
**EXTENT OF IMPLEMENTATION OF HEALTHY LEARNING
INSTITUTION (HLI) INITIATIVES IN SELECTED PUBLIC
ELEMENTARY SCHOOLS IN SOUTH BUTUAN DISTRICT: BASIS
FOR A SCHOOL HEALTH ENHANCEMENT PLAN (SHEP)**

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ABSTRACT

This study aimed to describe the implementation of the Healthy Learning Institution (HLI) program among selected public schools in South Butuan District, Division of Butuan City, using a mixed-method research approach. Specifically, it determined the level of HLI implementation in terms of healthy school policy, physical school environment, social school environment, health skills and education, links with the community, and access to healthcare. The study utilized three years of secondary data from eleven (11) selected public schools using the standardized HLI assessment tool prescribed by the Department of Education. Furthermore, qualitative data were gathered through interviews with teachers and school heads to explore their experiences, best practices, and challenges encountered in implementing the program.

The findings revealed that the selected schools consistently obtained passing marks in all identified areas of HLI implementation during School Year 2025–2026. Best practices were evident, including the provision of food and medical assistance, strengthened stakeholder partnerships, and the integration of health concepts into classroom instruction and school activities. Respondents perceived the HLI program as highly effective, citing its positive contributions to improved teaching and learning outcomes, enhanced health awareness, and better hygiene practices among learners. However, challenges such as overlapping school activities, limited financial resources, inadequate manpower, and uncertainty regarding the sustained participation of learners and parents were identified. To address these concerns, schools maximized stakeholder collaboration, strengthened partnerships, and utilized income-

generating initiatives such as the Gulayan sa Paaralan program to support program sustainability.

The study concluded that the implementation of HLI in South Butuan District has exceeded the required standards, demonstrating the commitment of schools and stakeholders toward promoting healthier learning environments. The program has significantly contributed to learners' health-seeking behaviors, overall well-being, and positive school experiences. Based on the findings, an enhancement program was developed to strengthen the sustainability and effectiveness of HLI implementation. The study recommends that DepEd administrators, school heads, and teachers utilize the findings as a basis for policy development, school improvement planning, and the continuous enhancement of health-related programs. Future researchers may further investigate the relationship between HLI implementation and learners' academic performance and expand the scope of research to other schools and divisions.

KEYWORDS: *Healthy Learning Institution, Oplan Kalusugan sa DepEd, School Health Enhancement Plan, HLI Pillars.*

INTRODUCTION

Global organizations such as the World Health Organization (WHO) and UNESCO (2021) argued that an educational system's success is inseparable from its ability to foster the physical and mental well-being of its students, personnel, and the wider community. This perspective is reflected in the 1987 Philippine Constitution (Art. XIII, Sec. 11), which elevates health to a fundamental human right by mandating a holistic, inclusive approach to healthcare for all citizens. So, today, the welfare of the children and all the staff in the schools are very vital. It is necessary for students to succeed in their studies and be pleased since the institution will provide an environment for students to learn and flourish. Healthy learning environments include physical infrastructure, safety measures, nutrition, mental health support, and a positive school climate. The combination of these characteristics contributes to the holistic development of kids and provides an enabling atmosphere to excel academically (Healthy School Campaign 2022).

The 1987 Philippine Constitution declared health as a fundamental human right and therefore, a holistic and inclusive health policy that must be implemented for all citizens (Taparan, 2020). This constitutional obligation is further actualized with Republic Act No. 11223 or the Universal Health Care (UHC) Act, which explicitly recognized schools as

healthy settings. This law requires educational institutions to comply with the specified health standards jointly prepared by the Department of Health (DOH) and the Department of Education (DepEd).

The current legal bases highlight the Philippine government's commitment to integrating health-oriented approaches in the country's education system. These orders are a complete guide for state agencies and particular schools, making them perform different health-promotion projects and activities. This is embodied in DepEd Order No. 28, s. 2018, or "Oplan Kalusugan sa Department of Education" (OK sa DepEd). This policy consolidated a range of health and nutrition activities into a single, comprehensive framework intended to maximize the delivery of services. The ultimate goal is to protect the safety and physical health of the student population and to preserve the operational effectiveness of the school environment.

Abarca (2022) stated that there are six key flagship programs that are utilized in operationalizing the OK sa DepEd framework which addresses different areas of student welfare. These are the school-based feeding program and the medical, dental and nursing services that provide direct nutritional and clinical treatment. Further, the Water, Sanitation and Hygiene in Schools (WinS) program deals with environmental health; the adolescent reproductive health, national drug education and school mental health programs give vital guidance for social, psychological and behavioral development. These six pillars are all key components of the OK sa DepEd plan. They contribute to creating a safe and supportive learning environment and strengthening school management and student resilience.

To enhance these initiatives for improving the health and nutrition of students at schools, the Department of Health (DOH) and Department of Education (DepEd) are collaborating to develop a pilot project of Healthy Learning Institutions (HLI) in the basic education area. This collaborative effort represents a move to a whole-of-government and a whole-of-society approach, recognizing that when all sectors of a community work together, the result is to enhance health outcomes. By improving these school-based partnerships, the HLI initiative will turn schools into places where health is emphasized as a key component of the educational experience; in turn, this will create healthier students who are at the same time part of more sustainable educational institutions.

Zapata (2022) stated that the institutionalization of Healthy Learning Institutions (HLI) is grounded on the Joint Administrative Order (JAO) 2022-0001. This comprehensive directive was signed by several agencies like DSWD, DepEd, CHED, LEB, TESDA and DILG to develop a common "Healthy Settings Framework." Moreover, this framework is being

piloted among selected schools and will be the revised operational framework of the expanded “OK sa DepEd” program.

To help with ensuring success in integrating these health factors, consistent monitoring is an important activity. A recently released memo (Department of Education Memorandum OM-OUOPS No. 2025-08-048) outlines the "2025 Oplan Kalusugan sa DepEd - Healthy Learning Institutions (OKD-HLI) Activities". In particular, the memo requires that schools give importance to promoting wellness and health by being implemented by schools according to their own health-related policies. Following the memo's directive to promote OKD-HLI, a variety of regional and division-level initiatives have been implemented; the majority of which were focused on conducting specialized training and closely monitoring the requirements of OKD-HLI.

The purpose of these activities is to ensure successful delivery of health education and services to students and staff. Therefore, the assessment of these implementations' quality allows the educational stakeholders to take better evidence-based decisions. These educated decisions, in turn, have a direct positive impact on the health and academic environment of the student population as a whole.

Additionally, the study sought to assess the extent of the implementation of the healthy learning institutions initiatives that has a big impact on learners' well-being and performance. This research will contribute towards promoting the general well-being and academic achievement of students through comprehending the notion of healthy learning institution, assessing its implementation and investigating its effects on students.

The framework includes broad pillars, healthy policies, physical and social environment, health education, community links, and access to health services it highlights the importance of stakeholder involvement and sustained and meaningful engagement in the planning, implementation and monitoring. But moving from policy to practice in the field is a hard challenge despite the clear mandate set out in the framework. The current monitoring efforts in 2025 and 2026 have illuminated the substantial differences in quality of implementation. While many facilities have implemented basic health checks and food programs, others are constrained by a heavy administrative burden, lack of resources and the demand for specialist teaching on mental health and psychosocial assistance.

While the HLI policy guidelines are essentially solid and very clear, they will only be fully validated by how well these guidelines are implemented and translated from concepts into effective actions across many different educational environments. This research investigates the effectiveness of the HLI initiatives through the policy-to-practice continuum by assessing

how successful the HLI initiatives have been at the last-mile elementary school HLI implementers within the South Butuan District. The intention of this analysis is to evaluate how successful these HLI policies are at the grassroots level to ensure that it appropriately illustrates HLI program success, highlights any program challenges and provide recommendations for improving existing programs. Ultimately, this research will lead to an improvement in the health and education of children who live in the geographic location of interest.

In addition, Butuan City Schools Division Office released Division Memorandum No. 540, s.2024 Healthy Learning Institution (HLI) Action Planning Workshop 2024, which aim to strengthen HLI efforts. However, the exact implementation level in the South Butuan District is still to be determined.

This practical gap highlights the need for a localized evaluation of the implementation of HLI programs in public elementary schools. Although they have been implemented in selected schools in the South Butuan District, there is limited evidence on the level of implementation of HLI activities. Thus, this study aimed to examine the execution of HLI activities and use the findings as a basis of a School Health Enhancement Plan.

The results will provide the empirical basis for the School Health Enhancement Plan (SHEP) which is a localized roadmap to improve the health status of the institution to “Outstanding” in Oplan Kalusugan sa DepEd HLI Self-Appraisal Checklist (SAC). The research ultimately contributes to the goal of the Basic Education Development Plan (BEDP) 2030 in making sure that every Filipino learner is not only academically proficient but also physically and mentally resilient.

1.1 Statement of the Problem

This study aimed to assess the effectiveness of healthy learning environment initiatives in South Butuan District elementary schools.

Specifically, it sought to answer the following questions.

What is the level of implementation of HLI among selected schools in terms of:

- 1.1 healthy school policy
- 1.2 physical school environment
- 1.3 social school environment
- 1.4 health skills and education
- 1.5 links with the community
- 1.6 access to healthcare

1. What are the best practices in implementing HLI initiatives?
2. How effective is the HLI implementation from the lens of school SGC representative?
3. What challenges do school heads and teachers encounter in implementing HLI initiatives?
4. How do the school heads and teachers cope with the challenges in implementing HLI initiatives in school?
5. Based on the findings of the study, how can the HLI implementation be enhanced?

2. METHODOLOGY

2.1 Research Design

This study used a mixed-method research design combining quantitative and qualitative methods to determine the implementation of HLI among selected schools in terms of healthy school policy, physical school environment, social school environment, health skills and education, links with the community, and access to healthcare of selected last-mile elementary HLI implementer school of South Butuan District using a standardized tool that is duly prescribed by DepEd.

The researcher used a descriptive survey method, via a questionnaire, to gather data on the school's HLI implementation. The mean was used to obtain the scores for each indicator across the six HLI Pillars of the participating school.

Moreover, the qualitative data aimed to elaborate on the quantitative findings and to explore the causes, attitudes, and experiences underpinning the why and how of the observed outcomes. Qualitative themes were used to elaborate and provide a nuanced understanding of the quantitative results, resulting in a more complete picture of HLI success. At the same time, a qualitative approach was used to provide a broad assessment of the amount of HLI implementation. A thematic analysis was used to extract themes from the qualitative data, explaining and providing context for the findings.

The integration of both quantitative and qualitative data occurred during the interpretation phase. Thus, these mixed approaches gave strong evidence to support the conclusions and recommendations.

2.2 Research Respondents

The respondents of the study were five members of the School Governing Council (SGC) (DepEd Order No. 26, s. 2022) of the eleven last-mile HLI implementer elementary schools.

They were selected using purposive sampling to ensure representation. The respondents include 1 school head, 1 faculty club representative, 1 Parent-Teacher Association (PTA) representative, 1 student government representative, and 1 external stakeholder representative, a total of 55 respondents.

During quantitative data collection, respondents are selected to quantify the school's OKD-HLI SAC by presenting relevant verification methods to the validation team. During qualitative data collection, respondents participated in the FGD to answer the questions outlined in the interview guide.

The quantitative and qualitative data gathered from the respondents were used to analyze the extent of HLI initiatives implemented and to answer the study's research objectives.

2.3 Research Locale

The study was conducted in eleven selected elementary public schools in the South Butuan District, Division of Butuan City. These eleven schools are located in the southern part of Butuan City. Its district office is located at Amparo Central Elementary School, which oversees 22 elementary schools, including the participating schools, and 6 secondary schools. In addition, these schools are identified as last-mile HLI implementer elementary schools (Division Memorandum No. 610, s.2025) and 2025 Oplan Kalusugan Sa DepEd – Healthy Learning Institutions (OKD-HLI) Activities and Submission of Self-Appraisal Checklist, which are recipients of technical and financial assistance from DOH-Caraga.

The participating schools, specifically Bitan-agan Elementary School, Tagpulangi Elementary School, San Mateo Old Elementary School, Tud-ol Elementary School, Salvacion Elementary School, Manila de Bugabus Elementary School, La Soledad Elementary School, Calaitan Elementary School, West Tungao Elementary School, Dankias Elementary School, and Mabuhay Elementary School, are last-mile schools which were determined by parameters in DepEd Memorandum No. 59, s. In 2019, the indicators for determining the last-mile school were developed. Schools were characterized by the number of classrooms, including the makeshift and nonstandard classrooms, the distance of travel often requiring significant travel through difficult landscapes to reach, the number of teachers, availability of electricity, funds allocation for repair and construction of educational facilities, having multigrade classes, the total number of learners, and the presence of Indigenous People (IP) learners.

The primary data of the participating schools are harvested from the SY 2025-2026 Enhanced Basic Education Information System (EBEIS) Government Elementary School Profile (GSP). Tagpulangi Elementary School serves a valley community located about 20 kilometers (45 minutes travel) from the center of town and provides only full-day education. Tagpulangi Elementary School has six standard classrooms and no makeshift rooms. The school has complete electrical service and has received funding for repair and/or construction within the next 4 years. Six teachers offer instruction in the school to one multigrade classroom, and there are no reported Indigenous students. The school's total enrolment is currently 88 learners.

San Mateo Old Elementary School is situated in a rural agricultural setting along the Agusan River, approximately 29 kilometers from the town proper and about 1 hour and 30 minutes away by land transportation. It provides purely ES with three Bagong Lipunan classrooms with no makeshift classrooms. It is also provided with electricity, but has not received any infrastructure funds for the last four years. The school operates three multigrade classes with three teachers and has no IP learners. The school's total enrollment is 37 learners.

Tud-ol Elementary School is in a rural, upland, mountainous environment. It is about 40 km from the town center, and the trip usually takes 1 hour and 20 minutes. It has four regular classrooms with electricity and no makeshift classrooms. The school received financing for construction or repairs. It has four teachers and 80 learners in three multigrade classes. There are no IP pupils at the school.

On the other side, Salvacion Indigenous Community Elementary School is in a rural, upland, mountainous environment, 20 kilometers from the town center, with travel time varying from 45 minutes to 1 hour. The school has three classrooms and one temporary and nonstandard classroom. The school has electricity but no recent funding support for infrastructure. It has three multigrade classes, with a total enrolment of 46 learners, taught by four teachers. It serves a considerable population of 37 IP learners.

Manila De Bugabus Elementary School is located in a rural setting, set amongst rolling hills and mountains, some 35 km from the town center, a 1-hour trip. It provides pure ES in seven classrooms, one of which is a makeshift classroom, and it has electricity but little recent funding for infrastructure. The school has no multigrade class and has eight teachers serving a remarkably high number of 91 IP pupils. The school's overall enrollment is 143 learners.

La Soledad Elementary School is in a rural, hilly upland area, 21 km from the town proper, or a 1-hour drive. The school has eight standard classrooms, electricity, and has received facility support in the last four years. It has eight teachers and no IP learners identified. There are 214 learners in the school.

Bitan-agan Elementary School is in an upland area with hills and mountains, and a river nearby. The distance from the town center is around 18 kilometers with a journey duration of approximately 1 hour. It contains five classrooms, including two nonstandard rooms, for Purely ES use, and has access to electricity but has not received funds for maintenance or a new building in four years. The school has no multigrade classes, has eight teachers, and does not cater to IP learners. The school has a total enrolment of 169 learners.

Calaitan Elementary School is situated in a rural highland area with modest rolling hills, an agricultural setting, approximately 45 km from the town center, with a journey time of 1 hour. It provides Purely ES with six classrooms, supported by one makeshift room and two nonstandard rooms. It has electricity, but has not been allocated any funds for construction/repair in previous years. The school has eight teachers, and there are no IP learners. There are no multigrade classes in the school. The school now has a total enrolment of 142.

West Tungao Elementary School is situated in an upland area that is 30 km from the city center, with an estimated travel time of 1 hour. It has 4 standard classrooms and no makeshift room. The 51 learners were taught by 4 teachers with no IP learners. It has one multigrade class. The school did not receive funds for repairs or construction for four years.

Dankias Elementary School is located near the riverside area, approximately 34 km from the town center. It takes around 1 hour from the city center. It has power and purely ES in five classrooms, including two nonstandard rooms, with no funding in the last four years for repairs or construction. The school has no multigrade classes, and no IP learners were reported. The school's learner population was 138, served by 8 teachers.

Lastly, Mabuhay Elementary School is located in a rural upland area, accessible via unpaved roads. The school is about 14.8 km from the town center, with a travel time of 35-40 minutes. The school is purely ES, has four classrooms with electricity, but has not received funding for repairs or construction in the last four years. It has three multigrade classes handled by four teachers. The school has a total enrolment of 56 with no IP learners.

2.4 Research Instruments

This study utilized multiple data collection instruments to ensure the appropriateness and accuracy of the data gathered. For quantitative data collection, the researcher employed the standardized DepEd-DOH OKD-HLI Self-Appraisal Checklist (DepEd Memorandum OM-OUOPS No. 2025-08-04814), which outlines the requirements and scoring systems for various health and safety indicators.

The OKD-HLI SAC used for data gathering was carefully modified and underwent deliberations by the team of validators, with each indicator's applicability and significance considered in adherence to DepEd policy standards.

The modified OKD-HLI SAC has 6 pillars namely health school policy which consist of 13 indicators, physical school educations with 9 indicators, social school environment with 5 indicators, health skill education with 8 indicators, links with community with 5 indicators and access to healthcare with 8 indicators, a total of 68 indicators across the pillars. Each indicator is rated 1 if the item is fully in place, 0.5 if partially in place, and 0 if absent. The scores in each pillar are added to get the raw score; the raw scores are then divided by 68 and multiplied by 100 to get the percentage rating.

The passing rating for each pillar is 65%. If the school received at least one "not pass" rating in any pillar, it did not pass. On the other hand, if the school received passing marks in all pillars and scored between 65% and 80%, the school's rating is "satisfactory". While a "very satisfactory" rating is given if the schools received passing marks in all pillars and scored an average of 81% to 95%, and an "outstanding" rating is given if the schools received passing marks in all pillars and scored an average of 96% to 100%

For qualitative data collection, the interview guide questions used during the Focus Group Discussion (FGD) were carefully constructed to address problems 2, 3, 4, and 5.

2.5 Statistical Treatment

The following statistical methods were used to analyze the data.

Mean. This statistical method was used to determine the extent of implementation of healthy learning institution initiatives in last-mile schools.

Thematic Analysis. This statistical tool is used to analyze data collected from interviews and to extract pertinent themes from respondents' words, phrases, or sentences in relation to the interviews. Thematic analysis was used in this work using Braun and Clarke's methodology (2026).

The necessary actions are listed below.

In the first phase, the researcher highlights the key points and information from the respondents' interviews and documentaries. These salient points are those useful in answering the research questions. This was to get well acquainted with the data. After becoming well-acquainted with the responses and their salient points, the next step is coding. Codes were identified by clustering together statements or responses that usually share similar meanings. In this research, each research problem statement was addressed by extracting codes.

Once the relevant codes are generated, the next step is to look for themes. This phase, as defined by Braun and Clarke (2006), is the identification of patterns of the codes in relation to a specific research problem statement. It should be noted that there may be an overlap between coding and theme extraction in interviews. This is when the answers of the study participants are homogeneous with respect to the specific objective. On the other hand, when the number of codes was relatively large, they were grouped and organized to produce broader themes with direct implications or answers to the problem statement. In this phase, initial themes are developed and further explored in the next step.

The preliminary themes were then further verified by cross-checking against the research objectives. In this phase, the researcher checked whether the themes make sense to answer the problem statement. Specifically, the researcher traced the original statements and checked the coherence of the extracted codes and the emerging relevant themes.

The themes were settled before the report was finalized or written. At this stage, the researcher investigated relationships between themes extracted with a specific purpose in mind. If there were sub-themes, the correlation was analyzed at the sub-theme level. The last report was prepared when the major theme was identified to address a specific problem statement. The required discussions and implications were highlighted in the last writing

process of the results. The discussions also confirmed similarities and differences with the findings of previous studies in the existing literature. The researcher has highlighted the position of the findings about the existing body of knowledge of the main subject.

3. RESULTS AND DISCUSSION

Problem 1. What is the level of implementation of HLI among selected schools in terms of: healthy school policy, physical school environment, social school environment, health skills and education, links with the community, and access to healthcare?

Table 1 shows the level of implementation of Healthy Learning Institution (HLI) among selected schools in terms of healthy school policy.

Table 1: Level of implementation of Healthy Learning Institution (HLI) among selected schools in terms of healthy school policy.

Healthy School Policy Indicators	Mean for sampled schools		
	SY 2023-2024	SY 2024-2025	SY 2025-2026
1. School Based Feeding Program (DepEd Order No. 5, s. 2014)	0.96	0.96	0.96
2. Implementation of the Healthy Food and Beverage Choices in Schools and DepEd Offices	0.96	0.96	0.96
3. DepEd Order No. 34, s. 2019 or the Revised Physical Fitness Tests Manual	0.86	0.86	0.91
4. DepEd Order No. 060, s. 2021 or the Guidelines on Galaw Pilipinas: The DepEd National Calisthenics Exercise Program	0.86	0.86	0.96
5. DepEd Order No. 10, s. 2016 or the Policy and Guidelines for the Comprehensive Water, Sanitation, and Hygiene in Schools (WINS) Program	1.00	1.00	0.98
6. DepEd Memorandum No. 82, s. 2015 or the Guidelines on the Implementation of School-Based Immunization Program	0.91	0.91	0.94
7. DepEd Memorandum No. 28, s. 2007 or the Implementation of the Mass Deworming Program in All Public Elementary Schools Nationwide	0.91	0.91	0.98
8. Comprehensive Tobacco Control and Prohibiting E-Cigarettes and Other Electronic Nicotine and Non-	0.77	0.77	0.80

Nicotine Delivery Systems			
9. DepEd Order No. 030, s. 2018 or the Preventive Drug Education Program (PDEP) Policy for Curriculum and Instruction	0.68	0.68	0.74
10. Existence of a policy promoting and protecting mental health in schools	0.77	0.77	0.91
11. DepEd Order No. 55, s. 2013 or the Implementing Rules and Regulations of Republic Act No. 10627 Otherwise Known as	0.91	0.91	0.96
12. DepEd Order No. 40 s. 2012 or the DepEd Child Protection Policy	0.98	0.98	1.00
13. DepEd Order No. 033, s. 2021 or the School-based Disaster Preparedness & Response Measures for Tropical Cyclones, Flooding, & Other Weather-Related Disturbances & Calamities	0.92	0.92	0.99
Overall Mean with respect to the pillar	11.49 (88%)	11.49 (88%)	12.06 (93%)
Remarks	Very Satisfactory	Very Satisfactory	Very Satisfactory

Note: Below 65%: Not Passed, 65%-80%: Satisfactory, 81%-95%: Very Satisfactory, 96%-100%: Outstanding

Table 1 displays thirteen (13) indicators under the pillar healthy school policy scored by scores 0, 0.5, or 1 based on the evidences supplied by the validators during real audit. It can be noted that in School Year (SY) 2023-2024 and 2024-2025, the ratings of do not alter in all the parameters. But in SY 2025-2026, mean scores for some measures did go up. For example, the mean score for the indicator “DepEd Order No. 34, s. 2019 or the Revised Physical Fitness Tests Manual” has improved mean score of 0.91 in 2026 from 0.86 in 2025. In the same manner, the indicator “DepEd Order No. 060, s. 2021 or the Guidelines on Galaw Pilipinas: The DepEd National Calisthenics Exercise Program” has climbed to 0.96 from 0.86 in SY 2025-2026 and 2024-2025, respectively. The mean of total scores concerning the same pillar of HLI has increased by 12.09 from 0.92 in SY 2025-2026 and 2024-2025, respectively.

Descriptively, the schools have shown a very satisfactory implementation of Healthy Learning Institution (HLI) among selected schools in terms of healthy school policy in three school years with evident improvement in 2025-2026 because of the policies being observed

by several schools. This is brought about by the vigorous campaign of the Department of Education (DepEd) towards strict implementation of programs that ensures good health seeking behavior and practices within school and community (Supremo and Galviso, 2026). In addition, the increase in the scores of the schools was also attributed to the strong partnership of the Department of Health (DOH) (Aryal et al., 2023).

Table 2 reveals the level of implementation of Healthy Learning Institution (HLI) standards in terms of the physical school environment across three school years.

Table 2: Level of implementation of HLI among selected schools in terms of physical school environment.

Physical School Environment Indicators	Mean for sampled schools		
	SY 2023-2024	SY 2024-2025	SY 2025-2026
1. Presence of spaces for gardening and/or production of crops	0.86	0.86	0.96
2. Spaces for physical and/or mental recreational activities	0.77	0.77	0.82
3. Presence of adequate and functional toilets with water	0.77	0.77	0.82
4. Presence of a handwashing facility	0.82	0.82	0.96
5. Presence of health-promotive behavioral nudges are posted in key areas in the school	0.75	0.75	0.74
6. Presence of early warning systems in the school	0.47	0.47	0.50
7. Attainment of the waste management components (1 star) of DepEd's National Guidelines for WASH in Schools: Three Star Approach	0.89	0.89	0.90
8. Materials Recovery Facility (MRF)	0.41	0.41	0.41
9. Classrooms and/or other school facilities with cleaning materials	1.00	1.00	0.82
Overall Mean with respect to the pillar	6.75 (75%)	6.75 (75%)	6.91 (77%)
Remarks	Satisfactory	Satisfactory	Satisfactory

Note: Below 65%: Not Passed, 65%-80%: Satisfactory, 81%-95%: Very Satisfactory, 96%-100%: Outstanding

Table 2 presents a total of nine (9) indications under the pillar physical school environment which are scored by scores 0, 0.5 or 1 based on the means of verification supplied by the

validators during real audit. It can be seen that the ratings of do not change in all the metrics in School Years (SY) 2023-2024 and 2024-2025. But in SY 2025-2026, mean scores in several indicators increased. For example, the mean score for the indicator “Presence spaces for gardening and/or production of crops” has raised its mean score to 0.96 in 2026 from 0.86 in 2025. Likewise, the indicator “Presence of a handwashing facility” has also improved to 0.96 from 0.82 in SY 2025-2026 and 2024-2025, respectively. Consequently, the average of total scores about the physical school and environment has increased to 6.91 from 6.75 in SY 2025-2026 and 2024-2025, respectively. The present SY shows a clear growth, although the descriptive rating is still satisfactory.

The mean scores in the table 2 indicate the efforts of the schools in fostering healthy learning environment by observing activities that promote desired sanitary practices such as the presence of handwashing areas (Sangalang et al., 2022). Another initiative found was the use of agricultural land to grow crops. This is in accordance with the current effort towards stricter implementation of Gulayan sa Paaralan program (Zacarias, 2025). The mean of the total scores trend with respect to the pillar on Physical School Environment has grown in SY 2025-2026 as demonstrated by the numerical value of 6.91 (77%) from 6.67 in the previous two SY. But the descriptive evaluations of satisfactory, they speak about areas that need changes. Some of these identified areas are the installation of Materials Recovery Facility (MRFs) and provision of health amenities in the classrooms.

Table 3 shows the level of implementation of HLI among selected schools in terms of social school environment.

Table 3: Level of implementation of HLI among selected schools in terms of social school environment.

Social School Environment Indicators	Mean for sampled schools		
	SY 2023-2024	SY 2024-2025	SY 2025-2026
1. Conduct of social or recreational activities for students and personnel crops	1.00	1.00	1.00
2. Percentage of school personnel who is a member/part of a learning action cell (LAC)	1.00	1.00	1.00
3. Conduct of regular school-based learning action cells (SLAC) Department of Education. (2022).	0.91	0.91	0.96
4. Establishment of a school grievance committee	0.77	0.77	0.77

5. Conduct of activities promoting positive view on disability	0.64	0.64	0.64
Overall Mean with respect to the pillar	4.32 (86%)	4.32 (86%)	4.36 (87%)
Remarks	Very Satisfactory	Very Satisfactory	Very Satisfactory

Note: Below 65%: Not Passed, 65%-80%: Satisfactory, 81%-95%: Very Satisfactory, 96%-100%: Outstanding

Table 3 shows a total of five (5) indicators under the pillar social school environment rated by scores 0, 0.5, and 1 depending on the means of verifications presented by the validators during actual audit. There is a slight increase in the mean of the total scores for the pillar social school environment as evidenced by the numerical value of 4.36 (87%) in SY 2025-2026 as compared to the 4.32 (66%) in the previous school years. Meaning only few indicators have manifested with relative lower increase. Specifically, the indicators “Establishment of a school grievance committee” and “Conduct of activities promoting positive view on disability” did not show any increase within the three school years 2023-2024, 2024-2025, and 2025-2026.

The numerical value of 4.36 (87%) in SY 2025-2026 shows a little increase in the mean of the overall scores for the pillar social school environment compared to the 4.32 (66%) in the previous school years. This means that only a few signs have emerged with a relatively lower growth. In particular, the indicators “Establishment of a school grievance committee” and “Conduct of activities promoting positive view on disability” did not increase at all throughout the three school years 2023-2024, 2024-2025 and 2025-2026.

The schools obviously achieved flawless ratings of 1.00 to the indicators “Conduct of social or recreational activities for students and personnel crops” and “Percentage of school personnel who is a member/part of a learning action cell (LAC)” in the three SY. Moreover, the only increase of 0.05 is seen in the indicator “Conduct of regular school-based learning action cells (SLAC)” as shown in the numerical score of 0.96 in SY 2025-2026 compared to 0.91 in the previous SY. Moreover, the statistics presented in table 3 empirically suggest that schools are able to keep a highly satisfactory level of HLI implementation concerning the social school environment. The results indicated the need for additional school initiatives to enhance the social pillar of HLI implementation. One of the areas needing development is the conduct of activities to promote positive views about disability. This is consistent with the

findings of (Raton-Hibanada et al., 2025) who stressed the need of programs that promote equality and equity regardless of social tendencies.

Table 4 unleashes the level of implementation of the Healthy Learning Institution (HLI) in terms of health skill education, revealing a gradual improvement across the three school years.

Table 4: Level of implementation of HLI among selected schools in terms of health skill education.

Health Skill Education Indicators	Mean for sampled schools		
	SY 2024	2023-2025	SY 2025-2026
1. Presence of health-related topics in the K12 curriculum	0.82	0.82	0.91
2. Conduct of activities that build health-skills are present in the annual implementation plan (AIP)	0.85	0.85	0.92
3. Percentage of school personnel who participated in the orientation on basic and school-based immunization	0.86	0.86	0.68
4. Percentage of school personnel provided with appropriate training and capacity building activities on the implementation of contextualized Preventive Drug Education Program (PDEP)	0.86	0.86	0.68
5. Percentage of school personnel who have undergone knowledge and skills training in the prevention and response to bullying incidence	0.55	0.55	0.68
6. Percentage of school personnel provided with psychological first-aid training	0.50	0.50	0.55
7. Percentage of classroom advisers or designated teachers trained on facilitating modules on mental health	0.50	0.50	0.59
8. Percentage of students and school personnel provided with DRRM-related trainings	0.38	0.38	0.58
Overall Mean with respect to the pillar	5.32 (67%)	5.32 (67%)	5.59 (70%)
Remarks	Satisfactory	Satisfactory	Satisfactory

Note: Below 65%: Not Passed, 65%-80%: Satisfactory, 81%-95%: Very Satisfactory, 96%-100%: Outstanding

Table 4 presents a total of eight (8) indicators under the pillar health skill education which are scored 0, 0.5 or 1 based on the means of verifications the validators provided during the actual audit. Following previous patterns and trends, schools remain stagnant in SY 2023-2024 and 2024-2025 but show an increase in scores in SY 2025-2026. For instance, the indicator “Presence of health-related topics in the K12 curriculum” is scored 0.82 in SY 2023-2024 and 2024-2025 and increased to 0.91 in 2025-2026. In accordance with the past patterns and tendencies schools are stationary in SY 2023-2024 and 2024-2025 but have an increase of scores in SY 2025-2026. The indicator “Presence of health-related topics in the K12 curriculum” is scored 0.82 for SY 2023-2024 and 2024-2025 and has improved to 0.91 for 2025-2026.

Likewise, the indicators “Conduct of activities that build health-skills are present in the annual implementation plan (AIP)” and “Percentage of students and school personnel provided with DRRM-related trainings” also showed a rise in 2025-2026. The score increases per indication have been a reflection of the efforts of each school in improving the HLI implementation through the activation of its annual implementation planning and conduct of activities that exposed students and personnel to DRRM. This is consistent with the findings of (Malicdem, 2026) which stressed that the vigorous campaign for Disaster and Risk reduction has helped the implementation of HLI in public schools.

On the other hand, a decline of the indicator scores is also evident in table 4. For example, the mean scores of the indicators “Percentage of school personnel who participated in the orientation on basic and school-based immunization” and “Percentage of school personnel provided with appropriate training and capacity building activities on the implementation of contextualized Preventive Drug Education Program (PDEP)” both decreased to 0.68 in SY 2025-2026 from 0.86 in the previous years. These point to the need for strategic methods to enhance vaccine uptake and to expand the exposure of more personnel to trainings on the contextualization of the Preventive Drug Education Program (PDEP). Furthermore, the mean of the whole schools for the pillar on health skill education remains good over the years which surely speak of the requirement for additional efforts and actions for improvements.

Table 5 posits the level of implementation of the Healthy Learning Institution (HLI) in terms of links with the community, showing generally high but slightly declining overall performance.

Table 5: Level of implementation of HLI among selected schools in terms of links with the community.

Links with the Community Indicators	Mean for sampled schools		
	SY 2023-2024	SY 2024-2025	SY 2025-2026
1. Establishment of a functional School Governance Council	1.00	1.00	1.00
2. Establishment of a Parent-Teacher Association (PTA) (DepEd Order No. 43, s. 2005)	1.00	1.00	1.00
3. Presence of a database of contact numbers and address of the students, parents/guardians, other community stakeholders	0.73	0.73	0.64
4. Consultation or any other activities involving parents, guardians, caregivers, among others are included in the school plan	0.90	0.90	0.89
5. Consultation or any other activities involving local government actors and/or stakeholders, among others are included in the school plan	0.81	0.81	0.85
Overall Mean with respect to the pillar	4.44 (89%)	4.44 (89%)	4.37 (87%)
Remarks	Very Satisfactory	Very Satisfactory	Very Satisfactory

Note: Below 65%: Not Passed, 65%-80%: Satisfactory, 81%-95%: Very Satisfactory, 96%-100%: Outstanding

A total of five (5) indicators under the pillar links with the community shown in Table 5, which are rated by scores 0, 0.5, or 1 depending on the means of verification presented by the validators during the actual visit.

It can be gleaned from the table that the majority of the indicators 1 and 2 are perfectly maintained, as evidenced by a numerical score of 1.00 in the three school years. However, indicators 3 and 4 have shown a significant decrease in SY 2025-2026, which affected the mean of the total scores as posited in the same table. Overall, the mean of the total scores with respect to the pillar on links with the community remained very satisfactory in the three

school years, with a downward trend in 2026 to only 4.37 (87%) to 4.4 (89%) in the previous years.

As previously mentioned, Table 5 shows that schools have maintained the perfect scores of 1.00 in terms of the establishment of a functional school governance council and the General Parent-Teacher Association (GPTA). These are also observed in the study of Muhidin and Julaiha (2026), which reveals the best practices of schools in strengthening school governance and the GPTA. However, the downward reduction to 4.37 (87%) empirically implies the need to strengthen school database systems that effectively store communication details of the stakeholders.

Table 6 shows the level of implementation of Healthy Learning Institutions (HLI) among selected schools in terms of access to healthcare across three school years.

Table 6: Level of implementation of HLI among selected schools in terms of access to healthcare.

Access to Healthcare Indicators	Mean for sampled schools		
	SY 2023-2024	SY 2024-2025	SY 2025-2026
1. Conduct of health assessments and/or tests to students and school personnel in coordination with DOH, RHUs, other local health workers	0.52	0.57	0.71
2. Percentage of students provided with age-appropriate vaccines	0.91	0.91	0.91
3. Percentage of students provided with other health commodities	0.83	0.83	0.88
4. Percentage of classrooms with first-aid kits complete with basic first-aid supplies	0.86	0.86	0.77
5. Existence of a school health clinic with adequate supplies and staff complement	0.23	0.23	0.43
6. School health records system	0.32	0.32	0.59
7. Existence of an internal and external referral system for health concerns	0.46	0.46	0.46
8. Existence of medical protocols during emergencies	0.46	0.46	0.50

Overall Mean with respect to the pillar	4.58 (57%)	4.63 (58%)	5.24 (66%)
Remarks	Not Passed	Not Passed	Satisfactory

Note: Below 65%: Not Passed, 65%-80%: Satisfactory, 81%-95%: Very Satisfactory, 96%-100%: Outstanding

Table 6 shows a total of eight (8) indicators under the pillar access to healthcare which are rated by scores 0, 0.5, or 1 depending on the means of verifications presented by the validators during actual audit. Access to healthcare scored least in all indicators unlike the other pillars of HLI implementation which resulted to very low scores in SY 2023-2024 and 2024-2025 that have descriptive equivalent of not passed. This is explained by the unavailability of functional school clinic that is provided with adequate supplies. Consistent to the problem on database for communication, schools also failed to implement a functional school records systems. Espinosa et al., (2025) noted that these areas are commonly identified as weakness of many public schools that is heavily linked to budget constraints and technological divide.

Unlike the other pillars of HLI implementation, access to healthcare is scored least in all indicators which resulted to very low scores in SY 2023-2024 and 2024-2025 that have descriptive equivalent of not passed. This is explained by the unavailability of a functional school clinic furnished with sufficient supplies. Consistent to the problem on database for communication, schools likewise did not establish a viable school records system. These areas are often cited as a weakness of many public schools which is closely associated with budget restrictions and technological divide, Espinosa et al., (2025) stated.

Only in the SY 2025-2026 the mean of the total scores for the pillar access to healthcare is bigger than the passing (65%). This is attributable to the increase in the mean scores for the majority of indicators. The mean of the total score of the sampled schools have improved from 2023 to 2026. However, the increase has only reach within the passing score that describe satisfactory level. This implies that more work and measures are needed for high access to health care with the introduction of HLI. This observation is also noted in the study of Tinam-isán and Naga (2024) where access to healthcare remains an issue due to the lack of health facilities in school clinics including the functioning health records system.

On a positive note, the increase in the mean score of the indicator “Conduct of health assessments and/or tests to students and school personnel in coordination with DOH, RHUs, other local health workers” for the SY 2025-2026 is a sign for an opportunity that is needed to be preserved. Dalisay et al., (2024) observed that the implementation of HLI involves the collaboration of DepEd, DOH, LGU, and other stakeholders. Schools should strategically use its resources to establish long-term and active relationship with DOH to improve the learners’ health seeking behavior and positive sanitary practices.

Table 7, in summary, presents the summary table of the level of implementation of Healthy Learning Institutions (HLI) among chosen schools in three school years (SY 2023–2024, SY 2024–2025, and SY 2025–2026) in terms of six essential pillars.

Table 7: Summary Table of the level of HLI implementation among selected schools.

HLI Pillars	Mean for sampled schools		
	SY 2023-2024	SY 2024-2025	SY 2025-2026
1. Health School Policy	11.49	11.49	12.06
2. Physical School Environment	6.75	6.75	6.91
3. Social School Environment	4.32	4.32	4.36
4. Health Skills and Education	5.32	5.32	5.59
5. Links with the Community	4.44	4.44	4.37
6. Access to Healthcare	4.58	4.63	5.24
Total scores in all pillars	36.89 (77%)	36.94 (77%)	38.55 (80%)
Remarks	Satisfactory	Satisfactory	Satisfactory

Note: Below 65%: Not Passed, 65%-80%: Satisfactory, 81%-95%: Very Satisfactory, 96%-100%: Outstanding

In school years 2023-2024 and 2024-2025, schools showed a stagnant level (satisfactory) of HLI implementation as evidenced by the respective scores of 36.89 (77%) and 36.04 (77%). It slightly increased to 38.55 (80%), making the present level still satisfactory. Evidently, access to health explains the downward pull of the mean of the total scores, while health school policy pushes up the ratings. This further reflects the reality that while policy supports are getting established, health facilities in some schools remain a serious challenge.

Problem 2. What are the best practices in implementing HLI initiatives?

Table 8 unfolds the best practices in the implementation of Healthy Learning Institutions (HLI) initiatives, derived from the responses of key informants.

Table 8: Best practices in the implementation of HLI initiatives.

Themes	Sub-themes	Responses
Provision food and medical assistance	Practice of Gulayan sa Paaralan program	Using school land for the Gulayan sa Paaralan and support to the feeding. -SH1, SH3, SH4, SH5, SH9, SH11
	Conduct of medical services	Deworming and the annual checkup for our teachers, and the proper hygiene practices for the learners, like the hand washing. -SH5, SH7, SH9, SH11
Fostering Strong Collaborations with Stakeholders	Partnership with implementing agencies and stakeholders	Also the school partnership help the HLI implementation including the LGU. -SH1, SH2, SH3, SH4, SH10
Integration of health to instruction and school activities	Training for teacher	We usually conduct school-based INSET trainings for us teachers. -SH2, SH6
	Planning and conduct of health-promoting activities	Planning of health oriented-activities. We also model healthy behaviors for our learners in nutrition, fitness, mental health, conflict resolution, and anti-bullying and waste management. -SH1, SH2, SH3, SH6, SH7, SH8
	Integration of health topics to lesson plans	We also integrate health topics into lesson plans, even in non-health subjects sir, to ensure holistic learning. -SH1, SH3, SH6, SH7, SH8, SH9, SH11

Note: SH1 represents the first school in the interview, SH2 for the second, and so on

The findings reveal that schools are employing a range of interconnected strategies that collectively support health promotion, wellness, and holistic learner development. These practices are grouped into thematic areas, namely provision of food and medical assistance, fostering strong collaborations with stakeholders, and integration of health into instruction and school activities. Overall, the responses suggest that HLI implementation is not a single intervention, but a coordinated set of practices embedded in school culture.

A prominent best practice identified is the utilization of school land for the Gulayan sa Paaralan program and feeding initiatives, as highlighted by multiple respondents (SH1, SH3, SH4, SH5, SH9, SH11). This reflects a strong commitment to addressing learner nutrition through sustainable school-based food production. The Gulayan sa Paaralan initiative not only supports food supplementation programs but also promotes practical learning experiences in agriculture and environmental stewardship (DepEd Order No. 33, s. 2008). This practice underscores the role of schools in directly addressing nutritional deficiencies, which is essential for improving student health and academic performance.

Another important set of practices involves the conduct of medical services, including deworming, annual health checkups for teachers, and the promotion of proper hygiene practices such as handwashing. These responses (SH5, SH7, SH9, SH11) highlight the preventive health orientation of schools under the HLI framework. Regular medical interventions ensure early detection and management of health issues, while hygiene education fosters long-term behavioral change among learners. This indicates that schools are actively engaging in both curative and preventive health measures to safeguard the well-being of students and personnel.

The findings also emphasize the critical role of partnerships with implementing agencies and stakeholders, particularly local government units (LGUs), as noted by respondents SH1, SH2, SH3, SH4, and SH10. This theme reflects the importance of collaborative governance in sustaining HLI initiatives. Through these partnerships, schools are able to access additional resources, technical assistance, and community support, thereby enhancing program implementation. The strong collaboration between schools and external stakeholders demonstrates that effective HLI implementation relies on shared responsibility and inter-agency cooperation.

Capacity building for teachers also emerged as a key best practice through the conduct of school-based INSET (In-Service Training) programs, as mentioned by SH2 and SH6. These trainings help educators integrate health-related concepts into their teaching practices and improve their understanding of student well-being. In addition, planning and implementation of health-oriented activities, as well as modeling healthy behaviors in areas such as nutrition, fitness, mental health, conflict resolution, anti-bullying, and waste management, further reinforce the role of teachers as health advocates within the school environment. This highlights the integration of professional development and behavioral modeling in promoting health education.

Finally, the integration of health topics into lesson plans, even in non-health subjects, as reported by respondents SH1, SH3, SH6, SH7, SH8, SH9, and SH11, demonstrates a holistic and interdisciplinary approach to health education. This practice ensures that health promotion is not confined to a single subject area but is embedded across the curriculum, reinforcing consistent exposure to health-related concepts. Collectively, the themes presented in Table 8 illustrate that successful implementation of HLI initiatives depends on a comprehensive approach that combines nutrition programs, health services, stakeholder

collaboration, teacher capacity building, and curriculum integration, ultimately fostering a health-supportive school environment.

Problem 3. How effective is the HLI implementation from the lens of school SGC representative?

Table 9 shows the perceived effectiveness of Healthy Learning Institution (HLI) implementation from the perspective of School Governance Council (SGC) representatives.

Table 9: *Effectiveness of the HLI implementation from the lens of school SGC representative.*

Themes	Sub-themes	Responses
HLI implementation is effective in improving teaching and learning outcomes	Facilitate better teaching and learning process	With the supplies support of DOH, it help the school in educating the learners. It also help the teachers in integration of HLI initiatives to the lessons. - SGC1, SGC3
	Improve class attendance	Noticeable reduction in absenteeism from minor illnesses. - SGC7, SGC8, SGC9, SGC11
	Improved learning outcomes and health knowledge among learners	It is effective to both health and learning outcomes of the school community, but its success is not fully achieved due to resources. - SGC3, SGC5, SGC9, SGC11
HLI implementation contributes to better health behavior and overall well-being of the learners	Promote high awareness on health and nutrition	Learners reported feeling empowered and more aware of their physical and mental health. And parents also appreciated the practical strategies and relevance of the training to student well-being. - SGC2, SGC6, SGC8
	Promote good nutritional status among students	Effective in the sense that through HLI, the number of wasted and severely wasted pupils decreased. - SGC4
	Positive health behavior among students	We can see to it that the learners are able to practice the proper hand washing, the proper tooth brushing, and their participation is 100%. - SGC5, SGC6, SGC8, SGC11
	Better well-being of all learners	Pupils health and well-being were improved. - SGC6, SGC8, SGC9, SGC11
	Good hygienic	Effectiveness is evidenced by improved

	practices	hygiene practices among learners (e.g., supervised handwashing and toothbrushing). - SGC7, SGC9
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Note: SGC1 represents the first school in the interview, SGC2 for the second, and so on

Overall, the responses indicate that HLI initiatives are largely effective in improving both educational and health-related outcomes within the school community. The themes generated from the data highlight improvements in teaching and learning processes, learner attendance, nutritional status, health awareness, behavioral practices, and overall well-being. However, respondents also noted that the full potential of the program has not yet been achieved due to resource constraints.

One of the key perceived effects of HLI implementation is its contribution to the enhancement of teaching and learning processes. Respondents (SGC1, SGC3) emphasized that support from the Department of Health (DOH), particularly in terms of supplies and resources, has facilitated the integration of health initiatives into classroom instruction. This indicates that HLI has strengthened instructional delivery by enabling teachers to embed health concepts into lessons, thereby enriching the learning experience. Such integration reflects a more holistic educational approach where health and academics are interconnected.

Another significant outcome is the noticeable reduction in student absenteeism due to minor illnesses, as reported by respondents SGC7, SGC8, SGC9, and SGC11. This suggests that improved health interventions and preventive measures within schools are contributing to better student attendance. Reduced absenteeism is an important indicator of program effectiveness, as it directly influences academic performance and learning continuity. The findings imply that HLI implementation has a positive impact on creating healthier learners who are more consistently present in school.

The data also reveal improvements in learning outcomes and health knowledge among learners, although some respondents (SGC3, SGC5, SGC9, SGC11) pointed out that complete success has yet to be achieved due to limited resources. This suggests that while HLI initiatives are effective in enhancing awareness and academic-related health understanding, the sustainability and expansion of these gains may be constrained by logistical and financial challenges. Nonetheless, the observed progress indicates that HLI is moving schools toward more informed and health-conscious learning environments.

In addition, respondents highlighted significant improvements in learner health behaviors and nutritional status. On the other hand, SGC2, SGC6, and SGC8 noted that learners have become more aware of their physical and mental health, while parents have expressed appreciation for the relevance of health-related interventions. Furthermore, SGC4 reported a reduction in wasted and severely wasted pupils, indicating that school-based nutrition programs are yielding measurable improvements in student health. These findings underscore the effectiveness of HLI in promoting positive health behavior and addressing malnutrition among learners.

Finally, the results show consistent improvements in hygiene practices and overall well-being. Respondents (SGC5, SGC6, SGC8, SGC11) observed high levels of compliance among learners in practices such as handwashing and toothbrushing, while others (SGC6, SGC8, SGC9, SGC11) confirmed improvements in general pupil health and well-being. Similarly, SGC7 and SGC9 emphasized that supervised hygiene activities have reinforced good personal health habits. Collectively, these findings suggest that HLI implementation is effective in establishing sustainable health behaviors and improving the overall quality of life of learners, although continued support and resources are necessary to fully maximize its impact.

Problem 4. What challenges do school heads encounter in implementing HLI initiatives?

Table 10 presents the challenges experienced by school heads in implementing Healthy Learning Institution (HLI) initiatives.

Table 10: Challenges experienced by school heads in implementing HLI initiatives.

Themes	Codes	Responses
Limited financial and insufficient human resources	Limitation on budget and logistics	Limited resources specially the finance since the MOOE is not enough to fund infrastructure improvements like standard handwashing facilities or clinic repairs. -SH1, SH2, SH3, SH5, SH6, TSH, SH9, SH10, SH11
	Lack of training opportunities	Another is the training of teachers. -SH2, SH4, SH6, SH10, SH11
	Resource struggles and limitations	The school struggles on funds for health programs, and other resources, participation, time of implementation and sustainability of the projects.

		-SH3, SH6, SH10
	Limited manpower	The health personnel because we have barangay nurse, but they are limited. And so if we have teachers, just in case if there are incidents inside the campus. -SH5, SH10
Geographical location-related problem	Access road to school	When road is not passable specially raining it is difficult to get fresh food to feeding programs or medical supplies to the school. -SH7, SH8, SH11
	Challenging access and source of water	And for water, sanitation, and hygiene program the challenge is the water source. -SH7, SH8
Uncertainty towards the long-term commitment and participation of stakeholders	Uncertainty towards sustainability of stakeholders' engagement	Sustaining long-term engagement in health programs requires continuous monitoring and motivation among teachers and learners. -SH9, SH10
	Low parental involvement	Less participation of some parents, the schedule of feeding program. -SH4, SH6, SH11
	Negative acceptance of parents to vaccination	Some parents refuse to sign the vaccination slip for their children even if it's given for free in school. -SH6

Note: SH1 represents the first school in the interview, SH2 for the second, and so on

The results demonstrate that despite the perception that the HLI programs are beneficial, their execution is restricted by structural, logistical, human resource, and stakeholder challenges. Themes generated include restricted financial allocation, insufficient human resources, geographical and infrastructure limitations, sustainability concerns, and various levels of parental engagement. In summary, these issues demonstrate that while the policy goals are robust, the practical implementation at the school level is a complex and resource-dependent process.

One of the most dominant challenges identified is the limitation of financial resources, particularly the inadequacy of the Maintenance and Other Operating Expenses (MOOE) to support infrastructure improvements such as handwashing facilities and clinic repairs. Responses from multiple participants (SH1, SH2, SH3, SH5, SH6, SH8, SH9, SH10, SH11) consistently highlight this concern. This suggests that schools are often unable to fully

operationalize HLI standards due to budget constraints, which directly affects the quality and sustainability of health-related infrastructure and services.

Closely related to financial limitations is the issue of resource scarcity in general, including materials, logistics, and time allocation for health programs. As noted by respondents SH3, SH6, and SH10, schools struggle not only with funding but also with sustaining program implementation and ensuring consistent participation. This reflects a broader systemic issue where competing priorities within the school environment limit the full integration of health initiatives into regular school operations.

Another significant challenge is the lack of training opportunities for teachers, as reported by SH2, SH4, SH6, SH10, and SH11. This indicates that while teachers are expected to implement and integrate health programs into instruction, they may not always possess sufficient training or professional development support. The absence of continuous capacity-building programs can hinder effective delivery of HLI initiatives, particularly in areas requiring specialized knowledge, such as health education, nutrition, and psychosocial support.

Human resource limitations also emerged as a critical concern. Respondents (SH5 and SH10) pointed out the insufficiency of health personnel, noting that while barangay nurses are available, their presence is limited. As a result, teachers often assume additional responsibilities in addressing health-related incidents within the school. This dual role can increase workload pressures and potentially affect both instructional quality and health service delivery.

Geographical and infrastructural barriers further complicate HLI implementation. Respondents SH7, SH8, and T11 highlighted difficulties in accessing schools during rainy seasons due to impassable roads, which affect the delivery of fresh food and medical supplies. Similarly, challenges in accessing reliable water sources for WASH (Water, Sanitation, and Hygiene) programs were noted by SH7 and SH8. These findings emphasize that physical location and environmental conditions significantly influence the efficiency of health program implementation.

Sustainability of programs also emerged as a concern, particularly in relation to stakeholder engagement and motivation. Respondents SH9 and SH10 emphasized that maintaining long-

term participation from teachers and learners requires continuous monitoring and encouragement. This suggests that without sustained institutional support and reinforcement mechanisms, the effectiveness of HLI initiatives may diminish over time, affecting program continuity and impact.

Parental involvement is another key challenge affecting implementation. Responses from SH4, SH6, and SH11 indicate low participation of some parents in school health programs, including feeding schedules and related activities. This lack of engagement may limit the effectiveness of school-based interventions, as parental support is essential for reinforcing health practices at home and ensuring consistent participation of learners in school programs.

A more specific concern is parental resistance to certain health interventions, particularly vaccination programs, as reported by R6. Despite vaccines being provided free of charge in schools, some parents refuse to sign consent forms for their children. This highlights issues of trust, awareness, and health literacy within the community, which can significantly hinder the success of preventive health initiatives.

As implied from the experiences of the respondents, the findings in Table 10 illustrate that the implementation of HLI initiatives is affected by a combination of financial constraints, human resource limitations, infrastructural barriers, and varying levels of stakeholder participation. These challenges suggest that while schools are committed to promoting health and wellness, successful implementation requires stronger institutional support, increased funding, enhanced training programs, improved infrastructure, and greater community engagement. Addressing these issues holistically is essential to ensure the long-term sustainability and effectiveness of HLI initiatives in schools.

Table 11 reveals the challenges experienced by teachers in implementing Healthy Learning Institution (HLI) initiatives.

Table 11: Challenges experienced by teachers in implementing HLI initiatives.

Codes	Themes	Responses
Packed lessons	Overlapping lessons and activities	One is integrating health topics into already packed lesson plans. -T1, T2, T8, T9
Voluminous activities		This includes overlapping of activities. -T3, T4, T8, T10
Lack of capability	Limitation in financial,	Also addressing psycho-emotional needs of

	domestic, and human resources	learners with limited referral resources. -T1, T2
Budget limitation		Teachers often have to shoulder for their own supplies and facilities because the school's budget and resources is limited. -T1, T3, T4, T7, T8, T10, T11
Problem on access to domestic needs		Lack of stable drinking water facilities or modern sanitation infrastructure, which are common issues in high-altitude indigenous community schools. -T7
Sustainability of student's engagement	Uncertainty on the long-term participation of the students and parents	Sustaining health-oriented clubs with active student participation and managing logistics and materials for workshops and seminars. -T1, T3
Low parental involvement		Low involvement of parents is sometimes can hinder its implementation. -T2

Note: T1 represents the first school in the interview, T2 for the second, and so on

These responses, in turn, indicate that teachers are often not in a position to perform their pedagogical duty as they are faced with many overlapping constraints, including an overwhelming instructional load, difficult working conditions due to a lack of demand for the psychosocial needs of the learner, and weak infrastructural and stakeholder participation. These challenges signal that teachers are key actors in the implementation of HLI, but they operate in a high-pressure and low-resource environment, which determines much of the quality and sustainability of health-promoting school interventions.

One of the most frequently cited challenges is the difficulty of integrating health topics into already packed lesson plans, as reported by T1, T2, T8, and T9. Teachers noted that the curriculum is dense, leaving limited space for additional health-related content. This suggests that despite policy expectations for health integration, practical instructional realities constrain teachers' ability to fully embed HLI concepts into daily teaching, leading to potential superficial coverage of health topics.

Closely related to this is the issue of overlapping and voluminous activities, highlighted by respondents T3, T4, T8, and T10. Teachers are often required to manage multiple school programs simultaneously, which creates competing demands on their time and attention. This condition may result in implementation fatigue, where teachers are unable to consistently deliver quality health-related activities due to competing institutional requirements.

Another significant challenge is the limited capacity to address the psycho-emotional needs of learners, particularly due to insufficient referral resources, as noted by T1 and T2. This indicates that teachers often encounter learners with emotional or psychological concerns but lack adequate access to professional support systems, such as counselors or mental health specialists. Consequently, teachers may be forced to manage cases beyond their expertise, which can affect both learner outcomes and teacher well-being.

Financial and material constraints also emerged as a dominant theme. Respondents (T1, T3, T4, T7, T8, T10, T11) reported that teachers often shoulder the cost of supplies and classroom-based health materials due to insufficient school budgets. This highlights the extent to which personal resources are sometimes used to sustain program implementation, reflecting systemic underfunding and uneven resource distribution within schools.

In addition, infrastructural limitations were identified, particularly in relation to access to basic domestic needs such as clean and stable drinking water and proper sanitation facilities. T7 specifically noted that these challenges are more pronounced in high-altitude indigenous community schools. This suggests that geographical and contextual factors significantly influence the feasibility of implementing standardized health programs, thereby creating disparities in HLI implementation across different school settings.

Sustaining student engagement in health-oriented clubs and activities also emerged as a challenge, as reported by T1 and T3. Teachers expressed difficulty in maintaining active participation among learners over time, particularly in organizing logistics, materials, and continuous activities such as workshops and seminars. This indicates that while initial participation may be high, sustaining long-term engagement requires additional motivation strategies and institutional support.

Parental involvement was also identified as a limiting factor in implementation, with T2 noting that low participation of parents can hinder program effectiveness. This suggests that HLI initiatives are more successful when there is strong home-school collaboration, and the absence of parental engagement weakens reinforcement of health practices outside the school environment.

The other major problem involves the ambiguity associated with the sustainability of student and parent participation in the health programs in schools. There is an element of doubt

regarding how long students and parents will continue their participation in health clubs and activities. This is indicative of the need for more effective ways to institutionalize participation.

Resulting from the discussions in previous paragraphs, Table 11 illustrates that teachers face multifaceted challenges in implementing HLI initiatives, including curriculum overload, resource constraints, psychosocial demands, infrastructural deficiencies, and weak stakeholder support. These findings suggest that successful implementation of HLI requires not only policy support but also practical interventions such as workload rationalization, increased funding, improved infrastructure, strengthened referral systems, and enhanced community engagement. Addressing these challenges holistically is essential to empower teachers and ensure the effective and sustainable integration of health initiatives in schools.

Problem 5. How do the school head & teachers cope with the challenges in implementing HLI initiatives in school?

Table 12 displays the coping strategies employed by school heads and teachers in addressing the challenges encountered in the implementation of Healthy Learning Institution (HLI) initiatives.

Table 12: *Coping strategies employed by the school heads and teachers.*

Themes	Sub-themes	Responses
Drawing support from partners and stakeholders while utilizing the benefits of strong connections and positive relationships	Securing assistance from stakeholders	Getting help from other stakeholders and individual donors to help the school implement its health related PPAs. -SH11
	Building connections	Strengthening links with health professionals. -SH2, SH34
	Collaboration with parents	Scheduling parenting seminars and community awareness campaigns to reinforce health practices. -SH3, SH4, SH6, SH7, SH8, SH11
	Partnership with LGU	Partnering with the local Barangay Health Center and Indigenous People leaders to bridge the gap when DepEd health personnel cannot visit. -SH7, SH9, SH10
Constant practice of an IGP	Conduct of Income Generating	So we also have our IGP such as the proceed of our coconut harvest to

	Activity (IGP)	purvey expenses. -SH11
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Note: SH1 represents the first school in the interview, SH2 for the second, and so on

The responses reveal that schools adopt adaptive and collaborative mechanisms to sustain health-related programs despite financial, logistical, and human resource constraints. The identified themes emphasize drawing support from partners and stakeholders, strengthening professional linkages, engaging parents and communities, partnering with local government units (LGUs) and health centers, and implementing income-generating activities (IGPs). Collectively, these strategies reflect resilience and resourcefulness in sustaining HLI implementation.

One key coping strategy is the active mobilization of support from stakeholders and individual donors to fund and sustain health-related programs and projects, as highlighted by SH1. This indicates that schools rely on external assistance to compensate for limited internal resources. By securing contributions from partners, schools are able to continue implementing essential health programs, demonstrating the importance of community engagement in sustaining school health initiatives.

Another important strategy is the strengthening of links with health professionals, as noted by SH2 and SH4. This approach highlights the value of professional collaboration in enhancing the technical capacity of schools in delivering health services. By building connections with health experts, schools are better able to address health concerns, improve program quality, and ensure that interventions are aligned with public health standards. This reflects a proactive effort to bridge gaps in expertise and service delivery.

Collaboration with parents also emerged as a central coping mechanism, particularly through the scheduling of parenting seminars and community awareness campaigns, as reported by SH3, SH4, SH6, SH7, SH8, and SH11. These initiatives aim to strengthen parental involvement and reinforce health practices at home. This strategy underscores the recognition that effective HLI implementation requires shared responsibility between schools and families, and that parental engagement is crucial in sustaining health behaviors among learners.

Partnerships with local government units (LGUs), barangay health centers, and Indigenous Peoples (IP) leaders were also identified as essential coping strategies, as noted by SH7, SH9, and SH10. These partnerships help bridge gaps in service delivery, particularly when

Department of Education (DepEd) health personnel are unavailable. This highlights the importance of localized support systems in ensuring continuity of health services, especially in geographically or culturally diverse communities.

In addition, some schools employ income-generating projects (IGPs), such as coconut harvest proceeds, to support the financial requirements of health-related programs, as mentioned by SH11. This strategy reflects innovation in resource generation, allowing schools to supplement limited budgets and sustain program activities. It demonstrates how schools leverage available local resources to address funding gaps and maintain program implementation.

Furthermore, the coping strategies presented in Table 12 reveal that school heads and teachers employ a combination of partnership-building, community engagement, resource mobilization, and income generation to sustain HLI initiatives. These strategies highlight the adaptability and commitment of school personnel in overcoming implementation challenges. However, they also suggest a continued need for stronger institutional support to reduce reliance on external and informal coping mechanisms and to ensure more stable and sustainable implementation of school health programs.

Problem 6. Based on the findings of the study, how can the HLI implementation can be enhanced?

The pertinent results from this study point out to certain difficulties that represent potential areas for improvement. To further improve the implementation of HLI, the current study sees resource constraints, classroom issues, and stakeholder involvement over time as some of the main inputs to this enhancement program as indicated in table 13 below.

Table 13 presents the proposed enhancement program and initiatives aimed at improving the implementation of Healthy Learning Institution (HLI) in schools.

Table 13: *Proposed enhancement program and initiatives towards better HLI implementation.*

Identified Challenges	Objectives	Strategies/Activities /Solutions	Success Indicators	Budget	Persons Involved	Time Frame
Absence of Materials Recovery	To construct 1 MRF in the school	Allocation of funds in the AIP	Constructed 1 MRF	MOOE	Physical Facilities Coordinator	Quarter 3

Facility (MRFs)						
Lack of health facilities in the classrooms	To provide health facilities in the classroom	Provision of health facilities in the classroom	The classroom is provided with health facilities	MOOE	OKD-HLI Focal	Quarter 1
Conduct of activities promoting a positive view of disability	To educate the school community on LSW	Conduct an advocacy and awareness drive on disability month	Zero cases of bullying		Guidance Advocate	Quarterly
Low participation rate in the orientation on basic and school-based immunization	To capacitate teachers in basic and school-based immunization	Conduct school-based orientation on basic and school-based immunization	Capacitated teachers on basic and school-based immunization	MOOE/B LGU	Barangay Nurse & SBI Focal	Annual
Low percentage of school personnel provided with appropriate training and capacity building activities on the implementation of contextualized Preventive Drug Education Program (PDEP)	To capacitate school personnel on the implementation of the contextualized Preventive Drug Education Program (PDEP)	Invite division health officers for a school-based conduct of crafting a contextualized plan of action on the Preventive Drug Education Program (PDEP)	Crafted a contextualized plan of action on the Preventive Drug Education Program (PDEP)	MOOE	Health Officers, OKD-HLI Focal	Annual

Need to strengthen school database systems that effectively store communication details of the stakeholders.	To establish a system that will serve as a database to store basic information	Reactivate the One School One Info System of the school	Functional One School One Info System	None	ICT Focal	Annually
Unavailability of a functional school clinic	To establish a functional school clinic	Provision of clinic supplies and materials Allocate space in the school head's office for a functional clinic	Established space for a functional clinic with supplies and materials	MOOE	OKD-HLI Focal	Quarterly
Limited financial allocation and insufficient human resources	To augment financial capacity and manpower in the implementation of HLI in schools.	Conduct regular meetings and planning with GPTA, Alumni Association, LGU, and other relevant partners. Maximize agricultural areas in schools for the Gulayan sa Paaralan program. Implement an Income Generating Project (IGP) that is feasible in the school.	Quarterly reports on the minutes of meetings. Functional and sustainable Gulayan sa Paaralan program Presence of an operating IGP.		School Heads/ Teachers/Alumni Representative	Quarterly
Uncertainty towards the long-term commitment and participation of stakeholders	To foster sustainable partnerships with key stakeholders in the implementation	Establish a good communication bond and an active bond with relevant stakeholders.	Issuance of an approved special order creating the communication and	N/A		Annually

ers	tation of HLI.		external relations team.			
Overlapping lessons and activities	To ensure smooth integration of health lessons into the existing curriculum.	Conduct subject integration activity with the subject teachers. Regular monitoring of integration outcomes.	Inclusion of health promotion lessons in lesson plans. Monitoring report on the learning outcomes.	None		Quarterly

The intervention addresses the challenges posed, such as those related to a lack of finance and staff, the ambiguity of commitment by the stakeholders, and the duplication of lessons and activities. Generally, the strategies proposed will help increase sustainability, coordination, and incorporation of the health-based initiatives into the curriculum. The program's structure reflects a process that is strategic and participative.

To solve the problems related to the inadequacy of financial resources and inadequate manpower in carrying out the HLI, the goal is to increase the school's financial capability as well as manpower capacity in implementing the HLI. The proposed strategies include conducting regular meetings and planning sessions with key stakeholders such as the GPTA, Alumni Association, LGU, and other partners. This stresses the fact that the mobilization of financial resources cannot only be done by one individual or organization but involves several parties.

Another key strategy under this objective is the maximization of agricultural areas for the Gulayan sa Paaralan program. This initiative promotes self-sufficiency by utilizing available school land for food production, which directly supports nutrition-related interventions. In addition, the implementation of Income Generating Projects (IGPs) provides an alternative mechanism for generating funds to support school-based health activities. Together, these strategies aim to reduce dependency on external funding while promoting sustainability and community involvement in school health initiatives.

The success indicators for these interventions include quarterly reports of meetings, the establishment of a functional and sustainable Gulayan sa Paaralan program, and the presence

of an operating IGP. These indicators provide measurable outputs that can be used to assess progress and effectiveness. Although no specific budget is allocated, the reliance on stakeholder contributions and self-sustaining projects reflects a practical and resource-efficient approach. The involvement of school heads, teachers, and alumni representatives ensures shared accountability in implementation.

To address uncertainty towards the long-term commitment and participation of stakeholders, the program aims to foster sustainable partnerships with key actors involved in HLI implementation. The main strategy is the establishment of strong communication bonds and active engagement with relevant stakeholders. This emphasizes the importance of continuous interaction and relationship-building to maintain stakeholder interest and participation over time.

The success of this initiative is measured through the issuance of a special order creating a communication and external relations team, as well as the inclusion of this committee in the School Improvement Plan. These institutional mechanisms ensure that stakeholder engagement is formalized and sustained beyond individual efforts. By embedding these structures into school governance systems, the initiative promotes continuity and accountability in partnership management.

To address overlapping lessons and activities, the program focuses on ensuring the smooth integration of health lessons into the existing curriculum (DepEd Order No. 35, s. 2016). This is operationalized through subject integration activities involving teachers and regular monitoring of integration outcomes. These strategies aim to reduce instructional overload while ensuring that health concepts are effectively embedded across learning areas.

The performance measures of this element will be that there will be inclusion of health lessons within the lesson plans and submission of monitoring reports on their effectiveness in the teaching and learning process. Such performance measures make it possible for schools to assess not only the implementation of the strategy but also its effects on the teaching and learning process. Overall, the proposed enhancement program presents a comprehensive and systematic approach to strengthening HLI implementation by addressing resource gaps, enhancing stakeholder engagement, and improving curriculum integration.

4. SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

4.1 Summary

This study aimed to describe the implementation of the Healthy Learning Institution (HLI) in selected schools in Butuan City using a mixed-methods approach. It quantitatively assessed the implementation of HLI among selected schools across healthy school policy, physical school environment, social school environment, health skills and education, links with the community, and access to healthcare, using a standardized tool prescribed by DepEd. It utilized three years of secondary data from eleven (11) selected public schools. Moreover, interviews were conducted to solicit the experiences of teachers and school heads, resulting in the identification of best practices and challenges.

4.2 FINDINGS

Using appropriate statistical and thematic analysis, the findings are as follows.

1. Schools in South Butuan District, Division of Butuan City, have maintained passing marks in SY 2025-2026 in the implementation of the HLI program in all areas, namely healthy school policy, physical school environment, social school environment, health skills and education, links with the community, and access to healthcare.
2. Best practices in the implementation of HLI are evident, which include the provision of food and medical assistance, fostering strong collaborations with stakeholders, and the successful integration of health into instructional approaches and even in school activities. Teachers' and school heads' experiences attest to the positive implications of these practices for better learning and health outcomes for learners.
3. The implementation of the HLI program has been perceived as highly effective by the respondents because of its contribution in terms of improved teaching and learning outcomes. In addition, HLI implementation contributes to better health behaviors and overall well-being among learners. In some schools, students became highly aware of the importance of hygiene for their overall health and school performance.
4. Despite the effectiveness and positive impact of the HLI implementation, challenges remained evident. Overlapping lessons and activities are one of the issues that hinder the integration of health concepts into the curriculum and school activities. Another very common issue for all schools is the limitation of budget and other resources. Lack of manpower is also seen as a hurdle to implementing HLI in almost all schools. Moreover, the uncertainty about the long-term participation of the students and parents is also

identified as an area that needs improvement. These challenges are well considered in the study's output.

5. To cope with the identified challenges, schools draw support from partners and stakeholders while utilizing the benefits of strong connections and positive relationships. The synergy between stakeholders has resulted in an increase in funds and other needed resources. In some schools, the Income Generating Project (IGP) is practiced. Specifically, those that strongly implement the Gulayan sa Paaralan program.
6. As implied from the findings of the study, a proposed enhancement program is crafted. This program is inspired by the challenges encountered by the stakeholders.

4.3 CONCLUSIONS

Based on the relevant findings presented above, the following conclusions were drawn.

1. The implementation of HLI in schools in the South Butuan District, Butuan City Division, is beyond the passing standard. It mirrors the consistent efforts and investment of stakeholders in support of DepEd's advocacy towards a healthier school for all Filipino learners.
2. Best practices in the implementation of HLI are highly evident. These are instrumental to the positive development in the health-seeking behavior of the students and even parents.
3. As evidenced by the experienced positive outcome, the HLI implementation is concluded as highly effective. The HLI program has exceeded its expectations. Its effectiveness penetrates not only in terms of awareness but also through the positive health and hygienic practices of the learners.
4. Challenges, which are opportunities for improvement, are also evident behind the positive outcomes. Financial and manpower issues are the major hurdles and hindrances in the sustainable implementation of the HLI program.
5. Building a strong and sustainable partnership with relevant stakeholders is the best strategy to sustain the implementation of HLI.

An enhancement program is deemed necessary to ensure the long-term success of the HLI program. One of which is already proposed in this paper.

4.4 RECOMMENDATIONS

In light of the findings and conclusions presented above, the following recommendations are suggested.

DepEd Management. The whole management of the Department of Education (DepEd) may consider the findings and output of the study as a benchmark for future planning and development activities. The challenges might be considered for prioritization, considering budget appropriations or strategic formulation.

School Heads. The results of this study are a rich source of information for school heads in consideration for future creation of the School Improvement Plan (SIP). With reference to the output of this research, school principals may consider the strategies and actions specified in the proposed enhancement plan.

Teachers. Relative to the experiences of the respondents, the general group of teachers may reflect on the best practices and challenges as baseline information in the execution of their role, along with the implementation of HLI in the school.

Future Researchers. The limitations and delimitations of this research are potential opportunities for future investigation. In terms of limitations, future studies may focus on quantifying the impact of HLI implementation on academic and school performance. On another note, expanding the number of schools may produce a more comprehensive understanding of the status of HLI implementation in the country.

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