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National Guideline for Health Promoting Schools and Monastic Institutions (HPSMI) 2025

1st edition, June 2025

Adolescent and School Health Program
Department of Public Health
Ministry of Health
&
Health and Well-being Division
Department of Education Programmes
Ministry of Education and Skills Development
&
Religion and Health Program
Zhung Dratshang



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Abbreviations

BMI	Body Mass Index
CBSS	Community-Based Support System
CDC	Centers for Disease Control and Prevention
CMB	Community Management Board
COP	Child Online Protection
CSO	Civil Society Organization
CSE	Comprehensive Sexuality Education
DEO	District Education Officer
DPHO	District Public Health Officer
ECDDF	Early Childhood Development and Disability Focal
ECCD	Early Childhood Care and Development
EiE	Education in Emergency
EMIS	Education Management Information System
FNPH	Food and Nutrition Policy and Health
GAO	Gewog Administrative Officer
GNH	Gross National Happiness
GT	Gewog Tshogdu
GIMS	Government Inventory Management System
HA	Health Assistant
HPE	Health and Physical Education
HPS	Health Promoting Schools
HPSMI	Health Promoting Schools and Monastic Institutions
J-FETP	Joint Field Epidemiology Training Program
KAP	Knowledge, Attitudes, and Practices
MI	Monastic Institution

MoESD	Ministry of Education and Skills Development
MoH	Ministry of Health
MSTF	Multi-Sectoral Task Force
NAP	National Action Plan
NCDD	Noncommunicable Disease Division
NEWARS	National Early Warning Alert and Response System
NGO	Non-Governmental Organization
PTA	Parent Teacher Association
RBP	Royal Bhutan Police
RCDC	Royal Centre for Disease Control
RoICE	Regional Office of Industries, Commerce and Employment
SBIP	School-Based Intervention Program
SDG	Sustainable Development Goals
SHP	School Health Program
SHC	School Health Coordinator
SMB	School Management Board
SMHP	School Mental Health Program
SoP	Standard Operating Procedure
SPMS	School Performance Management System
SRDP	Student Resilience Development Program
TEO	Thromde Education Officer
ToR	Terms of Reference
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WIFS	Weekly Iron and Folic Acid Supplementation

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Foreword

Bhutan has long recognized the intrinsic link between health and education. Children and adolescents spend a significant portion of their formative years in schools and monastic institutions. A healthy learner is not only more capable of academic success but is also more resilient, socially connected, and empowered to lead a meaningful life.

The National Guideline for Health Promoting Schools and Monastic Institutions (HPSMI) 2025 represents a collaborative and strategic effort by the Ministry of Health (MoH) and the Ministry of Education and Skills Development (MoESD) to transform schools and monastic institutions into centres of holistic education. This guideline integrates health into all aspects of school and monastic life—curriculum, environment, policies, and partnerships ensuring that every learner has the opportunity to realize their full potential.

The guideline is adapted from the World Health Organization's Global Standards for Health Promoting Schools and international good practices and has been contextualized to Bhutan's unique cultural, spiritual, and developmental context.

The successful implementation of this guideline depends on coordinated efforts including that of teachers, health workers, parents, local leaders, and community members. We call upon all stakeholders to join hands in advancing the health and well-being of our children.

We express our heartfelt gratitude to all partners, including the WHO, PEMA Secretariat, Central Monastic body (Zhung Dratshang), Choedhey Lhentshog, MoESD, and the education and health professionals for their valuable contributions to the development of this guideline.



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Acknowledgement

The National Guideline for Health Promoting Schools and Monastic Institutions (HPSMI) 2025 is the result of collaborative efforts between the Ministry of Education and Skills Development (MoESD), the Ministry of Health (MoH), and the Zhung Dratshang, developed with technical guidance and support from the World Health Organization (WHO).

We extend our deepest gratitude to the members of the Technical Working Group (TWG), including officials from the MoESD, Thromdes and Districts among others, whose contributions ensured that this guideline reflects the needs of our schools, monastic institutions, and communities.

We extend our sincere appreciation to the diverse stakeholders, including representatives from schools, ECCD centres, the Dratshang, and program focal persons from the MoESD and MoH for their valuable inputs and contextual insights that informed the development of this guideline.

Our special thanks to WHO Bhutan, WHO SEARO, and WHO HQ for their invaluable guidance and technical support throughout the development of this guideline. Their contributions in integrating global perspectives with relevant best practices from other countries ensured alignment with both international and national health goals. Their financial support was instrumental in facilitating a series of meetings and workshops, without which the development of this important guideline would not have been possible. They also provided expert reviews which made the document more holistic and comprehensive.

Executive summary

The National Guideline for Health Promoting Schools and Monastic Institutions (HPSMI) 2025 outlines Bhutan's comprehensive approach to integrating health into the daily life of schools and Monastic Institutions (MIs). The guideline serves as a national framework to promote healthy behaviors, enhance well-being, and support the holistic development of children and adolescents in schools and monastic institutions.

Rationale

Healthy children achieve better educational outcomes. The HPSMI approach enhances not just academic achievement but also the physical, emotional, social, and spiritual well-being of students, in alignment with Bhutan's development philosophy of Gross National Happiness (GNH). It also contributes to the global commitments such as the Sustainable Development Goals (SDGs), SDG 3 (Good Health and Well-Being), SDG 4 (Quality Education), SDG 5 (Gender Equality), and SDG 10 (Reduced Inequality).

Scope

This guideline applies to all:

- Public and private schools, including Early Childhood Care and Development (ECCD) centres
- Monastic institutions, including Rabdey Dratshangs, Shedras and Nunneries.

It defines core health-promoting interventions, roles of various actors, and structures needed to create safe, inclusive, and health-enhancing environments for learning.

Key Components of the Guideline

Operational Framework

The HPSMI model is based on eight Global Standards adapted from WHO, which provide a comprehensive framework to promote health and well-being in educational and spiritual settings. These standards are:

1. Government Policies and Resources

2. School and MI Policies and Resources
3. School & MI Governance and Leadership
4. School & MI Community Partnerships
5. School & MI Curriculum
6. School & MI Social-Emotional Environment
7. School & MI Physical Environment
8. School & MI Health Services

These standards guide the development of inclusive policies, ensure resource allocation, and integrate health education and services across the entire school and MI ecosystem.

Implementation Structure

The guideline proposes a multi-tiered governance structure as follows:

- 1. National Level:** At the national level, the existing committee such as the High Level Committees of the respective Ministries, will provide strategic guidance and leadership for the implementation of this guideline. The National Task Force will provide planning and resource mobilization insights, technical guidance, support implementation, monitoring and evaluation (M&E) and ensure that HPSMI activities are integrated into national plans and priorities.
- 2. District/Thromde Level:** At the Dzongkhag and Thromde levels, HPSMI implementation will be coordinated by District and Thromde Education Officers, District and Thromde Public Health Officers, and Rabdey Drungchens. It will be coordinated by the Multi-Sectoral Task Force - Community Based Support System (MSTF-CBSS) with clear roles defined for education officers, health officials, and monastic representatives.
- 3. School and MI Level:** At the schools and MIs level, implementation will be led by School Management Boards (SMB) and Health Coordinators, and the progress will be reported to District authorities.

Strategic Focus Areas

The guideline emphasizes:

- **Nutrition and physical activity:** Promotion of healthy diets, access to safe drinking water, and daily physical activity, including Sorig Zhiney and Luejong programs in schools.
- **Mental health and emotional well-being:** Implementation of programs such as Mentor-Mentee, Student Resilience Development Program (SRDP), and Parenting Education.
- **Comprehensive health screening:** Annual health screening, vaccination, micronutrient supplementation, and referrals.
- **Risk communication and emergency preparedness:** Coordination through NEWARS, EMIS, and outbreak reporting protocols.
- **Digital and sleep hygiene:** Regulation of screen time and promotion of sufficient rest, particularly in ECCD centres.
- **Substance use prevention:** Enforcement of tobacco, alcohol, and drug-free policies and implementation in the schools.
- **Inclusion and equity:** Promotion of gender-sensitive WASH facilities, disability access, and culturally responsive practices.

Monitoring and Evaluation

Monitoring is integrated into the School Performance Management System (SPMS) and Education Management Information System (EMIS). Key performance indicators span policy adoption, infrastructure accessibility and adequacy, health service delivery, and student participation in physical and well-being programs.

Conclusion

The National Guideline for HPSMI 2025 represents a transformative step in creating learning environments that are health-enhancing, inclusive, and equitable. By fostering collaboration between the MoH, MoESD, monastic institutions, and local communities, the guideline seeks to embed health in every aspect of school and monastic life, laying the foundation for healthier, happier, and more resilient generations in Bhutan.

1. Introduction

Schools and Monastic Institutions (MIs) serve as vital settings where lifelong health habits and values are formed. The national guideline on HPSMI 2025 integrates health into all aspects of school and monastic life from curriculum to environment, policy to community partnership ensuring the holistic development of learners.

The World Health Organization (WHO, 2020) has provided the definition of a health promoting school as “*a school that is constantly strengthening its capacity as a healthy setting for living, learning and working.*”

Rationale for the Guideline

Healthy students learn better. The fundamental purpose of education is to maximize learning outcomes. Evidence shows that the physical, emotional, and social well-being of students significantly influences their academic performance and personal development. In this context, the HPSMI approach plays a critical role in enabling schools and MIs to achieve both educational and social goals more effectively.

Health is not separate from education - it is an essential enabler. Schools are powerful settings where health-related knowledge, attitudes, and behaviours can be shaped across cognitive, social, and behavioural domains. Integrating health into education supports key learning priorities such as literacy, numeracy, and critical thinking, while also fostering competencies in problem-solving, teamwork, and resilience.

Through HPSMI activities, students are empowered to:

- Acquire knowledge and understanding of health and well-being
- Develop and practice personal and social skills
- Engage in behaviours that support lifelong health
- Contribute to creating healthier communities

In alignment with Bhutan’s national development philosophy of Gross National Happiness, HPSMI supports the holistic development of learners by

promoting their physical, emotional, social, and spiritual well-being. A healthy learning environment fosters values such as compassion, mindfulness, equity, and responsibility—core elements of GNH.

This guideline aligns with Bhutan's commitment to the 2030 Agenda for Sustainable Development by contributing to several key SDGs:

- **SDG 3 – Good Health and Well-being:** Ensuring healthy lives and promoting well-being for all ages.
- **SDG 4 – Quality Education:** Promoting inclusive, equitable, and quality education for lifelong learning.
- **SDG 5 – Gender Equality:** Empowering all learners, especially girls and vulnerable children, through safe and supportive environments.
- **SDG 10 – Reduced Inequalities:** Addressing disparities in access to health and education services, especially for marginalized groups.

Effective health promotion in schools requires strong, coordinated action. This guideline seeks to reinforce partnerships between the health and education sectors, as well as engage other stakeholders such as local governments, civil society, parents, and communities. A whole-of-society approach ensures that schools and monastic institutions are supported in creating environments that nurture both learning and well-being.

Schools and monastic institutions in Bhutan have integrated health programs to promote learning environment, enhance health and well-being of children. At the policy level, health components have been successfully incorporated into the curricula. Providing nutritious foods, physical activity promotion and limiting access to substance use are part of National Education Policy. Executive orders are served to the schools reinforcing the need to implement health programs in schools and monastic institutions. The MoESD has an electronic information management system, Individual Work Plan and School Performance Management System in place to monitor the activities including health programs in schools. At the operational level, all schools have formed health and well-being teams to oversee implementation of health-related activities. Schools and monastic institutions health coordinators are identified to cater healthcare needs of students. Program activities are carried out

through coordination between School and monastic institutions Health Programs and Program Focal of MoESD.

However, challenges and issues persist to effectively implement health promoting school and monastic institutions. Link between key stakeholders such as health and education and local governments is weak, which is critical to promotion of HPSMI. Training of Health Coordinators and Guidance Counsellors is inadequate, which is further affected by transfers and turnovers. Schools and monastic institutions' budgets are not adequate to provide nutritious foods to students. Co-curricular activities such as physical activity are not the priority of the school and teachers responsible for health promotion are overwhelmed with workload.

From a health perspective, Bhutan's child and adolescent population faces an increasing burden of mental health concerns including bullying, aggression, violence, and residual practices of corporal punishment, especially in some monastic settings. These issues are exacerbated by inadequate psychosocial support services within schools. Moreover, the nutritional needs of students are not fully met due to constrained school budgets, limiting the reach and quality of school feeding programs.

In terms of education-specific challenges, Physical education and co-curricular activities are undervalued in school timetables, and teachers responsible for health promotion are frequently overburdened with multiple roles, leading to inconsistent implementation of health activities.

To address these interlinked challenges, Bhutan must prioritize:

- Strengthening intersectoral collaboration between MoESD, MoH, and local governments for shared ownership and joint action.
- Investing in continuous capacity building for school health coordinators, school counselors and school well-being focal teachers.
- Expanding mental health promotion efforts, including anti-bullying campaigns, life skills education, and safe reporting mechanisms.
- Improving the quality and coverage of school feeding programs through innovative partnerships and community involvement.

- Integrating inclusive pedagogies that address language and learning needs while promoting accessible and positive school environments.

Promoting health and well-being in schools and monastic institutions is essential not only for disease prevention but also for fostering the physical, mental, and emotional resilience of Bhutan's children and adolescents. The success of such efforts will be instrumental in realizing the vision of GNH in building a healthier, more equitable future for all.

Objectives

1. Promote the health and well-being of students, teachers and the entire school community to enhance better academic outcomes.
2. Strengthen institutional capacity and multisectoral collaboration to implement HPSMI initiatives.
3. Establish robust systems for monitoring and accountability, fostering continuous improvement in health promotion within schools and monastic institutions.

Guiding Principles

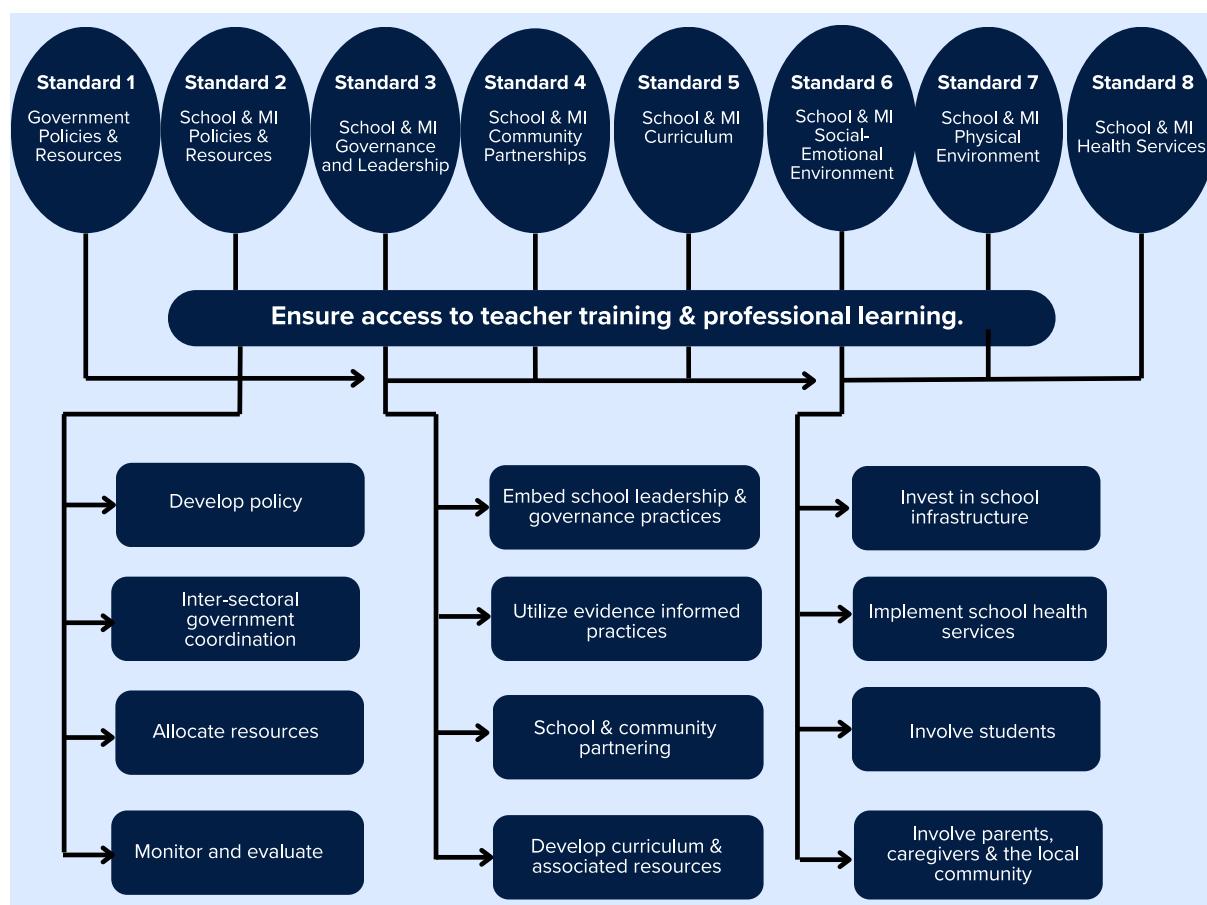
- Promotes student health and well-being in pursuit of Gross National Happiness.
- Enhances academic achievement and improves learning outcomes.
- Creates a safe, nurturing, and inclusive school environment.
- Empowers students through active participation in school activities.
- Prioritizes the health and well-being of students and staff.
- Fosters strong partnerships among sectors, parents, and the wider community.
- Integrates health and well-being into daily school life, curriculum, and assessment practices.
- Commits to continuous growth through regular monitoring and evaluation.

Standards and Core Components

Based on the WHO's Global Standards, Bhutan's HPSMI model is built around eight standards:

1. *Government Policies and Resources* - Standard 1 aims at creating a health-promoting school and monastic institution system with sustained investment, clear policies, accountability, and resource allocation. Strong intersectoral collaboration—led by the education ministry and supported by health and other relevant ministries—is essential for long-term success and sustainability.
2. *School and Monastic Institution Policies and Resources* - Standard 2 aims to ensure that a school and monastic institution's dedication to health-promoting practices is clearly reflected in its policies and planning, providing clear guidance for staff, students, and the broader community. It also emphasizes the need for sufficient resources and a robust system for monitoring and evaluation to support effective and sustainable implementation.
3. *School and Monastic Institution Governance and Leadership* - Standard 3 aims to establish a shared and collaborative leadership model within the school and monastic institution community, ensuring that the principles of HPSMI are embedded in all decision-making processes. It also emphasizes the importance of equipping school and monastic institutions leaders with the necessary resources to sustain HPSMI leadership over time.
4. *School and Monastic Institution Community Partnerships* - Standard 4 focuses on building strong partnerships between the school and monastic institution community—including students—and local stakeholders to support HPSMI's activity. It encourages active involvement of parents, caregivers, and the community as partners in education and recognizes the school and monastic institution's vital role in the local area.
5. *School and Monastic Institution Curriculum* - This standard ensures that the schools and monastic institutions curriculum actively teaches and promotes all aspects of physical, social-emotional, and psychological health and well-being. It emphasizes inclusive, evidence-based teaching with trained and supported staff delivering health education.

6. *School and Monastic Institution Social-Emotional Environment* - Standard 6 emphasizes investing in a school and monastic institution's social-emotional environment to support well-being, confidence, and mutual respect. It calls for inclusive, safe, and supportive policies that are reflected in the daily interactions of students, staff, and the wider community.
7. *School and Monastic Institution Physical Environment* - Standard 7 focuses on ensuring that the school and monastic institution's physical environment is safe, healthy, inclusive, and accessible for all students—including those with disabilities—through dedicated investment. It aims to create a needs-based, secure setting that supports health promotion during all school and monastic institutions-related activities.
8. *School and Monastic Institution Health Services* - This standard ensures that schools and monastic institutions-based health services are well-resourced, equitably delivered, and responsive to the school's and monastic institutions' specific health needs.



Scope of the Guideline

This guideline serves as a comprehensive roadmap for national and sub-national authorities, school, ECCD centres and monastic institution (MI) leadership, and health partners to plan, implement, and monitor Health Promoting Schools and Monastic Institutions (HPSMI) activities.

It broadly aims to:

1. Define the scope of essential health interventions within educational and spiritual institutions.
2. Clarify the roles and responsibilities of school teachers, administrators, and monastic institutions leadership in promoting and sustaining health initiatives.

Applicability:

The guideline applies to all:

- Public and private schools from Early Childhood Care and Development (ECCD) centres to higher secondary levels
- Monastic institutions including the Central Monastic Body, Rabdey Dratshang, Goenzin Dratshang, Lobdras and Shedras, Colleges, Universities and Nunneries
- Inclusive education centres

Core Focus Areas:

1. Health education and life skills
2. Safe and inclusive schools and monastic institutions environments
3. Schools and monastic institutions health services
4. Nutrition and physical activity
5. Mental health and well-being
6. Family and community engagement
7. Healthy schools and monastic institutions policies

2. Operational framework

National level committee:

At the national level, the existing committee, such as the High-Level Committee of the respective Ministries, will provide strategic guidance and leadership for the implementation of this guideline. For policy decisions requiring intersectoral coordination, based on the relevant issues and agenda, meetings will be convened by respective sectors. The steering Committee for Multisectoral Action Plan for prevention and control of Non-Communicable Diseases (NCDs) can provide guidance on cross sectoral issues that are beyond the purview of the implementing agencies of the guideline.

The National Task Force comprising members from all relevant agencies will provide strategic leadership, policy direction, and intersectoral coordination for the implementation of HPSMI across the country.

National Task Force:

1. The National Task Force will provide insights into planning and resource mobilization, technical guidance, supporting implementation, monitoring, and evaluation (M&E), and ensuring that HPSMI activities are aligned with national policies and priorities.
2. Members include representatives from the Department of Public Health, MoH, Department of Education Programmes, MoESD, Prevention and Engagement Programmes (PEMA Secretariat), Dratshang and Choedey Lhentshog, representatives from the Dzongkhags and Thromdes, and key development partners.
3. The Adolescent and School Health Program, Non-Communicable Diseases Division (NCDD) under MoH will serve as the secretariat.

Key roles include:

1. Ministry of Health

1. Adolescent and School Health Program, NCDD, will lead in coordinating and guiding the implementation of the HPSMI.
2. Spearheading the development of national training packages, tools, and technical guidance for implementation at the sub-national levels.

3. Providing advocacy for HPSMI, disseminating information and supporting implementation of the program.
4. Exploring innovative financing mechanisms to support implementation of HPSMI
5. Monitoring, supervising, and providing feedback mechanisms to the National Task Force and Dzongkhag Public Health Officers.

2. Ministry of Education and Skills Development

1. The Health and Well-being Division will coordinate the implementation of the HPSMI program across the schools in the country.
2. Providing advocacy and disseminating information on HPSMI.
3. Exploring innovative financing mechanisms to support implementation of HPSMI.
4. Supporting the development of training materials and guidelines.
5. Documenting healthy school program successes and best practices.
6. Establishing a monitoring framework and feedback mechanisms and reporting on the implementation status to the National Task force and Dzongkhag and Thromde Education Officers.

3. The PEMA Secretariat

1. The Prevention and Engagement Programmes will lead in coordinating the implementation of the HPSMI program related to mental health, substance use, and counselling.
2. Providing advocacy and disseminating information on HPSMI.
3. Establishing a monitoring framework and feedback mechanisms for the National Task Force and the Head of the PEMA Secretariat.

4. Zhung Dratshang and Choedey Lhentshog

1. The Religion and Health Program office will lead in coordinating the implementation of the HPSMI program.
2. Providing advocacy and disseminating information on health promotion.

3. Exploring innovative financing mechanisms to support implementation of HPSMI.
4. Supporting the development of training materials and guidelines.
5. Documenting healthy monastic institution program successes and best practices.
6. Establishing a monitoring framework and feedback mechanisms for the National Steering Committee, Heads of Monastic Institution and Rabdey Drungchens.

Dzongkhag/Thromde Level

At the Dzongkhag and Thromde levels, HPSMI implementation will be coordinated by the Dzongkhag and Thromde Public Health Officer/ Education Officer /Rabdey Drungchens.

The existing Multi-Sectoral Task Force-Community Based Support System (MSTF-CBSS) will provide strategic guidance and leadership for the implementation of this guideline. The Dzongdag will serve as Chairperson with the Dzongkhag and Thromde Public Health Officer as Member Secretary. Sector heads and CBSS coordinators will serve as members to ensure a coordinated, multi-sectoral approach.

Key roles include:

The Dzongkhag/Thromde Education Officer and Heads of Monastic Institution/Dratshang Health Leaders will lead the implementation of HPSMI activities within their respective Dzongkhags and Thromdes.

1. The MSTF-CBSS will coordinate and resolve multisectoral challenges at the district level for the implementation of the HPSMI.
2. The Dzongkhag Public Health Officer will inform public health priorities, ensuring adequate financing for implementation of HPSMI.
3. The Dzongkhag/Thromde Education Officer will coordinate with relevant stakeholders, including Gewog Administrations, schools, and monastic institution representatives, to ensure a multi-sectoral and collaborative approach to implementation.

4. They will also oversee the monitoring and reporting of progress on HPSMI activities, ensuring timely submission of updates to the national level.
5. Rabdey Dratshang Drungchens/Heads of Monastic Institution will advocate for healthier lifestyles during spiritual events.
6. The health workers will provide technical support for effective implementation of HPSMI activities.

Gewog Level

Health workers, school leaders, Drungchens will advocate for healthier lifestyles in the Gewog Tshogdu including the incorporation of funds for health promotion and disease prevention activities in the Gewogs.

School Level

1. The School Management Board (SMB) will implement HPSMI activities in their respective schools.
2. The School Health Coordinators , Well-being Focal Teachers, School Counsellors, and Mess Coordinators of the respective schools will support the implementation of HPSMI.
3. Exploring innovative financing mechanisms to support implementation of HPSMI.
4. Reporting the progress of the HPSMI implementation to district authority.
5. Mentor nearby schools, ECR, and ECCD centres to ensure sharing of the best practices to optimize implementation of the guideline.

Monastic Institutions Level:

1. The heads of Monastic Institution and Dratshang Health Coordinators will lead the implementation of health promotion activities.
2. Exploring innovative financing mechanisms to support implementation of HPSMI.
3. The progress of health promotion activities will be reported to the Religion and Health program.

3. Action Points

Standard 1: Government Policies and Resources

1.1. National Policies and Resources

Actions:

- MoESD formulates policies and guidelines that promote inclusive education ensuring access and quality, teacher's capacity building, financial resources, accessible infrastructure development, and inclusive curriculum in schools.
- Schools and MIs shall create a safe, supportive, inclusive, and learner-friendly environment conducive to holistic learning and development.
- Schools and MIs to establish SOPs on closure in the event of emergencies or other circumstances that may endanger students' health.

Resources

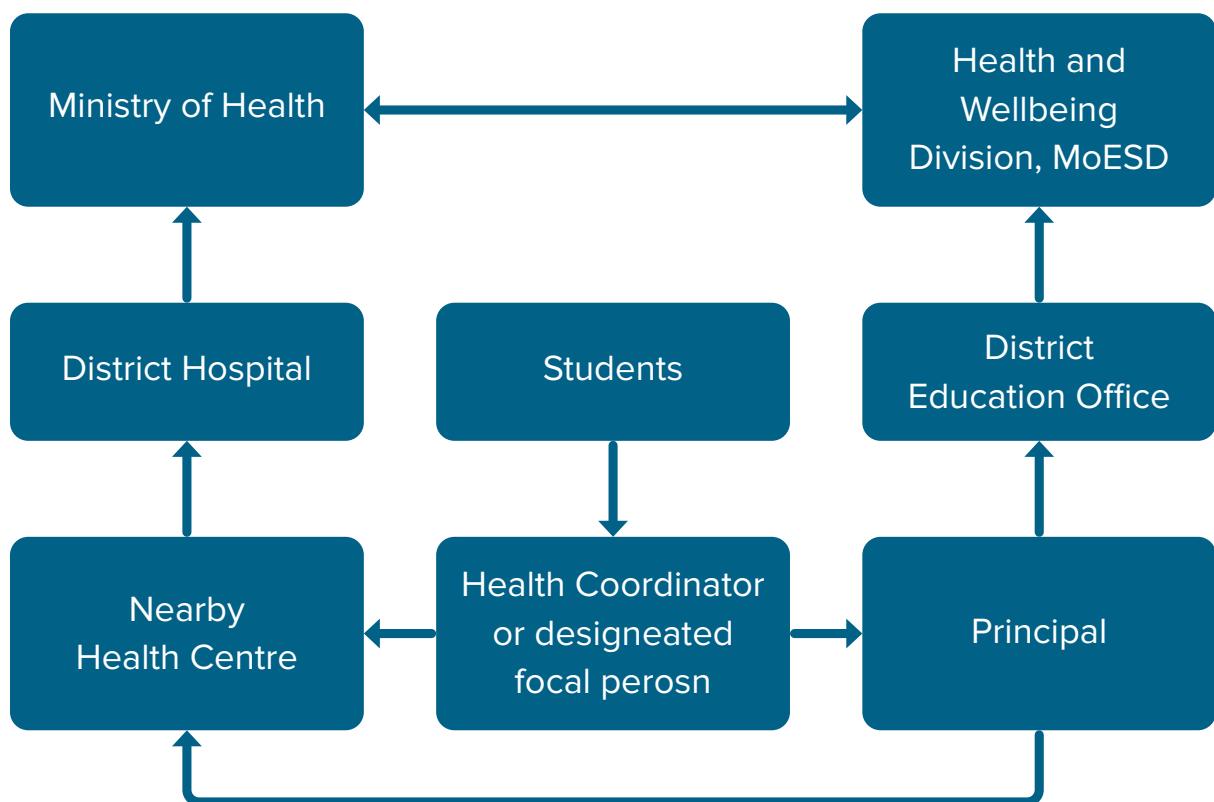
- National Education Policy 2025

1.2. There are coordination mechanisms to report implementation and design strategic actions on a regular basis.

Actions:

- Schools and MIs shall incorporate the HPSMI program in the Annual School and MIs Plan and report on EMIS.
- Feeding and nutrition programs including micronutrient supplementation, vaccination, BMI shall be monitored, analyzed, and generated annually using the Education Management Information System (EMIS).
- Establish a system to assess nutritional status (BMI) in all MIs, analyze and generate annual reports by respective institutions to the Religion and Health Program.
- School Cafeterias shall sell exclusively healthy food items including maintaining proper hygiene
- Any disease outbreak declared by a health centre shall be coordinated with the Chief Medical Officer, DPHO, DEO/TEOs, MoH, MoESD, Zhung Dratshang to contain the diseases.

- Health coordinators to alert nearby health facilities on the unusual increase in reported health issues.
- The health centre, DEO/TEO office, schools and MIs shall provide an immediate response to the outbreak.
- The respective school and MIs administration should inform any unusual sickness to the DEO/TEO office/Religion and Health program office for onward submission to the Health and well-being Division/Zhung Dratshang.
- The health centre shall maintain a detailed outbreak report, and a summary report is shared with the MoH, MoESD and Zhung Dratshang.
- MoH, MoESD and Zhung Dratshang shall be notified as per the protocol.



Resources:

- Education Management and Information System (EMIS)
- National Early Warning Alert and Response (NEWARS) system
- Terms of Reference (ToR) for Disease Outbreak in the Schools, 2025

1.3. The national HPSMI Guideline includes explicit allocation of adequate financial resources to support HPSMI across the country.

Actions:

- The Dzongkhag, Zhung Dratshang, and Thromde Education Sectors shall allocate funds for implementation of HPSMI in schools and MIs. .
- Funds shall be earmarked for nutrition, capacity building, infrastructure, health education materials, infrastructure (WASH, Kitchen gardens), monitoring, and intersectoral coordination.

Resources:

- Dzongkhag and Thromde Dzongkhag Education and Health Annual Work Plan
- Financial Rules and Regulations (2019).
- Procurement Rules and Regulations (2023).

1.4. There is an M&E System for HPSMI in place at the national level.

Actions:

- School Performance Management System (SPMS) and EMIS shall be used for monitoring HPSMI initiatives and activities in the schools and MIs.
- Establish EMIS for MIs.

Resources:

- School Performance Management System (SPMS)

Standard 2: School and Monastic Institution Policies and Resources

2.1. Policy on safe and healthy food

- Discourage and restrict students from consuming unhealthy diets through health promotion and healthy dietary initiatives.
- Create Food Chart using the traffic light approach (red, yellow and green charts) to list healthy, moderately healthy and unhealthy food/products
- Encourage consumption of at least six to eight glasses of clean and safe

water (each glass of 100–150 ml) per day to keep hydrated.

- Promote school and MI agriculture programs.

As per Food and Dietary Guideline for School and Monastic Institution-Aged Children in Bhutan 2023

Age	Standard Serving per day			
	Rice/bread/noodles & starchy vegetables	Fruits & Vegetables	Meat & Plant protein	Milk and dairy food
4 - 7 years	5 - 7	4 - 6	2	2
8 - 11 years	6 - 9	5 - 6	2	2
12 - 18 years	5 - 11	5 - 9	2 - 3	3

A standard serving size of:

- ✓ *Rice, Bread, Noodles and Starchy vegetables: ½ cup (125g) cooked rice or 1 small potato or 1 slice of bread or chapati (20 g)*
- ✓ *Fruits and vegetables: 1 medium fruit (± size of tennis ball) or ½ cup (125g) fruit or vegetables*
- ✓ *Meat and plant protein: 75 -100g cooked chicken or fish or meat (without bone); or 1 egg or one cup of cooked dry beans or lentils*
- ✓ *Milk and dairy food products: 1 cup (250g) milk or yoghurt; or 40-50 g cheese hard, 125g local cheese/datshi*
- ✓ *Fats and oils: 1 teaspoon (5 grams) oil or butter, 1 tablespoon (15 grams) salad dressing*
- ✓ *Use no more than 5 gm or one teaspoon of salt per person in a day*

Resources:

- Food and Dietary Guidelines for School-Aged Children in Bhutan

2.2. Promote Tobacco-Free Environment, prohibition of areca nut and prohibit alcohol and psychoactive substances.

Actions:

- Install no tobacco, alcohol and drug free zone signage within relevant areas around school and MIs.
- Enforce policies to prohibit use of all types of tobacco, nicotine products, and areca nuts alcohol and illicit drugs in the schools and MIs.
- Collaborate with the Gewog Administration, Dzongkhag/Thromde, and RBP and Regional office of Industries, Commerce and Employment (RoICE) to enforce national laws restricting sales of all types of tobacco, nicotine products and areca nut near Schools and MIs.
- Establish platforms for regular monitoring, surveillance and periodic review.
- Implement youth-led school-level anti-addiction campaigns on digital/social media
- Incorporate harmful effects of alcohol, tobacco, nicotine and areca nut in the school curriculum
- Provide behaviour therapy and counselling support for quitting tobacco and areca nut use at the school level

Resources:

- School Based Substance Use Prevention Guidelines (SoP), 2022
- Tobacco Control Act 2021
- Tobacco Control Rules and Regulation (2016)
- Trade and Industries Rules (2023)

2.3. Foster rights-based and equity principles to articulate inclusivity and diversity.

Actions:

- Promote gender-sensitive and inclusive infrastructure (e.g., separate and safe washrooms for girls and boys).

- Support students with special educational needs with specialized, appropriate educational services and facilities, including trained personnel.
- ECCD/Schools/MIs have an inclusive disaster management and preparedness plan for disasters such as earthquakes, fires, floods, and windstorms.
- Ensuring access to services during closure of the school in emergencies shall be in accordance with the policy of the MoESD and MoH.

Resources:

- National Education Policy 2025
- Standard of Inclusive Education, 2017
- Guided the school infrastructure development by National Inclusive Education Guidelines
- Ten-Year Roadmap for Inclusive and Special Education in Bhutan, 2019
- Education in Emergency (EiE)
- Operational Guidelines for Education Emergency Operation Centre, 2018

Standard 3: School and Monastic Institution Governance and Leadership

3.1. Determine the vision and policy to integrate health promotion in the schools and Monastic Institutions.

Actions:

- The schools and MIs shall develop a vision and mission that integrates health promotion with clear goals, actions, and roles and responsibilities.
- Schools and MIs policy covers HPSMI initiatives such as BMI assessment, vitamin A and iron folic acid supplementation, deworming, sanitation, nutrition, screen time, and general health screening.
- The school and MIs policies should ensure creation of a safe and conducive environment.

Resources:

- National Education Policy 2025

3.2. Identify health problems in the school and Monastic Institution plan and gather resources for the development of health promotion.

Actions:

- Assess and document health challenges in the school and MIs planning process, and mobilize the necessary resources to establish and strengthen health promoting schools and MIs.
- Allocate resources based on the needs identified in the health problem assessment.
- Liaise with the Health Care Professionals to address health problems and public health issues affecting schools within their communities.

Resources:

- Annual School Plan
- National Education Policy 2025

Standard 4: School and Monastic Institution Community Partnerships

4.1. Foster family and community involvement in the life of the schools and MIs.

Actions:

- Develop a comprehensive Family and Community Engagement Plan tailored to the local context.
- Actively invite community stakeholders to participate in joint planning, implementation, and review of school health activities, including joint activities such as campus beautification and development, school spiritual activities.
- Leverage digital platforms such as social media groups at the class level to facilitate real-time updates, share health information, reinforce messages from parent-teacher meetings, and support mutual assistance among parents.
- Participate in addressing issues based on information in schools, MIs and communities, such as junk food providers in and around the school and monastic institutions area, traffic safety, around the sale of cigarettes, smokeless tobacco products, tobacco products, areca nut (doma), alcohol

marijuana products in the school and MIs vicinity, etc.

Resources:

- Using Parents Teachers Meeting in the forum to communicate, create awareness and address student health issues.
- Class Teacher–Parent Groups via Social Media: Eg; WhatsApp, Telegram, WeChat etc.
- Parents representatives in the School Management Board (SMB).
- SPEA Manual 2024

4.2. The school and Monastic Institutions are proactive in linking with its local community.

Actions:

- Ensure multi sectoral representation to guide planning and implementation of HPSMI initiatives.
- Partner with health centres to support schools and MIs .
- Ensure responsive communication with parents/caregivers during student illness or health emergencies.
- Attend Gewog Tshogdu (GT) by school and monastic institutions representatives to align HPSMI activities with local development priorities.
- Involve parents and caregivers for talks on spiritual health related to HPSMI.

Resources:

- Parent representative in the school management board (SMB).
- Participation in Gewog Tshogdu.
- Dratshang Health Coordinator Guideline 2024.

Standard 5: School and Monastic Institution Curriculum

5.1. The curriculum approaches health issues in a coherent and holistic way.

Actions:

- Teachers to emphasize the importance of prevention of diseases, health and well-being and maintaining a healthy lifestyle (as a part of health and well-being program)
- MoESD to integrate health related topics in subjects across different class levels, inclusive of students with special needs.
- Schools and MIs provide the students opportunity for self-care and capability to adopt healthy lifestyles.

Resources:

- Integration of Comprehensive Sexuality Education in the mainstream curriculum
- Life Skill-Based Comprehensive Sexuality Education for ECCD

5.2. Students actively demonstrate theoretical concepts from the curriculum by applying in real-world situations.

Actions:

- Cover and Integrate HPSMI topics in the classroom Instructions.
- Practice personal hygiene, make informed dietary choices, promote mental well-being, use basic first aid skills, engage in regular physical activities, prevent diseases and promote a clean and healthy environment and lifestyles among students.
- Assess Knowledge, Attitudes and Practice (KAP) of HPSMI.

Resources:

- Integration of Comprehensive Sexuality Education in the mainstream curriculum
- Life Skill-Based Comprehensive Sexuality Education for ECCD
- Health and Physical Education (HPE) Curriculum

5.3. Teachers are adequately prepared for their role as key participants in health-promoting schools and Monastic Institutions.

Actions:

- Orient teachers on the National Guideline for HPSMI 2025.
- Advocate for inclusion of HPSMI modules in pre-service training at teachers training institutes.
- Conduct regular in-service training and refresher courses on health promotion.
- Provide resource materials and toolkits to support health promotion activities in schools and monastic institutions.
- Organize peer-learning sessions and experience-sharing workshops among teachers.
- Establish a teacher mentorship program to guide and support fresh recruits in implementing HPSMI activities.

Resources:

- Integration of Comprehensive Sexuality Education in the mainstream curriculum
- Life Skill-Based Comprehensive Sexuality Education for ECCD
- Health and Physical Education (HPE) Curriculum

5.4. Other key stakeholders have the opportunity to gain skills relevant to health-promoting schools and monastic institutions.

Actions:

- Schools and MIs shall organize forums to impart knowledge and skills on health issues to parents, School Management Board (SMB) members and community.
- Encourage stakeholder participation in school and MI-based health initiatives and campaigns.
- Collaborate with local health professionals to deliver health education and awareness for parents and community leaders.

Resources:

- Guideline for SPEA
- PTA/SMB/CMB Meetings

Standard 6: School and Monastic Institution Social-Emotional Environment

6.1. The school and monastic institutions ethos is supportive of the mental health and social needs of students and staff.

Actions:

- Emphasize that every child is equally smart, valued and should be treated the same regardless of background, ability, or academic performance.
- Schools and MIs adopt positive discipline approaches based on reasoning and logical consequence, while maintaining caring and compassionate relationships with students instead of corporal discipline.
- All schools and MIs practice the School Health and Well-Being Strategy, under which there are 8 programs:

i. Mentor-Mentee Program:

All students shall be included in the program, with each mentor (school staff) assigned 8–12 mentees. Mentors will conduct weekly 30-minute group sessions, offer individual support as needed, and engage in one-on-one meetings with mentees' parents. Proper documentation of all sessions must be maintained.

ii. Student Resilience Development Program (SRDP)

The Student Resilience Development Program (SRDP) is a structured training package aimed at enhancing students' emotional resilience through ten key topics, including Brain Science, Mindfulness, Emotional Awareness, and Self-Care. Based on assessments, students are grouped into Universal, Selected, and Indicated categories. Indicated students complete all ten sessions, while Universal and Selected students attend relevant modules tailored to their needs.

iii. Health & Well-being Screening (Situational Analysis)

MoESD collaborates with the PEMA Secretariat and carries out well-being screening of students by using the tools such as ASSIST, GAD, PHQ 2 & 9, ACE and questionnaire on School Environment, to analyse the situation and needs.

iv. Counselling Program

Provide Individual and Group Counselling services to students and staff with health issues in two broad areas:

- **Adjustive counselling** focuses on personal and emotional challenges, including mental health, tobacco, nicotine products, areca nut, substance use, relationship, domestic violence, and self-harm
- **Distributive Counselling** which supports educational and career development by addressing academic challenges, vocational guidance, and occupational concerns.

v. School-based Parenting Education and Awareness Program

Conduct school and monastic institutions -based Parenting and Education and Awareness programs on three categories of needs of students/ parents: Selected, Targeted and Universal Conduct Universal parenting at least twice a year, while selected and indicated parenting are conducted based on the needs. Each school counsellor conducts at least two indicated parenting in a week.

vi. Anti-Bullying and sexual misconduct Awareness Program

Counselors and well-being focal teachers coordinate Anti-bullying programs through Preventive (awareness and enhancement of safe environment) and Responsive services (assessment, reporting, support services and referral) based on the School Anti-bullying guideline and sexual misconduct policies.

vii. Peer Helpers Program

Select a maximum 30 students (in a school) possibly Gender and grade balanced – 15 girls and 15 boys. Conduct the helpers program through a club or a program.

viii. Spiritual Programs (Choeshed Leyrim)

Principal and Scout Leaders coordinate and conduct Choeshed Leyrim twice a year to promote diversity and equity.

Resources:

School Health and well-being Strategies which includes the following guidelines:

- Guidelines for School Mentoring Programme (SMP) - <https://education.gov.bt/download/mentor-mentee/>
- School-based Parenting Education and Awareness Program <https://education.gov.bt/download/spea-manual-2024/>
- Anti-bullying Interventions in Schools, 2025 <https://education.gov.bt/download/anti-bullying-interventions-in-schools/>
- School Discipline Guideline 2023
- Guidelines for Anti-bullying Mechanisms in Educational Institutions, 2022
- Guidelines for School Mentoring Programme (SMP), 2025
- Student Resilience Development Program (SRDP), 2025
- Inclusive Education Guidelines, 2017
- Standard Key Health Messages for Adolescents (2025)

6.2. The school and monastic institutions nurture a caring, inclusive environment that promotes trust, involvement, attendance and respect.

Actions:

- Encourage teachers to build respectful, empathetic, and supportive relationships with students in the schools and MIs.
- Provide training for teachers on student-centered approaches, active listening, and classroom empathy.
- Respect diversity in culture, abilities, and ethnic, and economic backgrounds.
- Provide education to students with disabilities in inclusive schools MIs.

Resources:

- Student Attendance
- EMIS
- Co-curricular Activities
- Reports/Suggestion/Feedback system
- Guidelines on assessment, examination, promotion and transition for students with disabilities.
- Ten-year Roadmap for Inclusive and Special Education in Bhutan
- Link: [Ten-Year Roadmap for Inclusive and Special Education in Bhutan](#)

6.3. School and monastic institutions have regulations for controlled use of electronic gadgets which regulates screen time and ensures digital safety.**Actions:**

- School and MIs management regulate the use of non-permissible electronic gadgets in school campus.
- Limit and educate on screen time (television, mobile phones, computers etc.) to the following recommended hours;
- Educate students about online privacy, cyberbullying, and recognizing harmful content.
- Collaborate with IT experts to provide awareness on cybersecurity threats and safe browsing practices.

Recommended Screen Time Limits (As per WHO Guidelines & Australian Government, Department of Health):

- » Children under 1 year: No screen time. Engage in interactive floor-based play.
- » Children aged 1-2 years: For 1 year old, no screen time is recommended.
- » For 2 years old, screen time should not be more than 1 hour per day.
- » Children aged 3-4 years: Screen time should not be more than 1 hour per day; less is better.

- » Children & Adolescents aged 5-17 years: Screen time should be maximum of 2 hours per day.

Resources:

- Child Online Protection (COP) Guidelines for Parents and Educators
- Guidelines for parents and educators on child online protection (localized for Bhutan)
- Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. guidelines on physical activity, sedentary behaviour and sleep for children

6.4. Promote sufficient sleep among students

Actions:

- Create a mandatory nap room in the ECCD centres.
- Regulate the homework policy to ensure students get sufficient sleep.
- Set and abide by regular bedtime every day, including weekends.
- Avoid screen time an hour before bedtime and at nighttime
- Replace evening screen time with calm activities for children (reading, coloring, conversation, etc.)
- Educate and implement following sleep recommendations in respective schools and MIs.

Recommended Sleep Time (As per WHO Guidelines):

During a 24-hour period;

- Infants (less than 1 year) should have 14–17 hours (0–3 months of age) or 12–16 hours (4–11 months of age) of good quality sleep, including naps
- Children 1–2 years of age should have 11–14 hours of good quality sleep, including naps, with regular sleep and wake-up times
- Children 3–4 years of age should have 10–13 hours of good quality sleep, which may include a nap, with regular sleep and wake-up times.
- Students aged 6-12 years old should sleep for 9-12 hours/day.
- Students aged 13-18 years old should sleep for 8-10 hours/day.

Resources:

- Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. guidelines on physical activity, sedentary behaviour and sleep for children
- Sleep in Middle and high school students. <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/healthyschools/features/students-sleep.htm>
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Standard 7: School and Monastic Institution Physical Environment

7.1. The school and monastic institutions provide accessible, safe and secure environment

Actions:

- Conduct risk/hazard assessment of schools and MIs structures, play ground, equipment, and surroundings as per disaster management guidelines.
- Prepare guidelines for use of any sporting and play equipment to ensure safety.
- Ensure cautionary signage, speed breakers and pedestrian crossings are placed near schools and MIs.
- Ensure adequate lighting and heating, cooling amenities in the classroom.
- Ensure safe and secure schools and MIs compounds including exposure to lead paints and other toxic products.
- Carry out timely maintenance of equipment and furniture.
- Mandatory use of Government Inventory Management System (GIMS) for proper record and documentation of school facilities/properties.

Resources:

- School Disaster Management Plan
- Child Protection Policies
- Disaster Management and Contingency Plan, MoESD, 2018
- GIMS

7.2. Adequate sanitation facilities and water supply are available.

Actions:

- Design accessible restrooms that are clean, comfortable, and welcoming in schools and MIs.
- Ensure adequate gender specific and disability inclusive WASH facilities.
- Provide menstrual hygiene facilities with a separate changing room that has privacy, safety, covered disposal bins and running water should be provided.
- Maintain constant access to safe water for drinking, hygiene, cooking, sanitation, and cleaning.
- Establish biannual mandatory water testing for any type of contamination.
- Provide enough tap stands with soap in toilets and food-related areas in schools and MIs.
 - » For day school the minimum amount of water available for each student per day should be 25 litres.
 - » For boarding school and MIs the minimum amount of water per student per day should be 100 litres.
 - » One hand washing tap for every 50 students with soap.
 - » For bathing purposes, there should be at least one shower for every 20 students.
 - » Toilet student ratio (Boys-1:30, Girls-1:20).

Resources:

- National WASH Standards for School and Monastic Institutions, MoESD, 2024

NATIONAL STANDARDS FOR WATER, SANITATION AND HYGIENE (WASH) FOR SCHOOLS & MONASTIC INSTITUTIONS

7.3. The school and monastic institutions uphold practices which support a sustainable environment.

Actions:

- Ensure daily sweeping and regular mopping of classrooms, hostels, dining rooms and multipurpose halls through effective delegation of responsibilities.
- Place an adequate number of waste bins around the school and monastic institutions campus with proper education on waste segregation and management (Use 3 Rs- Reduce, Reuse and Recycle).
- Ensure proper system of menstrual waste disposal.
- Campus beautification and cleaning campaign.

Resources:

- National WASH Standards for School and Monastic Institutions, 2024

NATIONAL STANDARDS FOR WATER, SANITATION AND HYGIENE (WASH) FOR SCHOOLS & MONASTIC INSTITUTIONS

7.4. Students are encouraged to take care of the school and monastic institutions' facilities.

Actions:

- Schools and MIs to design user guidelines for the proper use of school facilities.
- Encourage students to use the schools and MIs facilities judiciously and instill a sense of ownership and accountability.
- Display reminders and signage promoting care for facilities and shared resources.
- Conduct education and awareness sessions by the school administration for students on the importance of maintaining school facilities and MI property.

Resources:

- School rules and regulations

7.5. Ensure sufficient spaces and equipment for physical activities while promoting active student participation in exercise programs.

Actions:

- Accessible, inclusive and dedicated time and space for sports and exercise in schools and MIs within the campus such as sport fields, multi-purpose courtyard, auditoriums, playgrounds, staircases, walkways.
- Provide basic sporting equipment such as balls, badminton and skipping.
- Display posters and messages promoting the benefits of regular physical activity.

Resources:

- Basic minimum facilities and equipment for schools

7.6. Schedule frequency and duration of physical activities in school and monastic institutions each day.

Actions:

- Encourage participation of all students and staff in physical activity such as Sorig Zhiney & Luejong, cultural and mask dances, aerobic and yoga for mental and physical well-being.
- Establish and strengthen physical activity clubs in school and MIs.
- Consult healthcare professionals to help determine the type and amount of activity appropriate for children and adolescents living with disability or other severe health conditions.

Recommended Daily Physical Activity: As per WHO, Canadian Society for Exercise Physiology(CSEP), Centre for Disease Control (CDC)

Key Stages	Five Stages of Learning Outcome from Sports & Physical Activities			
	Developmental Stages (Age)	Class Level	Minimum Time for SPA per day	Recommended Activities
I	2 - 4	Pre-schooler (ECCD)	60 Minutes	At least 60 minutes of physical activity per day, on a minimum of three days per week.
II	5 - 8	PP - III	60 Minutes	
III	9 - 11	IV - VI	60 Minutes	
IV	12 - 13	VII - VIII	60 Minutes	
V	15 - 16	IX - IX	60 Minutes	
VI	17 - 18	XI - XII	60 Minutes	

For adults above 18 Years: At least 30 minutes per day for 5 days in week.

Resources:

- Moderate-to-vigorous physical activity daily (pg.13-19, NSGSSPA, 2024)
- Guidelines on physical activity, sedentary behaviour and sleep for children

Standard 8: School and Monastic Institution Health Services

8.1. Basic health services which address national and local needs are available to students and staff.

Actions:

- Establish designated infrastructure to store & dispense medicines and provide safe and gender-appropriate spaces for accommodating sick children and adults.
- Train school health coordinators, school counsellors, Well-being focal teachers and Dratshang health coordinators on the National Guideline HPSMI 2025.
- Ensure uninterrupted basic medicines and supplies in schools and MIs through trained coordinators from the nearest health centre
- Establish referral mechanisms for children with health needs.
- Provide health education on nutrition, hygiene, oral health, alcohol & substance use disorders and lifestyle diseases in schools and MIs.
- Schools and MIs conduct health screening at least once in a year in collaboration with nearest health centres. .

Resources:

- Health and well-being Screening Guidelines for Schools & Monastic Institutions, 2023

8.2. Local health services contribute to the school and monastic institutions' health programme.

Actions:

- Collaborate with health centres to celebrate global health days and conduct health advocacy activities.
- Provide routine vaccinations (e.g. HPV, Td) to students, monks, and nuns in ECCD centres, schools, and monastic institutions as per the national immunization schedule.
- Conduct annual health screenings in partnership with health services.
- Establish clear referral pathways for students and staff who need specialized care.
- Deliver regular health education sessions on hygiene, nutrition, mental health, and disease prevention.

Resources:

- National Immunization Schedule
- Communication and Awareness Campaigns

8.3. Health services contribute to capacity building of school and Monastic Institutions staff.

Actions:

- Train Dratshang Health Coordinators, School Health Coordinators, and ECCD focal persons on implementing school health programmes.
- Provide food hygiene and safety training for cooks in schools and monastic institutions.
- Engage health professionals to train teachers and staff in basic first aid and health promotion.

Resources:

- Basic First Aid and Emergency Response Training
- Mental Health First Aid Training

8.4. The ECCD centres, Schools and Monastic Institutions promotes health awareness programs

Actions:

- Promote and implement the Comprehensive Sexuality Education
- Observe global health days to create awareness on health issues and promotion.
- Create awareness on public health priorities: healthy living, healthy eating and mental health.

Resources:

- Comprehensive Sexuality Education

4. Monitoring and Evaluation (M&E)

The HPSMI assessment tool serves as the main instrument for M&E of the guideline implementation. All schools and monastic institutions will use the tool to conduct annual self-assessments to track their progress in becoming health-promoting settings.

Schools:

Each school will submit its annual self-assessment report to the respective DEO and TEO. The DEO and TEO will compile the reports and submit them to the Health and Wellbeing Division, DEP, MoESD. Schools scoring 80% and above will undergo a validation process led by the DEO/TEO, DPHO, and local leaders using the same tool. Based on validated scores, MoESD will designate qualifying schools as Health Promoting Schools (HPS) and share the list annually with MoH.

Monastic Institutions:

Heads of monastic institutions will submit annual self-assessment reports to the Religion and Health Program Office, Zhung Dratshang. Institutions scoring 80% and above will be validated by a team comprising the DEO/TEO, DPHO, and Dratshang Drungchen. Validated reports will be submitted to the Religion and Health Office, which will designate eligible institutions as Health Promoting Monastic Institutions (HPMI) and share the list annually with MoH.

5. Results Framework

The results framework for the HPSMI Guideline provides a structured approach to track and assess progress in transforming schools and monastic institutions into health-promoting settings throughout the 13th Five-Year Plan (FYP). The framework includes clearly defined outcome and output indicators with specific targets to ensure effective implementation and accountability.

Results Framework			
sl #		KPI	Target at the end of 13FYP
1	Outcome	% of Schools & Monastic Institutions implementing HPSMI guideline	100
2		% of Schools designated as Health Promoting Schools	70
3		% of Monastic Institutions designated as Health Promoting Monastic Institution	50
1	Output	No. of Dzongkhags sensitized on National Guideline for HPSMI	20
2		% of Schools conducting annual self-assessment using HPSMI checklist	100
3		% of Monastic Institutions conducting annual self-assessment using HPSMI checklist	100
4		% of Schools with trained Health Coordinators and Focal Teachers on HPSMI	90
5		% of Monastic Institutions with designated/trained Health Coordinators/ Focal Monks on HPSMI	80

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Annexure

Annexure 1. Organizational Structure



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10. Mr. Singye Namgyel, Sports Coach (Mess In-charge), Orong LSS, SamdrupJongkhar District
11. Mr. Dendup Tshering, Lab Assistant (Mess In-charge), Drukgyel HSS, Paro District

12. Mr. Milan Kumar Subba, Teacher (School Health Coordinator), Jigmecholing MSS, Sarpang
13. Mr. Sujata Baraily, Teacher (School Health Coordinator), Sonamthang CS, Zhemgang District
14. Mr. Ngajay Jamtsho, Teacher (School Health Coordinator), Tendruk CS, Samtse District
15. Ms. Pema Tshomo, ECCD Facilitator, Ngoba ECCD Centre, Paro District
16. Ms. Chador Zangmo, ECCD Facilitator, Chuzergang ECCD Centre, Sarpang District
17. Lopen Kinley Penjor, Manager, Health and Religion Program, Zhung Dratshang
18. Ms. Kinga Pemo, Adm, Choedhey Lhengtshog, Thimphu
19. Mr. Dil Kumar Subba, Dy Chief Program Officer, Pema Secretariat
20. Mr. Rinchen Dorji, Asst. District Public Health Officer, Wangdue District
21. Ms. Ugyen Choki, Asst. District Public Health Officer, Gasa District
22. Dr. Suresh C. Mothey, Chief Medical Officer, Trongsa District
23. Dr. Namsa Dorji, Chief Medical Officer, Haa District
24. Dr. Tshering Penjor, Chief Medical Officer, Tsirang District
25. Mr. Yesi Dorji, Health Assistant, Tsirangtoed hospital
26. Ms. Passang Wangmo, Health Assistant, Bemji PHC, Trongsa
27. Mr. Mitra Bdr Karki, Health Assistant, Gashingma Subpost, Samtse
28. Ms. Tshewang Lhadon, Program Officer, Life Style Related Disease Program, NCDD, DoPH, MoH
29. Mr. Hari Prasad Pokhrel, Dy. Chief Program Officer, Nutrition Program, NCDD, DoPH, MoH
30. Ms. Ugyen Wangmo, Asst. Program Officer, Nutrition Program, NCDD, DoPH, MoH
31. Ms. Thinlay Choden, Program Analyst, Adolescent and School Health Program, NCDD, DoPH, MoH

32. Mr. Pema Lethro, National Professional Officer, NCD, WHO Bhutan
33. Ms. Sonam Yangchen, Health Policy Support Officer, Health System, WHO Bhutan
34. Mr. Pema Lethro, National Professional Officer, NCD, WHO Bhutan
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5) List of participants from HPSMI Validation Workshop

1. Mr. Sangay Chophel D, Chief Program Officer, Health and well-being Division, DEP, MoESD
2. Mr. Laigden Dzed, Chief Program Officer, Non-Communicable Disease Division, DoPH, MoH
3. Mr. Choening Sherab, Dy.Chief Program Officer, Health and well-being Division, DEP MoESD
4. Mr. Pema Chogyel, Program Analyst, ECCD & SEN Division, MoESD
5. Mr.Tshering Dorji, Chief Education Officer, Thimphu District
6. Mr.Pema Choidar, Principal Thromde Education Officer, Thimphu Thromde
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9. Mr. Jamyang Norbu, Sr. Project Coordinator, Save The Children International
10. Dr. Indrani Chakma, Chief of Health, Nutrition and WASH, UNICEF
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Annexure 3. HPSMI Assessment tool

District:		School:		Score obtained	Means of verification	Total students:	Boys:	Girls:	Scoring guide						
Date of assessment:															
Component	Performance measure														
Integrate health promotion in school & MI vision and policy.	The school & MI has health promotion integrated into its written vision, mission, or policy and conducts at least one annual sensitization session for all staff and students to ensure everyone is aware of this commitment.			<ul style="list-style-type: none"> - Copy of vision / mission / policy showing health promotion statements. - Annual plan or calendar showing minimum two health promotion initiatives - Activity reports or photos. 	<ul style="list-style-type: none"> 0 - No written vision / mission / policy includes health promotion; no sensitization conducted. 1 - Draft vision / mission / policy includes health promotion but not officially endorsed / approved; no sensitization conducted. 2 - Approved policy / vision exists but not shared with staff / students (no sensitization). 3 - Approved policy / vision exists; one sensitization session planned but not conducted yet. 4 - Approved policy / vision exists; one sensitization session conducted but only for staff or a partial group of students. 5 - Approved policy / vision exists, at least one annual sensitization session conducted covering **all staff and students** (with evidence). 										
Policy on safe and healthy food.	For Feeding Schools - The school uses a weekly menu that follows the national food and dietary guidelines and carries out regular checks (by SMB) to ensure safe, nutritious, and varied meals for students. Non-Feeding Schools - The school plans activities to help parents and students pack healthy lunchboxes according to the national food guide, including at least one healthy lunch campaign each year.			<ul style="list-style-type: none"> - Weekly menu copies, food check reports, parent meeting minutes, photos, or records of healthy lunch campaigns. 	<p>Feeding Schools:</p> <ul style="list-style-type: none"> 0 - No menu or evidence of food quality checks. 1- Meals served but menu not based on food guidelines; no regular checks. 2 - Menu partly follows guidelines; checks done once a year. 3 - Menu follows guidelines; checks done once per term. 4 - Menu follows guidelines and covers all food groups; checks done twice per term. 5 - Menu fully follows guidelines with balanced servings; checks done 2+ times per term with records showing improvements. <p>Non-Feeding schools</p> <ul style="list-style-type: none"> 0 - No awareness or activities to promote healthy lunchboxes. 1- One-time awareness material shared only 2 - One parent meeting or healthy lunch talk done once a year. 3 - One healthy lunch event or meeting done each term (3-4 times a year). 4 - Healthy lunch events each term + lunchbox spot checks done. 5 - Regular healthy lunch campaigns, checks, competitions held each term with evidence of improvement. 										

Component	Performance measure	Score obtained	Means of verification	Scoring guide
Promote smoke-free environment and prohibit alcohol and psychoactive substances.	School / MI displays clear “no tobacco, doma, alcohol and drugs” signage in all key areas, conducts at least one awareness activity per year and takes measures to monitor and discourage sale or access to such products in shops within school premises (e.g., through coordination with local authorities or school committees).		<ul style="list-style-type: none"> - Presence of signage. - Vendor monitoring records. <p>0 - No signage, no awareness, no monitoring.</p> <p>1- Signage only partly installed, no awareness, no monitoring.</p> <p>2 - Signage installed; one awareness session planned or done; no vendor checks.</p> <p>3 - Signage in place; annual awareness session done; informal follow-up with nearby shops / vendors.</p> <p>4 - Signage in place; annual awareness session done; monitoring system in place to check vendors nearby at least once a year.</p> <p>5 - Signage in place; awareness session done; vendor monitoring done regularly (at least once per term) and actions taken through local governance if violations found.</p>	
Link with local governance and community bodies	Representative from school / MI participates in Gewog / Dzongkhag / Thromde Tshogdu meetings.		<ul style="list-style-type: none"> - Administrative records (e.g., program plans, activity reports, attendance, session records, meeting minutes) <p>0 - No engagement with local governance for budget or admin support.</p> <p>1- School / MI raises the need but no formal discussion held with local governance.</p> <p>2 - School / MI representative discusses HPSMI needs with local governance once, but no confirmed support.</p> <p>3 - Local governance agrees to provide some support (in-kind or budget) but no documented action yet.</p> <p>4 - Local governance provides one-time budget or administrative support to an HPSMI activity (e.g., co-funding health day, food hygiene training).</p> <p>5 - Local governance provides regular or annual budget / admin support and HPSMI actions are integrated in local plans or reports; outcomes shared with school community.</p>	

Component	Performance measure	Score obtained	Means of verification	Scoring guide
Integrate health education into curriculum.	CSE (Comprehensive Sexuality Education) and HPE (Health and Physical Education) curriculum is fully delivered as per national syllabus, and the school / Ml implements additional activities or programs (e.g., awareness sessions, campaigns, guest talks, peer education clubs) that reinforce CSE and HPE topics in real-life contexts.		<ul style="list-style-type: none"> - Administrative records (e.g., program plans, activity reports, attendance, session records, meeting minutes) 	<p>0 - Neither CSE nor HPE lessons delivered.</p> <p>1- CSE or HPE partially delivered, no extra activities.</p> <p>2 - Both delivered but only in class, no additional program / intervention.</p> <p>3 - Both delivered; one additional activity (e.g., single awareness session) done during the year.</p> <p>4 - Both delivered; at least one additional program per term (e.g., health club activity, guest talk).</p> <p>5 - Both delivered; additional programs held regularly plus evidence of student-led or peer education initiatives to reinforce learning.</p>
Support mental health and wellbeing.	Implements the full School Health & Well-Being Strategy, which includes programs such as Mentor-Mentee Development (SRDP), wellbeing screening, individual / group counselling, parenting education, anti-bullying awareness, peer helpers, and spiritual / values programs — while ensuring every child feels equally valued, supported, and		<ul style="list-style-type: none"> - Administrative records (e.g., program plans, activity reports, attendance, session records, meeting minutes) 	<p>0 - No mental health or well-being activities at all; none of the core programs evident.</p> <p>1- Well-being or mental health plan exists only on paper; none of the programs actively implemented yet.</p> <p>2 - Only one or two basic programs started (e.g., single Mentor-Mentee meeting or one counselling session) but no regular follow-up.</p> <p>3 - At least 3–4 core programs functioning with clear evidence, e.g.: Mentor-Mentee program active (weekly group sessions with records); at least some SRDP sessions conducted; simple well-being screening done; counselling services offered for students who need it.</p> <p>4 - At least 5–6 core programs active with clear evidence.</p> <p>5 - All 8 core programs are fully in practice with evidence.</p>

Component	Performance measure	Score obtained	Means of verification	Scoring guide
Foster a safe, caring and inclusive environment.	<p>The school / monastic institution nurtures an environment that builds trust, respect, inclusion, student involvement, and good attendance. Teachers build supportive relationships with students; diversity and differences are respected; inclusive education is practiced for students with disabilities; and teachers receive basic orientation on student-centred teaching, empathy, and active listening</p>		<ul style="list-style-type: none"> - Administrative records - Suggestion box or safe reporting mechanism for students to share ideas or concerns. 	<p>0 - No visible signs of a caring or respectful environment; harsh or corporal punishment and exclusion are common.</p> <p>1- Basic rules for respectful behaviour or discipline exist but are rarely applied or enforced; some students feel left out or unfairly treated.</p> <p>2 - Teachers and staff encourage respect and empathy in daily interactions; positive discipline guidelines replace corporal punishment; suggestion box or safe reporting mechanism is in place.</p> <p>3 - Teachers consistently use positive discipline and respectful language; inclusive practices are visible (e.g., students with disabilities participate in regular classes); diversity is respected in classroom and school / MI activities.</p> <p>4 - Clear actions and records show inclusiveness: diversity is celebrated (events, cultural days, mixed group activities); staff have received at least basic orientation or training on student-centred methods and empathy; students feel comfortable raising concerns.</p> <p>5 - The school / MI demonstrates a caring, inclusive environment in daily practice: trust and respect are strong; all students feel equally supported and safe to express ideas; suggestion box or reporting system is used and acted upon; evidence shows improved attendance, student involvement, and overall well-being.</p>

Component	Performance measure	Score obtained	Means of verification	Scoring guide
Promote healthy screen time, digital safety, and sleep routines	The school / MI has clear rules for safe, limited screen time, promotes responsible digital habits, and supports healthy sleep routines by managing homework load, sharing bedtime tips, and encouraging calm evening activities.		<ul style="list-style-type: none"> - Copy of written rules for screen use, device use in class / hostel, bedtime routine tips, and homework load guidelines. - Administrative records 	<p>0 - No rules or guidance on screen time, digital safety, or healthy sleep.</p> <p>1- Basic screen time rule drafted but not shared; no mention of homework or sleep.</p> <p>2 - Written screen time rules shared with students; simple homework limit discussed; sleep health not addressed.</p> <p>3 - Rules shared with students and parents; students know screen time is limited; school encourages homework to allow enough sleep; bedtime guidance shared once / year.</p> <p>4 - Rules enforced: spot checks done to limit misuse; school / MI promotes healthy bedtime routines (e.g., avoiding screens 1 hr before bed); calm alternatives (reading, talking) encouraged.</p> <p>5 - Good practice fully visible:</p> <ul style="list-style-type: none"> ✓ Written homework policy supports enough sleep; ✓ Regular reminders to students / parents about bedtime routines (consistent sleep / wake times); ✓ At least one awareness session each term on healthy screen use, digital safety, and sleep; ✓ Teachers and parents cooperate to help students follow healthy screen time and sleep habits.
Maintain safe, secure, and accessible infrastructure and facilities			<ul style="list-style-type: none"> - The school or monastic institution provides a safe, secure, and accessible physical environment for all students and staff, including persons with disabilities. This includes conducting regular hazard / risk assessments, fixing hazards, maintaining safe equipment and surroundings, following safe usage guidelines, ensuring safe access, and properly recording and managing facilities and assets. 	<p>0 - No regular checks or actions for safety, security, or accessibility.</p> <p>1- Small repairs done sometimes, but no risk checks.</p> <p>2 - Risk check done once, but no real follow-up; few signs or playground rules only.</p> <p>3 - Risk check done every year; basic safety measures in place - rules for playground / equipment, caution signs, speed bumps or crossings installed.</p> <p>4 - Risk check done yearly and actions taken: signs, crossings, safe paint, good lighting, heating / cooling if needed, furniture and equipment fixed on time.</p> <p>5 - All of level 4 plus:</p> <ul style="list-style-type: none"> ✓ Clear rules for using sports / play equipment; ✓ Facilities list updated in GIMs; ✓ Easy, safe access for students with disabilities; ✓ Compound kept safe, secure and hazard-free always.

Component	Performance measure	Score obtained	Means of verification	Scoring guide
Provide adequate water, sanitation, and hygiene (WASH) facilities.	The school or monastic institution maintains inclusive, safe, and functional WASH facilities that meet national minimum ratios for toilets, handwashing taps, and bathing areas. Facilities are cleaned regularly, stocked with water and soap, and include safe, private spaces for menstrual hygiene management.		<ul style="list-style-type: none"> - Count of toilets / taps vs. student enrollment. - Simple caretaker or student monitor checklist. - Cleanliness and water available 	<p>0 - Toilets, taps, or bathing areas mostly broken or missing; no ratio met.</p> <p>1 - Some toilets / taps available but do not meet the minimum ratio (toilets: 1:30 boys, 1:20 girls; handwashing: 1:50; bathing: 1:40); hygiene and cleaning are poor.</p> <p>2 - Toilets and taps roughly meet ratios but not fully functional; not cleaned regularly; soap or water missing; no changing room for menstruation.</p> <p>3 - Toilets and taps meet full ratio (1:30 boys, 1:20 girls, 1:50 handwashing, 1:40 bathing); facilities are usable, safe, clean, stocked with water and soap; separate changing room for menstrual hygiene is available.</p> <p>4 - Same as score 3 plus: regular cleaning and repairs done; safe bins for menstrual waste provided; facilities are inclusive (accessible toilet if possible).</p> <p>5 - All score 4 actions plus:</p> <ul style="list-style-type: none"> ✓ Cleaning / supply log kept and updated; ✓ Hygiene education done at least once a term (handwashing, menstrual hygiene); ✓ Students or staff monitor cleanliness (hygiene club, hygiene monitor).

Component	Performance measure	Score obtained	Means of verification	Scoring guide
Implement proper waste management and campus cleanliness	The school / monastic institution maintains a clean, litter-free campus through proper daily cleaning routines, clear waste segregation, safe menstrual waste management, and promotion of reuse / recycling. Students and staff actively participate in keeping the campus clean and safe.		<ul style="list-style-type: none"> - Physical inspection of bins, cleaning routines, and waste segregation points - Observation of cleanliness of classrooms, hostels, surroundings - Evidence of reuse / recycling or clean-up activities (photos, activity records) 	<p>0 - No regular cleaning; litter and waste unmanaged; no bins.</p> <p>1- Some sweeping done, but no clear cleaning routine; bins missing or not used properly.</p> <p>2 - Daily sweeping happens in classrooms / hostels; few bins placed but not labelled for segregation; menstrual waste not handled safely.</p> <p>3 - Daily sweeping and regular mopping done in main areas (classrooms, hostels, dining halls); enough bins placed in key areas; students / staff know basic 3Rs (Reduce, Reuse, Recycle).</p> <p>4 - Daily cleaning routine followed and bins labelled for waste segregation (organic, recyclable, non-recyclable); proper menstrual waste disposal system in place (covered bins); at least one campus cleaning or beautification activity done every term.</p> <p>5 - All of score 4 plus:</p> <ul style="list-style-type: none"> ✓ Waste segregation clearly practiced by students & staff; ✓ Evidence of reuse / recycle where possible (e.g., compost pit, reuse craft); ✓ Campus beautification / clean-up drives done regularly (e.g., once a month); ✓ Clean, litter-free surroundings consistently kept.
Provide inclusive spaces and equipment for physical activities.				<p>0 - No dedicated space or equipment for physical activity.</p> <p>1- Some space exists but is unsafe or not suitable for all; no or very limited equipment.</p> <p>2 - Safe space available and usable by students / staff; some basic equipment provided (balls, skipping ropes, etc.).</p> <p>3 - Multiple spaces used for different activities (field, courtyard, hall, walkway, stairs); equipment covers main needs.</p> <p>4 - Spaces and equipment accessible for all students — boys, girls, monks / nuns, persons with disabilities (where possible).</p> <p>5 - All of score 4 plus:</p> <ul style="list-style-type: none"> ✓ Spaces well maintained and safe; ✓ Posters / messages promoting physical activity benefits displayed in visible areas (playground walls, corridors, halls).

Component	Performance measure	Score obtained	Means of verification	Scoring guide
Identify health needs and plan health services.	The school / monastic institution provides basic health services aligned with national and local health needs. This includes safe storage of basic medicines / supplies, a safe resting space for sick students / staff, annual screenings, clear referral linkages with the nearest health centre, and regular health education on nutrition, hygiene, oral health, substance use, and lifestyle diseases.		<ul style="list-style-type: none"> - Physical inspection & record books - Administrative records (health education session plans, screening reports, referral notes, health records) 	<p>0 - No health services, no health education, no screening or referral system.</p> <p>1- Some basic health talks done, but no designated space, supplies, or screening.</p> <p>2 - Safe space for sick children / adults exists OR some supplies stored safely; basic health talks conducted.</p> <p>3 - Safe, gender-appropriate sick bay / room in place; simple storage for basic medicines; annual screening done for students with records kept.</p> <p>4 - Safe space and storage maintained; screening done annually with referral system to nearest health centre for follow-up; ongoing health education sessions (nutrition, hygiene, oral health, substance use, lifestyle diseases) at least once per term.</p> <p>5 - All of score 4 plus: uninterrupted supplies available through link with health centre; health coordinator actively supports screening, health records, referrals, and health talks throughout the year.</p>
Strengthen partnerships with health services	The school / monastic institution actively partners with the health centres to ensure routine student vaccinations (e.g., HPV, Td), annual health screenings, celebration of global health days, joint health advocacy or awareness activities, and clear referral pathways for students or staff needing extra care beyond basic first aid.		<ul style="list-style-type: none"> - Administrative records and reports (eg. Record of referral follow-up with health centre, awareness & advocacy sessions,etc) 	<p>0 - No link with local health centre; no vaccinations, screenings, or joint health activities.</p> <p>1- Some stand-alone health talk or celebration of a health day, but no routine collaboration with local health centre.</p> <p>2 - At least one joint activity done with the local health centre — e.g., vaccination or annual screening completed.</p> <p>3 - Annual student screening and routine vaccination done with local health centre support; at least one global health day or joint advocacy event celebrated.</p> <p>4 - Screening, vaccination, at least one global health day, plus regular health advocacy or awareness sessions on priority issues (e.g., hygiene, nutrition, mental health, substance use) conducted with local health workers at least once per term.</p> <p>5 - All of Level 4 plus: <ul style="list-style-type: none"> ✓ Clear referral pathways established and used for students / staff needing extra care; ✓ Referral outcomes tracked in coordination with the local health centre. </p>

Component	Performance measure	Score obtained	Means of verification	Scoring guide
Ensure regular and inclusive physical activities for students and staff	The school / monastic institution has a clear plan and routine for regular physical activities for all students and staff. Activities may include sports, dance, yoga, Sorig Zhiney, Luejong, or other age-appropriate traditional or modern exercises. A schedule is followed according to recommended time for age / ability, and clubs or groups motivate participation for different interests and abilities.		<ul style="list-style-type: none"> - Administrative records - Class timetable or weekly plan showing time blocks. - Photos, short news of sports day or cultural dance. 	<p>0 - No structured physical activity; no routine or clubs.</p> <p>1- Physical activity happens sometimes but no clear routine.</p> <p>2 - Some classes / groups have weekly physical activity but not all; no set daily time.</p> <p>3 - Daily or weekly time clearly scheduled for most students / staff; minimum time matches WHO / CSEP / CDC guidance (Students: ~60 mins / day; adults: ~30 mins / 5 days).</p> <p>4 - Activities include a variety (Sorig Zhiney, Luejong, zuma dance, sports, yoga); clubs / groups active; students of all ages and staff encouraged to join.</p> <p>5 - All of score 4 plus: <ul style="list-style-type: none"> ✓ Clubs or activity groups run regularly; ✓ Special support for students with disabilities (tailored activity); ✓ At least one annual event (sports day, mass exercise, cultural show) held to promote well-being. </p>
Deliver essential school-based preventive health services	The school / monastic institution ensures that all eligible students receive key preventive health services in line with the national school health program: weekly iron and folic acid supplements (WIFS), Vitamin A supplementation, deworming, routine vaccinations, and BMI measurement at least once per year.		<ul style="list-style-type: none"> - Administrative records (WIFS register, deworming / Vitamin A logs, vaccination cards, BMI screening,etc) - EMIS 	<p>0 - No preventive health services provided; no WIFS, Vitamin A, deworming, vaccinations, or BMI measurement done.</p> <p>1- Some services delivered but irregularly; records missing or incomplete.</p> <p>2 - WIFS or one other service (e.g., deworming or Vitamin A) delivered regularly but others missing; records partly kept.</p> <p>3 - WIFS, deworming, and Vitamin A supplementation done as per schedule; routine vaccinations provided according to national immunization plan; BMI measured at least once annually; records kept for most students.</p> <p>4 - All key services (WIFS, Vitamin A, deworming, vaccination, BMI) fully delivered on time; records updated for all students.</p> <p>5 - All services fully delivered and recorded; students identified with health concerns (e.g., underweight, overweight, anaemia) receive follow-up and are referred to the nearest health centre if needed; follow-up records maintained.</p>

Component	Performance measure	Score obtained	Means of verification	Scoring guide
Link with local health services for referrals and follow-up.	The school / monastic institution works closely with local health centres to ensure students and staff needing further health care are identified through routine checks or screenings, referred in a timely way, and followed up properly so that no child's health need is left unaddressed.		<ul style="list-style-type: none"> - Administrative records (referral slips, referral register, or logbook) 	<p>0 - No follow-up system; no referrals made to health centres even if problems are found.</p> <p>1 - Some referrals made informally (e.g., verbal advice) but not documented or tracked.</p> <p>2 - Referrals made for some students after screening, but no record kept; no clear link with local health staff.</p> <p>3 - Written referrals made for students / staff needing care; simple record kept (e.g., referral slip or logbook); health centre informed.</p> <p>4 - Referrals documented and tracked: school / MI follows up with parents and local health centre to check if care was received.</p> <p>5 - All of score 4 plus: regular contact with local health staff; referral outcomes reviewed once a year to plan better support (e.g., more awareness if many students need same help).</p>
Build staff capacity for school health programs	The school / monastic institution has staff with basic capacity to implement school health activities. This includes having a trained School Health Coordinator (or Dratshang Health Coordinator), cooks trained in food hygiene and safety, and key staff oriented in basic first aid and health promotion. Refresher sessions help ensure knowledge is applied and maintained.		<ul style="list-style-type: none"> - Administrative records 	<p>0 - No staff trained or oriented on any school health programme aspects.</p> <p>1 - Health Coordinator or cook identified, but no training / orientation yet.</p> <p>2 - Either the Health Coordinator / Dratshang Coordinator or the cook trained, but not both; no other capacity building.</p> <p>3 - Health Coordinator / Dratshang Health Coordinator trained on the National Guideline for HPSM; cook trained in basic food hygiene / safety by health staff; no other training done.</p> <p>4 - In addition to score 3: at least some staff (e.g., 1-2 teachers or ECCD focal) oriented on basic first aid or health promotion by local health staff (e.g., cluster session).</p> <p>5 - All of score 4 plus: refresher orientation repeated within the last 2-3 years; staff apply learning (e.g., display food hygiene instructions in kitchen, maintain clean safe food area, keep basic first aid kit stocked and accessible).</p>

Component	Performance measure	Score obtained	Means of verification	Scoring guide
Promote health awareness and education programs.	<p>The school / monastic institution plans and conducts regular health awareness and education sessions covering key public health priorities (e.g., hygiene, healthy eating, mental health, Comprehensive Sexuality Education [CSE], substance use). Sessions are interactive, involve students / staff / parents where possible, and support daily healthy practices.</p>	<p>- Administrative records</p>	<p>0 - No health awareness sessions conducted; no health day observed. 1- One health awareness session or health day marked in a year. 2 - At least two sessions per year covering any public health priority (e.g., healthy eating, hygiene) OR one session plus one health day observed.</p> <p>3 - At least three sessions per year covering different topics (healthy living, mental health, healthy eating, CSE) AND at least one global health day observed.</p> <p>4 - At least four or more sessions per year, plus at least one global health day or campaign (e.g., World Health Day, Global Handwashing Day) – clear plan shows variety of topics, including CSE.</p> <p>5 - All of score 4 plus: students / staff / parents are actively involved (e.g., students help lead sessions, share messages, or display health promotion posters); short evidence of how sessions are used to change daily practice (e.g., handwashing, healthy tiffin, stress talks).</p>	

NOTE: Firstly the self assessment will be done using the checklist by the schools/MI, and then validated by TWG or by district , designation of HPS, validation by Dzongkhag teams.

80–100: Designated as Health Promoting School and Monastic Institutions

60–79: Emerging Health Promoting School and Monastic Institutions

Below 60: Needs Improvement



நாட்டு
மாநில
மன்றம்

