"SCHOOL HEALTH SERVICE" ASSESSMENT REPORT

ULAANBAATAR
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The assessment is carried out by:
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Foreword

UNICEF and UNFPA Mongolia are honored to present this *Assessment Report on School Health Services (SHS) in Mongolia*. This report is the result of a close collaboration between the Ministry of Health, the Ministry of Education and Science, UNICEF, and UNFPA, reaffirming our shared commitment to ensuring Mongolia's schools provide essential health services that support the well-being of children and adolescents.

Schools hold a pivotal role in fostering the health and development of students. They offer a unique platform for delivering critical health services at scale. While Mongolia has made strides in establishing school health services, challenges remain in ensuring equitable access, high-quality services, and effective coordination between the education and health sectors. Addressing these issues is crucial to creating an environment where students can thrive physically, mentally, and socially.

This assessment report highlights the current status of school health services in Mongolia and offers a strategic roadmap for future improvements. It provides practical recommendations for standardizing policies, enhancing service delivery, strengthening collaboration, and empowering school health professionals. These insights will guide decision-makers, partners, and donors in prioritizing investments that reinforce school health services, ensuring that every student in Mongolia has access to the care and support they need to succeed.

We extend our sincere gratitude to the Ministry of Health, the Ministry of Education and Science, and the dedicated teams at UNICEF, UNFPA, and the assessment team for their commitment to this critical initiative.

Looking ahead, we are committed to working alongside the Government of Mongolia and our partners to turn these recommendations into tangible actions, promoting sustainable health and development for children and adolescents. Together, we can build a future where all students in Mongolia grow, learn, and contribute to society in good health.

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ABBREVIATIONS &ACRONYMS

CO	Country Office
FGD	Focus Group Discussion
KII	Key Informant Interview
IDI	In-Depth Interview
MOH	Ministry of Health
MOES	Ministry of Education and Science
NC	National Consultant
PHS	Public Health Services
SHS	School Health Service
UB	Ulaanbaatar
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UN	United Nations
WHO	World Health Organization

School Health Service in Mongolia

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DEFINITIONS OF KEY TERMS

An informed consent form is the one of processes of ethical consideration regarding research, assessment, evaluation, or intervention for written approval. It contains information on the given research, about the risks, benefits, and alternatives of the given research or intervention.

A school staff is a person formally contracted with the school as a staff.

School health services are services provided by a health worker to students enrolled in primary or secondary education, either within school premises or in a health service situated outside the school as defined by WHO guideline.

Student is a person formally engaged in learning and enrolled in a school

The school doctor is in charge of providing medical first-aid care to students with medical science and experience. School doctors also provide comprehensive public health care not limited to students, but also to staff at the school.

Parents/Guardians is legal guardian of school student

ONE. INTRODUCTION

1.1. BACKGROUND

Schools are essential for young people to acquire knowledge, socioemotional skills that ensure the basis for a healthy future. Safe and supportive school environments have been reflected in better health outcomes. Healthy students are linked to reduced drop-out rates, greater educational performance, productivity, and further better employment in the future.[1]

The World Health Organization (WHO) defines school health services (SHS) as services offered to students in primary or secondary education by a healthcare professional, either on school grounds or at a separate healthcare facility. Countries have various forms of SHS, but many such programs currently are not scientific-based and are not planned and funded well. Also, implementation of those forms of SHS underreach and scope is limited.[1] WHO initiated the Global School Health Initiative that targeted to strengthen approaches to health promotion in schools in 1995. Unfortunately, students experience a range of largely preventable health problems, including injury, violence, sexual, reproductive and mental health issues, and noncommunicable and communicable diseases. Students need positive experiences and support during development stages as they progress from childhood to adulthood. However, the quality of health services and coverage is still limited in the world. Therefore, schools can provide a unique opportunity to implement effective health services at scale for students.[1]

A report by the United Nations Children's Fund (UNICEF) also underscores the health burden and needs of school children and adolescents in Mongolia. The report highlights that there are disparities in access to healthcare services among school children and adolescents in Mongolia, with rural and marginalized populations facing greater challenges in accessing quality healthcare. The report calls for strengthened health systems and increased investments in healthcare infrastructure to better meet the health needs of school children and adolescents in Mongolia.[2] The percentage of stunted and wasted children, aged 6–11 years, in Mongolia is 7.3% and 2.8%, respectively. The prevalence of overweight and obesity in school children aged 6–11 years sharply increased from 2010 levels and reached 22.2% and 6.4%, respectively. Consumption of unhealthy foods and drinks is common in the 6–11-year-olds group, with almost all children (99.2%) consuming any unhealthy foods and drinks at least once per week. In particular, 8 out of 10 children were found consuming sugary drinks and/or deep-fried food. 93.4% of schools have a physical training program embedded in their curriculum, with 98.6% of school children enrolled in the program.[3]

1.2. SCHOOL HEALTH SERVICE DELIVERY IN MONGOLIA

The purpose of general education in Mongolia is to develop the basic knowledge and skills required for independent learning and living and to develop a moral, responsible, and career-oriented citizen for the future. General education consists of 12 years of primary, basic, and secondary education in the country.[4]

Children who reach the age of six in that year will be admitted to the general education school. Therefore, age and grades are classified as follows: 6–10-year-olds, grades 1–5 for elementary school or primary education, 11–14-year-olds, grades 6–9 for middle school or basic education, 15–17-year-olds, grades-10–12 for high school or full secondary education. [4]

In terms of local conditions, some *soums* only have schools that provide basic education up to 9th grade. Thus, students typically transfer to the next level of school located in the middle of several *soums* or at the center of provinces for full secondary education.

In secondary schools, a range of professionals including principals, school managers, school doctors, social workers, teachers, psychologists, librarians, and other staff, as described by relevant laws, are employed.

In terms of job descriptions:

- a social worker in a secondary school will provide professional social work services to students, their parents, guardians, and supporters in the school environment to protect children's rights, support development, provide career guidance, and prevent and protect risks and harmful habits.
- a psychologist of the secondary school will help to solve the psychological problems of the students and provide one-on-one psychological assistance and services
- a school dietician will provide professional advice to students, staff, parents, and management of school food production and services.
- A school doctor will provide the primary health care, assistance public health services for the students. [4,5]

Per Health Ministerial Order A399 issued in 2017 regarding healthcare services and interventions for adolescents and youth, healthcare clinics are required to serve school students nationwide. According to WHO, this falls under the SHS framework, which can be implemented either on school premises by a healthcare professional or off-site at a healthcare facility with a formal arrangement to offer services to the students. However, the situation at hospitals may differ due to staffing shortages and other factors in the country.

Significant milestones have been achieved in both healthcare and education in Mongolia, however, a unified and detailed school health services

underpinned by sustainable policy has yet to be established. [6,7] The legislative environment needs to be enforced and strengthened for SHS. It is noteworthy that recent changes in the education law, approved in June 2023, mark a step towards a stronger school-based health monitoring surveillance system. Additionally, an ongoing initiative by policymakers to ensure that all general education schools have medical doctors has commenced. [4,5]However, the role of school doctors has mainly been limited to overseeing the oral health and individual hygiene of students, despite their job description having a broader scope of work. Furthermore, current health services at schools might vary depending on the geographical location and ownership of the schools in the country.

There is limited study and research regarding the current situation of health services provided at schools in the country, especially, concerning service providers' challenges and gaps, and service beneficiaries' priorities and needs, which have not been studied together. Therefore, existing SHS for students should be examined as a baseline for future policy planning.

1.3. OVERALL OBJECTIVES OF ASSESSMENT

The overall objective of the assessment is to explore areas for strengthening the School Health services in Mongolia.

1. **SPECIFIC OBJECTIVE:** To review the school health concept in the context of laws, policies, strategies, and programs of the Ministry of Health and Ministry of Education.
2. **SPECIFIC OBJECTIVE:** To seek the opinion of policymakers, doctors at healthcare cabinet of the hospital, school staff on the current health service delivery mechanism through schools, the strengths, gaps, and recommendations for improvement.
3. **SPECIFIC OBJECTIVE:** To assess the actual health care service delivery in selected schools, including the infrastructure, services provided, surveillance and monitoring, referrals, and recording and reporting mechanism.
4. **SPECIFIC OBJECTIVE:** To explore the opinion of students and parents on the school health program and their priorities to be included.

TWO. METHODOLOGY

2.1. SCOPE OF WORK

1) Critically examine existing laws, policies, strategies, programs, and guidelines relevant to

   school health service, paying particular attention to the recent legislative updates.

2) Interview with policymakers, doctors at healthcare cabinet of the hospital, school staff,

   students, and parents.

3) Assess the present school health infrastructure to understand how it serves the health needs

   of students and aligns with new legal requirements.

4) Visit schools to conduct a thorough assessment of the health services, facilities, and

   resources available.

5) Synthesize the insights from the desk review, field assessments, and stakeholder

   consultations to compile a detailed assessment of the current school health services.

6) Present the findings from the comprehensive assessment to the relevant stakeholders to inform the discussion on the current state of school health services and the necessary steps forward.

7) Based on the findings and discussions, contribute to the formulation of an action plan for the improvement of school health services, which will be aligned with the strategic objectives of the government and international standards.

2.2 ASSESSMENT SITES & SAMPLING

As of 2022, a total of 859 schools with 746,405 students operate and in terms of ownership 695 are state-owned and 176 are private-owned schools according to the National Statistics Office.

In terms of geographical location, a total of 381,612 students are studying in 562 rural schools. A total of 364,793 students are studying in 297 general education schools in UB according to the National Statistics Office in 2022.[8]

Table 1: Number of schools & students in Mongolia by location

Provinces/ Districts	Population	Den-sity	Areas	Administra-tive units (soums / khoroo)	Total num-ber of schools	Total number of stu-dents
Arkhangai	93149	1.7	55,300	19	30	19461
Bayan-Ulgii	114962	2.2	45,700	13	44	25918
Bayan-khongor	88397	0.7	116,000	20	33	18695
Bulgan	61161	1.2	48,700	16	22	11401
Govi-Altai	57098	0.4	141,400	18	28	11837
Govisumber	18007	3	5,540	3	5	4267
Darkhan-Uul	107932	30.6	3,280	4	25	24500
Dornogovi	71129	0.6	109,500	14	22	15321
Dornod	83704	0.6	123,600	14	27	18956
Dundgovi	46387	0.6	74,700	15	19	8733
Zavkhan	71798	0.8	82,500	24	30	15778
Orkhon	109125	119.9	840	2	24	24644
Uvurkhangai	114962	1.8	62,900	19	32	24439
Umnugovi	72937	0.4	165,400	15	22	15659
Sukhbaatar	65214	0.7	82,300	13	16	13783
Selenge	107341	2.6	41,200	17	35	21953
Tuv	92038	1.2	74,000	27	32	18590
Uvs	83964	1.2	69,585	19	29	19335
Khovd	91071	1.1	76,060	17	25	20966
Khuvsgul	136633	1.3	100,628	24	35	30424
Khentii	78959	0.9	80,325	17	27	16952
Baganuur	29433	0.5	62020	5	4	6882
Bagakhangai	4459	0.3	14000	2	1	784
Bayangol	236385	0.4	659,600	23	50	59213
Bayanzurkh	383892	3.1	124,410	43	65	92392
Nalaikh	38929	0.6	68760	7	8	8935
Songinokhairkhan	341540	2.8	120,060	32	35	64851
Sukhbaatar	144542	6.9	20840	20	52	46410
Khan-Uul	209524	4.3	48470	25	53	54432
Chingeltei	150548	16.9	8930	24	29	30894
Total					**859**	**746 405**

Source: National Statistics Office, 2022

According to the Terms of Reference (ToR) provided by UNFPA CO, purposive sampling was defined for the selection of assessment sites. The field assessment was conducted at three schools in Ulaanbaatar City and selected two provinces and one *soum* (sub-province) to represent rural areas. Following consultation with the UNFPA CO team, the main criteria (outlined in Box 1 below) for selection were finalized, and Uvurkhangai and Govi-Altai provinces, along with Bayanzurkh district in the capital city of Ulaanbaatar, were chosen as an assessment site accordingly.

Box 1. The main criteria for selection of the assessment sites (provinces and UB districts)

Population density and composition;

Geographic and regional representation;

Remoteness from the UB;

Ownership representation of school

Proportion or concentration of students

Figure 1. Geographical location of selected provinces

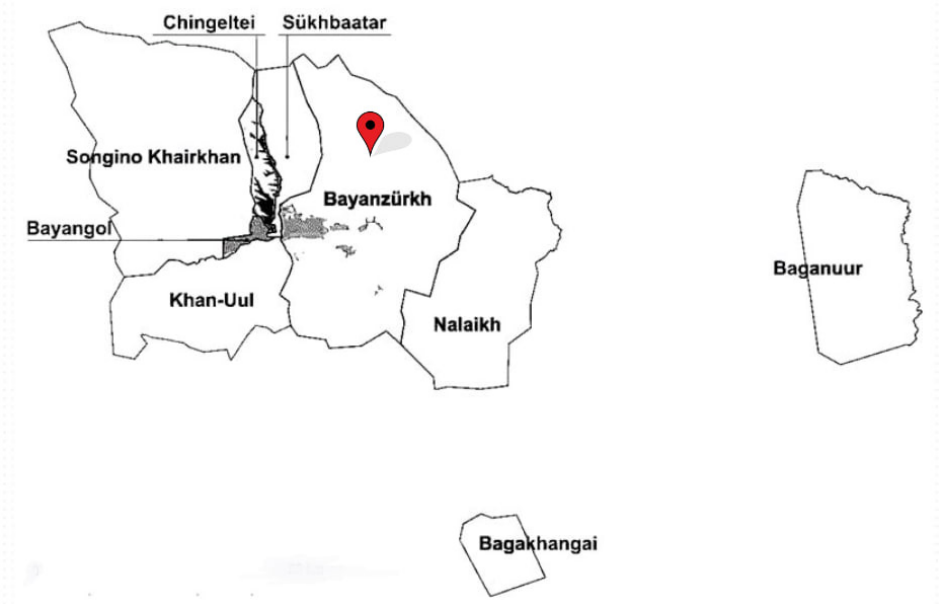


Figure 2. Geographical location of selected district

The overview of selected assessment sites is shown below in Table 2 for detailed information. The main factors, characteristics, and geographical location of rural sites were calculated from UB city.

Table 2. Overview of assessment sites

Selected sites and school		**Main factors & characteristics**	**Location from UB**
District	Bayanzurkh, 79th school	State-owned school representative from Ger areas	-
	Bayanzurkh, 21th school	State-owned school representative from Apartment areas High concentration of students	-
	Bayanzurkh, Erkhet-Erdem School	Privately-owned school representative	-
Province	Uvurkhangai	Remoteness Existence of school dormitories	430 km
	Govi-Altai	Remoteness Existence of school dormitories	1636 km
	Soum school	Remoteness Representative of *soum* schools	

The field data collection was carried out by the NC over a span of three weeks

in February and March 2024. Total number of respondents was 29. The assessment covered 3 face-to-face Key Informant Interviews (KIIs); 17 In-Depth Interviews (IDIs) with school staff and parents, and 9 students participated in 3 Focus Group Discussions (FGDs). (*Please see Table 3 for details*)

Table 3: Overview of participants by assessment sites

Sites	**Policy-maker /Official**	**Doctor at adolescent cabinet**	**School managers/ teacher**	**School doctors**	**School psychiatrists**	**Students**	**Parents**	**Total**
Ulaanbaatar (MOES &MOH)	KII 3							**KII 3**
District 1				1		FGD-3		**4**
District 2		1		1				**2**
District 3			1	1			1	**3**
Uvurkhangai			1	1	1	FGD-3		**6**
Govi-Altai			2	1			1	**4**
Soum 1			1	1	1	FGD-3	1	**7**
Total	**3**	**1**	**5**	**6**	**2**	**9**	**3**	**29**

2.3 METHODS, MATRIX AND ANALYSIS

METHODS. The qualitative research methods were used for data collection:

1) Desk review of existing laws, policies, strategies, programs, and guidelines relevant to school health service;

2) KII with government policymakers and IDI with, the doctor at Youth cabinet, and school staff (managers, teachers, school doctors, school psychiatrists) as representatives of service providers;

3) FGD with students as representatives of service beneficiaries;

4) Observation using a checklist in selected schools

1. Desk review

A desk review aims to address Specific Objective 1 and can also be related to Specific Objective 3. The desk review covered the following specific tasks:

- Examine an international document, including WHO and UNESCO strategic guidelines for SHS, as benchmarks;
- Examine national laws, policies, standards, programs and guidelines

to identify legislative changes, policy content, and gaps. This was accomplished through internet searches on official websites, namely Ministries' websites and legalinfo.mn, using keywords related to school, school doctor, health, and health services.

- Utilization of the UNFPA CO team and KII from ministries or agencies as important sources to access relevant grey literature and documents;
- Development of a desk review template (**Appendix-1. Desk review template**) for the synthesis of key findings. This template was used after revision and approval by the UNFPA CO team. The template consists of 4 main sections with 20 potential components.

2. Key informant interviews and in-depth-interviews

The key informant interview and in-depth interviews aim to address Specific Objectives 2 and 4 of the assessment, and all interviews were conducted face-to-face with participants.

- **Appendix 2. The KII guide** for policymakers was designed by the NC under the guidance of the assessment scope provided by UNFPA CO. Its purpose is to identify perceived needs and gaps in existing legal and policy regulations of SHS and to gather policymakers' views. The selection criteria for the recruiting participants were individuals directly engaged in SHS delivery from ministries or relevant agencies.
- **Appendix 3. The IDI for school staff** was designed by the NC with the assessment scope provided by UNFPA CO. Its objective is to gather opinions and comments on SHS mechanisms and delivery. The recruitment of school staff was conducted randomly.
- **Appendix 5. The IDI for parents/guardians** Appendix 5. IDI for parents/guardians aims to assess the basic awareness of parents about the SHS, and their opinions, perceived needs, and gaps in SHS. Participants for IDI were recruited randomly based on the inclusion criteria (Box 2.) and their availability.
- **Appendix 7. The IDI for doctor at the Adolescent Cabinet** is intended to gather opinions on health service delivery as part of SHS.

Box 2. Inclusion criteria for participants

Agreed and obtained consent to participate
Guardian's approval for informed consent if participant is under 18 years old
Enrolled as a student/employee at the selected school for at least a year
No gaps in school curriculum and services exceeding one month

3. Focus group discussion (FGD)

The Focus Group Discussion served as a means to gather qualitative data from students about their experiences with SHS, as well as perceived future needs and desires, in order to tailor SHS to their concerns and specif-

ic needs, as outlined in Specific Objective 4.

Appendix 6. The FGD guide was used as a tool for a total of 3 eligible students who participated from each selected school. The criteria for the selection of participants (shown in Box 2) and the basic requirements for the assessment room and equipment are determined (in Box 3).

Box 3. Environment & equipment requirements for the assessment

A separate room for interviews and discussion
Audio recorder
Paper and pens
A bottle of water
A timer

4. Observations

Specific objective 3 was accomplished through the observation process, during which the school's infrastructure and resources facilitating service delivery were identified. Additionally, the availability and utilization of essential medical equipment, commodities, private consultation spaces, information, education and communication (IEC) materials, as well as other resources for interventions and services were assessed. Furthermore, student cards, training schedules, annual plans for medical check-ups, and relevant policy documents were reviewed.

Appendix 4. The Observation checklist consists of 5 sections, totaling 44 questions designed to observe and assess actual SHS at the school. The development of the checklist was guided by the ToR and based on the relevant laws, regulations, and the job description of the School doctor.

The development of data collection tools was guided by the scope of work and objectives defined in the Terms of Reference. Further, laws and ordinances relevant to the SHS in the country were a crucial reflection of the development of tools.

ASSESSMENT MATRIX. The matrix is designed to provide comprehensive guidance for data collection and analysis in the **Appendix 9.** The assessment questions are tailored to the specific objectives of the assessment. Each of the data collection tools is attached separately as **Appendices 1–9**.

DATA ANALYSIS. Qualitative data analysis applied 4 different methods shown below in Table 4.

Table 4. Data analysis

Desk review	The descriptive method was used for data analysis. The relevant key policy documents were summarized in the policy review template, focusing on key questions related to SHS.
KII and IDI	Thematic analysis was used to code the data on an Excel template. The NC coded and entered the data into an Excel template. The interview data was categorized into several descriptive codes to label data. Following data compilation, names and any identifying information associated with participant details were anonymized.
FGD	
Observation	The descriptive method was used for data analysis. The checklist was summarized into main 5 sections.

2.4. LIMITATIONS OF THE ASSESSMENT

- Not for generalization: When conducting in-depth interviews, it is not advisable to generalize the results due to the selection of small samples. However, in-depth interviews offer valuable insights, particularly for understanding the main situation.
- The assessment encompassed health services provided at schools and the needs and priorities of students and parents. It is important to note that some responses may not fully reflect actual practices or services due to the small sample size and limited time available for data collection.
- Although understanding the budget allocated for SHS activities is crucial for the development of a national plan, it was not feasible to investigate and obtain information on budget and spending in the current assessment.

2.5 DATA VALIDATION AND MANAGEMENT

To ensure the quality and validation of data, a set of steps were carried out by NC.

- **The assessment tools:** were developed through a rigorous process by NC and questionnaires were thoroughly reviewed by the UNFPA CO team. All tools were finalized once it approved by the UNFPA CO team.
- **The assessment matrix:** which is based on the specific objectives provides an overview of the assessment and was used as the main methodology document.
- **Pre-testing:** The pre-testing of assessment tools was done before the field assessment by NC with or a representative of officials in UB. Draft tools were finalized according to feedback from respondents. Then, the tools were utilized for data collection in all sites.

- **Cross-checking:** During the field assessment, the IDI was audio-recorded according to the informed consent form. The accuracy of the transcripts and answers was cross-checked against the audio recordings by the NC.
- **Observation at field:** According to ToR, entire assessment process was guided by a Program Analyst for Adolescent and Youth, UNFPA CO who also participated in the data collection process during field assessment at selected schools.

2.6 ETHICAL CONSIDERATION

The whole process of the assessment was guided by the Ethical Guidelines for Evaluators in the UN system and the United Nations Evaluation Group (UNEG)'s norms and standards.[9]

Written informed consent was obtained from all participants of the assessment (**Appendix 8. Interview consent form**). Interviews were recorded and consent was given on audio recording.

Anonymity was maintained in all interviews and the confidentiality of audio records and transcripts was assured through numerical coding.

THREE. MAIN FINDINGS

The list of documents reviewed:

The legal acts and policy documents counted as more than 30 were studied in the assessment.

- Law on Preschool and General Education [5]
- General Education Law [4]
- The Law on Child Protection [10]
- Immunization Act [11]
- Law on Public Health [12]
- Law on Health Insurance [13]
- Law on Rights of Persons with Disabilities [14]
- Law on Health [12,15]
- Law on Hygiene [16]
- Law on Children's Rights[17]
- Vision 2050 [6]
- Government Resolution No. 115, 241 and 478 of 2023, [18–20]
- Government Resolution No. 489 of 2022, [21]
- Communicable Disease Action Plan by the Ministry of Health,[22]
- "Medium-term plan for the development of the education sector 2021-2030"[7]
- Joint order of the Minister of Labor and Social Security, the Minister of Education and Science, and the Minister of Health No. A/220, A/475, A/812 [23]
- Order No. A/494, A/761 of 2018 of the Minister of Health and the Minister of Education, Culture, Science and Sports "On approval of the model and list, "Exemplary model of the job description of general education school doctor, the model job description of a psychologist in a secondary school, the list of medicines and tools required to be in the health cabinet of secondary schools and kindergartens", [24]
- Order A/024/11 of 2018 of the Minister of Education, Culture, Science, Sports, and the Minister of Finance on the approval of standard staffing standards, [25]
- Order No. A/609 of 2022 of the Minister of Health, On the approval of the strategic plan of the health sector for 2022–2025, [26]
- A379 of the Ministry of Health, 2023 "Regulations for the organization

of early detection examinations, tests, and diagnostics for the prevention of infectious and non-infectious diseases that occur appropriately based on the health risk of the population", [27]

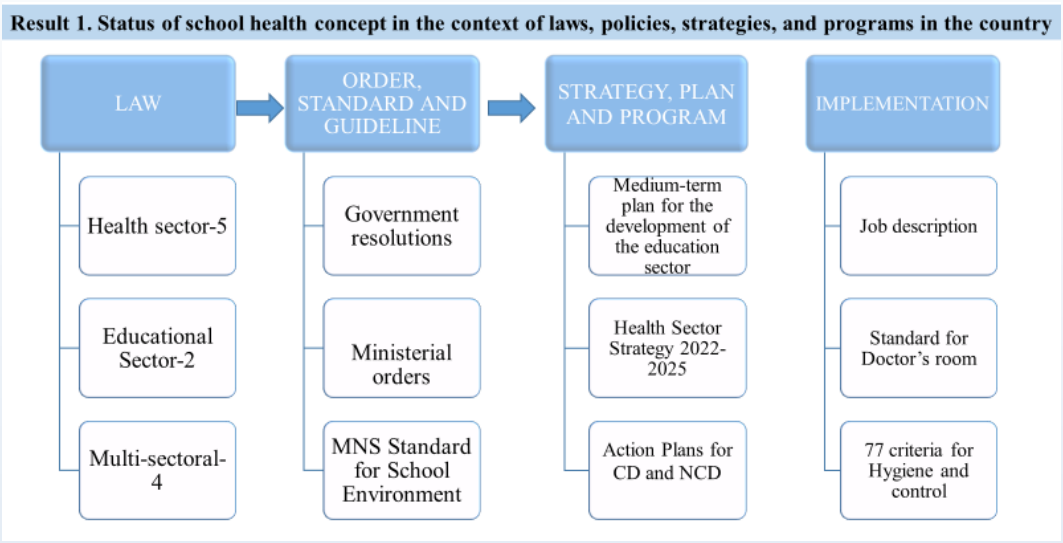
- Order No. A/216 of 2012 of the Minister of Health, [28]
- Order of the Minister of Health A/373 of 2022,[29]
- Order No. A/527 of 2018 of the Minister of Health, [30]
- General requirements MNS 6782: 2019 for the safety of the general education school environment [31]

3.1 THE REFLECTED STATE OF HEALTH SERVICES OF SCHOOLS WITHIN THE LEGAL FRAMEWORK AND DOCUMENTATION

I. CONCEPTS AND COMPONENTS OF SCHOOL HEALTH

- The term "school health services" (SHS) is currently not used or not defined in any of the assessed documents. Instead "School physician" is categorized under the name of "other educational staff" in the order on the approval of the joint norms and standards of the two ministries.
- SHS involves various professionals including school physicians, school psychologists, dietitians, health education teachers and service personnel, and in some cases, social workers, directors and treasurers contributing indirectly.

Figure 3. Legal framework on SHS in the country



I. LEGAL FRAMEWORK AND REFORMS ABOUT THE HEALTH OF THE SCHOOL

Table 5. Features of legislation

Key questions for legal context	Status of the current SHS	Possible impacts
1. How is the concept of SHS defined and integrated within national legislation?	The term "school health services" (SHS) is currently not used or not defined in any of the assessed documents. However, there are 11 laws and more than 10 ministerial orders, standards, and plans related to the SHS concept.	Notable absence of a cohesive school health policy that effectively bridges the education and healthcare sectors This lack of definition can lead to inconsistencies and integration of health services in schools.
2. What are the main components/contents of SHS?	SHS involves various professionals including school physicians, school psychologists, dietitians, health education teachers, and service personnel, and in some cases, social workers, directors, and treasurers contributing indirectly. • Health Education and Promotion • Health Screening • Disease Prevention • Counseling and Mental Health Services • First Aid and Referral Services Environmental Health	Gaps in the role and responsibility of various professionals involved in SHS Disease Prevention and Control implementation mainly for lunch program and sanitation Limited collaboration with Families and Community

3. What are the recent legislative updates relevant to SHS, and how do they influence current practices in the country?	• The Mongolian Standard for General Education School Environment Safety General Requirements 2019 (MNS 6782:2019), represents **a significant advancement from previous guidelines, introducing critical improvements such as a dedicated doctor's office and enhanced health monitoring tools.** • The Law on Preschool and General Education enforces **a significant mandate that all staff members,** regardless of their positions are responsible for minimizing risks to students, ensuring their health and safety, and supporting the oversight **roles** of school administrators and other personnel. **28.10. Creation of an electronic register database for health control and surveillance of students** in general education schools, and the activities of including students in preventive, early detection examinations, tests, and diagnoses prescribed by relevant laws at a certain age, according to the procedures approved by the authorized person will be organized in the territory; • General Education Law 14.3: General education schools must have principals, training managers, social workers, teachers, **psychologists, doctors**, librarians, and other staff • Law on Public Health Care and Services 11.10. Public health professionals can work in private health organizations, enterprises, institutions, and **educational institutions** as per the law.	Although these legislative updates show promise, further implementation for impact on current school health practices is needed. The absence of procedures for surveillance, reporting, and referrals is common. The necessity of parental consent for psychological counseling presents a significant challenge. Ministry of Education, Culture, Sports, Science Order No. A/024/11 of 2018, particularly regarding **staffing standards, leading to dismissals and the shortage of doctors** in specific schools.

4. What legal regulations, standards, and guidelines are currently shaping SHS?	**Laws (11)** **Government Resolutions** No. 489 of 2022, 115, 241 and 478 of 2023 **Ministerial orders (9)** 1. Joint order of the Minister of Labor and Social Security, the Minister of Education and Science, and the Minister of Health No. A/220, A/475, A/812, 2. Order No. A/494, A/761 of 2018 of the Minister of Health and the Minister of Education, Culture, Science and Sports 3. Order A/024/11 of 2018 of the Minister of Education, Culture, Science, Sports, and the Minister of Finance on the approval of standard staffing standards, 4. Order No. A/609 of 2022 of the Minister of Health 5. Communicable Disease Action Plan of the Ministry of Health, 6. A379 of the Ministry of Health, 2023 7. Order No. A/216 of 2012 of the Minister of Health, 8. Order of the Minister of Health A/373 of 2022, 9. Order No. A/527 of 2018 of the Minister of Health • **National Standards, and Plans**	No guidelines and regulations following the updated laws Some guidelines and regulations are inflexible for the school conditions Financial mechanism is unclear and unregulated
5. How are SHS aspects and priorities reflected in the current health and education sector policies, plans, and strategies?	• **Equal participation** in General Education Schools for all students, including those with disabilities. • **Hygiene control** conditions of schools 77 criteria across six groups in line with \Health Law • **Health Curriculum** • **Health Screening** • **Counselling** • **Nutrition** • **Adolescent health referral**	No policy for school health HR retention Physical resources Diseases Control

6. Have legislation and standards included fundamental resources for SHS?	• Law on Health Insurance, children aged 0 to 18 years are included in the population group covered **by health insurance**, encompassing all school-aged children. • **Human resources** (physicians, psychologists etc.) • **Physician room and equipment**	No particular funding for SHS maintenance
7. What are roles and responsibilities are assigned to schools and other parties in the provision of SHS?	• **Electronic monitoring and surveillance** • The Law on Children's Rights outlines the **duties of parents and guardians** to prevent and protect children from risk conditions that might adversely affect their development and health • **Local government**	No accountability for unmet standards in school Limited knowledge and collaboration for SHS

Human resources:

- According to the 2012 order of the Ministry of Health, "**the guidelines for measures to prevent acute infectious diseases in schools and children's institutions**" stated that a professional physician should be employed in schools. The Law on Preschool and General Education also mandates the presence of physician in schools. However, the 2018 joint the Order A/024/11 of the Minister of Education, Culture, Sports and Science, and the Minister of Finance sets specific thresholds: schools with fewer than 481 students do not required a physician; schools with 481 to 1501 students should employ one physician; schools with more than 1502 students will also employee one physician. The emphasis is on staffing schools with physicians in a budget-conscious manner. However, this approach did not adequately meet the health needs of students in schools with fewer than 481 students without a physician.
- Priority areas approved by the Resolution No. 115 of Government of 2023 "**On Approval of Priority and Demanded Professional Areas for Development**" do not include school physicians among the nine listed specialties such as mathematics, information science, chemistry, physics, geography, music, etc. [20]
- However, the 2024 Law on Public Health Care Services states that "**public health professionals may be employed in educational institutions**", which

can be a stimulus for the implementation and expansion of school health services.[12]

Roles and Responsibilities: In joint-order A/494 and A/761 of the Minister of Education, Culture and Science (MoECS) and the Minister of Health (MOH), the roles and responsibilities of school health professionals, such as school physicians and psychologists, are clearly delineated. These orders define an "Exemplary model of the job description of a general education school physician and an exemplary model of the job description of a general education school psychologist. The defined activities are categorized under two main functions encompassing 21 distinct types. These functions broadly fall into groups like preventive examination, primary medical care, immunization, information training and promotion, hygiene and disinfection control, and activities supporting the health of teachers and employees.[24]

Financial Aspects and Resources: The salary of the school physician is specified in accordance with government's decrees. As per Annexes 6, 7, and 10 of Order No. 241 (revised in 2023), titled "On Resetting the Salary and Minimum Salaries of Some Public Service Positions" the specific salaries are set at 1,273,000 for TUEM-5, 1,404,000 for TUBD-5, and 912,000 for TU-5. [24]. According to Government Resolution No. 489 of 2022, the "**Procedures for the payment of bonuses for local service employees of the state administration and services**" effective from January 1, 2023. This resolution specifies an increase of 8–15% in the basic salary for teachers in the General Education Schools, including physical education teachers. However, it does **not include school physicians** and other health professionals like psychologists and dieticians. Nevertheless, such professionals working in a provincial or soum **health institution** may be eligible for additional compensation as physicians. [31]

School environment and physical resources: The joint-order A/494 and A/761 of the MoECS and the MOH, endorse "The model and list" and a "List of drugs and tools needed in the health cabinet of general education schools and kindergartens" ensuring essential resources are available in the school setting.[24]

The 2019 Mongolian Standard for General Requirements for the Safety of the General Education School Environment (MNS 6782:2019) Section 6.15 includes comprehensive standards for the physician's room. This standard mandates not only a physician's examination room, an isolation room, a washroom, and a toilet but also integrates progressive elements like student health card, card filing cabinet, and a public health training and promotion package [31] enriching the healthcare infrastructure in schools.

Financing and insurance: Under article 6 of the Law on Health Insurance, children aged 0 to 18 years are included in the population group covered by health insurance, encompassing all school-aged children. Furthermore, the financing of infrastructure and operational costs associated with health promotion is a collaborative effort, supported by several sectors including education, health, construction, road, public transport, information and communication. This,

multi-sectoral financing approach is mandated by both the General Law on Education and the Law on the Rights of Persons with Disabilities each provide. [13,14]These laws stipulate that central government institutions responsible for social security should jointly fund these health-promotion related expenses.

III. SCHOOL HEALTH PLANNING AND IMPLEMENTATION

Provision: The joint-order A/494 and A/761 of the Minister of Education, Culture and Science and the Minister Health establishes "the exemplary model of job descriptions for physicians and psychologists in general education schools" and secondary schools with physicians adhere to this description. The Law on Public Health (Section 15.1) and the Law on Public Health Care and Services (Sections 10.1.2 – 10.1.5) emphasize the significant role of provincial, soum, and district governor in this context. Moreover, Article 28.10 of the Law on Preschool and General Education of 2023 mandates the creation of an electronic database for health monitoring and surveillance in secondary schools. This includes student involvement in early detection examination, analysis and diagnosis at a certain age, following procedures approved by authorized personnel. [5,12,16]

Also, health- related provisions are integrated into the Child Protection Law, which ensures the provision of health care services to students irrespective of nationality. National plans and regulations for both infectious and non-infectious diseases incorporate children's health examinations, diagnosis, and (according to age), and vaccinations. However, these provisions are generally not specific to the school environment, which is categorized separately as a health institution. [10]

To ensure health standards are met, both planned and unplanned inspections are carried out in schools, particularly those identified as at risk. [16]. These inspections follow a "**checklist for the hygiene and infection control conditions of general education schools**" evaluating by 77 criteria across six groups in line with section 25.1 of the Health Law. Standards for, hygiene and safety an in the educational environment, such as MNS 6799:2019 and MNS 6782:2019, are integral to maintaining child health and preventive measures. Additionally, the Ministry of Health Order No. A/340 of 2014 and its Appendix 2 provide 12 health examination indicators of related to professions, alongside 13 indicators to check the implementation of the orders of the Ministry of Health, A/259 of 2022.[32,33] Schools that fail to comply are assigned specific tasks and deadlines to rectify these violations and meet the requirements.

Service readiness: The educational laws go beyond just specifying the school environment, they also address service readiness accessibility in schools. According to the joint-order No. A/494, A/761 of 2018 of the MoECS, and MOH, the availability of services provided by school physicians and psychologists is legally mandates through the adoption of standardized job description for those roles. These models clarify the scope and nature of the healthcare services that should be available in general education schools. Article 39 of

the Law on Health further outlines that, health care and services for disabled children should be accessible at the nearest health center, whether it be at the household, soum, or village. Importantly, the job description for school physicians includes provisions for organizing movement and rehabilitation treatment and assistance. This care is tailored to the age, physical and psychological characteristics of student with disabilities and requires collaboration with relevant health professionals, organizations, physicians and specialists. Such inclusivity in the legal framework promotes accessibility and supports **equal participation in General Education Schools for all students, including those with disabilities.** This provision ensures that the educational system accommodates a diverse student population, catering to their varied health and wellness needs.

Quality of services: Article 30.1 of the General Law on Education assigns responsible for the quality and results of school services to the governors of provinces and capitals. However, it does not specifically address health issues and services. [4]Additionally, the quality of health services within the school environment is not explicitly mentioned in the health laws, regulations, and documents reviewed for this assessment.

The existing job descriptions for school physicians, while comprehensive, do not currently include specific provisions related to the quality and safety of the health services provided.

Health promotion: Under Article 15 of the Law on Hygiene, the General Education schools have a clear mandate to conduct hygiene training. This responsibility is complemented by order No. A/467 of 2018 of the Ministry of Education and Culture, which facilitates the implementation of health education, health promotion and promotion activities within schools. These initiatives are part of the "Health" curriculum, which spans from grades IY-XII, [34] ensuring a comprehensive approach to health education across various student age groups. The Ministry of Health's Strategic Plan (A/609) emphasizes the development and dissemination of educational content for health education teachers in all levels of educational institutions. This plan includes targeted objectives such as reduction of diseases and injuries caused by accidents among young people aged 0–19 years. It signifies a coordinated effort, integrating the health sector's expertise and resources with the educational system's outreach and infrastructure. The recently approved on public health care and services, effective from January 2024, incorporates specific provisions aimed at bolstering health promotion activities. These provisions (3) under purview of the governors of the province, soum, capital and district [12] underscore the government's commitment to enhancing public health measures and education at the local level

Surveillance: Article 28 of the Law on Preschool and General Education notable assigns Local Governments with the duties and responsibilities related to health monitoring, examination, and diagnosis of students in General Education Schools. in a wide scope. This provision highlights a broad and comprehensive

approach to student health surveillance within the educational system.

Additionally, the Ministry of Health has implemented specific Orders to enhance health surveillance in schools. Order A/373 of 2022 and the Ministry of Health's Order A/527 of 2018 introduce the use of epidemiological research sheets. These sheets are designed to assist in the monitoring and surveillance processes within schools, including keeping track of attendance records.[29,30] This approach aids in identifying and responding to potential health issues, both infectious and non-infectious, among the student population. **Article 17 of the Law on Preschool and General Education** emphasizes the collective responsibility of all staff, regardless of their position, in preventing students from being exposed to risks. This includes managerial and other employee roles, underscoring the importance of monitoring and ensuring student health and safety as a shared obligation. [5]

Multisectoral cooperation: The Law **on the Rights of Persons with Disabilities** (Article 42) mandates the implementation and monitoring of multi-faceted measures within the scope of the Governor's responsibilities. Moreover, **the revised Law on Preschool and General Education** specifically includes roles and participation of local self-governing organizations and administrative organizations in school operations, highlighting the enhanced role of local management in educational settings.

Article 15, Sections 15.1.5 and 15.1.6 of the **Child Protection Law** covers advising parents, family members, peers, school and community, organizing regular meetings and interviews and evaluating the outcomes. The Law also includes the right to a safe school environment in the work of the Legal Committee for the Rights of the Child and the joint child protection team, which encompasses aspects such as counseling, and support for overcoming toxic habits, as well as educational and vocational training.[10] Article 42.1.2 of the **Law on the Rights of Persons with Disabilities** provides that infrastructure, public buildings, publications, and media should be accessible to persons with disabilities. It requires the development, organization, and monitoring of step-by-step plans and programs to support education, health, physical activity, sports, and employment of people with disabilities. While this article does not specifically mention the school environment, it implicates it in the context of public buildings, structures, and infrastructure.

Parental involvement: The **General Law on Education (Article 10.1.10)** mandates that medical examinations, tests, psychological counseling and tests should not be conducted the consent of parents, guardians, supporters and students themselves. Additionally, section 40.2.7 underscores the responsibility of parents and guardians to consistently attend to the child's development, maturity, health, and safety and educational needs, including providing learning materials, textbooks, and uniforms. [4]However, Article 10, also specifies that **psychological counseling and support cannot proceed without the consent of the parents which** could potentially lead to a refusal of assistance and subsequently limit access to assistance. Article 10.1.3 of **the Law on Children's**

Rights outlines the duties of parents and guardians to prevent and protect children from risk conditions that might adversely affect their development and health.[17] However, the legal documents reviewed in this assessment suggest that the roles and participation of parents and guardians are too broadly and superficially defined, merely in terms of granting permission. This limited scope could inadvertently lead to neglecting the child's health and may result in negative consequences such as a lack of interest, activity, and initiative in health measures, programs, and services within the school environment.

This table summarizes the results of the gap in the country by the 6 key pillars of Health Promoting Schools outlined by WHO.[1]

Table 6. Comparison of findings with WHO and gaps

WHO Guideline	Mongolia	Gaps
Healthy school policies (e.g. Leadership, institutional capacity)	Partial relevant legislation framework	No specific policy and guideline for SHS
Physical environment (e.g. Safe playgrounds, Safe clean gender-separate latrines)	Schools vary depending on geographical locations and ownership and # of students	Weak implementation standard for environment The standards related to school health services can be more dynamic and responsive to actual and specific conditions of schools.
Social environment (e.g. Equity)	The legislation framework covered the social environment issues partially	No particular guideline and funding
Health skills and education/curriculum	Health curriculum is intended for 6-12 graders	Skills and behavior change is limited; comprehensive and innovative approach is needed
Links with parents and community (e.g. Community involvement mechanisms)	Law and provisions are generally not specific to the school environment	Parental health education and engagement is not structured
Access to SHS (e.g. Linkage to family health center)	Mostly refer to FHC and Hospitals	No system for monitoring and reporting

Source: WHO guideline 2021

3.2 CURRENT MECHANISMS OF SCHOOL-BASED HEALTH SERVICES, AND THE POSITION OF POLICY MAKERS AND SERVICE PROVIDERS

Profile of schools:

A total of 6 schools of general education, encompassing various types such as public, private, those situated in Ulaanbaatar ger and apartment areas, as well as provincial and soum schools, were included. The general information for each school is as follows:

1. Arvaikheer school No.1, located in Uvurkhangai province, has a total student population of 2935,
2. School No. 2 of Govi-Altai province, has a total student population of 840,
3. Delger Soum School inGovi-Altai province, has a total student population of 378,
4. School No. 21 of Bayanzurkh district, has a total student population of4304,
5. School No. 79 of Bayanzurkh district, has a total student population of 2703,
6. Erhet Erdem Private School of Bayangol district, has a total student population of 645

Picture 1. Schools selected for the assessment

The assessment involved familiarizing with the physician's office and daily activities at selected schools. It was conducted through observation, including interactions with 3 with representatives of the Ministry of Education and Science, and the Ministry of Health, 14 school physicians and staff, 3 parents and guardians, as well as 9 students from grades 6 to 12, to gather diverse perspectives.

I. GUIDING POLICY AND CURRENT STRATEGIES

Currently, **there isn't a specific a specific school-based health policy** within the Educational and Health sectors. Thus, this might impact inconsistency and fragmented implementation of school health services. The presence of a school a doctor is variable, depending on the number of students and specific school circumstances.

II. SCHOOL HEALTH PLANNING AND ACTIVITIES

The General Department of Education (GED) was established in 2022 and enforces the policies set by the Ministry of Education and Science, and has appointed expert in charge of student health. Within the GED, collaborative

efforts are underway with departments focused on biology and health teacher development from the Department of Teacher Staff and Organizational Development. This collaboration aims to plan comprehensive programs addressing sexual health, harmful habits, and youth health activities.

On the other hand, the Education sector collaborates with the Healthy Mongolian National Movement, and the Ministry of Health, particularly the Department of Public Health, and engages with specialized professional and national centers in accordance with the National Action Plan. Although international projects and programs related to health are coordinated by the Education sector with organizations such as the United Nations Population Fund (UNFPA), the United Nations Children's Fund, Orbis, and JICA, but there is an absence of integrated planning in this area.

The Ministry of Education and Science also works in conjunction with the Ministries of Labor, Social Protection, Electronic Development, and the General Department of Child, Family Development and Protection on child protection and health issues. Their joint plan includes 21 types of activities, ranging from early childhood to student development, encompassing areas like protection, psychology, environment and health. While health policy and planning have often been neglected in educational institutions, recent improvements in cooperation were highlighted during interviews. These improvements include more active participation in voting on orders and instructions, including in working groups, and more attention has been paid to interdisciplinary cooperation.

Professional Development for School Doctors: The Ministry of Health is working to provide doctors with professional methodologies to enhance their skills and effectiveness. With the recent enactment of the Law on Public Health Care Services, a comprehensive approach is planned, involving committees and households across 8 main areas, such as food and environment.

"Within the Ministry of Health, experts in various fields area responsible addressing different aspects of children's health such as environment, food, psychology, and prevention. Prevention and early detection initiatives are carried out through family health center. The order of the Minister of Health A75 dated February 24, 2024 was issued in connection with early detection. For me, I am paying attention to the training of counselors in family planning and reproductive health issues. Work is being carried out due to the high number of pregnancies among girls. Also, it is being discussed that a non-infectious technical working group will be formed to compile the 8 currently implemented action plans at the national level and develop a long-term policy document.

When teaching health topics, the teachers have problems explaining everything from the detailed structure to the professional theory while school doctors don't have the teaching method for students. Recently, I visited Japanese schools for an experience, many things are being implemented at school in a comprehensive way such as cooking classes and yoga." **(Specialist in Reproductive, Youth and Men's Affairs of the Public Health Department of**

the Ministry of Health)

However, it is noted that there is a lack of specific and extensive training for school doctors who may be called upon. The health sector's ability to provide sufficient training and support may be restricted by the fact that school doctors are employed in the education sector.

Health services provided by school staff: Principals, psychologists, social workers, and health teachers of the General Education School work in accordance with the orders and instructions of the Ministry of Health and the Ministry of Education and Science. In clarifying the mechanism, scale, and daily activities of school health services, schools regularly implement preventive measures for the health and infectious diseases of school-age children and organize preventive examinations once a year in cooperation with families and teachers who teach health lessons.

However, the presence of these staff may vary, depending on the specific school situation. The staff engaged in the assessment were focused on establishing a clear process and collaboration for SHS, as well as ensuring ongoing support and resources for future initiatives.

"There is currently no health mechanism in the school. Activities are carried out following the provisions related to psychologists and social work services of the Ministry of Education and Culture. I work on main tasks related to the psychologist's duties, letters from sub-organizations, child protection, and the law on children's rights. **(psychologist, 32 years old, female)**

"It seems that health information and education are lacking because of no active participation. Also, there is a problem with training in the field of prevention, and a lack of medicines, injections, and equipment available to doctors. It is necessary to create a room and environment equipped with complete items for the examination of children and doctors. **(social worker, 34 years old, female)**

"Only 1 doctor is not enough. I think it is necessary to teach health lessons by professionals and with quality. Also, there is a shortage of medicines and no funding, so it is necessary to pay more attention to this area and have a stock of medicines. Our school has more than 2,000 children, and in my case, at least 2 children receive psychological counseling a day. I evaluate psychological needs and implement measures for children. These include: how to work together with teachers and parents, and if there are children from a risky group, a joint school team of children. If necessary, a referral is made to a specialist doctor at the next level." **(psychologist, 34 years old, female)**

"Wednesday is made as a Health Day at school. After the implementation of measures for health promotion and creating routines, it is monitored and checked. Since 2018, there has been a development center or a hall for children with special needs. We are working with more than 10 children with special needs. Examinations by specialists and doctors are carried out according to the schedule in the school **(teacher of geography and health, 45 years old, female)**

There has been a lot of electronic work in the school recently. When it comes to the health-geography curriculum, it is normal and there are no problems. I can manage it myself. **(teacher of geography and health, 29 years old, female)**

"It seems that there are some schools that are not together with the change, they don't have doctors or psychologists. The school must have a doctor. The influence of children on the health team is strong. The health team can be a real influencer by setting the right example for its peers. There is a special doctor in our province. The adolescent cabinet moved to the Regional Health Diagnostic and Treatment Center in 2022. It's a big change to have specialized doctors, trained nurses, and open for the children.'' **(psychologist, 34-year-old female)**

Health teachers usually teach one of the classes namely geography, biology, or physical exercise together with health class. They teach according to the textbooks and advise them to go to specialists or doctors when students ask detailed health problems or questions. The workload of teachers seemed normal and health classes were already planned according to the school curriculum for groups not as individuals at the beginning of the school year.

Psychologists do psychological counseling for the students who seek help or work as one of the Child Protection team members when there is child abuse or domestic violence. Psychologists do group counseling or psychological training and information once a quarter or year.

Social workers indirectly collaborate with school doctors for counseling for students and parents when needed. Also, they work as a team member for the Child Protection team.

School Doctor's daily duties and work environment: According to the job description, the annual plan is developed by school doctor and approved by the school principal. However, there are no unified metrics or criteria for the effectiveness or necessity of those interventions in annual planning.

- Preventive examination and immunization for students, examination of students who come due to illness, in some cases, giving medicine, writing a report, sending to district or province doctor, calling parents;
- Examining school teachers and staff, checking blood pressure, providing drugs or intravenous, teaching classes when the health teacher is busy or absent, working in the child protection team;
- But in the school environment, check the cleaning of classrooms and toilets, be responsible for the landscaping and cleaning of the external environment, perform contractual disinfection, and in some necessary conditions, activities such as preparing lunch menus, and preparing technical guidance. The hygiene checking tasks are commonly performed daily, regardless of location or property type.

"I perform the tasks specified in the job description. In the morning, there are children waiting me. My working hours are from 09:00 to 18:00, sometimes until 21:00" **(Provincial school doctor, 52 years old, female)**

"Sometimes I go to Facebook and see the health-related orders and decisions. If a child gets sick, I will give a certificate for 2–3 days. I am in charge of hygiene and cleaning and make a lunch menu. We usually do preventative check-ups in spring and autumn for all students, vaccination for diphtheria and tetanus at 7 and 15 years old, and measles additional immunization at 6 and 7 years old. I also supervise and advise a total of 62 teachers and staff. " **(Soum school doctor, 38 years old, female)**

"Cooperates with the Family and District Health Centers and regularly conducts activities such as influenza and seasonal immunizations, scheduled immunizations, and preventive examinations. I do counseling on health education for school children and home visits to students with permanent care." **(School doctor in Ger sub-district, Ulaanbaatar, 31 years old, female)**

Those variety of daily duties are the main components of SHS and are well aligned with SHS concepts, however, it is almost impossible for only 1 doctor to accomplish this by herself.

It is seen that due to a busy schedule of daily multiple tasks, the priority of student's health is replaced by other activities. Demands from the school and the understanding of the role of school doctors by managers might affect the service delivery by school doctors mainly for hygiene or nutrition. Further, the workload increases because of the high number of children, separate school facilities, and the absence of dietitians and psychologists. Consequently, an overload of some school doctors could impede the focus on students' health and quality of service while handling other responsibilities.

"The number of doctors in the school should be calculated according to the number of children and workload. Treatment and nursing should be done separately and it is necessary to work as a health team. There is only 1 doctor for 4304 children now. When I go to check the cleaning service and hygiene of the lunch, students cannot be examined because of my absence. Previously, 2 doctors were employed at the school, but school administrators fired one of us because of the approved norm by ministries. Also, the school had a psychologist and now she left, I don't know why. I assume that the reason she left must have been an overload of work." **(School doctor at a school in a residential area of Ulaanbaatar, 53 years old, female)**

"School doctors had been abandoned in public schools, only teachers are important. Bonuses, incentives, and awards are intended for teachers and employees except for the doctors. I think that the Ministry of Education focuses only on training. I feel that it is necessary to create positive working environments and living conditions for school doctors. It might be an optimum calcu-

lation that 1 doctor for 1000 children. We aim to become a school with oral hygiene. Since my workload is low in this private school, I teach health classes in groups between 2–4 p.m. Further, I collaborate with parents who are doctors for examination or health-related activities in the school, and it's very helpful."
(Private school doctor in Ulaanbaatar, 53 years old, female

Adolescent cabinet activities: It started working under the name Youth Cabinet in 2011 with funding from the United Nations Population Fund. The district's adolescent cabinet doctors carry out daily examinations of children sent by the school doctor, plan tests, and transfer them to the next level. Also, training and information are organized for school doctors in the context of pressing topics. Regarding the selected district, there are 23,800 students with a total of 25 General Education Schools, 17 state-owned and 8 privates. The doctor of the cabinet emphasized the importance of teamwork in his workload and characteristics, and the importance of cooperation between nurses and social workers as follows.

"In my case, I mainly follow A399 of the Ministry of Health daily. Also, A97 is followed for the examination of the mother and baby, and A364 is followed for the examination of girls. In cases of violence, different orders are followed, such as A351. I work alone, without a nurse. In hospitals without a specialist for children aged 0–5, the adolescent doctors work double tasks for both age groups. Recently, the diseases common in adults such as sore throat, kidney and lung diseases, nervous exhaustion, and stomach ulcers tend to increase among adolescents. Children come in with mental problems, such as cuts on their hands. As for me, I talk to the child freely and advise him/her. A child with behavioral changes is sent the mental cabinet. I also conduct training in cooperation with other organizations besides medical check-ups. I think preventive examinations of school children are carried out, but coverage is insufficient. All students of class come when there is a child needs medical examination, otherwise the child does not come when it comes to being alone. Today, total of 17 medical examinations since morning. Children with disabilities and special needs come and there is no difficulty to get the help. People do not always understand that the examination of a teenager takes at least 20–25 minutes"
(Doctor of the district adolescent cabinet)

Sustainability and Public Health Initiatives: The implementation of public health activities in schools now more sustainable. Activities focused on children's health are incorporated in various sectors, following methodology and scale plan outlined by the National Center for Public Health (NPC). This includes integrating health-related initiatives into family hospitals' three-party agreements to carry out health impact work in affiliated schools.

Training and Capacity Building: The Ministry of Health provides professional training to Adolescent cabinet doctors and focuses not only on specialist care for 10–19-year-olds but also on building capacity and conducting training for

school doctors. This approach aims to strengthen the overall healthcare framework within schools.

Addressing Nutritional Issues and Mental Health: Considering the significant challenges associated with school nutrition, the Ministry of Health has set requirements to address these issues. However, health services within the school environment fall largely under the purview of the education sector, limiting the Ministry of Health's day-to-day involvement. Mental health has been identified as a major concern, with the Ministry of Education undertaking initiatives to train psychologists to support student wellbeing.

"There is only one doctor in the school, and I don't know if he or she meets the standards for a doctor. It usually looks like they only have a chair and a stethoscope. It should equip the doctor's office with an examination room, relaxation for children, and be able to deliver information to teenagers. The school doctor should not only do his basic work, but together with the doctors at district and family hospitals should provide medical education at school, and in the future, doctors should be trained and empowered" **(Specialist in Reproductive, Youth and Men's Affairs of the Department of Public Health of the Ministry of Health)**

III. PROGRESS AND ADVANCES IN HEALTH IN THE SCHOOL ENVIRONMENT

There has been a notable focus on enhancing on human resources in schools by hiring a doctor as a full-time employee, training educational psychologist, and hiring a dietitian in the educational institution. At the beginning, the role of the school doctor was not heavily emphasized, but in recent years, have led to greater recognition of the importance of having a doctor in the on-site. In addition, the reintroduction of the Health Education course, previously suspended, has provided a valuable opportunity to positively impact students' health knowledge and behavior. Innovative initiatives include integrating health terminology into the education sector, carrying out influence work on the electronic environment, and linking health-campaign-days (Hand-washing day, HIV/AIDS day etc) with the field of education.

IV. KEY CHALLENGES IN PROVIDING HEALTH SERVICES IN SCHOOLS

The key challenges are identified during the assessment, and significant obstacles have hindered the implementation of SHS as schools are mainly focused on teaching. The following challenges highlight the fragmented implementation of SHS.

Uncertainties in Policies and Plans: There is ambiguity regarding whether existing policies and plans of the ministries have real impactful activities that are necessary for school health. Effectiveness and the quality of services are uncertain even at the planning and monitoring levels since there are no such things like criteria or measurements for activities. Experts mentioned the need for a collaborative, concrete 3–5-year plan between the Ministry of Education and Science and the Ministry of Health. This plan should specifically address

the role including their recruitment, training, professional development, under a joint policy framework.

Need for Enhanced Cooperation and Clarity in Accountability: There's an identified gap in openness to receiving and integrating information on school health issues. Consequently, there is a proposal to broaden cooperation among relevant parties. Moreover, there is a pressing need to clarify accountability mechanisms and to booster monitoring and evaluation processes to ensure effective implementation and outcomes of school health initiatives.

"It is difficult to exchange information, especially to obtain health information in schools and to have a surveillance system. Only youth information is obtained from the Ministry of Education. Training of peer counselors among youth has been done since the time of employment. However, there is no implementation or environment. Although prepared by UNDP, implementation is unclear. Youth counseling needs to provide accurate information and prepare influencers." **(Specialist in Reproductive, Youth and Men's Affairs of the Department of Public Health of the Ministry of Health)."**

According to international standards, since 2011, the General Department of Professional Inspection, and under the Ministry of Health since 2023, has been evaluating high and medium-risk objects under the name of risk-based control of the school environment. In 2024, 144 General Education Schools, in cooperation with the Ministry of Education and Science, inspected the rented premises of schools and kindergartens, and as a result, 36 General Education Schools did not meet the requirements.

" Although we submit an Inspection report to the Ministry of Education and Science and the local governors every year, they do not report back with any measures taken in this regard. From our side, there is an opportunity to hold the Business Unit responsible and solve the Law on Violation, but there is no punishment system and mechanism other than sending reports and official demands to government institutions, especially state administration management bodies. Currently, it is only possible to submit a proposal to the school principal to take punishment. (**Inspection specialist of the Ministry of Health, female)**

These include issues related to infrastructure, class schedule, and human resources. Key limitations include inadequate rooms and classroom supplies, large number of students, and physical separation of classrooms, which hinder the ability of school doctor to effectively perform their roles.

Human resources developments: The most pressing problem was that some schools did not have a doctor. Schools with fewer than 481 students, according to the norm in 2018, faced dismissals of school doctors.

There is a lack of human resources in providing not only school-based health

services, but also in the school environment, as well as at the planning level of education sector.

"Since there was no one connecting the two sectors, the Ministry of Health accepted and cooperated with me passionately. Being at the border of two sectors is very important, so I like my work, but I feel lonely. In other fields, such as pre-school or cross-team, there are several experts in each specific area, except for health and the work is divided among the team. People avoid health-related activities and usually rely on me. Generally, it is a major field of the health sector within another major field of education.

All health issues such as hygiene, environment, psychology, pregnancy, adolescence, girls' issues, doctors' training, development, and awards in Pre-School, General Education Schools, and Vocational and Higher Education Institutions are on my shoulder. Also, there is a need to release the data or content related to all diseases by each organ. A co-worker is needed for me. (**Methodist specialist in charge of student health issues of the General Department of Education)**

"School doctors are left between two sectors, and social security is not provided. The most pressing issue is the training, development and support environment for school doctors. From the time I got the job, I thought that it was necessary to create and develop the leadership of doctors. Also, there is no budget to support the activities, and there is no health budget in the school. There are variable costs, which include the cost of drugs as one of many combined costs." (**Methodist specialist in charge of student health issues of the General Department of Education**)

It is common that when working as a doctor in a school or educational institution, there are problems such as obtaining professional and methodological support from the organization, renewing medical certificates, and not having a replacement. Although the sector pays attention to labor and social protection issues and training and development of employees in the health sector and organizations, the problems of doctors and medical specialists working in other sectors are neglected.

"Doctors in our education field have little opportunity to trained. Doctors should be trained by a complex module that can extend license for treat. If the module can provide comprehensive contents and specific needs of school doctor, there would be no problem for extension of the license and no waste of money for unrelated training. **(Methodist specialist in charge of student health issues of the General Department of Education)**

The orientation for school doctors for their main roles while providing basic equipment for tasks and on-the-job training are needed for work conditions that are not rotated by someone in the school. School doctors also emphasized their problems such as uneven coverage of salaries and bonuses, lack of

support in the work environment, no provision of necessary items and equipment and for professional development.

"Every year doctors need to collect training credits for medical license extensions, so support is needed in this regard. Because the school environment is not a hospital environment, it is also necessary to improve the conditions of the workplace for a professional career." **(School doctor in Ger district, Ulaanbaatar, 31 years old, female).**

"Working in public and private schools is as different as heaven and earth. Previously, when I worked in a public school, I did not receive a 40% increase when I was alone with 3,300 children. There are only 645 children in this school. The salary used to be 800,000, but now it is 1,500,000. There was no value for work in public school, and I didn't even have time to drink tea. In contrast, my child is learning in this private school for free, and I am working in a comfortable environment..." **(Doctor at a private school in Ulaanbaatar, 53 years old, female)**

Lack of support and funding for SHS: Problems such as high workload, low salary, additional incentives and support from the organization, poor working conditions, few opportunities to learn and grow at the workplace, and weak attention and support of parents to their children were common in public schools. Additionally, the school budget often lacks specific allocations for specialized health care, further constraining the ability of schools to meet health service standards and needs.

"Doctors are being laid off depending on the number of children. Children indeed get sick regardless of the number of children at the school. The doctor at soum namely Khukh morit (Blue Horse) doctor was recently released. "Guulin" Village school will be no doctor in March soon as I heard. Currently, there are doctors in our province who are being afraid of when we will lose our jobs. There is a great pressure on what to do now." **(Doctor of Soum school, 38 years old, female)**

"After graduating in 2021, I first joined the school as a doctor without any idea. I understood what to do from the job description. It was difficult at the beginning to get help and consult about my job, and there were times when some senior doctors would not answer my call for support. Because the school is not a healthcare institution, I did not develop professionally and I feel I am lagging behind my peers. My medical license expired and I couldn't attend the training for collection of credits, so I took the exam and got a low score I was very depressed at that time." **(Provincial school doctor, 27 years old, female)**

In my case, I work overtime to supervise cleaning and hygiene, health service, and dormitory. I need someone to work together. Also, oxygen and blood glucose meters are always needed. Parental involvement and responsibility for health are weak and neglected. There is an understanding that only classes are important. Some children play all night fall asleep in class, and have no focus. Addiction to the use of electronic devices are pressing problem nowadays

among students, I think. **(Provincial school doctor, 52 years old, female)**

Poor working conditions: In general, the type of school ownership and the support and understanding of school administrators are essential. Substandard working conditions and restricted resources may be common in public schools, especially in rural or ger-districts.

"There is no pulse-oximeter (Heartbeat and blood oxygen device), there are many things that I bought from my salary. I think that if young doctors are well trained and supported, there is no particular hesitation for work at the school..." **(Provincial school doctor, 27 years old, female)**

"There are schools that don't provide a salary during summer holidays to doctors. Young doctors can be paid at least in the summer for internships in family clinics for more clinical experiences, I think. Local surcharges and holidays are calculated as only for 15 days for school doctors. In general, school doctors are usually neglected, and the teachers are considered vital in the school setting. **(Provincial school doctor, 52 years old, female)**

"The school doesn't have a medicine budget, so I buy some medicine with my salary instead of empty-handed when children come." **(Doctor of Soum school, 38 years old, female)**

The district adolescent doctor mentioned that the working conditions are bad, there is no examination environment, and they need a special environment to take and send tests. It is emphasized that hospital administration has little understanding of Adolescent cabinet roles and contributions to school students.

V. ACTIONS THAT NEED TO BE IMPLEMENTED IN THE FUTURE

Emphasis on Holistic Support Policy/Programs: In the planning of the Ministry of Education, there is a growing recognition of the need to shift focus from simply mandating training and lessons to implementing comprehensive support programs that encompass social and health aspects. Essential to this approach is the creation of an environment that nurtures children's nutrition and physical well-being, rather than solely emphasizing traditional educational methods. The holistic program is a learning approach that considers the complete individual and should be prioritized for the health and well-being of students.[35]

Experts also emphasized the need for a unified system dedicated to providing policy support and methodological guidance to professionals working in non-health sectors. This includes those in education, training, the private sector, mining companies, and other areas.

"Since the school doctor is appointed by the school principal, the educational system should understand the role and importance of the doctor." Also, if the structure is not clarified in cooperation with the Ministry of Health, doctors would rather work in the field, so doctors will not work in schools and salaries

are low. Usually employed by retired or junior doctors. Because it is far from the health sector, professional and methodological support is weak, and training is generally irregular, so it is not possible to acquire specialized skills, and there is no special policy in this regard. School doctors should be provided with the same salary and conditions as in the health sector. Therefore, it is necessary to combine the two branches of the human resource policy. No doctor was found to require the school doctor to be a Grand Doctor or to be highly specialized. In fact, it is important to have doctors trained as pediatricians work in schools and retrain them. (**Supervisor of the Ministry of Health, female)**

Planning and Implementation of Health Services: There is a recognized need for better planning and implementation of health services within the learning environment. This should include defining and listing the specific health services that can be offered. This can be achieved by utilizing the menu of interventions outlined in the WHO guidelines based on the evidence on child and adolescent health burden. Currently, the absence of a dedicated budget within school management and finance departments leads varied spending practices. Therefore, increasing support and understanding from the school principal is important.

Human resources: Emphasis was placed on the importance of working with human resources on a full-time basis, improving the environment and working conditions by having separate rooms, regularly providing necessary materials, and working in coordination with the school health team. Also, the majority of the assessment participants agreed that introducing health lessons to teenagers is needed interestingly, otherwise, the needs of modern children are complex, and they get incomplete or advertising information from the social environment. These resource gaps and issues commonly raised at the school might seem familiar or normal, however, neglecting the health issues of students possible to impact even their adulthood life in the long term. Also, it might deliver messages to students that health is not so important since adults and teachers do not care.

"Community atmosphere and supportive direction are the most important in activities and events to provide better health services in schools. In the working environment, we need a lot of help, such as a comfortable working room environment, and equipment. For example, printing out necessary training materials." **(psychologist, 34 years old, female)**

"Further to improve SHS, support some children who come from domestic violence. Therefore, it is need to keep a quiet room for relaxation. I believe that it is necessary to create rooms for psychologists with the necessary conditions, to create an environment where children can relax and be open and stress-free for a while." **(social worker, 34 years old, female)**

"I feel that it is necessary to train and prepare school doctors very well. There are many problems for children in terms of digital device use nowadays. For me, the workload is not bad, so I write and seek funding for health projects and programs in the school." **(geography-health teacher, 45 years old, female)**

"There is no standard form of consent form from parents. I think that it is necessary to issue a permission form as a standard since it is developed by ourselves. Psychologists are not accessible at many schools has been observed and a psychologist is needed, not a psychotherapist in school setting. Parents of children with special needs also need psychological help actually. **(psychologist, 31 years old, female).**

"The support of a medical specialist in school is very important. Also, the 12th-grade reproductive medicine course is included in the 4th term. It is difficult to enter in the spring when the exams overlap. Simple textbooks are not interested by students, so they need support or display materials other than textbook content. **(physical education and health teacher, 32 years old, female)**

Training and Empowerment of School Doctors: The most pressing issue is the training, hiring, motivating and empowerment of school doctors. There have been suggestions to establish a specialized role for school doctors who can provide both primary and public health care, along and training, with teaching essentially a dual role of a doctor-teacher. This approach would require a distinct training and employment model.

Further, there is a need to train a doctor specializing in the diseases that mainly occur in children, such as lungs, digestion, heart, endocrine, eyes, ear, nose, and throat, among children aged 10–19 years. There is a problem of waiting to be examined in the cabinet of adults once students have those problems and leave after getting bored. Also, school doctors do not have official documents to transfer to the referral while there is no unified record of children seen by the cabinet doctor, and the hospital's internal electronic system creates a record, and then records and reports are carried out only for the insurance and statistics department, not surveillance.

"Together with the establishment of a public health center, it is necessary to carry out preventative examinations for students separately from outpatient clinics. Many thousands of children and staff in the whole education sector are in dire need of doctors. We need psychologists, social workers, and nurses in our hospital too. I hope that Ordinance A399 will be updated. because I'm working alone, I don't have anyone or time to coordinate the training for school doctors. The nurse had not been employed for the last 6 years at our adolescent cabinet." **(Doctor of the district adolescent cabinet)**

Salary Scale and Incentives: The current salary structure for school doctors categorized as 4.1 for junior doctors and 5.1 or 1,273,000 for senior doctors, lacks uniformity in skill-based and other increments, which are subject to the discretion of the school administration. Notably, only teachers and social workers receive local salary increases, indicating a need for standardize the salary of school health professionals and more equitable compensation policies for school health professionals.

Support and issues to consider for student health: It is commonly mentioned by school doctors that prevention measures should be taken by the school and parents to prevent illness, not after illness. There were also cases of domestic violence, parental neglect, and students with injuries. Therefore, it is important to pay attention to the provision of water or tea in classrooms, the constant cooperation of psychologists, social workers, and doctors, and the provision of education to parents. School doctors pointed out the need to pay attention to policies such as consumption of ready-made products, electronic addiction, e-cigarette smoking, and lack of physical activity.

There were also suggestions that it would be more effective for school doctors to teach health classes.

"There is a separate health room, children can freely exchange information and learn more than themselves, so they need a supportive environment. There are 3 children with paralysis and hearing problems in our school and they subject to the same examination and training. There is a need for an environment for children in wheelchairs around school. There is also a problem that there are no dentists in the center of soum, and children have to go to the province. **(Doctor of Soum school, 38 years old, female)**

"There are problems with empowering the teachers who are teaching health classes. It is not clear whether the teachers for health classes have proper health education or not. When students attend health classes, they are usually asked to make notes from the textbook, and it is observed that a male teacher is not suitable to teach some sensitive health topics, especially for girls. I think that doctors and other staff in the school need to work together as a team. A single doctor is not enough to take care of all children and keep them healthy. **(Provincial school doctor, 52 years old, female)**

"Teachers and doctors are very different in teaching. The doctor knows all the information about the disease and pathogenesis, so it is very different from the beginning of the explanation. Students have the perception that health classes taken by teachers, it is usually for grades or scores while doctors teach them, it is considered as necessary information, not about grades or scores. I think it is necessary to teach health classes by doctors.'' **(Physician at a private school in Ulaanbaatar, 53 years old, female)**

3.3 CONDITIONS OF HEALTH SERVICES PROVIDED THROUGH SCHOOLS

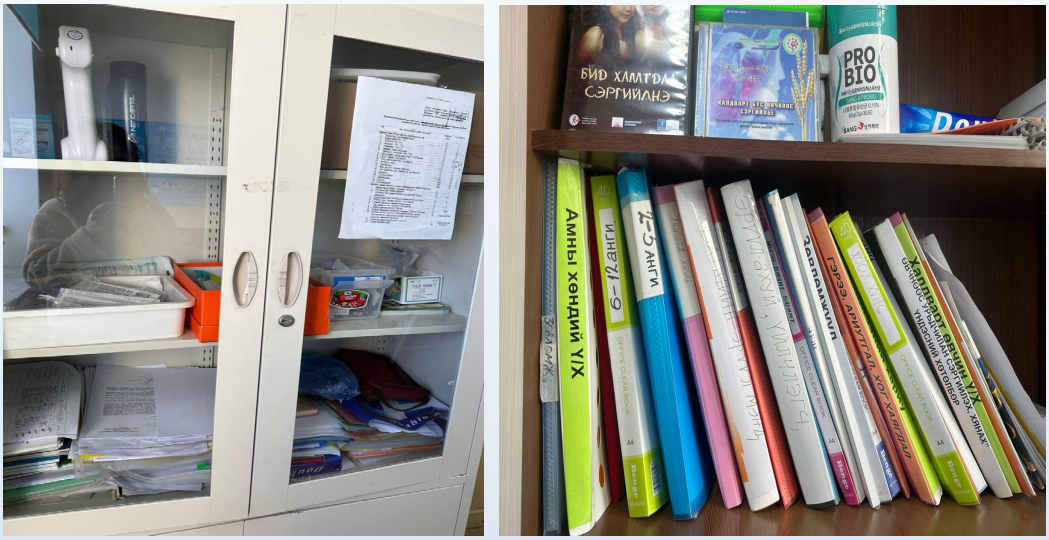
By observation, the condition of school health services was evaluated according to a checklist with 5 groups in all 6 schools involved in the assessment. These include:

1) Composition and use of legal and policy frameworks,
2) Indicators of management, organization and planning,
3) Infrastructure, resources and readiness,
4) Health education, training and promotion materials and activities,
5) On-site health services, monitoring and evaluation.

Within the framework of the first part, on the composition and use of relevant legal and policy documents, in most cases, documentation of paper or electronic versions was not maintained enough for the main guiding law and relevant guidelines such as "Law on Education" /revised version/, "Law on Preschool and General Education /revised version / 2023", "Law on Health" etc.

There are insufficient constitutions and documents related to the revision of the Education Law, immunization, preventive examinations, and early detection. In some schools, it was evident not only during the observation but also during the interviews that they did not understand the reforms and changes in the Education laws. Among the documents presented during the observation, the orders and instructions related to lunch and the orders and instructions issued during the coronavirus epidemic are the main. The lack of necessary documents and inadequate comprehension could result from a lack of communication between decision-makers and those responsible for implementation. Moreover, there is a risk to students' well-being because of insufficient understanding and disjointed enforcement of important laws or regulations.

However, it has been observed that the doctor's job description and the list of necessary drugs and equipment in the doctor's office with the attached description are printed, bound, and visibly posted.



Picture 2. School doctor's office cabinets

Within the framework of the second part, the management, organization, and planning activities are observed. There were midwife-nurse/ junior doctor (6/4) and medical doctors (6/2) who had received professional training and were licensed to treat patients. It was common for doctors usually have their work plan for the current year approved by the school director. The doctor's work plan mainly included preventive examinations, training, scheduled immunizations, and hygiene activities etc. On the other hand, there was no specific plan of activities and measures for the prevention of infectious and non-infectious diseases, registration and records related to infectious diseases, plans to take prompt response measures in case of infectious diseases, and information transfer flow during the emergency. On the other hand, there was no specific plan for preventing infectious and non-infectious diseases, registering and recording infectious diseases, implementing prompt response measures for infectious diseases, and managing information flow during emergencies. The lack of essential plans or tracking suggests a possible consequence of inadequate policy or a lack of unified understanding about SHS.

All schools have a contract for disinfection of the school carried out 1–2 times a year by a company.

Picture 3. Plans and reports of school doctors

In the third direction, the doctor's room, resources and availability were evaluated, and in most cases, the doctor's room (5 out of 6 schools) had a sink for washing hands and was close to the toilet (1–2 meters away), so it can be seen that the practice is carried out according to the standard. However, in the case of an outbreak of an infectious disease or an acute infectious disease, an isolation room should be a priority for suspected cases, but most schools have not had an isolation room (4 out of 6 schools). Also, in some schools, there was no separator in the doctor's room, and when the door was opened, the medical examination process would be entirely displayed and there was no chance to be examined in a comfortable environment. When looking at draw-

er A, which is a medicine cabinet needed for first aid and primary healthcare, the situation was various (well stocked in schools in the UB city). The cabinet usually had Citramon, Paracetamol, Ibuprofen, and Mezimforte, however, the medical equipment and tools required for the doctor's daily check-up were not sufficient, and it was commonly observed that there were no tools such as weight and height scale, vision test kit, lung and oxygen capacity meter, pulse oximeter, and portable oxygen ventilator etc. Student health outcomes may be compromised by inadequate medical equipment and supplies for daily services. Furthermore, providing quality services and ensuring accountability from school doctors would be nearly impossible due to the lack of essential medical equipment and infrastructure.

In terms of ownership, there was no computer or printing machine, and even the examination bed was made of non-purposed flat wood in the doctor's office in rural soum school. On the other hand, the environment, condition, and types of equipment of the doctor's office in UB schools were relatively good.

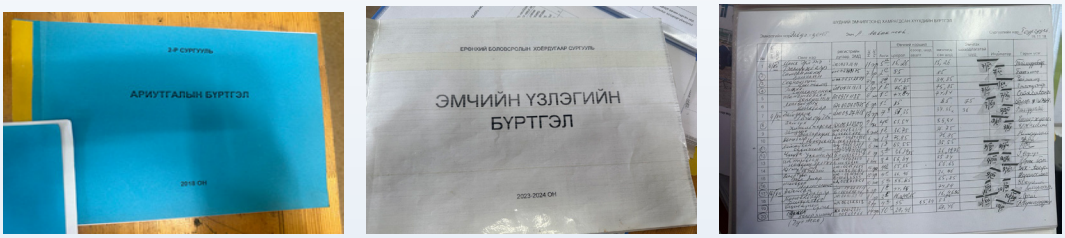
Picture 4. Medical supplies at provincial school doctors

Within the fourth direction, in terms of the availability of health education, information, and advocacy materials, annual action plans for advocacy had been developed in a few schools. Some schools have the advantage of organizing reproductive health and primary care services and public health training tailored to the age, gender, and physical characteristics of the students however, the frequency, content, and accessibility of these courses are relatively uneven. It was seen that individual counseling and training curricula and materials based on the needs of students with disabilities were insufficient. IEC materials were more than 20 types with 8 main contents namely reproduction, toxic habits, nutrients, psychological support, peer bullying, and hand hygiene by government, non-government, and international organizations. Most of the materials and leaflets had been published between 2015 and 2023.

Picture 5. IEC materials

The fifth direction for the field of health services including surveillance, monitoring, and evaluation in the school.

The selected schools usually provide preventive health check-ups for students (teachers and staff) once a year as mandatory. However, there was no student attendance control, disease surveillance record, or official confidentiality form. Some schools had filed pages for immunization done recently for students. The lack of recording and tracking will hinder the availability of early responses for disease spread in the school. However, even though the school is considered an environment with the risk of spreading infectious diseases, preventive measures are rated as insufficient. One of the selected schools has started electronic registration for students in 2022 together with the Early Detection by MOH. Commonly, schools assessed did not implement legal updates for health surveillance, referral, or reporting. Schools may have student health cards as online or offline forms based on their resources and capacity.



Picture 6. Doctor's record and examination note

The table displayed the general conditions and resources of schools based on ownership, either private or public, across 5 main categories accordingly.

Table 7. A comparison of health services resources and condition in schools by ownership

	Checklist category	Public-owned (5 schools)	Private-owned (1 school)
1.	Compilation and use of relevant legal and policy documents	• Limited documentation (Lunch program and hygiene) • No systematic information flow	• Limited documentation • No systematic information flow
2.	Management and planning	• School doctor, psychologist, dietician (5/3)	• School doctor
3.	Infrastructure, resources and availability	• Subpar working condition (5/4) • Limited supple and resources (5/4) • Less availability different school facilities • High number of students	• Comfortable working condition • Sufficient supply and resources • Low number of students
4.	Training and promotion	• Overall 20 types with 8 main contents • Counseling for mental health • Health education curriculum	• Overall 10 types with 6 main contents • Workplan for training and promotion • Health education curriculum
5.	Health services, surveillance and evaluation	• Cooperation with FHC and local hospitals • No surveillance	• Cooperation with parents • No surveillance • Routine check-ups

RESULT-4 PERCEPTIONS AND EXPECTATIONS OF RECIPIENTS OF HEALTH SERVICES PROVIDED THROUGH SCHOOLS

I. PERCEPTIONS AND IMPRESSIONS OF PARENTS/GUARDIANS ABOUT SCHOOL HEALTH SERVICES

The parents and guardians interviewed expressed limited understanding and awareness of "school health services". The mothers indicated either a lack of knowledge or dissatisfaction with the services provided. Concerns were raised about the insufficiency of health examinations and diagnosis, the lack of sick leave cards for students, and inadequate training information for both students and parents. These perceptions about SHS could affect the mutual understanding and cooperation of parents towards the overall promotion of student health through SHS in the country.

"It is difficult to say that health services are provided in the school environment. This is because health-related events and activities are not sufficiently organized and health-related information is lacking. It seems that if there is any pain in the body "They go to the school doctor to ask for advice. In a specific field, I go to the family doctor and get a report" **(mother of 6th and 9th graders, 49 years old)**

"This means that children receive the basic medical care they need while they

are in school. In addition, children should be studied in the field of infectious diseases from an early age and taught reproductive, physical and preventive activities and protection from diseases, not only for girls but also for boys" **(mother of a 4th-grader, 27 years old)**

"It seems that medical care does not exist in schools. When children go to the doctor's office, there is no doctor or they do not make a diagnosis, they do not give a leave form, only ask students to go to the hospital. Therefore, I wonder if a doctor is necessary at school. I have never met a school doctor. I assume that doctors provide primary care for sudden illnesses, colds, etc for students. **(mother of a 7th-grader, 41 years old)**

II. EXPECTATION FROM PARENTS AND GUARDIANS ABOUT SCHOOL HEALTH SERVICES

Enhancing Reproductive Health Education: A primary concern expressed by parents is the need for better-organized reproductive health education in schools. This includes ensuring that the education is age-appropriate, comprehensive, and accessible to all students, not just those in higher grades.

Improving School Nutrition: Parents are also concerned about the food options available to middle and high school students within the school environment.

Parents are also concerned about the food options available to middle and high school students within the school environment. Emphasis is placed on the importance of providing healthy, nutritious meal choices that cater to the dietary needs and preferences of students.

"...In the school environment, people from outside bring junk food and sell it. The school must establish requirements and monitor them periodically. I also believe that it is necessary to provide adequate information on reproduction, unwanted pregnancies, and family planning recommendations. (**mother of a 7th-grader, 41 years old**)

Facilitating Rest and Exercise Spaces: There is a general consensus on the need for more rooms and spaces within the school where students can rest and participate in physical activities. This indicates a demand for better infrastructure to support students' physical and mental well-being during school hours. There is a general consensus on the need for more rooms and spaces

that within the school where students can freely use to rest and participate in physical activities.

"The school does not know what kind of events or activities are organized in the field of health. The school doctor should provide useful advice and information for health education. I think the school should be equipped with exercise and recreation rooms so that children spend their free time adequately. Also, I would like the school to support the action initiated by the doctor, and the proposal to carry out a vitamin campaign once a month might be necessary..." **(27 years old, mother of a 4th-grade child)**

Expectations from parents or guardians revealed that it is important to guarantee the safety of students in the school environment, have open information, create a space for development, and be able to receive advice, information, and health services individually, not only for all classmates or group setting.

"...As for the peripheral school, it is necessary to pay attention to the arrival and departure of children to school and create possible conditions for the prevention of dangers, accidents, and infectious diseases. Although my daughter has a health problem, she does not like wheelchairs, so I carry her when drops her off and picks her up. Her classmates help her during the lesson. It's difficult for children who come and go alone because the road is slippery and muddy" **(27 years old, mother of a 4th-grader)**

Communication Gaps in Health Services Information: A significant issue highlighted by parents is the lack of information they receive regarding health events and services available at school. Parents pointed out that they sometimes hear about the medical problems that occurred at the school for some students from their children. There is no such official information flow or delivery from the school. Once in a while, vaccination sheets for parental permissions are taken from the school. Even though school staff and school doctor pointed out in-active participation of parents in general, there is a lack of information flow to regularly updating parents for school activities. Thus, there is no mutual understanding and collaboration for united goal for achieving better health of students.

Setting shared understanding of school doctors' role: The parent's expectations further extended to the school doctors' distinct role, proactive manner and service readiness when students need urgent help or medical conditions.

"...I think the main need is for a doctor to always be present at school and provide primary medical care without delay. I think it would be clearer if we had an individual meeting with the doctor and the psychologist and gave the students information basic about hygiene, menstruation, and reproduction. In addition, a priority issue for girls is sanitary pads. It is said that there is a corner for the latrine, but it is not necessary to provide everything at the organizational level, so the girls themselves bring sanitary pads. It is seen that the doctor can count on the support of the management. **(49 years old, mother of 6th and 9th grader)**

"It is necessary to increase the role of the doctor and create the opportunity to communicate directly with the school doctor without fear. It is necessary to implement measures to provide health education, physical activity, sports, and physical development. It would be good if in classes health would be more about adolescence, physical fitness, and body hygiene. Every week, the school doctor should periodically provide information and advice on healthy nutrition, healthy physical fitness, and good living habits..." **(41 years old, mother of a seventh grader)**

III. STUDENTS' PERCEPTIONS AND EXPERIENCES OF HEALTH-RELATED INTERVENTIONS AND SERVICES.

Varied Student Experiences and Perceptions: When clarifying the health services, they received in the school environment and their opinions through group interviews, students mentioned that they and their classmates had to go to the school doctor to obtain medication and were temporarily excused from school. Further, students had a perception of the doctor's role as assisting in case of injury or illness, conducting medical examinations, cooperating with family doctors, conducting training, and checking classroom cleanliness. Also, it is said that health-related services and measures provided at the school include vaccination, screening, celebration days or campaigns, and training and information activities.

"...I had a cold; I went to the doctor and she prescribed treatment for me. Sometimes I have a stomachache, and I was taking medicine at that time as well." **(9th-grader, female)**

"I was never visited to school doctor. It seemed that students come to take medicine when they have fever and vomiting..." **(11th-grader, male)**

"The doctor does a good preliminary examination, and students' physical condition comes out with the examination." **(9th grader, female)**

"The doctor's office is in the elementary school facility, the doctor comes when we call her. It seemed to me that the items or equipment and drugs necessary for the basic medical check-up were inadequate. **(12th-grader, male)**

Student Involvement in Health Programs: It was common for students to participate and support in health programs or services as a Health team at school. School doctors facilitate health education or campaigns and the health team usually conducts peer-training.

"I organize the health training together with a doctor, and it is well organized. Various topics are covered and there was a training course on emergency aid the last time" **(9th-grader, female)**

IV. KEY CHALLENGES OF SCHOOL HEALTH SERVICES

Readiness of services: During the focus group discussion, some students highlighted the importance of the doctor being present at her workplace or in the room when needed. They mentioned that it is the doctor's responsibility to ensure the cleanliness of the classrooms and provide guidance to the cleaners. Therefore, a lack of preparedness in service at the school could affect the delivery of health services to the intended group. There is a need to be a substitute or someone who can help when the doctor is away for inspections. Moreover, students already observed and noted that doctors usually lack sufficient medications and examination tools daily.

"Two girls in my class told me that if they don't feel better after drinking water, the doctor writes a leave form. The doctor sometimes gives painkillers to students who are sick. The doctor usually does not have the necessary drugs except for painkillers, I don't know why" **(9th-grade student, male)**

Accessibility to Health Professionals: There is a consensus on the need for health professionals including psychologists, doctors, and nutritionists. Accessibility is the main concern for the students who have urgency at school. Also, many questions students face daily (pimple, menstruation and sex etc.) can be explained by school staff and it can be a basis for a student-friendly environment.

"There are a lot of transitional age changes in our body, so it's good to have a doctor who can give personal advice. It felt good to have a pharmacy in every classroom. When we get sick, I must wait until 9 o'clock. The doctor doesn't come in the early morning." **(9th-grade student, female)**

Infrastructure and Accessibility: There were problems related to the environment, location, and conditions of the school facilities, such as going to the latrine outside, the classroom being cold and uncomfortable, and not having a sink to wash hands. In some schools, the doctor's office is in a different school

facility, and in some cases waiting for a busy doctor made them seek other options like have a medicine or go to the hospital.

"It is the most difficult thing to go outside to go to the latrine in winter. Fearful and slippery, men and women queue because there is only one latrine for each. There are sinks to wash hands in this new school facility, but none of them work. In fact, in an elementary school facility, at least we washed with tap water ..." **(11th-grade student, female)**

Need for Comprehensive Health Education: It is more beneficial for middle school and high school students to teach health education training actively and interestingly, not only with theoretical knowledge but from the point of view of its application to life and the creation of habits they said.

Mental Health and Well-being: There is a common need for training, events, and informational content to raise awareness of mental health, electronic use, and addiction for students and parents, in addition to the ongoing referral support provided by adolescent doctors at hospitals. It was emphasized that students who are aggressive, angry, and shy need help, but it is not very effective and rewarding to receive lessons and training in a class or group.

"In my case, psychological counseling is important. It is better to organize a meeting with the parents. Many people do not understand and do not care about their children. **(9th-grade student, female)**

Nutritional Concerns and Food Services: The students expressed the need to participate in the lunch program, especially 6–9th graders. It is difficult to find something to eat during the break. There are long queues besides foods are expensive, unhealthy (junk) food and no choice of meals.

"I stopped buying food at school, I use water and drinks and occasionally eat cookies. Last year, the school collected 25,000 MNT from all the students in our school and promised to buy kitchen utensils to provide lunches for middle and high school students. We all gave the money the school asked for. But nothing happened for the lunch program and we are still hungry during classes at school". (**9th-grade student, male)**

"The things that are eaten at school are called piroshki, and then they give

dry scones, sometimes they give with their hands. It tastes bad and there is nothing called nutrients inside it. Last year there were 1000, this year there are 1500, now it is 1800, I don't know when it will be 2000. The price has increased, but it has no taste. The steamed and fluffy dumplings we called Mantuun buuz have a little meat and taste like offal. **(9th-grade student, male)**

Gender-Specific Facilities and Needs: They also openly discussed problems such as there being no changing rooms for girls when they go to physical education classes, they have to wait for a toilet or latrine during break for 5–10 minutes and they have to wait in line to go to class. Thus, gender-based planning even in the school setting should be considered for a user-friendly atmosphere.

The health care corner has been there for 2 years. Sanitary pads are available in the social worker's room. The key can be obtained from the social worker. In case of emergency, we would like to get it from school cleaners without having to find a social worker and I think it would be more helpful for girls. We usually refill the box once we have taken the sanitary pad. (**9th-grade student, female)**

FOUR. CONCLUSION

Objective 1, a significant concern is the disparity in remuneration for school doctors. Classified within the educational sector, they often receive lower salaries compared to their counterparts in healthcare institutions. This discrepancy is compounded by their exclusion from additional bonuses allocated to local government service employees which can impact job satisfaction and retention. The study reveals crucial insights into the role, challenges, and working conditions of school doctors within the legal framework. While school doctors are recognized and hold specific responsibilities defined in the legal standards, these have not been sufficiently adapted to effectively address varied factors such as workload, school locations, and other situational conditions. The defined role of a school doctor which encompasses 21 responsibilities divided between the functions of a hygienist and a public health specialist, highlights the multifaceted nature of their duties. However, this broad scope of responsibilities does not always align with the practical realities and challenges faced in different school environments. The standards related to school health services can be more dynamic and responsive to actual and specific conditions of schools.

The Mongolian Standard for General Education School Environment Safety General Requirements 2019 (MNS 6782:2019), represents a significant advancement from previous guidelines, introducing critical improvements such as a

dedicated doctor's office and enhanced health monitoring tools. However, effective implementation of these standards, regular monitoring of these standards and the awareness of these changes among professionals have been inconsistent. This update to the framework incorporates essential provisions such as the establishment of a doctor's office within schools, the implementation of student health cards, offsetting up card filing cabinets, and incorporating comprehensive public health training and promotion packages. The inspection for the school doctor's office is routinely done by MOH only for some high or medium-risk schools. However, there is no accountability or punishment for unmet standards in school except for sending inspection reports with required actions. Local governors also receive the same report but rarely respond. However, the legal environment for accountability to quality of services and protection for students in both school staff and the governors is eligible. Thus, the development and enforcement of relevant ordinances and regulations for the effectiveness and quality of health services and monitoring may help actual improvement at schools.

Furthermore, the Law on Preschool and General Education enforces a significant mandate that all staff members, regardless of their positions are responsible for minimizing risks to students, ensuring their health and safety, and supporting the oversight roles of school administrators and other personnel. This law is particularly noteworthy for including health monitoring, examination, and diagnosis of primary school students as part of local government responsibilities. Regrettably, in practice, numerous professionals have yet to commence registration and monitoring and remain uninformed about the legislative reforms. As per Article 10 of the General Law on Education, obtaining parental consent is a prerequisite for receiving psychological counseling and support. Consequently, there are risks of reluctance to provide psychological care, which may impede access to assistance and result in time loss.

Within the framework of Objective 2, a critical issue identified is the lack of designated doctors in some schools, despite the prescribed duties outlined in their roles. This lack is partly attributed to the issues presented in the **Ministry of Education, Culture, Sports, Science Order No. A/024/11 of 2018**, particularly regarding staffing standards, leading to dismissals and the shortage of doctors in specific schools. Despite the demanding workload faced by school doctors, they encounter common challenges including issues related to salary, lack of additional incentives, insufficient organizational support, subpar working conditions, limited opportunities for professional careers, fewer chances to renew medical certifications periodically, and shortages of substitutes. These factors greatly influence the efficiency and health service delivery and student health results. Moreover, there is an acknowledgment of the necessity for the Ministry of Health to expand its assistance to doctors and specialists operating beyond the healthcare field, such as those engaged in education, training, the private sector, and other domains.

The assessment underscores notable absence of a cohesive school health policy that effectively bridges the education and healthcare sectors.

This gap highlights the need for more integrated and comprehensive health planning within schools. There is an urgent need to develop a holistic approach, focusing on children's nutrition, physical well-being, the establishment of supportive environments, and the ensuring the availability of spaces for relaxation for students' rest. It might be eloquent that a whole-school approach that is well-recognized in other countries is necessary for the long term since healthy and supported students can reach their potential to the fullest rather than merely focusing on lessons and classes. The Ministry of Education's planning role may involve a crucial need to integrate training sessions and materials into support programs that tackle social and health-related issues. Also, conclusion suggests prioritizing flexible and responsive planning that takes into account unique factors such as the distance between school facilities, student enrollment, particularly for rural area schools.

Emphasizing the effectiveness of school health services, the conclusion advocates for collaborative teamwork of school staff, communication, and cooperation with parents. This collaborative effort, coupled with diligent monitoring of the outcomes of preventive examinations is essential for enhancing the overall efficacy of school health services. In addition, digital health records that just started at some schools can be used as a foundation for referral, surveillance, and reporting as official information.

Within the framework of Objective 3 reveals key areas of concern regarding health infrastructure and practices in schools. A significant finding is the insufficient availability of doctor's offices, isolation rooms, and the necessary medications and equipment as stipulated by the standards. This shortfall highlights critical gaps in the health infrastructure within educational institutions. Moreover, the conclusion points to a general lack of comprehensive knowledge and information awareness of relevant health laws, regulations, and related orders among educational professionals. This gap in knowledge can impede the effective implementation of health policies and practices in schools. Despite the crucial role of school doctors in the monitoring of infectious diseases is acknowledged, yet there are inconsistencies in executing registration and surveillance activities. Given the substantial number of students spending extended periods in classrooms, which represent high-risk environments for the spread of infectious diseases, the emphasis on risk reduction and effective response is of paramount importance. This includes ensuring the readiness and availability of essential resources and planning for potential health risks. Additionally, it was essential to establish and implement regular measures aimed at preventing both infectious and non-infectious diseases at the school setting. The conclusion notes the need for effective information dissemination, creation of isolation spaces, provision of disease information sheets, maintenance of students' health records, and establishment of feedback systems involving parents and teachers. These measures are integral to a comprehensive health strategy in schools and might require a proactive approach from school administration and staff. Regarding medical care, a few doctors issue a medical leave of absence for students and advise a visit to the local family district

hospital. However, a considerable portion of school doctors' time is reportedly spent on non-medical duties such as overseeing food programs and ensuring cleanliness and hygiene, this distribution of tasks may impact the efficiency and focus of medical care provided in schools. A notable concern is the inconsistency in the availability of medical supplies necessary for school doctors to fulfill their roles effectively. Particularly in schools like soum level, the shortage of essential medical supplies is a significant challenge that needs urgent addressing. In the contrast, the ownership of the school might influence the difference in terms of service availability for students. The private-owned school was well equipped with necessary items and drugs besides the small number of students for a doctor.

Under Objective 4, findings highlight a critical gap in the understanding and expectations of parents, guardians, and students regarding the scope of school health services. Parents and guardians demonstrated a limited awareness of the full range of health services provided in schools, indicating a significant need for enhanced communication and education in this area. Furthermore, parents expressed a strong desire for more frequent and detailed updates on health-related activities within the school setting. Students' health and well-being hugely depend on parents' and guardians' understanding of the importance of health and regular family support. Thus, mutual understanding and cooperation from school staff and parents are essential for sustaining the health services at school and can be strengthened through proper information channels.

A recurrent theme among parents is the importance of instilling hygiene practices and the need for effective training and education in crucial areas such as reproductive health for adolescents. Another major concern is the attention to students' eating habits and nutrition, particularly, middle and high school students to promote healthier eating within the school premises. In general, the unavailability of nutritious meal options within the school exacerbates these health service gaps.

At soum School, specific challenges were identified, such as the use of outdoor wooden latrines, inadequate classroom heating, resulting in cold and uncomfortable classrooms, the absence of handwashing facilities, and the inconvenient location of the school doctor's office. These infrastructure and resource deficiencies directly impact student health, well-being, and comfort.

While students usually are familiar with the presence of a school doctor's office, the reality of the service experienced often falls short. However, common issues persist, including incomplete examinations by the doctor, failure to provide comprehensive information or consulting for students, and shortages of necessary medicines, equipment, and infrastructure in the school environment.

The services students expect from the school doctor primarily include their

presence at the workplace and readily available when needed, as well as the availability of necessary medicines and examination equipment. Beyond medical care, middle and high school students voiced a desire for participation in the lunch program, access to changing rooms, and comprehensive health educational support. This includes private counseling on reproductive and psychological issues reflecting a broader expectation of health support in a holistic way in the school environment.

FIVE. RECOMMENDATION

1. Standardization of school health policy

- Develop unified national standards and guidelines for School Health Program
- Adopt WHO guidelines for SHS in the country by utilizing the menu of interventions outlined in the WHO guidelines.
- Develop implementation plan with proper budget allocation with multi-sectoral approach
- Student health cards can serve as a solution for enabling systematic health monitoring, facilitating early detection and management of health issues, and integrating health data management.

2. Supportive Environment at schools

- Regularly supply the essential tools, medications, and supplies necessary for daily operations, including isolation rooms, beds, and equipment.
- Establish an environment and classroom conducive to relaxation, physical activity, and peer support.
- Adolescent health clinics in hospitals can also serve as a solution for addressing concerns related to school-based health services; alternatively, a combination approach can be adopted.
- Enhancing the accessibility of school environments for students with special needs

3. Human Resources development and empowerment

- The description of the school doctor's role and the staffing norms should be updated, discussed, and finalized comprehensively, considering the unique characteristics, conditions, needs, and research findings of each school.
- When reassessing the appropriate number of school doctors, considerations should include the student population, as well as the distance, location, and environment of the school facilities.

- Increasing the salary scale for school doctors and providing additional financial and social support and assistance should be prioritized, to align it at least with the compensation received by doctors working in healthcare institutions.
- Long term career support and incentives for School doctors

4. Cooperation and engagement of relevant parties

- While relevant laws stipulate the governor's involvement in overseeing the quality and outcomes of school services, including electronic health records, surveillance, and control, pertinent implementation procedures and documents do not address this aspect. In the doctor's job description, consider incorporating a meaningful provision to address and resolve issues related to school health services in collaboration with the governor's office, district governor, and relevant governmental authorities.
- School-teacher-parents structure formulation (mutual understanding, decision-making) The school should communicate health-related activities and students' well-being to parents and guardians, encouraging their active involvement and participation in collaborative initiatives.
- Home care issues (parents' education, healthy meal, support) Parents also should ensure the health of their child by providing nutritious food, providing breakfast, and fostering
- Parents should cultivate their own health education and behaviors and serve as role models for their children. good habits in the home environment through attention to cleanliness and hygiene.
- Provide health education tailored to the age, interests, and needs of students, and subsequently integrate it into other school activities and curricula to foster habitual engagement.

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SEVEN. APPENDICES

APPENDIX 1. DESK REVIEW TEMPLATE

This Desk review template is designed for legislation, policy content, and gaps for strengthening school health services in Mongolia under UNFPA CO contract MNG/IC/2024/001								
#	Sections	Laws	Regulations/ Guidelines	Policies/ Standards	Programs/ Plans	Grey literature/ Other	Notes	
I.	Concept & framework							
1	Terms of SHS							
2	Framework of SHS							
3	Other							
II.	Changes & significant milestones							
5	Human resources							
6	Physical resources							
7	Financing & insurance							
8	Supply							
9	Other							
III. Content								
11	Availability & accessibility							
12	Quality of services							
13	Health prevention & promotion							
14	Disease control & surveillance							
15	Topics							
16	Other							
IV.	Collaboration and support							
18	Multisector or intersectoral engagement							
19	Non-government organization status& inclusion							
20	Parents' or guardian's involvement& responsibility							

APPENDIX 2. KII GUIDE

KEY INFORMANT INTERVIEW GUIDE

A. GUIDE

Key Components	Notes
Thank you	I want to thank you for taking the time to meet with me today.
Self-introduction	My name is OYUNCHIMEG Erdenee and I am working as a national consultant for assessment.
Purpose	I would like to talk to you about your experiences in School health services. Specifically, I am assessing **SHS and explore the opinion of policymakers on the main directions, current situation and gaps** in order to strengthening future interventions.
Confidentiality	All responses will be kept confidential. This means that your interview responses will only be shared with me and I will ensure that any information I include in our report does not identify you as the respondent.
Duration	The interview should take approximately 30 minutes.
How interview will be conducted	I will be taping the session. I would like to record interview because I don't want to miss any of your comments. Is it okay to use audio recording? Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.
Opportunity for questions	Are there any questions about what I have just explained?
Signature of consent	Are you willing to participate in this interview? Collect the consent form

B. BACKGROUND INFORMATION

Interview information
Date and time of interview
Interviewer name
Interviewer signature
Participant information
Name of organization
Name of key informant
Job title
Participant's job experience at the organization (N year)

C. GUIDING POINTS FOR THE INTERVIEW

1. **What are the main guiding laws and policy documents and future direction of SHS?**
    a. Major guiding and supporting documents for SHS
    b. Policy direction by the government

2. **What are the current SHS mechanism and main issues?**
    a. Main areas of existing SHS delivery
    b. Highlights or major changes for SHS mechanism
    c. Main issues policy makers currently facing

3. **What are the needs and gaps in existing policies and programs for SHS delivery? What must be done to address the needs and gaps?**
    a. Priority needs and gaps for SHS strengthening
    b. Important points and comment with regards to improving SHS
    c. Suggestion and recommendation for further action

4. **Collaboration of relevant ministries and agencies**
    a. Commitment and integrated planning from both parties on collaboration
    b. Other points and comments related to collaboration

Wrap-up and ending signal : We are almost at the end of our interview. Would you like to add anything else or propose any recommendations or feedback related to the questions we discussed?

Thank you for your precious time and services for SHS

The end

APPENDIX 3. IDI FOR SCHOOL STAFF

QUESTIONNAIRE FOR IN DEPTH INTERVIEW OF SCHOOL STAFF

1. GUIDE

Key Components	Notes
Thank you	I want to thank you for taking the time to meet with me today.
Self-introduction	My name is OYUNCHIMEG Erdenee and I am working as a national consultant for this assessment.
Purpose	I would like to talk to you about your experiences in School health services. Specifically, I am assessing **SHS delivery and explore the opinion of school employees** in order to strengthening interventions.
Confidentiality	All responses will be kept confidential. This means that your interview responses will only be shared with me and I will ensure that any information I include in our report does not identify you as the respondent.
Duration	The interview should take approximately 30 minutes.
How interview will be conducted	I will be taping the session. I would like to record interview because I don't want to miss any of your comments. Is it okay to use audio recording? Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.
Opportunity for questions	Are there any questions about what I have just explained?
Signature of consent	Are you willing to participate in this interview?

2. BACKGROUND INFORMATION

Interview information
Date and time of interview
Interviewer name
Interviewer signature
School and participant information
School code for the school:
School number or name:
Elementary/Secondary/High
Urban/ Rural
Ownership (public/private):

Location of school:		
Total number of students:	N male:	N female:
Total number SHS related employee		
Participants information		
Participants gender and age		
Participants job title		
Participant's job experience at this school (N of year)		

INTERVIEW BY GUIDING QUESTIONS

Response 1:

Response 2:

Response 3:

Response 4:

Response 5:

Response 6:

Response 7:

Response 8:

Response 9:

Response 10:

Wrap-up and ending signal : We are almost at the end of our interview. Would you like to add anything else or propose any ideas or feedback related to the topics we discussed?

Thank you for your precious time and contribution!
The end

APPENDIX 4. OBSERVATION CHECKLIST

OBSERVATION CHECKLIST FOR SCHOOL HEALTH SERVICE

Instruction

- Tick √ in the Yes and No options.
- Write the appropriate number according to the given unit (pieces, ml, etc.).
- Calculate the total score for each column.

School information		
School code for the school:		
School number or name:		
Elementary/Secondary/High		
Urban/ Rural		
Ownership (public/private):		
Location of school:		
Total number of students: female:	N male:	N

First. Compilation and use of relevant legal and policy documents					
			Yes	**No**	**Description**
1.1	Education Law /Revised edition/ 2023 **/Paper and electronic form/**				
1.2	On pre-school and general education /Revised edition/ **/Paper and electronic form/**				
1.3	General requirements for the safety environment of the general education school MNS 6782:2019 **/Paper and electronic form/**				
1.4	Joint order of the Minister of Health and Minister of Education, Culture, Science and Sports No. A/494, A/761/ **/Paper and electronic form/**				
1.5	Order No. A139 of the Ministry of Health "Procedures for the organization of early detection examinations, tests, and diagnostics for the prevention of infectious and non-infectious diseases that occur in accordance with the age of the population and the health risk" **/Paper and electronic form/**				
1.6	Health Law **/Paper and electronic form/**				
1.7	Immunization Law **/Paper and electronic form/**				
1.8	Laws, orders, regulations and action plans related to infectious diseases **/Paper and electronic form/**				
Second. Management and planning					
	Background	**Indicators and criteria**	**Yes**	**No**	**Description**

2.1	Law of Mongolia on health 25.1, Order of the Minister of Health No. A/388 of 2009 Joint order of the Minister of Health, Minister of Education, Culture, Science and Sports No. A/494, A/761/	Is a **doctor junior or senior**?			
2.2		**Full-time employee ?**			
2.3		Attended basic training and **have a license** as a treating physician			
2.5	Joint order of the Minister of Health, Minister of Education, Culture, Science and Sports No. A/494, A/761/ Order of the Minister of Health No. A/527 of 2018	**Is planning** approved based on documents for prevention of communicable and non-communicable diseases			

2.6	Order of the Minister of Health No. A/527 of 2018, Joint order of the Minister of Health, Minister of Education, Culture, Science and Sports No. A/494, A/761/	Is there an infectious disease **case registration form**?			
2.7		Whether there is a defined scheme or diagram with **information flow** in case of infectious diseases			
2.8		In the case of reported infectious diseases, whether **prevention and emergency response** measures are organized in cooperation with health institutions			
2.9		Whether there is a **record of confirmed cases of infectious diseases** among students			
2.10		Are there any **notes, reports, or records informing students** of health policies, laws, regulations, programs, orders, and decisions?			

Third. Infrastructure, resources and availability					
			Yes	**No**	**Description**
3.1	General requirements for the safety environment of the general education school MNS 6782:2019	Is the doctor's office close to a sink for washing hands?			Distance from toilet (meters)-

3.2		Medicines and bandages needed for first aid and medical services are available /A closet/	1. Emergency kit	1 u			
			2. Cordiamine	2 u			
			3. Analgin	5 u			
			4. Vikasol	5 u			
			5. Novocain	20 u			
			6. Round plate	2 u			
			7. Calcium gluconate	5 u			
			8. Denatured alcohol	100-200 ml			
			9. Bandage, cotton, each	5 u			
			10. Iodine and methyl blue	10–200 ml			
			11. Thermometer	2 u			
			12. Loudspeaker	2 u			
			13. Disposable needles and syringes	10 u			
			14. powder	20 u			
			15. Paracetamol	20 tab			
			16. Ibuprofen	10 tab			
			17. Noshpa	20 tab			
			18. Mezimforte	20 tab			
3.3		Tools needed for the doctor's daily examination	1. Blood Pressure device and stethoscope	1 u			
			2. Pulmonary capacity meter	1 u			
			3. Nozzles and sterilizers for lung capacity measuring devices	20 u			
			4. Oxygen capacity meter	5 u			

			5. Body weight and height meter	1 u			
			6. Waist measuring tape	3 u			
			7. Hand and back strength meter	1 u			
			8. Tables and instruments for visual inspection	1 package			
			9. Tanita device	1 u			
			10. Inspection registration form and journal	According to need			
			11. Tongue depressor	100 u			
3.4		Is there a separate room	1. Inspection bed	1 u			
			2. Gloves	1 box			
			3. Masks/filtered and non-filtered/	1 box			
			4. Syringes, needles and drip systems	20 u			
			5. Emergency kit	1 u			
			6. Medicines and injections for emergency use	According to need			
			7. Respiratory equipment	2 u			
3.5		Doctor's Room Stock Status	1. Inspection bed				
			2. Workplace clothing				
			3. Computers and accessories				
			4. Tables and chairs				
			5. Card storage locker				
			6. Stationery				

3.6		Whether the menstrual emergency kit for girls has been deployed			
3.7	Law on human rights of persons with disabilities, Health Law	Are the physical infrastructures of SHS easily accessible to students and parents with disabilities? If so, attach photo			
3.8	Health Law	Is the private room or space for confidential counseling and examination for SHS? If so, attach photo			

Fourth. Training and promotion					
4.1	3.7 of Order A/358 of 2014 and 4 of Order No. A/216 of 2012 of the Minister of Health	Is there a specific plan for training and promotion for students, teachers, staff and parents?			
4.2	3.7 of Order A/358 of 2014 and 4 of Order No. A/216 of 2012 of the Minister of Health	Whether training and advertising is organized to teach students about proper hand washing habits			Total number of students enrolled- How many times-
4.3	Joint order of the Minister of Health, Minister of Education, Culture, Science and Sports No. A/494, A/761/ General requirements for the safety of the general education school environment MNS 6782:2019	Whether there is material to organize and distribute primary and public health education for students **/Paper and electronic form/**			Type and form of material- Topic and content-

4.4	Joint order of the Minister of Health, Minister of Education, Culture, Science and Sports No. A/494, A/761/	Whether there are records, reports, or records of reproductive health information, training, and promotion organized according to the student's age, gender, and physical development.			Total number of students enrolled- How many times- Topic-
4.5		Whether professional and methodological assistance is provided to health teachers in organizing health education courses (plan, report)			Total number of students enrolled- How many times- Topic-
4.6	Articles 14 and 15 of the Law on the Rights of Persons with Disabilities, 6.3 of Article 6 of the Law on Preschool and General Education	Are there any notes, reports, and records of training conducted according to individual plans and programs that are suitable for the characteristics and needs of disabled students?			Total number of students enrolled- How many times- Topic-
Fifth. Health care, surveillance and evaluation					
5.1	6.1–6.2 of the Order of the Minister of Health No. A/216 of 2012	Whether students, teachers, and staff are subjected to health check-ups and health and fitness activities are organized and the results are discussed.			
5.3		Is there attendance record control record or not			
5.4		Is there a follow-up record of recovery			
5.5		Whether to contact a health care institution and seek advice			

5.6	Joint order of the Minister of Health, Minister of Education, Culture, Science and Sports No. A/494, A/761/	Whether health screenings such as oral health, weight and height measurements, and eye examinations are performed as scheduled			
5.7		Whether there is a report or a note that gives advice to class teachers and parents about the health check-up			
5.8		Is there a student health card?			
5.9	6.1–6.2 of the Order of the Minister of Health No. A/216 of 2012	Monitor the implementation of sanitary and hygienic requirements and relevant standards of the school canteen			
5.10		Is there a record/report of arrangements for voluntary immunization of students			
5.11	Law of Mongolia on health 4.4.1, 4.4.2, 4.4.3, 4.4.4, Joint order of the Minister of Health, Minister of Education, Culture, Science and Sports No. A/494, A/761/	Is there a plan and record of decontamination and disinfection at the school?			
5.12	Health Law	Have an confidentiality form ?			

APPENDIX 5. IDI FOR PARENTS/GUARDIANS

QUESTIONNAIRE FOR IN DEPTH INTERVIEW OF PARENTS/GUARDIANS

1. GUIDE

Key Components	Notes
Thank you	I want to thank you for taking the time to meet with me today.
Self-introduction	My name is OYUNCHIMEG Erdenee and I am working as a national consultant for assessment.
Purpose	I would like to talk to you about your experiences in School health services. Specifically, I am assessing **actual health care service delivery and explore the opinion of students and parents on the school health program and their priorities** in order to strengthening future interventions.
Confidentiality	All responses will be kept confidential. This means that your interview responses will only be shared with me and I will ensure that any information I include in our report does not identify you as the respondent.
Duration	The interview should take approximately 30 minutes.
How interview will be conducted	I will be taping the session. I would like to record interview because I don't want to miss any of your comments. Is it okay to use audio recording? Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.
Opportunity for questions	Are there any questions about what I have just explained?
Signature of consent	Are you willing to participate in this interview?

2. BACKGROUND INFORMATION

Interview information
Date and time of interview
Interviewer name
Interviewer signature
School and participant information
School code for the school
School number or name
Elementary/Secondary/High

Urban/ Rural
Ownership (public/private)
Location of school
Participants information
Participant's age and gender
Duration of participant's child attendance at school

INTERVIEW BY GUIDING QUESTIONS

Response 1:

Response 2:

Response 3:

Response 4:

Response 5:

Response 6:

Wrap-up and ending signal : We are almost at the end of our interview. Would you like to add anything else or propose any ideas or feedback related to the topics we discussed?

Thank you for your precious time and contribution!

The end

APPENDIX 6. FGD GUIDE

FOCUS GROUP DISCUSSION GUIDE

A. GUIDE

Key Components	Notes
Thank you	I want to thank you all for taking the time to meet with me today.
Self-introduction	My name is OYUNCHIMEG Erdenee and I am working as a national consultant for this assessment.
Purpose	I would like to talk to you about your experiences in School health services. Specifically, I am assessing **SHS. FGD is aimed to collect your input to this assessment for strengthening SHS for future.**
Confidentiality	All responses will be kept confidential. This means that your interview responses will only be shared with me and I will ensure that any information I include in our report does not identify you as the respondent.
Duration	The interview should take approximately 30 minutes.
How interview will be conducted	I will be taping the session. I would like to record interview because I don't want to miss any of your comments. Is it okay to use audio recording? Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.
Opportunity for questions	Are there any questions about what I have just explained?
Signature of consent	Are you all willing to participate in this interview? Collect the consent form

B. INFORMATION

Interview information
Date and time of interview
Interviewer name
Interviewer signature
School information
School code for the school:
School number or name:
Elementary/Secondary/High
Urban/ Rural
Ownership (public/private):

Focus group information
Composition of group

No	Participants code	Gender	Age	Grade	Signature

Rules and consideration during FGD

- There are no right or wrong answers. Every person's experiences and opinions are unique and important.
- Please speak in orderly manner to allow me make a note
- I will be audio recording the group for purpose of not missing everything you said.
- What is said in this room stays here and confidential as stated in the consent form

QUESTIONS FOR FGD

Question 1: How familiar are you about SHS? Do you know where school doctor's room are? How often do you visit or consult with school doctor in at your school?

	Responses
Participant 1	
Participant 2	
Participant 3	

Question 2: What range of SHS are available in your school? How do you know?

	Responses
Participant 1	
Participant 2	
Participant 3	

Question 3: How accessible and inclusive is SHS for all students, including those with diverse needs or backgrounds?

	Responses (select relevant services letters below)
Participant 1	
Participant 2	
Participant 3	

Question 4: Have you received any kind of SHS for last 6–12 months?

	Responses (select relevant services)
Participant 1	
Participant 2	
Participant 3	

A. Screening or preventive examination

B. Information, education, training and counseling

C. Medical services (minor injuries, drug for symptoms, etc)

D. Other

Question 5: What should be priority activities for SHS from your point-of-view?

	Responses (select relevant services letters below)
Participant 1	
Participant 2	
Participant 3	

Question 5: What barriers have you faced in accessing SHS? What are your recommendations for an optimal and friendly SHS in your school?

	Responses
Participant 1	

Participant 2	
Participant 3	

Wrap-up and ending signal : We are almost at the end of our interview. Would you like to add anything else or propose any ideas or feedback related to the topics we discussed?

Thank you for your precious time and contribution

The end

APPENDIX 7. IDI FOR DOCTOR AT ADOLESCENT CABINET AT DISTRICT HOSPITAL

QUESTIONNAIRE FOR IN DEPTH INTERVIEW OF DOCTOR AT ADOLSCENT CABINET

1. GUIDE

Key Components	Notes
Thank you	I want to thank you for taking the time to meet with me today.
Self-introduction	My name is OYUNCHIMEG Erdenee and I am working as a national consultant for this assessment.
Purpose	I would like to talk to you about your experiences in School health services. Specifically, I am assessing **SHS delivery and explore the opinion** in order to strengthening interventions.
Confidentiality	All responses will be kept confidential. This means that your interview responses will only be shared with me and I will ensure that any information I include in our report does not identify you as the respondent.
Duration	The interview should take approximately 30 minutes.
How interview will be conducted	I will be taping the session. I would like to record interview because I don't want to miss any of your comments. Is it okay to use audio recording? Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.
Opportunity for questions	Are there any questions about what I have just explained?
Signature of consent	Are you willing to participate in this interview?

2. BACKGROUND INFORMATION

Interview information
Date and time of interview
Interviewer name
Interviewer signature
Hospital and participant information

Hospital code for the school:
Hospital number or name:
Location of hospital:
Participants job title:
Participant's job experience at this hospital (n of year):

INTERVIEW BY GUIDING QUESTIONS

Response 1:

Response 2:

Response 3:

Response 4:

Response 5:

Response 6:

Response 7:

Response 8:

Response 9:

Wrap-up and ending signal : We are almost at the end of our interview. Would you like to add anything else or propose any ideas or feedback related to the topics we discussed?

Thank you for your precious time and contribution!

The end

APPENDIX 8. INTERVIEW CONSENT FORM

School Health Service in Mongolia MNG/IC/2024/001

INTERVIEW CONSENT FORM

Thank you for agreeing to be interviewed as part of the assessment of School Health Services in Mongolia. This assessment primarily aims to explore the current situation of health services at school. This consent form is necessary to make sure that you understand the purpose of your involvement and that you agree to the conditions of your participation.
Would you sign this form to certify that you approve the following:

- the interview will be recorded, a transcript will be produced and analyzed
- any summary interview content or direct quotations from the interview will be anonymized so that you cannot be identified, and care will be taken to ensure that other information in the interview that could identify you is not revealed
- all or part of the content of your interview may be used in an archive of the assessment as noted, in the assessment report

By signing this form, I agree that;

	I am voluntarily taking part in this assessment. I understand that I don't have totake part, and I can stop the interview at any time; The transcribed interview or extracts from it may be used as described above;
	I don't expect to receive any benefit or payment for my participation;
	I have been able to ask any questions I might have, and I understand that Iam free to contact the researcher with any questions I may have in the future.

The interview will take around 30 minutes. We don't anticipate that there are any risks associated with your participation, but you have the right to stop the interview or withdraw from the research at any time.

Participants Signature **Date**

Researchers Signature **Date**

Oyunchimeg Erdenee
Tel:99190928
Oyunchimeg2186@gmail.com

APPENDIX 9. ASSESSMENT MATRIX

Findings	Question	Data Collection Method	Data Source	Data Collection Tool	Data Analysis
Specific Objective 1: School health concept in the context of laws, policies, strategies, and programs of the Ministry of Health and Ministry of Education.					
Legislation changes and policy content, and gaps for strengthening school health services in Mongolia	1. How is the concept of SHS defined and integrated within national legislation?	Desk review	Laws of Mongolia on Education and Health (amendment); and other laws, regulations and other documents	**Appendix-1. Desk review template**	Descriptive analysis
	2. What are the main components/contents of SHS?	Desk review	Laws of Mongolia on Education and Health (amendment); and other laws, regulations and other documents	**Appendix-1. Desk review template**	Descriptive analysis
	3. What are the recent legislative updates relevant to SHS, and how do they influence current practices in the country?	Desk review	Laws of Mongolia on Education and Health (amendment); and other laws, regulations and other documents	**Appendix-1. Desk review template**	Descriptive analysis
	4. What are the legal regulations, standards, and guidelines are currently shaping SHS and how do they align with international standards?	Desk review	Laws of Mongolia on Education and Health (amendment); and other laws, regulations and other documents	**Appendix-1. Desk review template**	Descriptive analysis
	5. How are SHS aspects and priorities reflected in the current health and education sector policies, plans, strategies?	Desk review	Education and health policies, plans and strategies	**Appendix-1. Desk review template**	Descriptive analysis

Findings	Question	Data Collection Method	Data Source	Data Collection Tool	Data Analysis
	6.Have legislation and standards included fundamental resources for SHS?	Desk review	Laws of Mongolia on Education and Health (amendment); and other laws, regulations and other documents	**Appendix-1. Desk review template**	Descriptive analysis
	7. What are roles and responsibilities are assigned to schools and other parties in the provision of SHS?	Desk review	Laws of Mongolia on Education and Health (amendment); and other laws, regulations and other documents	**Appendix-1. Desk review template**	Descriptive analysis
Specific Objective 2: To seek the opinion of policymakers, doctor at healthcare cabinet, school managers, and school health doctors on the current health service delivery mechanism through schools, the strengths, gaps, and recommendations for improvement.					
A. Opinion on needs, gaps, strategic direction for SHS from policymakers of MOES and MOH	1.What are the main guiding laws and policy documents and future direction of SHS?	Key informant interview (KII)	Qualitative data collected through KIIs	**Appendix-2. KII guide**	Thematic analysis
	2.What are the current SHS mechanism and main issues?	Key informant interview (KII)	Qualitative data collected through KIIs	**Appendix-2. KII guide**	Thematic analysis
	3.What are the needs and gaps in existing policies and programs for SHS delivery? What must be done to address the needs and gaps?	Key informant interview (KII)	Qualitative data collected through KIIs	**Appendix-2. KII guide**	Thematic analysis
	4. How do relevant ministries and agencies collaborate on SHS delivery?	Key informant interview (KII)	Qualitative data collected through KIIs	**Appendix-2. KII guide**	Thematic analysis

Findings	Question	Data Collection Method	Data Source	Data Collection Tool	Data Analysis
B. Opinion of school staff (school manager/teacher, doctor/ psychiatrist)	5. What national standards and guidelines available and guide the SHS delivery?	In-depth interview (IDI)	Qualitative data collected through IDI with school employee	**Appendix 3. IDI for school staff**	Thematic analysis
	6. How do you describe SHS activities at your school?	IDI	Qualitative data collected through IDI with school employee	**Appendix 3. IDI for school staff**	Thematic analysis
	7. What do you think is the current mechanism of SHS and the range of services in your school?	IDI	Qualitative data collected through IDI with school employee	**Appendix 3. IDI for school staff**	Descriptive analysis
	8. What significant changes or strengths have occurred in SHS?	IDI	Qualitative data collected through IDI with school employee	**Appendix 3. IDI for school staff**	Thematic analysis
	9. What improvements in SHS delivery are needed? If yes, please specify why and what areas.	IDI	Qualitative data collected through IDI with school employee	**Appendix 3. IDI for school staff**	Thematic analysis
	10. In your opinion, what actions/ interventions can support better SHS delivery at the school?	IDI	Qualitative data collected through IDI with school employee	**Appendix 3. IDI for school staff**	Thematic analysis
	11. What is your role at school in terms of SHS? Do you find any difficulties regarding your role and tasks for SHS? How could these be addressed?	IDI	Qualitative data collected through IDI with school employee	**Appendix 3. IDI for school staff**	Thematic analysis
	12. What are the perceived gaps in SHS, and which services are considered lacking or under-provided.	IDI	Qualitative data collected through IDI with school employee	**Appendix 3. IDI for school staff**	Thematic analysis

Findings	Question	Data Collection Method	Data Source	Data Collection Tool	Data Analysis
	13. Does the school has tailored SHS to the specific needs of students (ethnic minority, diverse disabilities, etc)	IDI	Qualitative data collected through IDI with school employee	**Appendix 3. IDI for school staff**	Thematic analysis
	14. Do you have recommendations or comments for enhancing SHS at your school?	IDI	Qualitative data collected through IDI with school employee	**Appendix 3. IDI for school staff**	Thematic analysis
C. Opinion of doctor at the adolescent cabinet	15. What national standards and guidelines available and guide the SHS delivery?	IDI	Qualitative data collected through IDI with doctor at the healthcare cabinet	**Appendix 7. IDI for doctor at Adolescent & Youth healthcare cabinet**	Thematic analysis
	16. What do you think is the current mechanism of SHS and the range of services in your hospital?	IDI	Qualitative data collected through IDI with doctor at the healthcare cabinet	**Appendix 7. IDI for doctor at Adolescent & Youth healthcare cabinet**	Thematic analysis
	17. How many staff work in this healthcare cabinet for Adolescent & Youth?	IDI	Qualitative data collected through IDI with doctor at the healthcare cabinet	**Appendix 7. IDI for doctor at Adolescent & Youth healthcare cabinet**	Thematic analysis
	18. Does the cabinet provide psychological support to adolescent & youth regularly?	IDI	Qualitative data collected through IDI with doctor at the healthcare cabinet	**Appendix 7. IDI for doctor at Adolescent & Youth healthcare cabinet**	Thematic analysis
	19. How do you collaborate with School doctor; how often do you communicate with school staff for student health?	IDI	Qualitative data collected through IDI with doctor at the healthcare cabinet	**Appendix 7. IDI for doctor at Adolescent & Youth healthcare cabinet**	Thematic analysis

Findings	Question	Data Collection Method	Data Source	Data Collection Tool	Data Analysis
	20. In your opinion, what actions/ interventions can support better collaboration between school and hospital?	IDI	Qualitative data collected through IDI with doctor at the healthcare cabinet	**Appendix 7. IDI for doctor at Adolescent & Youth healthcare cabinet**	Thematic analysis
	21. What are the perceived gaps in SHS, and which services are considered lacking or under-provided for adolescent & youth?	IDI	Qualitative data collected through IDI with doctor at the healthcare cabinet	**Appendix 7. IDI for doctor at Adolescent & Youth healthcare cabinet**	Thematic analysis
	22. Does the cabinet has tailored health services to the specific needs of students (ethnic minority, diverse disabilities, etc)?	IDI	Qualitative data collected through IDI with doctor at the healthcare cabinet	**Appendix 7. IDI for doctor at Adolescent & Youth healthcare cabinet**	Thematic analysis
	23. Do you have recommendations or comments for enhancing SHS at your school?	IDI	Qualitative data collected through IDI with doctor at the healthcare cabinet	**Appendix 7. IDI for doctor at Adolescent & Youth healthcare cabinet**	Thematic analysis
Specific Objective 3: To assess the actual health care service delivery in selected schools, including the infrastructure, services provided, surveillance and monitoring, referrals, and recording and reporting mechanism.					
Observation for actual SHS delivery at selected sites	24. How do the selected schools' SHS align with the relevant and available laws, standards for SHS delivery? Attach all relevant photo	Observation	Selected assessment schools	**Appendix 4. Observation check list**	Descriptive analysis

Findings	Question	Data Collection Method	Data Source	Data Collection Tool	Data Analysis
	25. Is the private room or space for confidential counseling and examination for SHS? If so, attach photo	Observation	Selected assessment schools	**Appendix 4. Observation check list**	Descriptive analysis
	26.Are the physical infrastructures of SHS easily accessible to students and parents with disabilities? If so, attach photo	Observation	Selected assessment schools	**Appendix 4. Observation check list**	Descriptive analysis
Specific Objective 4: To explore the opinion of students and parents/guardians on the school health program and their priorities to be included.					
1. Understanding and Perception of SHS					
Opinion of Parents/ Gurdian and students	27.How do students and parents understand and define the "School health service What are their perceptions of the SHS activities at their school?	IDI	Qualitative data collected through IDI with parents/guardians	**Appendix 5. IDI for parents/ guardians**	Thematic analysis
	28.What are your thoughts on the current range of SHS and services provided? Are there any areas where improvements are needed?	IDI	Qualitative data collected through IDI with parents/guardians	**Appendix 5. IDI for parents/ guardians**	Thematic analysis

Findings	Question	Data Collection Method	Data Source	Data Collection Tool	Data Analysis
	29. How familiar are you about SHS? Do you know where school doctor's room are? How often do you visit or consult with school doctor in at your school?	Focus group discussion (FGD)	Qualitative data collected through IDI with parents/guardians	**Appendix 6. FGD guide**	Thematic analysis
	30.What range of SHS are available in your school? How do you know?	FGD	Qualitative data collected through IDI with parents/guardians	**Appendix 6. FGD guide**	Thematic analysis
	2. Evaluation of Current SHS				
	31. What do you think about current SHS and range of services in the school?	IDI	Qualitative data collected through IDI with parents/guardians	**Appendix 5. IDI for parents/ guardians**	Thematic analysis
	3. Needs, Priorities, and Gaps in SHS				
	32. In your opinion, what is the main needs and priorities for SHS?	IDI	Qualitative data collected through IDI with parents/guardians	**Appendix 5. IDI for parents/ guardians**	Thematic analysis
	33.What you think the gaps or under-provided SHS for students?	IDI	Qualitative data collected through IDI with parents/guardians	**Appendix 5. IDI for parents/ guardians**	Thematic analysis
	34.Are there any suggestion for enhancing SHS delivery? If yes, please specify?	IDI	Qualitative data collected through IDI with parents/guardians	**Appendix 5. IDI for parents/ guardians**	Thematic analysis

Findings	Question	Data Collection Method	Data Source	Data Collection Tool	Data Analysis
	4.Accessibility and Inclusivity in SHS				
	35. How accessible and inclusive is SHS for all students, including those with diverse needs or backgrounds?	FGD	Qualitative data collected through IDI with parents/guardians	**Appendix 6. FGD guide**	Thematic analysis
	36. Have you received any kind of SHS for last 6–12 months? (select relevant services)	FGD	Qualitative data collected through IDI with parents/guardians	**Appendix 6. FGD guide**	Thematic analysis
	37. What should be priority activities for SHS from your point-of-view?	FGD	Qualitative data collected through IDI with parents/guardians	**Appendix 6. FGD guide**	Thematic analysis
	5.Barriers and Recommendations for SHS				
	38. What barriers have you faced in accessing SHS? What are your recommendations for an optimal and friendly SHS in your school?	FGD	Qualitative data collected through IDI with parents/guardians	**Appendix 6. FGD guide**	Thematic analysis

"Investments in the health and education of adolescents generate economic and social benefits ranging from 6- to 12-fold returns on investment" **WHO Guideline on School Health Service 2021**