CHAPTER V
PROPOSED MODEL OF SCHOOL HEALTH EDUCATION PROGRAMME (SHEP)

5.1. INTRODUCTION TO THE PROPOSED MODEL

A model is a simplified form of any system or programme, which represents detailed replica or reality of the programme and its most important aspects (Tones & Tilford, 1994). It is regarded as proposed structure of a programme or an object. The present model of School Health Education Programme (SHEP) is organizational and procedural, is an outcome of the findings of the present study and the available literature relating to School Health Education (SHE). It intends to provide suggestions for implementing appropriate SHEP in the schools of Nepal. The main theme of SHEP is to protect, maintain and promote the health of the students at present and enable them to maintain healthy life style in future. It also aims at looking after the health of the school staff as well as the community. Most of the school health specialists have given three major components i.e. school health instruction (SHI), school health service (SHS) and healthful school living (HSL) in their organizational model of SHEP or SHP with the school-community co-operation (SCC) in a subordinating role. Some writers (Turner, 1966, Baidya, 1982, Pradhan, 1983, Jha, 1992, Sherchan, 1995) have given four major components including school-community co-operation or home, school and community relationships besides the three above mentioned components. In 1935, SHEP was categorized into seven. At present, it is categorised into eight components that are school health education, school health service, school health environment, health promotion of the staff, physical education & recreation, nutrition and food safety, school-community involvement, and counselling and social support (Allenworth & Kolbe, 1987). Hawen (1997) has categorized school health promotion into five components which include a safe and healthy school environment, sound nutrition practices, good health services in and for the school, effective health education for children & teachers, and school-community joint health programmes. In the proposed SHEP model, only four
components have been included comprising of all the needed aspects i.e. SHI, SHS, HSL and SCC. All these components are interrelated and they are to be carried out integrally.

5.2. RATIONALE OF THE PROPOSED MODEL OF SHEP

The school is a basic institution in every community and it offers the possibility to improve the health not only of children but also of the whole community. SHEP can be the most efficient and cost-effective way to improve students' health and assist in their academic performance (Health Promoting..., 1997). It supports both the goals ‘Health for All’ and ‘Education for All’. As it protects and promotes students’ health, it motivates the students for school entry as also their continuous participation and attainments in the school. Hence, WHO is going to launch the Global School Health Initiative for world-wide adoption of SHEP. The comprehensive SHEP can serve as a means of co-ordinating, integrating, implementing and sustaining a variety of activities such as health promotion, disease and injury prevention, and risk reduction interventions that can improve health and educational potential of students. It also helps to avoid irrelevant, duplicate or conflicting subject matters and maximise the use of limited health and education resources.

In Nepal, there is no legal provision of SHEP in schools except for classroom health instruction that is prescribed in the curriculum and some prerequisites of physical facilities essential for setting up new schools. There is no doubt that health instruction alone is not adequate for effective health education and protection and promotion of students’ health. In the absence of SHEP or some aspects of it, students cannot get proper health education. And they may face various problems like disease, various kinds of injuries, mental depression, and failure in learning. Students’ health problems and lack of healthful environment in the school i.e. related to either physical or mental leads to dropping out of school and repeating the class by a considerable percentage of students. With a comprehensive SHEP, such types of problems could be reduced to the minimum.
Health is a fundamental human right. It means school children have the right to protect, maintain and improve their health. Nepal has ratified the declaration of World Summit, 1990 on the Convention of the Rights of the Child. It is therefore the moral obligation of the government to look after, protect and promote students' health. The SHEP is a good, accessible way for this purpose since it is in the school that children from different socio-cultural backgrounds gather at one place for a definite period of time.

Although SHEP is a part of community health programme, the latter cannot care properly for students' health for it has to cover the total people of community from the prenatal stage to the grave. On the other hand, SHEP can disseminate health information to the parents and other community members easily, through the students, besides caring for their students' health and educating them. SHEP can also launch various programmes for parents and community members, which support community health programme. In rural areas, school is the most accessible place for the community people as compared to the health posts or clinics. So, the community health services can be provided easily through the schools if the community health sector wants it by co-ordinating with the schools. They can provide their services easily to the school age children. Moreover, SHEP also tries to involve community members actively in different school programmes for developing health facilities in the schools and improving students' health. Hence, SHEP also supports the community health programme.

For providing different health facilities on their own initiative or with the support of NGOs or INGOs, the schools need a suitable design of the programme as a guideline for all the concerned agencies. The planners, administrators and teachers not being clear about it and there being no legal provision also for it, the proposed model would be the anchor point for launching SHEP in the schools of Nepal.

There are various models of SHEP that were developed in their respective contexts. The SHEP model, developed in one context may not fit the other. The health problems, sensitivity to health related issues, health expectations and economic resources etc. may be different according to geographical region, socio-cultural
conditions, economic and educational status of the people and available health services in the community or the nation. So a programme should be based on students' needs as well as affordability, and acceptance by the people and community concerned. It should have guidelines for implementation and reference to probable resources too. Only can then it be applied successfully. The present model of SHEP for secondary schools of Nepal is developed on the basis of research findings, experiences of the investigator and other related documents of school health education. Therefore it is hoped that the proposed model of SHEP will be relevant, affordable, acceptable and applicable to the secondary schools of Nepal.

5.3. OBJECTIVES OF SHEP

The major objectives of SHEP as based on the findings of the study are:
1. to develop health knowledge, positive attitude and behaviour in students
2. to develop students' capacity for appropriate decision making and taking the responsibility on personal and community health
3. to make health instruction effective and practicable
4. to create mentally and socially healthful environment in the school
5. to control accidents and communicable diseases in the school
6. to maintain physically healthful environment in the school
7. to appraise the students' health
8. to promote the health status of the students as well as the school staff
9. to develop relationship with community and to elicit maximum co-operation from the community members
10. to protect and correct the defects and disorders in students' health
11. to enable the students to physically, mentally, socially and emotionally adjust in different situations
12. to carry out nutrition programme in the schools.

Component-wise objectives can be developed on the basis of the above objectives. They can also be derived from the Conceptual Organization of SHEP as given in the introductory chapter.
5.4. ORGANIZATIONAL STRUCTURE OF THE SHEP

Ministry of Health

Ministry of Education and Sports

Ministry of Women, Child & Social Welfare

Regional Education Directorate

District Education Office

School Management Committee

SHEP Co-ordination Committee

Health Service Agencies

DDC, VDC / Municipality

Training Institutions

Health Personnel

Parents/Community

NGOs/INGOs

Teachers

Medical Personnel

Adm. Staff / Custodian

Soc. worker / Counsellor

Parents

Students

Planning of SHEP

Implementation of School Health Education Programme

Evaluation of SHEP

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Fig. 4
Organizational Structure of the SHEP
The main theme of SHEP is to protect, maintain and promote the health of the students and create favourable environment for total learning in the school and enable them to make intellectual decisions and adopt healthy behaviours relating to personal, family and community health for healthy living in future too. It intends to promote the health of the school personnel as well. For the fulfilment of the main theme of SHEP in Nepal, the ministries related to child welfare need to develop a national policy. Ministry of Education and Sports, Ministry of Health and Ministry of Women, Child and Social Welfare are directly concerned with the development of school children. So the national policies of SHEP should be developed in co-ordination with these three ministries. The Ministry of Education and Sports has to take initiative first of all, for all the schools are run by it. The Ministry of Health and Ministry of Women, Child and Social Welfare can help to launch these programmes through their respective sectors. The developed policies and programmes regarding SHEP need to be circulated to all District Education Offices (DEO) through the Regional Education Directorate. The DEOs have to notify to the respective School Management Committees (SMC) for the formation of SHEP co-ordination committee with some budgetary provision or other kinds of support system for launching SHEP. The SMC forms a SHEP co-ordination committee with the related sectors represented in it. Generally, the committee members are to be the headmaster, a senior health teacher, representative from amongst the medical personnel, parents, SMC, teachers, local elected body and social organization. The number of members and representatives should be flexible. If necessary, some other members can also be included. The headmaster should play the role of director and the senior health teacher that of co-ordinator in this committee.

In the process of launching SHEP, the co-ordination committee needs to consult health service agencies, NGOs/ INGOs, training institutions, local elected bodies such as District Development Committee (DDC), Village Development Committee (VDC) or Municipality, parents and community members, and other health personnel for their co-operation and suggestions. The government health service agencies (Primary Health Care Centre, health post, sub-health post), training institutions and local elected bodies (DDC, VDC/ Municipality) have their own respective responsibilities in carrying out SHEP. They are generally guided by the
policies of the related ministries. The community health service agencies help in SHS and DDC & VDC/ Municipality help in the development of physical facilities and healthful environment and health training institutes help in human resource development and manpower supplement to SHEP. Training institutions can run short term and long-term training courses. Institutes of Education, institute of Medicine, the government health and education sectors, and other agencies can run training courses for the development of manpower for SHEP. Without trained manpower, SHEP cannot run effectively. Other agencies such as NGOs/ INGOs, community members and health personnel can support voluntarily in SHEP. They are not compelled to do it but they bear some moral obligation for helping it in whatever way they can. Parents are liable to support SHEP by paying fees for health facilities and health services, and helping their children carry out the suggested health regime.

The main function of SHEP co-ordination committee is to make a plan of SHEP. Planning sets targets of the programme and provides guidelines for operating the programme, mobilizing the resources and prioritising the activities. While planning the SHEP, it is necessary to have knowledge of government policy for school health, students’ health needs, general objectives of SHEP, existing physical facilities and available manpower and budget or resources of the school. Keeping in view the entire contexts, the planning of SHEP should include the probable aspects of all the components as SHI, SHS, HSL and SCC. While planning for SHEP, some short and long term outcomes could be expected, which are also indicated by its aims and objectives. Generally, effective health instruction, healthy environment, providing of good health services, developing co-operation between school and parents/community, co-ordinating all the components of the programme, and adequate support to make total school programme efficient and effective are the short term outcomes by which the objectives of SHEP are fulfilled. The major long-term outcomes of this programme are good health of the students as well as staff, students’ efficiency in performance (learning & other activities) and students’ competency in maintaining health. The SHEP co-ordination committee also undertakes the outcome evaluation of the programme.
5.5. COMPONENTS AND SUB-COMPONENTS OF SHEP

It is already mentioned that only four major components of SHEP are categorised in this model though in the new trend there are eight components. The sub-components of each major component are also derived on the basis of the findings of the study. These are listed as follows.

I. School Health Instruction
   a. Types of health instruction
      i. Planned instruction (according to health curriculum)
      ii. Integrated instruction (integrating inter-units & inter-components)
      iii. Correlated instruction (instruction through related subjects)
      iv. Incidental instruction (informal & out of classroom instruction at the suitable time)

   b. Methods of health instruction
      i. Lecture method
      ii. Question answer method
      iii. Discussion method
      iv. Demonstration method
      v. Problem solving method
      vi. Case analysis method
      vii. Experimentation method
      viii. Value clarification method
      ix. Student-to-student approach method
      x. Dramatization, and other methods.

   c. Planning of health instruction
      i. Work plan (Operation Calendar)
      ii. Unit plan
      iii. Lesson plan
      iv. Resource and instructional materials
      v. Evaluation
2. School Health Service
   a. Appraisal aspect of health service
      i. Health examination
      ii. Stool test
      iii. Health observation by teachers/nurse
      iv. Screening test of vision, hearing, nutrition and body posture etc.
      v. Health recording system
      vi. Clinic with paramedical staff
      vii. Dental inspection
   
b. Preventive aspects of health services
      i. First aid treatment and emergency care
      ii. Control of communicable diseases: Immunization, Isolation, closing of schools
      iii. Safety measures (in probable accidents)
   
c. Remedial aspects of health services
      i. Health counselling and social adjustment
      ii. Follow up programme and correction of defects
      iii. Referral system
      iv. Care of exceptional/special needs students

3. Healthful School Living
   a. Physical environment
      i. School plant: School site and school building
      ii. Classroom management: Lighting, ventilation, furniture and black-board
      iii. Sanitation facilities: Drinking water, toilet facilities, cleanliness, waste matter disposal, and drainage
      iv. School compound: Playground, garden, plantation and fencing.
   
b. Mental environment (Emotional Climate)
      i. Human relationships: Student and student, student and teacher/staff, teacher and teacher, and school and community/parents
      ii. School schedule: Operation calendar & daily routine
iii. Pleasant environment: Maintaining the garden, plantation and decoration of the school.

iv. Maintaining discipline and smooth running of the classes.

c. Physical exercise and co-curricular activities: Sports and games facilities, organizing co-curricular activities and participation in inter-school programmes

d. Nutrition Programme: Tiffin practices, nutritious and hygienic food.

4. School and Community Co-operation

a. School Programmes for the community
   i. Organizing Parents’ Day
   ii. Organizing cultural programmes
   iii. Formation of Parent-Teacher Association (PTA)
   iv. Organizing exhibitions
   v. Requesting parents to visit the school
   vi. Organizing talks and discussions.

b. School participation in community programmes
   i. Community cleanliness campaign
   ii. Participation in community health programmes: participation in mass rallies for health awareness, disseminating health information, voluntary service in community health programmes etc.
   iii. Visiting students’ homes by teachers

c. Use of community resources
   i. Setting plans and programmes
   ii. Securing community and other agencies’ co-operation
   iii. Meeting resource personnel
   iv. Involving community members or other agencies in the school programmes
   v. Conducting joint programmes with community and other organizations.
5.6. IMPLEMENTATION OF THE PROGRAMME

SHEP co-ordination committee implements the programme through school administration with the co-operation of different supporting agencies, other school personnel, students and parents. The headmaster as director gives direction in operating the total SHEP and provides the budget, employs essential staff, sends staff for training and controls the total programme. The senior health teacher as the co-ordinator of SHEP performs co-ordination and resource mobilization and carries out its various activities. Generally, the co-ordinator co-ordinates the functioning of the medical personnel, teachers, administrative staff/custodians, social workers/counsellors, parents and students in launching all components of SHEP. The total SHEP can be conducted with the joint efforts of all of them only. These personnel have their own role in various components of SHEP. The school personnel who have no training or experience of SHEP, need orientation about the programme. All the components i.e. SHI, SHS, HSL and SCC should be carried out in an integrated and co-ordinated manner. It is difficult to fulfil the main objectives of SHEP with separate and uncoordinated efforts. Various components are all interrelated and interdependent. Some of these are inseparable, too. Therefore, all of them need to be implemented side by side adopting an integrated and a comprehensive approach. This means when one component of SHEP is implemented or launched in the school, other components too should be considered and it needs the support of many agencies and personnel.

5.6.1. School Health Instruction (SHI)

For making SHI purposeful and constructive, different approaches such as planned, integrated, correlated and incidental need to be adopted. The planned health instruction, which is done according to the prescribed health education curriculum, is the main stream of health education. Other types of instruction help to integrate and practise the planned instruction. The subject teacher does this all and should be trained in health education. The integrated health instruction can be given by the health teacher while teaching health education; medical/paramedical staff while providing health services and other teachers while teaching health related subjects. The correlated instruction is carried while other subject are taught related to health
matters in their subject. The incidental teaching may be carried out by any one such as health teachers, other subject teachers, medical personnel and other administrative staff at any time and at any place as and when it is appropriate. This type of situation based instruction is the most effective as well as interesting. But the instructors must have good knowledge, eagerness to teach and familiarity with the techniques of instruction in the concerned area.

Similarly, the health teacher should use various teaching methods in health instruction according to necessity. The nature of content, students’ maturation, available teaching materials and the number of students in the classroom etc. require various types of teaching methods. The use of these methods would make health instruction more effective and purposeful. Teaching methods help the students perceive the subject matter and respond to the context. So the various teaching methods as discussion, demonstration, problem solving, case analysis, experimentation, dramatization, value clarification and student-to-student approach should be used in health instruction apart from the lecture and question answer method.

Basically, systematic health instruction is imparted with planning. The objectives given in the curriculum need to be achieved within the prescribed time or period. Without planning health instruction will not be productive and cannot be completed in the defined time. Instructional planning, therefore, is very essential. Generally, operation calendar, work plan, unit plan and daily lesson plan should be prepared. Instructional planning also facilitates teaching and makes it fruitful. It helps stress important points, prepare instructional materials and select different teaching methods and techniques.

Teaching and evaluation go side by side. Evaluation is necessary for measuring the effectiveness of instruction as well as students’ achievement. Various types of evaluation techniques help measure different aspects of students’ achievement regarding knowledge, attitudes and practical application, and improvement of teaching process. A good evaluation has the qualities of reliability, validity, continuity, objectivity, discriminating quality and comprehensiveness.
Several techniques of measurement should be used and transparency should be maintained in the evaluation of health education. Health instruction will be effective and qualitative when the teacher uses proper resource and instructional materials. The materials should be available in the school or the teacher should try out for obtaining them. They can be obtained from various NGOs / INGOs, government health sectors, curriculum development centre, training institutions, libraries and bookstalls etc.

Besides these, the health teacher also needs to emphasize regularity in classroom teaching and also has to see that the students follow health instructions in their daily lives and that there is the desired change in their behaviour. The teacher should integrate health instruction with the utilization of health services, creating of healthful environment and insisting on school, home and community relationships. The teacher should arrange for resource personnel from concerned agencies for teaching health education, especially the current health issues as those relating to drug addiction, AIDS, consumer health, prevention of epidemic diseases etc.

5.6.2. School Health Service (SHS)

SHS is carried out by the teachers, medical personnel, administrative staff and other concerned personnel to appraise, protect, correct and improve the students’ health. The teachers and other members of the school staff can provide most of the health services in the school in the absence of medical personnel. But it is better to have regular medical personnel’s service since the teachers and the other staff need some training for providing these services.

As regards the appraisal health service, stool testing, students’ health observation, screening test and health recording can be launched without medical personnel. These are relatively easier and most essential services for almost all the students in the school. But the training of teachers and other staff is necessary for these, too. It is somewhat difficult to provide health examination service in most of the schools. However most of the respondents have given priority to it. Only some rich private schools can provide regular or periodic health examination. Other schools could manage this service through the support of NGOs/ INGOs or by referring the students with health problems to hospitals, health institutions or private clinics. A
Paramedical staff should be employed in the school either on full or part-time basis for various purposes including health service. A secondary school can manage it by processes like voluntary service, sponsoring by NGOs/INGOs, from out of schools' own resources or with reasonable charges from students for this purpose. Dental examination is not so much familiar in the schools of Nepal, but this is a necessity. The paramedical staff can run health clinic, perform dental inspection and screening test, provide remedial health services and so on.

In preventive health services, first aid treatment, control of communicable diseases and safety measures are included. The trained teachers or paramedical staff can provide first aid treatment with first aid kit. A stretcher is also necessary where ambulance service is not available or cannot reach the school. For controlling communicable diseases, immunization, sanitation facilities and parasite controlling programmes are necessary. The safety measures are concerned with prevention of human errors, physical hazards and natural destruction. The school should make the students conscious about human errors that may cause accidents and impart safety education. The unsafe construction, physical structures and equipment that have probability of accidents should be controlled in the schools. Safety measures are essentially related to health education and physical environment.

Health teachers, other experienced teachers, and paramedical staff and social workers in the school can provide health counselling and social adjustment. The proper personnel for this area are physicians, psychologists, sociologists and psychiatrists, but they may not be available in the school. Teachers or other personnel can contact the experts when needed. The paramedical staff and health teachers generally conduct the follow-up and referral programmes. The needs of some of the exceptional students can be met to some extent simply by providing ground floor classroom for wheel chair students, placing the vision and hearing impaired students at the front bench and the like.

While providing SHS, the practical aspects of health instruction and healthful living can be launched side by side. The schools, where school clinic and paramedical staff are not available should request the government health sector, community
members and NGOs/INGOs for providing at least the minimum possible services. The public health sectors are also responsible for providing health services to the school children. If the health post, sub-health post and health care centres are situated near the school, they can be utilized for different aspects of SHS. But school authorities need to establish good relationship with them.

5.6.3. Healthful School Living (HSL)

HSL is broader than the other components of SHEP. It encompasses physical environment, nutrition programme, emotional climate, and sports/games and ECA. The physical environment of the school building and location is somehow already fixed. The school land and school building cannot easily change. They can only be improved to some extent for creating a healthful environment. In the case of new construction the design of the building, playground facilities, outside disturbances, sanitation facilities, the ventilation and lighting system of the classroom etc. all, these need to be considered. Adequate number of toilets, wastage disposal system, and adequate space in the classrooms and suitable furniture should be according to the prescribed norms. If the school site and buildings are already fixed, the improvement of toilets, adequate potable water facility, cleanliness of the school, proper management of the classrooms, maintenance of the garden, minimizing of probable accidents, protection of the properties etc. need to be looked into. The SMC and school administration are mostly responsible for physical development and proper utilization and protection of available facilities. But these should be supervised and carried out by all the teachers and the administrative staff. For the development of physical facilities, support and co-operation of community, the local elected body, and NGOs/INGOs are necessary. Schools authorities should approach them to obtain help for physical development.

Besides physical facilities, emotional climate or mentally healthy environment in the school should be maintained for HSL. Well-planned and regular school schedule, adequate physical exercise and ECA, pleasant atmosphere, maintenance of discipline, smooth running of classes, and above all human relationships are the essentials for creating mentally healthful environment. The school administration has to play an important role in the same spirit. For developing interrelationships of
various school personnel with the students and their parents, democratic norms should be maintained. Understanding each other, respecting others’ rights and status, treating all the teachers and students properly, maintaining discipline, co-operating with each other, fulfilling one’s responsibilities etc. are the key points in developing human relationships. The entire school staff, i.e. the headmaster, school administrative staff and the teachers, the students and the parents, all of them need to keep these things in view.

As regards psychologically healthful environment, school schedule has its own role in creating fresh learning situations and removing boredom in the classroom. The teaching of difficult subjects such as science, mathematics and English should not be scheduled in succession during the class routine. Time table should be well planned. The classes of physical education should not be placed in the middle of the day. Similarly, various programmes of field trips, ECA and other functions should be included in the operation calendar. These are essential for refreshing the young minds. Furthermore, students should be encouraged to involve themselves in decorating the school, maintaining the garden and organizing cleanliness programmes. The headmaster with the help of some other teachers should plan the school schedule.

Sports/ games and ECA help develop physical, mental, social and emotional health of the students. Students can develop their capacity for coping with mental stress by participating in sports/games and ECA. Such activities provide recreation to the students. While they are participating in various ECA, virtues like discipline, honesty, patience and fairness can be cultivated in them and they can be encouraged to practise these in their daily lives too. The students should also be involved in the organizing committees. This can provide them with an opportunity to develop management and life skills. While providing sports/ games and organizing ECA the school needs to take care that the optimum number of students get chance to participate in them. The sports/ games and ECA should be launched or organized by the physical education teacher, health education teacher and other subject teachers. The division of work for organizing ECA should be related to respective subject areas of the teachers so as to match their interest and competency in these activities. The students should also be provided occasions to participate in inter-school co-curricular
activity programmes. They gain those social and psychological skills from ECA, which cannot be got from formal classroom instruction.

Schools have also to supervise the mid-day meal or tiffin system for the students. Long-term hunger, unhygienic food and lack of nutritious meal affect students' health adversely. So the tiffin should either be carried from home or appropriate canteens should be managed in the school. The health education teacher or other teachers should also supervise the tiffin carried from home, and served at the canteen. Other outside shops near the school should also be observed and checked for the quality of food served by them.

5.6.4. School and Community Co-operation (SCC)

Co-operation between school and community is necessary for effective health instruction, quality health service and improvement in HSL. Without SCC, SHEP cannot run smoothly and effectively. It means students cannot get proper care from the school or the parents and the community alone. Similarly, community will not get healthy manpower for its development all by itself. Various activities relating to health and healthful environment need to be launched with the co-operation of school and community. Schools can plan programmes of celebrating Parents' Day, organizing cultural programmes, formation of PTA (Parents Teachers Association), organize health exhibitions, parents' visits to the school, and meetings and seminars in order to keep in touch with the community. From these programmes parents and community members can get information as well as health education. School can share parents' ideas and obtain their support. The two can thus develop understanding about the students' health problems and find their solutions. In such programmes, school should give appreciation letters and greet those personnel who have made significant contributions to the school. With this, other organizations and personnel will also be encouraged to lend their support for the development of the school.

As regards school's participation in the community, school can launch cleanliness programme in the community, organize mass rallies for health awareness, disseminate health information, do voluntary service in various community programmes and so on. From these programmes, the students will gain field
experience for learning. They can contribute in community awareness programmes, community health programmes, and understanding community health problems apart from developing relationships with parents and community members. While involving the students in community participation, discipline should be strictly maintained and teachers should guide them properly. The weak or ill students could wait for participation till such time as they are fit enough to get involved in these programmes.

One of the major targets of improving school and community relationship is to utilize the community resources. Community is the main feeder of the school. Schools should try to obtain from the community resources with plans and programmes. The school accounts as well as records should be clear and transparent. Then parents, community members, supporting organizations and concerned agencies will take initiative in development programme of the school. Efforts should be made to obtain co-operation and support from various agencies and the community. Meetings should be held with various personnel as and when needed. Similarly various programmes that are related to school or community health programme should be conducted jointly with other agencies and organizations. While organizing such joint programmes, school's responsibilities should be fulfilled earnestly.

5.7. RESOURCE MOBILIZATION FOR SHEP

SHEP cannot run without resources. The resources are not set apart from this programme in the schools of Nepal. Being an important programme in the field of health and education, the resources can be mobilized from different sectors. The World Health Organization has been advocating for worldwide health promoting schools through Global School Health Initiative with its different programmes (WHO, 1995). Various INGOs are showing interest in this area and many schools and the concerned personnel have realised the need of comprehensive health education programme. Many schools have therefore started conducting SHEP on their own initiative. The parents and students are also ready to share reasonable expenses to obtain more health services or facilities in the schools.
As regards resource mobilization for SHEP, both the economic and human resources could be utilized in schools. In respect of manpower mobilization various health personnel could do volunteer service. They could be motivating to do volunteer service for some hours in a week. Schools should tap such human resources. Similarly, social workers, voluntary organizations, parents and students could also help voluntarily in various activities of SHEP. The activities should match their interest and potentials. The school should appreciate them in various ways for their contribution. Students could be mobilized in maintaining healthful environment and launching various school programmes in the community also. Schools could take help of the government health sectors as health post, sub-health post and other health agencies. They are morally obligated to help in school health activities. Various internship or field-based programmes of health institutions could be adjusted in school teaching but health education has not been a priority area of the institutions related to health education.

In the context of economic resources, students' fee is the main source in most of the private schools and a subordinate source in the government schools. Charges related to SHEP are being raised under different categories in many schools, even now. Students should also pay reasonable fee for it as for other areas of education. Funding by NGOs and INGOs, donations collected by organizing programmes by the school or jointly with other organizations and supported by local VDC/ Municipality, and DDC are other probable and practical economic resources for conducting SHEP. Many INGOs have been taking initiative in supporting activities related to SHEP in various parts of the country. They should be tapped further. Grant from education sector or health sector on the government level is the most reliable source for SHEP, but any policies regarding this have not been developed in Nepal so far. It is hoped that the government will develop financial grant policy for this program in the coming days. The school nutrition and school sanitation programmes have already been initiated in many districts through Primary School Nutrition Project, and Basic and Primary Education Projects (BPEP) in the primary schools under the Ministry of Education. Most of the secondary schools also are able to bear the cost of various activities of SHEP.
5.8. EVALUATION OF SHEP

The SHEP co-ordination committee has one more function that is evaluation of the programme. Evaluation is a continuous process, and the co-ordination committee has to undertake input, process and outcome study and evaluation of SHEP. In input evaluation, qualification and efficiency of employed manpower, and the quality and adequacy of equipment as well as facilities are evaluated. In process evaluation, all the approaches to the launching of the programme, utilization of resources, carried out activities of the programme, attention of employers to their duties, co-ordination of various activities, co-operation of parents, students and other voluntary personnel etc. are evaluated. It helps in immediate correction and improvement of the programme. In the outcome evaluation, short-term and long-term outcomes should be evaluated. But long-term outcomes cannot be evaluated until completion of the programme has taken place. It is also a broad term and further study needs to be undertaken in it after some years. It is expected that significant changes will come in the students from comprehensive SHEP as long-term outcomes. The short-term outcomes indicate the efficiency and effectiveness of the present programmes and it gives feedback for the next planning. All the co-ordination committee members and the personnel concerned are to be involved in programme evaluation.

A standard evaluation scale needs to be developed for the evaluation of the accuracy and uniformity of SHEP. In general, evaluation of SHEP can be done according to the existing practices or trends relating to several sub-components or items practised in the school. The items, included in components and sub-components of SHEP in this proposed model should be checked in the school when evaluation is undertaken. Similarly, it should also be checked whether sufficient emphasis has been given on integrated and co-ordinated functioning while practising various activities of SHEP. The marking scale may be two alternatives i.e. 'yes’ and 'no’, three point scale, or some other form of evaluation. Some examples of check listing of SHEP evaluation are given in the following section. The marking scale is indicated in numerical points in parentheses. The sum of total points indicates the status of SHEP.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Marking Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There are sufficient number of toilets for both male and female students.</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>2. There is water facility in the toilets.</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>3. The toilets are clean.</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>4. Adequate water is there in the school.</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>5. The drinking water is safe and clean.</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>6. The health teachers do incidental teaching.</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>7. The health teachers are trained.</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>8. Adequate instructional materials are available in the school.</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>9. Community people do voluntary work in the school programme.</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>10. The school organizes Parents' Day or parents meetings regularly.</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>11. The health teacher observes students' health.</td>
<td>Regularly (2)</td>
</tr>
<tr>
<td>12. School personnel provide health counselling to students.</td>
<td>Regularly (2)</td>
</tr>
<tr>
<td>13. Screening tests are done for vision, hearing &amp; nutritive normalcy.</td>
<td>Regularly (2)</td>
</tr>
<tr>
<td>14. The school provides medical services.</td>
<td>Regularly (2)</td>
</tr>
<tr>
<td>15. The follow-up programme service is provided in the school.</td>
<td>Regularly (2)</td>
</tr>
<tr>
<td>16. Students' absenteeism in the school is</td>
<td>&lt;5% (2)</td>
</tr>
<tr>
<td>17. Students have habits of smoking and drinking.</td>
<td>No (2)</td>
</tr>
<tr>
<td>18. Students are seen to be neat and clean.</td>
<td>Almost all (2)</td>
</tr>
<tr>
<td>19. Students choose fresh and nutritious food during lunch break.</td>
<td>Almost all (2)</td>
</tr>
<tr>
<td>20. Students participate in community health awareness programmes.</td>
<td>In their own interest (2)</td>
</tr>
<tr>
<td></td>
<td>Friends' pressure (1)</td>
</tr>
<tr>
<td></td>
<td>Teachers' pressure (0)</td>
</tr>
</tbody>
</table>