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| **Development and implementation of a health promoting school in a rural village: A case study from Cambodia** |
| **Background/Objectives**  Use of the health promoting schools (HPS) framework for developing school health promotion programming has improved social and physical environments and student health outcomes. Few studies have examined how HPS can be applied to developing countries, particularly those that are post-conflict and low-resourced. Documenting how communities in these countries have successfully created HPS can provide guidance for similar communities. The aims of this study were to evaluate the planning and implementation of a HPS in a rural Cambodian village and show how HPS concepts can be applied in a post-conflict, low-resourced country.  **Methods**  A case study design was used. Qualitative data were collected via school documentation, interviews with the school’s leadership and on-site observations. Data were analysed inductively as an iterative process, from initial coding, through to categorising, leading to concept mapping and identification of emergent themes within the stages of development and implementation.  **Results**  The school was developed to provide English-language literacy, computer skills, and health education, which were considered vital to moving local children out of poverty. The development and implementation of the school occurred in three stages, each of which required creating community links. In Stage 1, a local champion established local and international partnerships and secured funding. HPS components addressed included the creation of supportive physical and social environments and healthy school policies. In Stage 2, the school opened and was free for children to attend daily during the half-day when they were not attending public school. The HPS components addressed were creating supportive curriculum and social and physical environments. In Stage 3, a health focus was added. HPS components addressed were health-focused curriculum and the supply of health services (e.g., oral health, hygiene, basic first aid training).  **Discussion**  This case demonstrates how a non-government school can – using partnerships between a local champion, village elders, government and non-government organisations, and international volunteers – complement a public school system to better meet the community-determined health and educational needs of students and local villagers. This model of a HPS can be adapted to other communities in post-conflict, low-resourced countries.  **Keywords**  school health promotion; implementation; partnership; qualitative research |