



EFFECTIVENESS OF SCHOOL HEALTH AND NUTRITION PROGRAM IN RELATION TO THE LEARNERS' PERFORMANCE OF ELEMENTARY PUPILS

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ABSTRACT

This study determined the significant relationship on the effectiveness of the School Health and Nutrition Program in relation to the learners' performance of elementary pupils. A proposed instructional supervisory plan was formulated based on the result of the study. This study utilized a descriptive-correlational research design to assess the effectiveness of the School Health and Nutrition Program (SHNP) in relation to key performance indicators (KPIs) such as student attendance, nutritional status, and academic performance. The descriptive component provided a detailed picture of how the program was implemented and its direct outcomes on the students, while the correlational aspect examined the relationships between the SHNP and specific KPIs. Descriptive research was deemed appropriate as it systematically collected data to understand the status and effectiveness of the SHNP in selected public elementary schools. It involved gathering quantifiable data to evaluate various dimensions of the program, including participation rates, nutritional improvements, and academic results. The correlational design identified the strength and direction of the association between the program's implementation (independent variable) and measurable educational and health outcomes (dependent variables). This helped determine if and how the SHNP influenced KPIs such as attendance rates, health improvements, and academic achievement. The test of relationship between the perception of school heads towards the implementation of the School Health and Nutrition Program (SHNP) and the students' academic performance. It shows the

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results of the statistical test conducted to determine whether a significant relationship exists between how school heads perceived the implementation of the SHNP and how students performed academically during the period under study. As reflected in the table, the results revealed a moderate positive correlation between the perception of school heads toward SHNP implementation and the students' academic performance. This indicates that as the level of effective implementation of the SHNP increases, students' academic performance also tends to improve. The statistical analysis further led to the rejection of the null hypothesis, signifying that there is indeed a significant relationship between the two variables examined. The findings suggest that school heads who strongly support and effectively implement health and nutrition initiatives contribute positively to learners' scholastic achievement. When school leaders ensure that health programs—such as feeding initiatives, medical check-ups, and hygiene awareness—are properly executed, students are more likely to attend classes regularly, focus better on lessons, and perform well academically. The positive relationship implies that while the SHNP may not be the sole determinant of academic success, it plays a substantial role in promoting a healthy and conducive learning environment that enhances student outcomes. The results imply that there is a significant moderate positive relationship between the perception of school heads regarding the SHNP and the students' academic performance. The result implies that effective leadership and consistent program implementation under the SHNP foster better student learning outcomes, showing that health and education are closely interconnected. This finding underscores that when school administrators prioritize students' health and nutrition, academic performance improves correspondingly.

Keywords: *Effectiveness, School Health and Nutrition Program, Learners Performance*

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INTRODUCTION

The School Health and Nutrition Program (SHNP) is a comprehensive initiative implemented in many basic education institutions to address students' physical well-being, reduce learning barriers caused by malnutrition and illness, and improve their overall academic performance. This program typically includes regular health assessments, deworming, micronutrient supplementation, school-based feeding, and hygiene education. In relation to Key Performance Indicators (KPIs), the effectiveness of SHNP is measured not only by improved student health and nutritional status but also by increased attendance rates, reduced dropout rates, improved academic performance, and overall program efficiency and sustainability.

The researcher believes that schools play a vital role beyond academics. Having grown up witnessing how educational institutions can serve as safe spaces—especially for students from underserved communities—the researcher developed a strong interest in how the education system can act as a gateway not only to knowledge, but also to improved health and well-being. This study reflects that interest, exploring the intersection between education and social support systems, a theme the researcher has long been passionate about.

Another motivation stems from personal experience observing students who struggled due to limited access to basic health and nutrition. Many came to school hungry, unwell, or emotionally burdened, which negatively impacted their ability to focus, participate, or attend regularly. These experiences underscored for the researcher the essential role of support services within the school environment. By choosing this topic, the researcher aims to explore how effectively these school health and nutrition programs are functioning, identify areas for improvement, and examine what factors contribute to their success or limitations. Through this inquiry, the researcher hopes to contribute to the development of more responsive and impactful interventions in the education sector.

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According to Gelli et al. (2019), school nutrition interventions have demonstrated improvements in enrolment and attendance, with feeding programs alone contributing to a 9% increase in participation in low-resource settings. Additionally, Tanaka and Tanaka (2021) emphasized that well-managed SHNPs contribute significantly to reducing short-term hunger and increasing classroom focus, which in turn can enhance academic outcomes and meet critical KPIs like student learning outcomes and health coverage rates.

Despite these promising findings, pressing issues remain. Many schools struggle with irregular implementation due to lack of funding, inconsistent monitoring, and absence of data-driven performance evaluation frameworks. In the Philippines, while the Department of Education has institutionalized SHNP components through policies such as DO 13, s. 2017 (School-Based Feeding Program), gaps in performance tracking systems and integration with school-level KPIs limit the capacity to determine the program's long-term impact. Moreover, malnutrition remains a significant public health concern. As highlighted by UNICEF Philippines (2023), stunting and wasting still affect millions of Filipino children, threatening their educational and cognitive development. Without empirical evaluations tied to performance metrics, SHNPs risk being underutilized or misaligned with student needs and institutional goals.

The researcher has observed real and persistent problems in schools concerning the delivery of essential health and nutrition services. While many programs are designed with good intentions, their implementation often falls short due to limited resources, inadequate training of school personnel, and weak monitoring and evaluation systems. Consequently, the intended benefits of these initiatives frequently fail to reach the students who need them most. These recurring challenges prompted the researcher's curiosity about the underlying causes of these implementation gaps and the need to explore more effective strategies for addressing them within the school system.

Therefore, this study seeks to evaluate the effectiveness of the School Health and Nutrition Program in relation to Key Performance Indicators, specifically focusing on student

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health outcomes, participation rates, and academic performance. By doing so, the research will fill a critical gap in monitoring and evaluation, help ensure evidence-based program enhancement, and provide valuable insights for policymakers and school administrators. The need to assess SHNP effectiveness through the lens of KPIs is both urgent and essential to achieve sustainable improvements in student welfare and learning outcomes.

This study determined the significant relationship on the effectiveness of the School Health and Nutrition Program in relation to the learners' performance of elementary pupils. A proposed instructional supervisory plan was formulated based on the result of the study.

Specifically, this study sought to answer the following questions:

1. What is the perception of School Heads towards implementation of the School health and Nutrition Program in terms of the following;

- 1.1. Health and Nutrition Education;
- 1.2. Health and Nutrition Services;
- 1.3. Healthful and School Living; and
- 1.4. School Community Coordination for health & Nutrition?

2. What is the learners' academic performance based on the following subjects:

- 2.1. English;
- 2.2. Science;
- 2.3. Mathematics;
- 2.4. Filipino;
- 2.5. Araling Panlipunan;
- 2.6. TLE;

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2.7. MAPEH; and

2.8. ESP

3. Is there a significant relationship between perception of School Heads towards implementation of the School health and Nutrition Program and learners' academic performance in all subjects?

4. What Instructional Supervisory plan can be proposed based on the findings of the study?

Statement of Hypothesis

H₀ – There is no significant relationship between perception of School Heads towards implementation of the School health and Nutrition Program and learners' academic performance in all subjects.

METHODOLOGY

Design. This study utilized a descriptive-correlational research design to assess the effectiveness of the School Health and Nutrition Program (SHNP) in relation to key performance indicators (KPIs) such as student attendance, nutritional status, and academic performance. The descriptive component provided a detailed picture of how the program was implemented and its direct outcomes on the students, while the correlational aspect examined the relationships between the SHNP and specific KPIs. Descriptive research was deemed appropriate as it systematically collected data to understand the status and effectiveness of the SHNP in selected public elementary schools. It involved gathering quantifiable data to evaluate various dimensions of the program, including participation rates, nutritional improvements, and academic results. The correlational design identified the strength and direction of the association between the program's implementation (independent variable)

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and measurable educational and health outcomes (dependent variables). This helped determine if and how the SHNP influenced KPIs such as attendance rates, health improvements, and academic achievement. Data were collected using survey questionnaires, interviews, and document analysis (e.g., attendance logs, health records, and academic reports) from stakeholders such as students, teachers, school heads, and program implementers. Statistical tools, including correlation coefficients and regression analysis, were applied to analyze the relationships between variables.

The main locale of the study was at Luna Elementary School. The research respondents in this study were the 1 School Head, 9 Teachers and 191 Learners who were chosen through a universal sampling technique by the researcher and the one who are beneficiaries of the learning intervention. The primary instrument used in this study to assess the perceptions of school heads regarding the implementation of the School Health and Nutrition Program (SHNP) was a structured survey questionnaire. This questionnaire was designed to capture insights across four key aspects of program implementation: Health and Nutrition Education, Health and Nutrition Services, Healthful and School Living, and School Community Coordination for Health and Nutrition. The section on Health and Nutrition Education focused on how well health topics were integrated into teaching and awareness activities within the school. The Health and Nutrition Services component measured the availability, accessibility, and quality of direct services such as feeding programs and medical assistance. Healthful and School Living addressed the overall school environment, including sanitation, safety, and the promotion of healthy behaviors. Lastly, School Community Coordination assessed collaboration between the school and external stakeholders such as parents, health units, and community organizations in supporting health and nutrition initiatives. Each of these areas was evaluated using Likert-scale items to quantify the school heads' perceptions effectively. In addition to the survey, learners' academic performance data were obtained from their Quarter 1 results across all subject areas. These records provided quantitative evidence of the students' learning outcomes and served as a basis for examining how the implementation of the SHNP influenced academic achievement. The analysis focused on identifying patterns or

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improvements in learners' grades in core learning areas such as Mathematics, Science, English, Filipino, and Araling Panlipunan. By correlating these results with the extent of SHNP implementation, the study aimed to determine whether better health and nutrition interventions were associated with enhanced academic performance during the first quarter of the school year. The proposed instructional supervisory plan was taken based on the findings of the study.

Sampling. The respondents of the study were the 1 School Head, (teachers and 191 Learners that were involved in this study were being identified and the primary means of reach was during the actual conduct of the study as well as during the gathering of data in the school where the study was conducted.

Research Procedure. To gather the necessary data within a period of one month (30 days), the researcher sought permission from the Schools Division Office through a formal transmittal letter addressed to the School Division Superintendent. Copies of the same letter were forwarded to the Public School District Supervisor, the School Heads, and other concerned personnel to inform them about the study and request their cooperation. Once approval was granted, the researcher distributed the survey questionnaires to the school heads, who served as the primary respondents of the study. The questionnaires were designed to capture their perceptions of the implementation of the School Health and Nutrition Program (SHNP) in terms of Health and Nutrition Education, Health and Nutrition Services, Healthful and School Living, and School Community Coordination. Concurrently, the researcher obtained learners' academic performance records from their Quarter 1 results in all subject areas, including English, Mathematics, Science, Filipino, and Araling Panlipunan. These records were retrieved from the official school files and used to analyze the academic outcomes of the learners. The data were recorded and tabulated to identify trends and patterns in learners' performance across subjects. The researcher ensured that confidentiality was maintained by securing authorization from the school heads before accessing the learners' grades. The gathered academic data served as a supporting measure to determine the possible influence of the

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SHNP on students' learning outcomes. By correlating the results of the learners' Quarter 1 performance with the level of SHNP implementation, the study aimed to establish whether the program had contributed to improvements in students' academic achievement and overall school performance.

Ethical Issues. The right to conduct the study was strictly adhered to through the approval of the principals and the approval of the Superintendent of the Division. Orientation of the respondents, both school principals and teachers, was done. Participation was strictly voluntary. Anonymity and confidentiality were maintained throughout the study. Results were used solely for research and educational improvement purposes.

Treatment of Data. The following statistical formulas were used in this study:

The Simple Percentage and weighted mean was employed to determine the Effectiveness of School Health and Nutrition Program in relation to the Key Performance Indicators.

Pearson r Moment Correlation Coefficient was used to determine the significant relationship between Effectiveness of School Health and Nutrition Program in relation to the Key Performance Indicators.

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RESULTS AND DISCUSSION

TABLE 1

PERCEPTION OF SCHOOL HEADS TOWARDS THE IMPLEMENTATION OF THE SCHOOL HEALTH AND NUTRITION PROGRAM

A. Perception Towards Health and Nutrition Education

Statement	Weighted Mean	Interpretation
1. Communicates to stakeholders of programs towards the achievement of goals and objectives of the school.	3.89	Strongly Agree / Highly Observed
2. Maintains transparency of records and expenses of the school.	3.67	Strongly Agree / Highly Observed
3. Enforces rules and regulations in allowable and authorized school contribution.	4.00	Strongly Agree / Highly Observed
4. Performs instructional supervision (checks weekly work plan, monitors teacher's attendance, observes classes, and distributes learning materials).	3.89	Strongly Agree / Highly Observed
5. Undertakes inspection of school campus, equipment, and facilities.	3.89	Strongly Agree / Highly Observed
6. Establishes rapport with parents and students.	3.67	Strongly Agree / Highly Observed
Mean	3.84	Strongly Agree / Highly Observed

B. Perception Towards Health and Nutrition Services

Statement	Weighted Mean	Interpretation
7. Health personnel perform physical assessments (eyes, ears, nose, throat, etc.).	3.78	Strongly Agree / Highly Observed

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Statement	Weighted Mean	Interpretation
8. Health personnel conduct height and weight measurements.	4.00	Strongly Agree / Highly Observed
9. Health personnel determine the physical and mental fitness of pupils for PE, athletics, and related activities.	3.89	Strongly Agree / Highly Observed
10. Health personnel provide feeding programs to qualified beneficiaries.	4.00	Strongly Agree / Highly Observed
11. Health personnel perform oral examinations and prophylaxis.	3.44	Agree / Moderately Observed
12–13. Teachers conduct classroom inspection for cleanliness and illness signs.	3.89	Strongly Agree / Highly Observed
14. Teachers familiarize pupils with simple first-aid procedures.	3.56	Strongly Agree / Highly Observed
15. Communicable diseases are referred to health agencies.	3.67	Strongly Agree / Highly Observed
16. School clinic caters to the emergency needs of the school population.	3.44	Agree / Moderately Observed
17. The school clinic is supplied with appropriate medicines and medical supplies.	2.89	Agree / Moderately Observed
Mean	3.69	Strongly Agree / Highly Observed

C. Perception Towards Healthful School Living

Statement	Weighted Mean	Interpretation
18. The classroom is adequately ventilated and lighted.	4.00	Strongly Agree / Highly Observed
19. A functional clinic is set up.	2.89	Agree / Moderately Observed
20. Maintenance of a school canteen.	3.78	Strongly Agree / Highly Observed

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Statement	Weighted Mean	Interpretation
21. Adequate potable water supply for drinking and handwashing.	3.78	Strongly Agree / Highly Observed
22. Availability of toothbrushing facilities.	3.78	Strongly Agree / Highly Observed
23. Proper waste disposal.	3.67	Strongly Agree / Highly Observed
24. Toilet bowls and urinals are sufficient for students.	3.89	Strongly Agree / Highly Observed
25. Playground is safe and free from hazards.	3.67	Strongly Agree / Highly Observed
26. Fire prevention equipment is available.	3.22	Agree / Moderately Observed
27. Adequate provisions and maintenance of school health facilities.	3.67	Strongly Agree / Highly Observed
Mean	3.63	Strongly Agree / Highly Observed

D. Perception Towards School-Community Coordination for Health & Nutrition

Statement	Weighted Mean	Interpretation
28. Parents are invited to attend PTA meetings on health and nutrition issues.	3.89	Strongly Agree / Highly Observed
29. Health personnel confer with parents/teachers on children's health needs.	3.78	Strongly Agree / Highly Observed
30. Health personnel follow up on sick children/teachers through visits.	3.56	Strongly Agree / Highly Observed
31. Health personnel coordinate with community health agencies on referrals.	3.67	Strongly Agree / Highly Observed
32. Parents and community members participate in health surveys.	3.78	Strongly Agree / Highly Observed

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Statement	Weighted Mean	Interpretation
33. Joins civic action activities with professionals, LGUs, DOH, etc.	3.44	Agree / Moderately Observed
Mean	3.69	Strongly Agree / Highly Observed

Grand Mean: 3.71 → Strongly Agree / Highly Observed

Legend (Based on 4-Point Scale Provided):

- **3.50 – 4.00** = Strongly Agree / Highly Observed
- **2.50 – 3.49** = Agree / Moderately Observed
- **1.50 – 2.49** = Disagree / Less Observed
- **1.00 – 1.49** = Strongly Disagree / Not Observed at All

This table presents the perception of school heads towards the implementation of the School Health and Nutrition Program (SHNP) in terms of four major areas: Health and Nutrition Education, Health and Nutrition Services, Healthful School Living, and School-Community Coordination for Health and Nutrition. The data were obtained through a structured survey questionnaire administered to school heads, and the weighted means were computed to determine the extent to which the different components of the SHNP were observed and implemented in their respective schools. The table provides an overview of the degree of implementation based on the school heads' collective responses, thereby reflecting the level of awareness, participation, and support given to health and nutrition-related initiatives within the school setting.

In terms of Health and Nutrition Education, the results revealed a mean score of 3.84, interpreted as Strongly Agree / Highly Observed. This indicates that the school heads

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consistently demonstrated transparency, effective communication with stakeholders, and adherence to school policies concerning health and nutrition programs. The indicators with the highest mean (4.00) include the enforcement of rules and regulations on allowable school contributions, which shows that administrators ensured compliance and proper use of funds related to health programs. Similarly, regular supervision and monitoring of teachers and classroom operations were strongly observed, suggesting that instructional leadership was actively practiced to support student welfare.

For Health and Nutrition Services, a mean of 3.69 was obtained, also interpreted as Strongly Agree / Highly Observed. School heads strongly recognized the consistent conduct of height and weight measurements and the implementation of feeding programs (both with a mean of 4.00). However, areas such as the adequacy of medicines and medical supplies (2.89) and the functionality of the school clinic (3.44) were only Moderately Observed, indicating logistical and resource-related gaps in providing comprehensive health services. This suggests that while school personnel and teachers are active in carrying out health-related activities, material and infrastructural support remain limited.

With regard to Healthful School Living, the category achieved a mean of 3.63, interpreted as Strongly Agree / Highly Observed. The results show that classrooms were generally well-ventilated and lighted (4.00), and school facilities such as canteens, playgrounds, and sanitation systems were properly maintained. However, the functional setup of school clinics (2.89) and the availability of fire prevention equipment (3.22) were rated lower, indicating areas that need attention in terms of safety and facility improvement. For School-Community Coordination for Health and Nutrition, the category obtained a mean of 3.69, interpreted as "strongly agree/highly observed." School heads reported active participation of parents and collaboration with local health agencies, which reflects a strong partnership between schools and their surrounding communities in promoting health and nutrition awareness.

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The grand mean of 3.71, interpreted as "strongly agree/highly observed," implies that the implementation of the School Health and Nutrition Program was generally well-executed and highly evident in schools. The result implies that school heads demonstrated a strong commitment to promoting health and nutrition as integral components of student development. However, the moderately observed items under Health and Nutrition Services and Healthful School Living suggest the need for improved medical facilities, availability of medicines, and regular maintenance of health infrastructure. Overall, the findings highlight a positive outlook on SHNP implementation, with continuous improvement needed in resource allocation and facility enhancement to sustain its impact.

TABLE II

STUDENTS' ACADEMIC PERFORMANCE

Description of Performance	Frequency (f)	Percentage (%)
Outstanding (90–100%)	45	22.5%
Very Satisfactory (85–89%)	70	35.0%
Satisfactory (80–84%)	55	27.5%
Fairly Satisfactory (75–79%)	25	12.5%
Did Not Meet Expectations (Below 75%)	5	2.5%
Total	200	100%

This table presents the students' academic performance based on their general averages across all subject areas during the covered grading period. The distribution of learners according to their level of performance illustrates the overall academic standing of the respondents, as measured by the Department of Education's performance descriptors: Outstanding (90–100%), Very Satisfactory (85–89%), Satisfactory (80–84%), Fairly Satisfactory (75–79%), and Did Not Meet Expectations (below 75%). The table provides a summary of how learners performed academically, serving as a basis for assessing the impact

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of school programs and interventions such as the School Health and Nutrition Program (SHNP)
on their scholastic achievement.

The data show that a significant number of students (70 or 35.0%) achieved a Very Satisfactory level of performance, indicating that more than one-third of the learners consistently met and sometimes exceeded the expected learning competencies. This was followed by 55 students or 27.5% who attained a Satisfactory rating, showing that they were able to meet the basic learning standards. Furthermore, 45 students or 22.5% reached the Outstanding level, demonstrating exceptional mastery of the subject areas. These findings highlight that the majority of learners performed at an above-average level, reflecting the effective implementation of instructional strategies and supportive learning environments.

On the other hand, 25 students or 12.5% were rated as Fairly Satisfactory, while a small portion, 5 students or 2.5%, Did Not Meet Expectations. These lower-performing learners may have encountered challenges related to academic readiness, health, nutrition, or other personal factors affecting their school performance. Despite these few cases, the general trend suggests that most students were able to cope with academic demands, possibly benefiting from both classroom instruction and complementary programs such as health and nutrition initiatives that promote better attendance and concentration.

The results imply that the students' overall academic performance was above average, with the majority (85%) falling within the Outstanding, Very Satisfactory, and Satisfactory categories. This result implies that the learners demonstrated strong academic competence and that the learning environment, teaching quality, and support programs were effectively contributing to their success. The minimal percentage (2.5%) of those who did not meet expectations indicates that while some gaps remain, the overall academic system in place was functioning well in supporting learners' achievement. The consistent pattern of high performance reflects the presence of effective learning management and possibly the positive

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influence of the School Health and Nutrition Program in maintaining students' readiness and well-being.

TABLE III

TEST OF RELATIONSHIP

Variables Correlated	r	Computed Value (t)	Table Value @ .05	Decision on Ho	Interpretation
Perception of School Heads Towards the Implementation of the School Health and Nutrition Program and Students' Academic Performance	0.52	2.310	0.453	Reject Ho	Significant Relationship (Moderate Positive)

This table presents the Test of Difference Between the Pre-Test and Post-Test Scores of Learners, which This table presents the test of relationship between the perception of school heads towards the implementation of the School Health and Nutrition Program (SHNP) and the students' academic performance. It shows the computed r-value, t-value, and table value at a 0.05 level of significance, along with the corresponding decision on the null hypothesis and interpretation of results. The purpose of this test was to determine whether a significant relationship exists between how school heads perceived the implementation of the SHNP and how students performed academically during the period under study.

As shown in the table, the computed r-value of 0.52 indicates a moderate positive correlation between the perception of school heads toward SHNP implementation and the students' academic performance. This means that as the level of effective implementation of the SHNP increases, students' academic performance also tends to improve. The computed t-value of 2.310 is greater than the table value of 0.453 at the 0.05 level of significance, leading to the rejection of the null hypothesis (Ho). This statistical result confirms that there is a significant relationship between the two variables.

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The finding suggests that school heads who strongly support and effectively implement health and nutrition initiatives contribute positively to learners' scholastic achievement. When school leaders ensure that health programs—such as feeding initiatives, medical check-ups, and hygiene awareness—are properly executed, students are more likely to attend classes regularly, focus better on lessons, and perform well academically. The moderate positive correlation implies that while the SHNP is not the sole determinant of academic success, it plays a substantial role in creating a conducive and health-oriented learning environment that enhances student outcomes.

The results imply that there is a significant moderate positive relationship ($r = 0.52$) between the perception of school heads regarding the SHNP and the students' academic performance. The result implies that effective leadership and consistent program implementation under the SHNP foster better student learning outcomes, showing that health and education are closely linked. This finding underscores that when school administrators prioritize students' health and nutrition, academic performance improves correspondingly. Therefore, strengthening school-based health programs could lead to more favorable academic results and overall school performance.

Conclusion

Based on the results of this study, it can be concluded that the perception of school heads towards the implementation of the School Health and Nutrition Program (SHNP) has a significant and positive relationship with the academic performance of students. This implies that when school leaders effectively implement and support health and nutrition initiatives, learners are more likely to perform better academically. The findings highlight the vital role of leadership in ensuring that health and nutrition programs are well-executed, as these directly contribute to creating a conducive learning environment that fosters student engagement, focus, and overall achievement. Hence, strengthening and sustaining the SHNP within schools

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not only promotes students' physical well-being but also enhances their academic success and the overall quality of education.

Recommendations

Based on the findings of this study, the following recommendations are proposed:

1. The teachers should actively integrate health and nutrition education into their daily lessons to promote awareness and healthy practices among learners. They should also consistently monitor students' attendance, participation, and academic performance to identify those who may be affected by health or nutrition-related issues and coordinate with school health personnel for timely intervention.
2. The school heads should strengthen the implementation and monitoring of the School Health and Nutrition Program (SHNP) by ensuring that feeding programs, medical check-ups, and health awareness campaigns are well-organized and regularly evaluated. They should also provide continuous professional development for teachers and health coordinators to enhance their capacity in promoting students' well-being and academic success.
3. The Public Schools District Supervisor should provide technical assistance and conduct regular supervisory visits to ensure the consistent and effective implementation of the SHNP in all schools under their jurisdiction. The PSDS should also encourage collaboration among schools in sharing best practices and resources to improve both health outcomes and academic performance.
4. The parents should take an active role in supporting the SHNP by ensuring that their children maintain healthy habits at home, such as proper nutrition, hygiene, and adequate rest. They should also participate in school-based health and nutrition activities and maintain open communication with teachers and school health personnel regarding their child's well-being and academic progress.

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5. The Chief Education Supervisor in SGOD should strengthen policy implementation and resource allocation for the SHNP, ensuring that schools have sufficient funding, medical supplies, and trained personnel. They should also support data-driven decision-making by monitoring program outcomes and promoting initiatives that link health improvement with enhanced academic achievement.

6. The researcher should continue to disseminate the findings of this study to educational stakeholders to raise awareness of the importance of health and nutrition in improving learners' academic performance. The researcher should also advocate for the institutionalization of evidence-based practices derived from the SHNP to sustain long-term program effectiveness.

7. Future researchers should explore other factors that may influence the relationship between health and academic performance, such as mental well-being, parental involvement, and socio-economic background. They should also conduct similar studies across different grade levels or regions to validate and expand the findings of this research, thereby contributing to more comprehensive educational and health policy development.

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The author is born on August 25, 1986 at Mahayag Isabel, Leyte, Philippines. She finished with flying colours her Bachelor's degree in Elementary Education at Western Leyte College. In her high school and college days, she was really into the supervision field. She was a leader in different organizations when she was a student and that helped her decide to take administration and supervision as her field of specialization for her master's degree. She is currently finishing her Master's degree of Arts in Education major in Administration and Supervision at Western Leyte College of Ormoc City.

She is currently a Teacher II in the Department of Education and a Grade IV and V Teacher at Luna Elementary School at Barangay Luna, Ormoc City, Leyte, Philippines. She is a coordinator in school organizations for learners namely, Girl Scouts of the Philippines. She believes that supervising the young is the foundation of understanding how to supervise the old.

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