		
Learn the infection mechanism of infectious diseases		
Teaching skill development		

2.7 Other health check-up		
Activities	Score	Evidential Description
Oral Health Check-up by dentist		
Plaque control		
Eye check-up by otolaryngologist		

2.8. Reproductive health and gender equality		
Activities	Score	Evidential Description
Life skill education		
Birth control and SCD		
Menstruation hygiene including menstruation pad usage		
Teaching Skill Development for RH		

2.9. Prevent alcohol and substance abuse		
Activities	Score	Evidential Description
Tobacco free school		
Alcohol and substance free school		
Prevent betel nut use		
Promote teachers model behaviour		

2.10. Mental health		
Activities	Score	Evidential Description
Emotion control		
Counselling in school		
Life skill education		
Emotion control		
Counselling in school		
Strengthen school health and adolescent and youth health activities in collaboration with related sectors		
Promote the prevention attitude of the violence and suicide		
Establish youth-friendly confidential health services		

2.11. Strengthen school resilience for climate change and disaster preparation		
Activities	Score	Evidential Description
Learn behaviour at flood situation		
Develop the evacuation site and route		

School Health Partnerships with Communities		
Contents	score	Evidential Description
Strengthen the tobacco free school activity on the corroboration with parents and communities.		
Strengthen the alcohol free school activity on the corroboration with parents and communities.		
Provide school-based education and literacy for teachers, parents and communities		
Partnership with community to generate secure, safe, healthy environment for children inside and outside school boundary		
Provide social support for students and family		
Promote physical activities, sports, and healthy recreational activities		
Provide basic school health services such as health camps and first aids in school		
Involve local community and authorities to contribute to school functions and outreach activities		