



EXTENT OF IMPLEMENTATION OF HEALTH SERVICES AND LEVEL OF HEALTH PRACTICE: BASIS FOR HEALTH INTERVENTION PLAN

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ABSTRACT

Research Title : EXTENT OF IMPLEMENTATION OF HEALTH SERVICES AND LEVEL OF HEALTH PRACTICE: BASIS FOR HEALTH INTERVENTION PLAN

Research Theme : Governance

Research Design : Descriptive-Correlational

Sampling : Stratified Random Sampling

Data Collection : Research Instrument

Data Analysis : Spearman Correlation

EXECUTIVE SUMMARY

Schools are significant avenues to reach learners to provide basic health services and ensure modification of health behaviors. This study sought to contribute to building evidence-based knowledge on implementation of health services in school and level of practice of the learners. The study further explored for possible associations between key variables within the context of health services and health practices.

Data was collected from 138 junior and senior high school learners of Pambisan National High School using research instrument.

Results showed that there is a high extent of implementation of health services in terms of Adolescent Reproductive Health, Water, Sanitation and Hygiene in Schools and Nutrition Program. Likewise, high level of practice is noted towards hygiene, sanitation and nutrition. Furthermore, implementation of health services is found to be significantly correlated with level of practices among its indicators.

It was concluded that Pambisan National High School adhere to the mandated services by the Department of Education. The extent of its implementation greatly affects the level of health practice among respondents. A proposed intervention (Project HEALTH) could strengthen implementation of health services to better improve and modify health practices among learners.



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I. Introduction and Rationale

Nowadays, adolescent health paves its way to the limelight as growing number of health problems are attached to its name. Adolescence being a crucial and transformative phase leads to vulnerability among adolescents towards different health issues. That is the reason why health interventions play an essential role in this stage of lifespan. Since learners spend most of their time in schools, it must be excellent avenues for health promotion and disease prevention through the provision of school health services and practice of healthy behaviors. Schools play a vital role in ensuring that every learner has an equal chance not only to quality education but also to safe, equitable and accessible school health services.

According to World Health Organization (2017), school health services are feasible strategies to address the health needs of adolescents and promote healthy behaviors. Furthermore, health services like adolescent reproductive health, nutrition and water, sanitation and hygiene are incorporated in United Nations Sustainable Development Goals (2016-2030), Goals 2, “Zero Hunger”, Goal 3, “Good Health and Well-Being” and Goal 6, Clean Water and Sanitation” respectively (WHO, 2018). However, research findings about School Health Care and Nutrition (SHCN) by SEAMEO Innotech (2013) shows that health services in Southeast Asia are implemented yet it is recommended that it should be strengthened by closing the gaps between how policies are envisioned at the national level and how it is implemented in schools.

In the Philippines, health is a basic human right as stated in the Philippine Constitution of 1987, Article XIII Section 11, which states that every Filipino is entitled to an integrated and comprehensive health approach. Recently, DepEd releases D.O. 28, s. 2018, “Oplan Kalusugan sa Department of Education”

which mandates schools to promote and provide all learners and DepEd personnel with a sustainable holistic school health and nutrition programs towards healthier behaviors and better learning outcomes. However, with the conjoined efforts of several agencies with DepEd as its core, still, behaviors towards health services do not meet the health standards leading to escalation of statistics of the health problems among adolescents.

For instance, comprehensive knowledge about HIV/AIDS among youth is low which put adolescents at risk in engaging in risky sexual behaviors so strong will power in information dissemination needs to be strengthened in order to prevent HIV/AIDS in MIMAROPA region (Boncoco et al, 2016). Also, Moralista (2016) mentioned that WASH practices are not properly carried out by the students in Lambunao, Iloilo. As to nutrition health practices, students from De La Salle University, Manila consumed unhealthier foods and drinks and lesser healthy foods and snacks in canteens (Cartagena, 2014).

Pambisan National High School is an advocate of health and supports different programs of the government. It renders health services like provision of healthy foods in the canteen, immunization program for Grade 7 students, water, sanitation and hygiene in schools (WINS), deworming, weekly iron folic acid supplementation (WIFA), AIDS awareness program and facilities for menstruating students are implemented in the school. Knowledge acquired from these services play great impact to how students put the understanding into practice. Still, some of the practices do not conform with the required health standards resulting to health problems/health outcomes.

Among senior high school students, early sexual encounter is evident as two pregnant learners were documented. Level of knowledge about responsible parenthood was not clear as reflected in the recorded cases of teenage

marriage. Moreover, clinic records show that students complain of fever, stomach ache, vomiting and difficulty in urination as signs of urinary tract infection which can be correlated with poor reproductive hygiene among students.

As per the results of 2019 WinS Assessment Tool, it showed that water in school is not provided and learners are required to bring their own drinking water. Toilets are available but some are not isolated for males and females. Wastes are segregated but still burning of waste is eminent. Individual handwashing is not always practiced and group handwashing and tooth brushing were not accomplished. Disposal of sanitary pads and rest space for menstrual health management can be observed. Deworming is done semiannually and at least 85% of school students were dewormed.

Moreover, a large number of students consume unhealthy foods (foods from street vendors with high sugar, fats, oils content) causing malnutrition cases supported by reports of BMI June 2019, 3 overweight, 66 wasted and 14 severely wasted among the population of learners. Lastly, cases of toothache, headache, stomach ache, vomiting and other health related problems are recorded and can be correlated with not practicing the WinS standards.

Thus, this study unlike other researches investigated the extent of implementation of health services and the level of health practices so that health intervention plan could be proposed and lessen the occurrence of health problems. Through profound investigation, it was determined which of the health services works best and which do not so that actions to improve and strengthen the services could be started leading to better health and life among learners.

II. LITERATURE REVIEW

Binu et al (2018) stated that the overall utilization and level of understanding about reproductive health services are low leading to poor reproductive health practices which resulted to unfavorable health outcomes like early sexual activities, teenage pregnancy and sexually transmitted infections, in spite of the efforts made by the Ethiopian government in Nekemte Town to combat alarming cases of reproductive issues. Moreover, Melgar et al (2018) concluded that there are significant factors like conservative religious beliefs in relation to reproductive health utilization and recommended to provide liberal interpretation of law to guarantee the provision, delivery and access to such services.

Also, implementation of water, sanitation and hygiene (WASH) in schools in Tanzania was found to be effective however several factors were identified for the program to be more successful and achieve its intended objectives (Antwi-Agyei et al,2017). However, around the globe there are only 69% of schools which had a basic drinking water service, 66% had a basic sanitation service and 53% had a basic hygiene service based on 2016 survey (UNICEF and WHO, 2018). This was supported by National Economic Development Authority, NEDA (2017), which reiterated that a large number of schools in the Philippines, 3,819, also still lack water supply and sanitation facilities.

Furthermore, Akseer et al (2017) emphasized that there is a need to focus on nutrition program among adolescents as they require more macro and micro nutrients that other stages of life. Yale University research (2018) added that in schools with enhanced nutrition policies and programs, students had healthier body mass index trajectories over time, and by the end of the study

they reported healthier behaviors than their peers in schools without nutrition policies and programs.

When it comes to health practices towards reproductive health, large number among U.S teens engaged in unhealthy practices towards sexual and reproductive health which shows that lesbian, gay, and bisexual high school students are at substantial risk for serious health outcomes as compared to their peers (Centers for Disease Control and Prevention,2017).

On the other hand, Anand et al (2018) concluded that there was a need to improve the hygiene and sanitation practices among students in India. It was found out that most of the students do not wash their hands before and after meals, after using the toilet and don't regularly wash their genitals. This was supported by Shrestha et al (2018) and concluded that the practice of WASH specifically hygiene and handwashing practices in urban and rural schools in Nepal were still poor.

Moreover, the study of Shaziman et al (2017) assessed the nutritional knowledge, attitudes and practices and body mass index of adolescent residents of Orphanage Institutions in Selangor and Malacca, Malaysia. The study concluded that nutritional practices among orphanage adolescents were rated good however the eating practices scored low. The result called for more education intervention about nutrition in orphanage in Malaysia.

Likewise, Li et al (2017) studied the relationship of school-based sexuality education, sexual knowledge and sexual behaviors among Chinese college students, in response to the growing numbers of unexpected pregnancies and early sexual engagement. The study revealed that there was a positive and strong association between school-based sexuality education and SRH (Sexual and Reproductive Health) level of knowledge, sexual

behaviors, and health outcomes most particularly in males. It was then proposed to scale up the school-based sexuality education and gender sensitive strategy be implemented to address the issue.

Moreover, Grimes et al (2017), concluded that consistent availability of soap and water for handwashing in schools is a vital factor to consider to yield better health benefits of improved WASH infrastructure. It was stated that the success of WASH infrastructure not only lies with the ratio between students to latrine but most importantly to the availability of WASH resources.

Wang et al (2015) studied the effect of school-based nutrition programs on the knowledge, attitudes and behaviors of Chinese adolescents in middle schools in China. The study was attributed to the alarming nutrition among Chinese students. Also, the study revealed that the program was effective in changing the knowledge, attitudes and behaviors of the respondents towards nutrition and recommended to have some interactive and innovative intervention components to address the nutrition aspect of Chinese adolescents.

The related literature and studies discussed above are related to the research in the sense that these provide a background on the implementation of health services at the school level, the health practices of the learners and possible relationships that may occur between variables. These studies support the objectives of the current study which is to determine the extent of implementation of health services and the level of health practices among learners to come up with an intervention plan suited for the pressing issues.

Theoretical Framework

This study was anchored to behavioral and ecological theories related to promotion of health, practice of health behaviors and occurrence of certain health problem.

Simmons (1990) devised the Health-Promoting Self Care System Model which is a framework for identifying and explaining sequential patterns among factors which influence the decision-making, performance and outcomes of healthpromoting lifestyles. The model emphasized that individuals are capable of developing the knowledge, attitudes and skills necessary for deciding upon and performing health promoting behaviors.

In relation to the present study, the respondents belong to adolescence stage specifically the high school learners who are developing the sense of independence. This development entitles them to decide on which health behaviors and practices to take for themselves. Through interaction with colearners, educators, significant others, and the like, it will lead to acquisition of knowledge on how they will exercise healthy behaviors and practices. Rosenstock's Health Belief Model (1966) is a psychological model in which people's beliefs about whether or not they are at risk for a health problem, and their perceptions of the benefits of taking action to avoid it, influence their readiness to take action. This model is used to explain and predict individual changes in health behaviors. According to Rosenstocks, there are key factors that influence health behaviors, perceived susceptibility, perceived severity, perceived benefits, cues to action and self-efficacy.

With this approach, learner's willingness to change a certain health behavior is primarily due to his/her perceptions of the need to change considering significantly the health norms and beliefs they are used to over the

health standards, which may result to either health improvement or the onset of a health problem. Since, adolescence is defined as the period of experimentation, most of the them do not perceived such actions as dangerous rather those are normal activities of young ones.

Bandura's Social Cognitive Theory (1989), describes the influence of individual experiences, the actions of others, and environmental factors on individual health behaviors. It explains how individuals acquire and maintain behavior in a given environment. The unique features of STC is the emphasis on self-efficacy, behavioral capability, expectations, expectancies, self-control, observational learning and reinforcements. However, an in-depth importance is given on observational learning and reinforcements in which it considers the unique way individuals acquire and maintain behavior, while also considering the social environment in which the individuals perform the behavior. It explains how people regulate their behavior through control and reinforcement to achieve a goal directed behavior that can be maintained over time.

The ideas presented in this theory bears resemblance with the present study since it tackles how adolescent learners acquire and learn behaviors in school through constant communication and interaction with peers. Though, they have their own versions of health behaviors somehow through mingling with co- adolescents, some are controlled and reinforced and being practiced in a period of time.

Furthermore, Bronfenbrenner's (1979) Social Ecological Theory stated that behavior is influenced by the person and the environment. This was supported by the Social Ecological Model which stemmed from the SET (Social Ecological Theory) which emphasized that behavior is shaped by recurring pattern of activity that take place in structured environment like residential,

educational, religious, etc. According to the model, there are multiple levels of influence namely individual, interpersonal, organizational, community and public policy. The interaction between behavior and environment contributes to both health and illness.

Relatively, learners are diverse which interact with altered environments resulting to differences in health behaviors and health practices. This is the reason why health problems occur because their behaviors sometimes do not conform to what is required to achieve maximum state of health.

Lastly, Tannahill (2009) presented the health promotion model consisting of three overlapping spheres of activity: health education, prevention and health protection. It clearly outlines the components and the nature of health promotion and the distinctive interrelationships between and among the three spheres. Health education is a significant constituent of health promotion that involves communicating with individuals or groups with an aim of changing their beliefs, attitudes knowledge and behavior in a way that is conducive to improving their health. On the other hand, disease prevention entails specific interventions whose aims is to avoid contact with risk factors that produce disease or where this is not feasible, the treatment whose aim is to minimize the harmful consequences of the disease process. And, health protection as policies, legal or fiscal controls or other regulations or voluntary codes of practice whose aim is the positive enhancement of well-being or the prevention of ill health.

Relative to the present study, health promotion through the different health services is indeed a great driver to change bad practices to healthy promoting behaviors among learners. With proper information dissemination of the benefits of such initiatives will contribute a lot to better health outcomes.

Also, through educating the learners, the occurrence of health problems will then be prevented.

All the theories mentioned are relevant to the variables under study which are delved here. These will help draw in-depth implications and analyses.

Conceptual Framework

This section illustrated how certain variables might relate to each other.

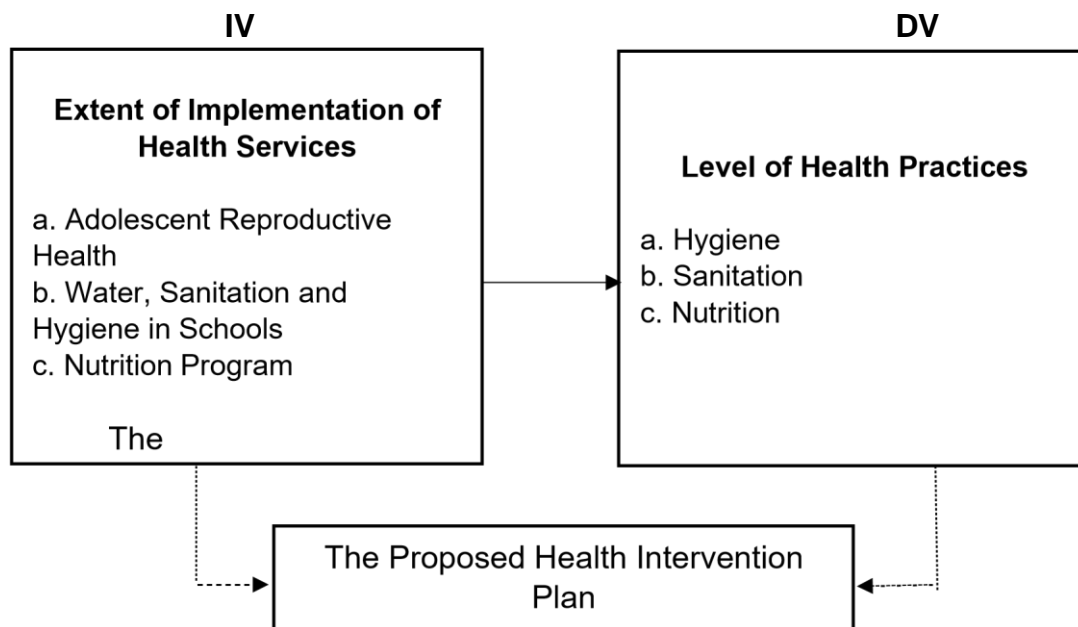


Figure 1. Correlation between Extent of Implementation of Health Services and Level of Health Practices

Figure 1 presented the conceptual framework of this study. It showed variables under study: one independent variable and one dependent variable.

The independent variable described the extent of implementation of health services in terms of Adolescent Reproductive Health Education (ARH), Water, Sanitation and Hygiene in Schools (WinS) and Nutrition Program. On the other hand, the dependent variable, labeled the level of health practice in terms of hygiene, sanitation and nutrition.

It showed that the independent and dependent variables were connected together by one-headed arrow which indicates the relationship of the variables as perceived by the respondents.

III. RESEARCH QUESTIONS

This study aimed to determine the extent of implementation of health services and the level of health practices encountered by Pambisan National High School in Pinamalayan, Oriental Mindoro as basis for health intervention plan.

Specifically, this study sought to answer the following questions:

1. What is the extent of implementation of health services in terms of:
 - a. Adolescent Reproductive Health Education (ARH);
 - b. Water, Sanitation and Hygiene in schools (WinS); and
 - c. Nutrition Program?
2. What is the level of health practices in terms of:
 - a. Hygiene;
 - b. Sanitation; and
 - c. Nutrition?
3. Is there a significant relationship between the extent of implementation of health services and the level of health practices of the respondents?
4. What health intervention plan can be proposed based on the findings of the study?

IV. SCOPE AND LIMITATION

This study focused on determining the extent of implementation of health services and the level of health practices among respondents in Pambisan National High School as basis for Health Intervention Plan. It was limited to 138 respondents who responded to the survey questionnaire during the first quarter of the school year 2020-2021. The responses of the respondents were used as basis for intervention to improve the overall health of the learners.

V. RESEARCH METHODOLOGY

A. Research Design

This study utilized descriptive-correlational method of research. According to Calmorin (2003), descriptive research is a research method that focuses on the present condition which aims to find new truth. In relation to the present study, the extent and level with which something occurs were determined. According to Tan (2014) as cited by Alcantara et al (2019), correlational research design seeks to ascertain relationship between two or more variables in a study. In this study, relationship between health services and practices were correlated.

B. Sampling

The respondents of this study were 138 out of 498 students of Pambisan National High School from Grade 8 to Grade 12 level. The respondents were selected using stratified random sampling from the total population of the school using G-power analysis.

Table A showed the distribution of the respondents.

Grade level	Population	Sample
Grade 8	133	37
Grade 9	144	40
Grade 10	99	28
Grade 11	88	24
Grade 12	34	9
Total	498	138

C. Data collection

This study utilized a self-made questionnaire which contents are based from the DepEd Order 28 s. 2018 which pertains to health services in the school and other references such as DepEd Order 10 s. 2016, DepEd Order 31 s. 2018, DepEd Order 47 s. 2012 and DepEd Order 13 s. 2017.

It comprised of two parts. Part I dealt on the extent of implementation of health services in terms of ARH, WASH in Schools (WinS), and nutrition program. On the other, Part II dealt on the level of health practices in terms of hygiene, sanitation and nutrition.

The self-made questionnaire was subjected to conduct validation to three experts in the field of school health and nutrition services with vast experiences in the implementation of health services. They were the two (2) district nurses and an educational researcher.

They were given a copy of the instruments with four (4) columns for them to indicate as whether the items need to be revised, modified or discarded and for them to indicate their suggestions or remarks. Their suggestions and modifications were considered in revising the instrument.

Moreover, the researcher employed the test-retest method to determine the reliability of the questionnaire. The questions were administered to ten (10) non-respondents of the study in Pambisan National High School. After 10 days, the researcher gave the same test to see whether the questionnaire is

reliable.

After the test-retest, the reliability coefficient was analyzed through the use of Pearson's r correlation.

Reliability Test Result

Variables	Correlation Coefficient value (r-value)	Internal result	Interpretation
ARH Program	0.82	High	Reliable
WinS Program	0.85	High	Reliable
Nutrition Program	0.82	High	Reliable
Reproductive Hygiene	0.83	High	Reliable
Sanitation	0.81	High	Reliable
Nutrition	0.81	High	Reliable

D. Ethical Issues

The researcher sought permission from the Schools Division Superintendent before the conduct of this study. This study upheld the quality and integrity of research work. Informed consent was sought from the guardian's respondents ensuring that the respondents participated voluntarily and advocated beneficence among respondents. Also, this study ensured the privacy, confidentiality and anonymity of information that were gathered during the conduct of the study.

E. Data Analysis

The data gathered were treated using the following statistical tools.

1. **Median.** This was used to describe the level of the extent of implementation of health services and level of health practices of the respondents.

2. **Rank.** This was used to determine the order of scores according to the responses of the respondents specifically in the indicators of health services and health practices.

3. **Spearman's rho.** This was used to determine the relationship between health services and health practices by the respondents.

Scaling and Quantification of Data

A 4-point scale was used to describe the extent of implementation of the health services.

Numerical Scale	Verbal Description
4	High Extent
3	Moderate Extent
2	Low Extent
1	Very Low Extent

Another 4-point scale was used to describe the level of health practice where as a rubric was used to determine the frequency of practice by the respondents.

Numerical Scale	Verbal Description
4	High Level
3	Moderate Level
2	Low Level
1	Very Low Level

Scale	Frequency	Verbal Description
4	The health practice is carried out 7x a week.	Always
3	The health practice is carried out 4-6x a week.	Often
2	The health practice is carried out 1-3x a week.	Seldom
1	The health practice is not carried out.	Never

VI. DISCUSSION OF RESULTS AND RECOMMENDATIONS

A. Results

1. Extent of Implementation of Health Services

1.1 Adolescent Reproductive Health (ARH) Program

Table 1.1 Level of Extent of Implementation of Health Services as to Adolescent Reproductive Health (ARH) Program

Item	Median	Rank	Description
1.provides information/campaign on prevention of risky sexual behaviors	3.00	7.5	Moderate Extent
2.provides information/campaign on prevention, diagnosis, treatment of sexually transmitted infections	4.00	3.5	High Extent
3.provides counseling about reproductive and sexual concerns	3.00	7.5	Moderate Extent
4. provides information about proper reproductive hygiene	4.00	3.5	High Extent
5. provides students with a resource material on developing life skills	4.00	3.5	High Extent
6.integrates Comprehensive Sexuality Education in related subjects	4.00	3.5	High Extent
7. provides access to adequate and appropriate information and health care education	4.00	3.5	High Extent
8. integrates key concepts and messages on responsible reproductive health concerns across disciplines	4.00	3.5	High Extent

Table 1.1 presents the level of the extent of implementation of health services in terms of Adolescent Reproductive Health (ARH) Program as perceived by the learner-respondents in Pambisan National High School.

It is shown in the table that item, “provides information/campaign on prevention, diagnosis, treatment of sexually transmitted infections, provides information about proper reproductive hygiene, provides students with a resource material on developing life skills, integrates Comprehensive Sexuality

Education in related subjects, provides access to adequate and appropriate information and health care education and integrates key concepts and messages on responsible reproductive health concerns across disciplines” got the highest median score of 4.00 respectively described as high extent.

Meanwhile, item on, “provides information/campaign on prevention of risky sexual behaviors and provides counseling about reproductive and sexual concerns” ranked the lowest with median score of 3.00 described as moderate extent.

Result implies that the school’s implementation of Adolescent Reproductive Health (ARH) Program is highly implemented as it is envisioned and mandated in the national level. Though some key areas of concern like campaign on risky sexual behaviors and counseling needs to be given more attention to guide learners on proper reproductive practices.

This is supported by the notion of Asio (2019) which reiterated that reproductive health awareness of the students in Olongapo City in a private college is satisfactory and were aware of the different reproductive health issues and concerns. On the other hand, there are several factors to be considered both internal and external, why reproductive health program implementation is moderate when it comes to some key areas. Reproductive health is a sensitive concern that makes it hard for implementers to carry out activities considering diverse religious and culture perspectives of individuals.

And, it was then recommended to revisit the law and provide valid interpretation that would protect everyone involved in the provision, delivery and access of the health service (Melgar et al, 2018).

1.2 Water, Sanitation and Hygiene in Schools (WinS)

Table 1.2 Level of Extent of Implementation of Health Services as to Water, Sanitation and Hygiene in Schools (WinS)

Description	Item	Median	Rank
1. provides regular supply of safe water for drinking	4.00	3	High Extent
2. provides clean water for handwashing, menstrual hygiene management and toilet flushing	3.64	6	High Extent
3. provides handwashing and tooth brushing facilities	4.00	3	High Extent
4.makes soap available for handwashing to all students	4.00	3	High Extent
5. sees to it that toilets are functional	4.00	3	High Extent
6.provides bins for biodegradable and non-biodegradable waste materials	4.00	3	High Extent
7.conducts orientation on effective management of WINS	3.50	7	High Extent
8.designates area for composting	3.00	8	Moderate Extent

Table 1.2 presents the level of the extent of implementation of health services in terms of Water, Sanitation and Hygiene in Schools (WinS).

It is shown in the table that item, “provides regular supply of safe water for drinking, provides handwashing and tooth brushing facilities, makes soap available for handwashing to all students and provides bins for biodegradable and non-biodegradable waste materials” got the highest median score of 4.00 respectively described as high extent. Meanwhile, item on, “designates area for composting” ranked the lowest with median score of 3.00 described as moderate extent.

Result shows that the school’s implementation of Water, Sanitation and Hygiene in Schools (WASH in schools) is highly implemented. The school ensures that the learners are safe and healthy by promoting activities that boost

correct hygiene and sanitation practices and clean environment in and out of the school premises.

According to UNDP (2016), Wash in Schools is a key intervention for children's healthy development, that is why it contributes to safe and healthy environment for the learners. Furthermore, WinS targets and indicators has been included in the Sustainable Development Goals in the development sector of the United Nation.

1.3 Nutrition Program

Table 1.3 Level of Extent of Implementation of Health Services as to Nutrition Program

Item	Median	Rank	Description
1.makes available nutritious and economical foods for students, teachers and stakeholders	4.00	1.5	High Extent
2.sustains "Gulayan sa Paaralan"	4.00	1.5	High Extent
3. sells Green category food and drinks in canteen	3.00	7.5	Moderate Extent
4. sells Yellow category food and drinks in canteen	3.49	5	Moderate Extent
5. sells Red category food and drinks in canteen	3	7.5	Moderate Extent
6. promotes Wins Program standards	3.43	6	Moderate Extent
7. integrates nutrition concept, healthy diets, wellness in related subjects	3.56	3	High Extent
8. conducts orientation on proper eating habits	3.53	4	High Extent

Table 1.3 presents the level of extent of implementation of health services in terms of Nutrition Program.

It is shown in the table that item, "makes available nutritious and economical foods for students, teachers and stakeholders" and sustains "Gulayan sa Paaralan" got the highest median score of 4.00 respectively and

described as high extent. Meanwhile, item on, “sells Green category food and drinks in canteen” and “sells Red category food and drinks in canteen” ranked the lowest with median score of 3.00 described as moderate extent.

Result implies that the school implements activities that supports nutrition of the learners however, do not comply with directives with regards to foods and beverages that should be available at school canteens. This was evident in the presence of foods and beverages belonging to yellow and red categories which affect the overall implementation of nutrition program.

This is supported by Oliveira et al (2014), which stated that schools are the strategic setting to promote health interventions on nutrition since students considered schools as their second home. Such that, provision of school-based nutrition education program and integration of backyard gardening led to a significant improvement among food dietary among adolescents (Tamiru et al, 2016). Coupling school gardens with nutrition education may be more effective for increasing dietary diversity and nutritional status (WHO, 2018). On the other hand, according to Lucas et al (2017), some schools do not follow the guidelines in the food choices, as snacks are served at the canteens which are energy rich but are nutrients deficient that could pose risk to the health of the students. Micha et al (2018) added that there are approaches that could increase the access to nutritious school meals and healthy snacks by limiting marketing of nutrient-poor and energy-dense products and elimination of sugarsweetened beverages within and around schools.

2. Level of Health Practice

2.1 Hygiene

Table 2.1 Level of Health Practice as to Hygiene

Item	Median	Rank	Description
1. exercises good sexual behaviors	3.00	7	Moderate Level
2. applies information on sexually transmitted infections to maintain good health	4.00	3	High Level
3. submits himself/herself for counseling to teacher adviser/guidance counselor	3.00	7	Moderate Level
4. practices proper reproductive hygiene	4.00	3	High Level
5. practices wise decision making	4.00	3	High Level
6. reflects on knowledge gained in CSE in classroom instruction	3.00	7	Moderate Level
7. uses appropriate information in daily health care	4.00	3	High Level
8. applies knowledge gained in classroom instruction	4.00	3	High Level

Table 2.1 presents the level of health practice in terms of hygiene.

It is shown in the table that item, “applies information on sexually transmitted infections to maintain good health, practices proper reproductive hygiene, practices wise decision making, uses appropriate information in daily health care and applies knowledge gained in classroom instruction” got the highest median score of 4.00 described as high level. Meanwhile, item on, “exercises good sexual behaviors, submits himself/herself for counseling to teacher adviser/guidance counselor and reflects on knowledge gained in CSE in classroom instruction” ranked the lowest with mean score of 3.00 described as moderate level.

Result shows that the learners practice healthy behaviors towards reproductive health, but there are some areas that need more effort to sustain such practices to prevent the occurrence of health problems like urinary tract infections and cases of teenage pregnancy and early marriage among adolescent learners. This is supported by the notion of Gaferi et al (2018) that though adolescents have positive attitude towards reproductive health, they have unsatisfactory knowledge and practice unhygienic behaviors that leads to negative reproductive health outcomes.

2.2 Sanitation

Table 2.2 Level of Health Practice as to Sanitation

Item	Median	Rank	Description
1.utilizes safe water for drinking	4.00	4.5	High level
2.regularly wash hands, flush toilets after using and promotes menstrual hygiene	4.00	4.5	High level
3. regularly wash hands and brushes teeth	4.00	4.5	High level
4.utilizes soap for handwashing and after toilet use regularly	4.00	4.5	High level
5.uses toilets regularly	4.00	4.5	High level
6.properly segregates wastes regularly	4.00	4.5	High level
7. applies knowledge on WINS	4.00	4.5	High level
8. composts biodegradable materials	4.00	4.5	High level

Table 2.2 presents the level of health practice in terms of sanitation.

It is shown in the table that item, “utilizes safe water for drinking, regularly wash hands, flush toilets after using and promotes menstrual hygiene, regularly wash hands and brushes teeth, utilizes soap for handwashing and after toilet use regularly, uses toilets regularly, applies knowledge on WINS and composts biodegradable materials” got the highest mean score of 4.00 described as high

level.

Result implies that the learners apply correct hygiene and sanitation practices as evident by proper hand washing, using of toilets, segregating of wastes to name some.

This is supported by Meher et al (2017) which concluded that hygiene and handwashing practices are considered satisfactory when demonstrated and taught about the process. Also, Paghasian (2018) added that segregation of wastes was practiced among respondents.

2.3 Nutrition

Table 2.3 Level of Health Practice as to Nutrition

Item	Median	Rank	Description
1.eats nutritious foods regularly	4.00	6	High Level
2.participates on activities in Gulayan sa Paaralan	4.00	6	High Level
3.consumes foods and drinks in Green Category	3.00	7.5	Moderate Level
4.consumes foods and drinks in Yellow Category	4.00	6	High Level
5.consumes foods and drinks in Red Category	3.00	7.5	Moderate Level
6.practices WINS standards	4.00	6	High Level
7.applies knowledge gained about nutrition, healthy diets and wellness	4.00	6	High Level
8.practice eating habits regularly	4.00	6	High Level

Table 2.3 presents the level of health practice in terms of nutrition.

It is shown in the table that item, “eats nutritious foods regularly, participates on activities in Gulayan sa Paaralan, consumes foods and drinks in Yellow Category, practices WINS standards, applies knowledge gained about nutrition, healthy diets and wellness and practice eating habits regularly” got the highest mean score of 4.00 described as high level. Meanwhile, item on,

“consumes foods and drinks in Green Category and consumes foods and drinks in Red Category” ranked the lowest with mean score of 3.12 described as moderate level.

Result shows that the learners’ nutrition habits and practices are in very satisfactory level however, some areas need modification to combat cases of malnutrition in school. This is evident with consumption of yellow and red categories of foods and drinks that could affect the health of the learners.

According to Melaku et al (2018), nutrition practices in South West Ethiopia suggest very satisfactory level as learners’ consumption of cereal and green leafy vegetables was observed among adolescent girls. Nonetheless, Losasso et al (2015) concluded that there is high consumption of sweet beverages, snacks, milk-based beverages and the like in several public schools in North East Italy.

3. Relationship between Extent of Implementation of Health Services and Level of Health Practices

Table 3. Relationship between Extent of Implementation of Health Services and Level of Health Practices

Dependent Variables	Independent Variables					
	ARH		WinS		Nutrition Program	
	pvalue	Result	pvalue	Result	pvalue	Result
Hygiene	0.000	Significant	0.000	Significant	0.000	Significant
Sanitation	0.000	Significant	0.000	Significant	0.000	Significant
Nutrition	0.000	Significant	0.000	Significant	0.000	Significant

Table 3 presents the relationship between extent of implementation of health services and level of health practices.

As shown in the table, there is significant relationships among and within the indicators of health services namely ARH, WinS and Nutrition Program to the health practices in terms of hygiene, sanitation and nutrition respectively as reflected in the p-value of 0.000 which less than the alpha level of 0.05. The result shows that extent of implementation of such services play important roles on how learners practice learned knowledge in the school.

The findings of this study are supported by UNESCO (2018) which stated that Comprehensive Sexuality education plays a crucial role in both health and wellbeing of young people. It also has positive effects on the reproductive behaviors of the youth. Moreover, Kemigisha et al (2019) reiterated that Comprehensive Sexuality Education improve sexual and reproductive health knowledge and behavioral intentions. On other hand, Habtegiorgis et al (2021) added that with sexual health education focusing on menstrual health, adolescent girls in Northeastern Ethiopia practice good hygiene practices and recommended to strengthen advocacies on sustaining school as conducive environment for menstrual health with provision of water and sanitation facilities.

With Water, Sanitation and Hygiene in School (WinS) program, to availability of toilets for girls, Katsuno et al (2019) stated that more adolescent girls utilized school toilets to change sanitary napkins during menstruation for hygiene purposes. Likewise, Valley et al (2019) added that with school-based WASH program, it increases hygiene behaviors and handwashing practices of students. Furthermore, food safety practices among senior high schools in

Ghana were evident with hygiene intervention implementation (Ababio et al, 2015).

As to Nutrition Program, Branca et al (2015) cited that nutrition programs are crucial factor to improve the future reproductive health of women including adolescents. Also, Razzak et al (2017) concluded that with nutrition program, there is an evidence of increased handwashing practices among adolescents. Lastly, Wang et al (2015) emphasized the positive effects of school-based nutrition programs on knowledge and behaviors towards nutrition.

B. RECOMMENDATIONS

In light of the above findings, the following recommendations are suggested:

1. Sustain the implementation of adolescent reproductive health services and focus more on key areas that needs more effort in dissemination like campaign on prevention of sexually risk behaviors and reproductive and sexual counseling.
2. Sustain the implementation of water, sanitation and hygiene in school and put greater significance on composting in the school premises.
3. Sustain implementation on nutrition program however reconsider the policies and guidelines about food and drinks that should be available at the school canteen.
4. Adapt Project HEALTH (**H**eighting Health **E**ducation **A**mong **L**earners **T**owards maximum state of **H**ealth), an intervention plan focusing on the sustainability of the health services and strengthening the desire of the learners to practice good health practices through different set of activities in schools towards maximum health state and realization of their full potentials.

VII. DISSEMINATION AND ADVOCACY PLANS

The findings of this study will be presented to the students, parents, teachers, school head, non-teaching school personnel, stakeholders and community as their baseline data in improving the overall health of the learners which focuses on reproductive health, water, sanitation and hygiene and nutrition. To ensure that the research findings will be utilized, different timeframe will be used in disseminating information to guarantee emphasis is given on the roles of every clientele in the improvement of the health state of the learners. For the learners, who are the core of this endeavor, strengthened awareness program about the health services offered by the school on reproductive health, WinS, and nutrition will be carried out through quarter forum. Also, an advocacy program will be implemented which focuses on mobilization of student leaders to lead the way in practicing healthy practices towards the said indicators.

Simultaneous conference all throughout the academic year and reinforcement of awareness and strict implementation of the mandated health programs and health services by DepEd at the school level will be properly communicated, evaluated and monitored by parents, teachers, school head, other non-teaching personnel as well as stakeholders and the whole community to better serve the learners. And, working advocacy will be employed through strong linkages and commitment among stakeholders and other agencies that could support the necessary activities/resources in the implementation of the health services in school.

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IX. FINANCIAL REPORT

Research Title:

Extent of Implementation of Health Services and Level of Practice: Basis for Health Intervention Plan

Research Proponent:

Farrah Daphne L. Tapanan
Teacher II
Pambisan National High School
Division of Oriental Mindoro

Summary of Expenses

Activities	Particulars	Quantity	Unit Price	Total Price
Writing and Printing of Research Proposal	A4 Folder	5 pcs	4.00	20.00
	Fastener	5 pcs	1.00	5.00
	Ink	1 pc	280.00	280.00
	A4 Bond Paper	1 ream	165.00	165.00
Final Printing of Research paper and output	Ink	1 pc	280.00	280.00
	A4 Bond Paper	1 ream	165.00	165.00
	Notarial Fee		150.00	150.00
	MOA Signing and Delivery		175.00	175.00
	Book Binding Expenses	5 copies	200.00	1000.00
TOTAL				2240.00

APPENDICES

Questionnaire

APPENDIX A

RESEARCH INSTRUMENT

EXTENT OF IMPLEMENTATION OF HEALTH SERVICES AND THE LEVEL OF PRACTICE: BASIS FOR HEALTH INTERVENTION PLAN

Name (optional): _____
School: Pamantasan National High School
Grade Level: GRADE 8

PART I. HEALTH SERVICES

Directions: This survey instrument consists of items about the different health services offered in the school setting in terms of Adolescent Reproductive Health, (ARH), Water, Sanitation and Hygiene in schools (Wins) and Nutrition Program.

Read each item carefully and think about how you will rate yourself related to each item. Encircle the number that most significantly corresponds to your response.

Scale:

- 4-High Extent (HE)
- 3-Moderate Extent (ME)
- 2-Low Extent (LE)
- 1-Very Low Extent (VLE)

Part I. Extent of Health Services Implementation in school in terms of:

Adolescent Reproductive Health Program (ARH)	HE	ME	LE	VLE
The school:				
1.provides information/campaign on prevention of risky sexual behaviors	4	3	2	1
2.provides information/campaign on prevention, diagnosis, treatment of sexually transmitted infections	4	3	2	1
3.provides counseling about reproductive and sexual concerns	4	3	2	1
4. provides information about proper reproductive hygiene	4	3	2	1
5. provides students with a resource material on developing life skills	4	3	2	1
6.integrates Comprehensive Sexuality Education in related subjects	4	3	2	1
7. provides access to adequate and appropriate information and health care education	4	3	2	1

APPENDIX A

RESEARCH INSTRUMENT

EXTENT OF IMPLEMENTATION OF HEALTH SERVICES AND THE LEVEL OF PRACTICE: BASIS FOR HEALTH INTERVENTION PLAN

Name (optional): _____
 School: Pamayan National High School
 Grade Level: GRADE 8

PART I. HEALTH SERVICES

Directions: This survey instrument consists of items about the different health services offered in the school setting in terms of Adolescent Reproductive Health, (ARH), Water, Sanitation and Hygiene in schools (Wins) and Nutrition Program.

Read each item carefully and think about how you will rate yourself related to each item. Encircle the number that most significantly corresponds to your response.

Scale:

- 4-High Extent (HE)
- 3-Moderate Extent (ME)
- 2-Low Extent (LE)
- 1-Very Low Extent (VLE)

Part I. Extent of Health Services Implementation in school in terms of:

Adolescent Reproductive Health Program (ARH)	HE	ME	LE	VLE
The school:				
1.provides information/campaign on prevention of risky sexual behaviors	4	3	2	1
2.provides information/campaign on prevention, diagnosis, treatment of sexually transmitted infections	4	3	2	1
3.provides counseling about reproductive and sexual concerns	4	3	2	1
4. provides information about proper reproductive hygiene	4	3	2	1
5. provides students with a resource material on developing life skills	4	3	2	1
6.integrates Comprehensive Sexuality Education in related subjects	4	3	2	1
7. provides access to adequate and appropriate information and health care education	4	3	2	1

APPENDIX A

RESEARCH INSTRUMENT

EXTENT OF IMPLEMENTATION OF HEALTH SERVICES AND THE LEVEL OF PRACTICE: BASIS FOR HEALTH INTERVENTION PLAN

Name (optional): _____

School: Pamayan National High School

Grade Level: GRADE 8

PART I. HEALTH SERVICES

Directions: This survey instrument consists of items about the different health services offered in the school setting in terms of Adolescent Reproductive Health, (ARH), Water, Sanitation and Hygiene in schools (Wins) and Nutrition Program.

Read each item carefully and think about how you will rate yourself related to each item. Encircle the number that most significantly corresponds to your response.

Scale:

- 4-High Extent (HE)
- 3-Moderate Extent (ME)
- 2-Low Extent (LE)
- 1-Very Low Extent (VLE)

Part I. Extent of Health Services Implementation in school in terms of:

Adolescent Reproductive Health Program (ARH)	HE	ME	LE	VLE
The school:				
1.provides information/campaign on prevention of risky sexual behaviors	4	3	2	1
2.provides information/campaign on prevention, diagnosis, treatment of sexually transmitted infections	4	3	2	1
3.provides counseling about reproductive and sexual concerns	4	3	2	1
4. provides information about proper reproductive hygiene	4	3	2	1
5. provides students with a resource material on developing life skills	4	3	2	1
6.integrates Comprehensive Sexuality Education in related subjects	4	3	2	1
7. provides access to adequate and appropriate information and health care education	4	3	2	1

Nutrition Program	A	O	SE	N
The student:				
1.eats nutritious foods regularly	4	3	2	1
2.participates on activities in Gulayan sa Paaralan	4	3	2	1
3.consumes foods and drinks in Green Category	4	3	2	1
4.consumes foods and drinks in Yellow Category	4	3	2	1
5.consumes foods and drinks in Red Category	4	3	2	1
6.practices WINS standards	4	3	2	1
7.applies knowledge gained about nutrition, healthy diets and wellness	4	3	2	1
8.practice eating habits regularly	4	3	2	1

Sample of Signed Letter of Approval for the Distribution of Questionnaires

PROJECT PROPOSAL FOR INNOVATION IN SCHOOL

Name of Proponent/s: Farrah Daphine L. Tapanan
Project Name: **Project HEALTH (Heightening Health Education among learners towards Maximum Health State)**
Project Time-Frame: September 2021-July 2022

I. PROJECT MANAGEMENT TEAM

Names	Designation	Roles	Email Address	Contact Numbers
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II. PROJECT SUMMARY

Project HEALTH is a school-initiated project focusing on strengthening the will of the school together with its stakeholders to sustain the implementation of current school health services and improve areas that need strong and more efforts in cultivating the culture of implementation and practice. This project highlights the empowerment of student-leaders who would be in the front line of the implementation of health services. Amidst pandemic crisis, it is a must to reach number of learners to continue providing and bringing school health services into their homes, ensuring that no learner will be left behind and be healthy even during this uncertain time. With the current community scenario, all possible means of communication/platform to facilitate the conduct of the activities/advocacies will be exhausted and guarantee to abide with the safety protocols at all times. The project will run from the beginning to end of the school year, 2021-2022.

III. PROJECT BACKGROUND

Health is an integral and vital factor for learners to achieve maximum learning and reach their fullest potentials. Learners are better equipped with knowledge and skills when their health is not at risk. They are able to perform well when their health is at its abundant state. As stated in Article III of the 1987 Philippine Constitution, health is a basic human right of every Filipino. However, this aspect has been neglected and given less attentions over time.

The Department of Education (DepEd) as a learner-centered institution is gearing towards the improvement of the overall health of the learners which could lead to productive and satisfying lives in the future. DepEd is mandated not only to provide quality education but also to serve as avenue for health promotion through health initiatives and activities for the overall health of the learners. This has been carried out so that no learners will be left behind and everyone will be entitled to attend school. This is the reason why, DepEd in connection with the other agencies like Department of Health (DOH), Local government Units (LGUs) and non-government organizations (NGOs) work hand-in hand to achieve this purpose. They initiated several health advocacies, campaigns and programs concerning health of the learners which are supported by different memoranda. However, with such efforts of the government to improve the health of the learners, still health problems occur in schools posing risks among learners especially in attending school.

In Pambisan National High School, health problems among learners are noted ranging from toothache due to improper tooth brushing practices, diarrhea which resulted from improper handwashing practices and food preferences practices, cough and colds accompanied with fever which are correlated with hygiene and environmental sanitation practices, urinary tract infection and cases of teenage pregnancy.

Impelled with the vision of producing healthy and productive learners, the researcher devised **Project HEALTH (Heightening Health Education Among Learners Towards maximum state of Health)**. It serves an intervention plan to strengthen health activities and initiatives to enhance the knowledge about health and promote healthy practicing behaviors to avoid the occurrence of health problems among learners thus resulting to better health status.

IV. PROJECT OBJECTIVES

The project aims to realize maximum health state of the learners through implementation of strengthened school health services and improved health practice among learners. Specifically, it aims to:

1. Create a school-based School Health Services Technical Working Group (TWG);
2. Empower student-leaders through creation of school-based School Health Services Learners' Technical Working Group (LTWG)
3. Capacitate teaching and non-teaching personnel and student-leaders on the various school health services and pressing issues on health
4. Implement school-based activities (ARH, WinS and Nutrition Program)
5. Coordinate with the Local Health Team (District Nurses) for implementation
6. Monitor conduct of the project
7. Evaluate the project and submit reports

V. EXPECTED OUTPUTS/OUTCOMES

1. Created a school-based School Health Services Technical Working Group (TWG);
2. Empowered student-leaders through creation of school-based School Health Services Learners' Technical Working Group (LTWG)
3. Capacitated teaching and non-teaching personnel and student-leaders on the various school health services and pressing issues on health
4. Implemented school-based activities (ARH, WinS and Nutrition Program)
5. Coordinated with the Local Health Team (District Nurses) for implementation
6. Monitored conduct of the project
7. Evaluated the project and submitted reports

VI. PROJECT METHODOLOGY

To ensure that the project will be realized, the following details are provided:

A. Work Breakdown and Task Time Estimates

The details of the proposed activities are as follows:

Activity	Date of Implementation	Person Responsible
Creation a school-based School Health Services Technical Working Group (TWG);	September 2021	SH, SHSTWG,
Creation of school-based School Health Services Learners' Technical Working Group (LTWG) by year level	October 2021	SH, SHSTWG, LTWG
Capacity building for Teaching and Non-teaching personnel and student-leaders on ARH, WinS and Nutrition Program	Year Round	SH, SHSTWG, LTWG

<p>Implementation of school-based activities for ARH, WinS and Nutrition Program</p> <p>a. ARH</p> <ul style="list-style-type: none"> Information Dissemination about Adolescent Reproductive Health through forum (online), posting of ARH Tarpaulin (drop off points), leaflets inserted (SLMs) <p>b. WinS</p> <ul style="list-style-type: none"> Information Dissemination about Water, Sanitation and Hygiene in Schools through forum (online), posting of WinS Tarpaulin (drop off points), leaflets inserted (SLMs) <p>c. Nutrition Program</p> <ul style="list-style-type: none"> Information Dissemination about Nutrition Program through forum (online), posting of Nutrition Tarpaulin (drop off points), leaflets inserted (SLMs) "Adopt a Child Program para sa Kalusugan" <p>d. Poster Making Contest</p> <p>e. Jingle Making Contest</p> <p>f. Spoken Poetry</p> <p>g. Handwashing/Toothbrushing Video Tutorial Contest</p> <p>h. Advocacy Campaign Contest per flagship</p> <p>i. others</p>	Year Round	SH, Proponents, SHSTWG, LTWG
Coordination with the Local Health Team	Year Round	SH, Proponent SHS, LTWG,
		District Nurse
Monitoring of the Project	Year Round	SH, Proponent SHSTWG
Preparation and submission of Reports	July 2022	Proponent

B. Project Deliverables

The table of deliverables per activity is the following:

Deliverables	Description
School Health Services Technical Working Group (SHSTWG)	This is the team who will be in-charge of the implementation and monitoring of the project.
Student-Learner's Technical Working Group (LTWG)	Empowered student-leaders who will work hand in hand with SHSTWG
Communication Letter to Resource Speakers (if possible)	Proper coordination with the SHSTWG to outside resource speakers
Capacity Building Proposals for School Personnel and Student-Leaders	Proposal for capacity building for school personnel and narrative report for documentation

Narrative Reports for monitoring	Documentation of the project for monitoring purposes
Transmittal	Proof of submission of reports to SDO

C. Risk Management Plan

The table shows the risk management plan of the project proposal.

Risk	Impact to the Project	Contingency Plan
Capacity building for Persons Involved (face to face)	Low	Attend webinars about school health services
Funding for capacity building and sustenance of the project	Moderate	Look for possible donations from LGU, NGOs
Adopt a Child Program Sponsors (malnourished learners)	Moderate	Tap school alumni for sponsorship

VII. PROJECT COST

Activity	Budget	Budget Source
Creation a school-based School Health Services Technical Working Group (TWG);	300	Donations
Creation of school-based School Health Services Learners' Technical Working Group (LTWG) by year level	300	Donations
Provision of Capacity building for Teaching and Non-teaching personnel and student-leaders on ARH, WinS and Nutrition Program	10,000	Donations
Implementation of school-based activities for ARH, WinS and Nutrition Program	10,000	Donations
Coordination with the Local Health Team	1000	Donations
Monitoring of the Project	500	Donations
Preparation and submission of Reports	1000	Donations
Total	P 23, 100.00	

VIII. MONITORING AND EVALUATION

To ensure that the project is successively on its track, it will be monitored and evaluated in a religious manner.

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