Monitoring and Evaluation Guidance for School Health Programs

Eight Core Indicators to Support FRESH (Focusing Resources on Effective School Health)

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United Nations Educational, Scientific and Cultural Organization
Save the Children
Education International
Internationale de l'Éducation
Internacional de la Educación
Bildungsinternationale
EDC Learning transforms lives.
UNODC United Nations Office on Drugs and Crime
AIR
World Bank
World Health Organization
unicef
PCD The Partnership for Child Development

Contents

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Abbreviations and Acronyms

AIDS	Acquired immune deficiency syndrome
EFA	Education for All
EMIS	Education Management Information System
FRESH	Focusing Resources on Effective School Health
SHPPS	School Health Policies and Practices Study
HIV	Human immunodeficiency virus
M&E	Monitoring and evaluation
PCD	The Partnership for Child Development
SABER	Systems Approach for Better Education Results
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WFP	United Nations World Food Programme
WHO	World Health Organization

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Introduction

Ensuring that children are healthy so that they can learn and are able to acquire healthy behaviors is essential for an effective education system.

At the World Education Forum in Dakar in 2000, international agencies agreed on a common framework for school health – FRESH (Focusing Resources on Effective School Health). FRESH supports efficient, realistic and results-oriented implementation of school health programs to make schools healthier for children to learn and where children learn to be healthy. These programs help ensure that children enroll and stay in schools, learn more while in school and develop skills, knowledge and healthy behaviors that protect themselves and their future children from disease. School health programs contribute to the United Nations Educational, Scientific and Cultural Organization (UNESCO) Education for All (EFA) goals to improve the quality of education and learning outcomes, while also indirectly contributing to the major health and development goals by promoting healthy behaviors amongst schoolchildren and the broader community in which they live.

Over the years, a growing number of governments and international agencies have begun implementing school health. A survey of 36 countries in sub-Saharan Africa conducted in 2000 and again in 2007, showed an increase in implementation of school health programming that meet the minimum criteria of equity and effectiveness from 8% to 44%. It also showed that school health programs are becoming more comprehensive and thus, more reflective of the FRESH framework[1]. Despite the huge growth in the implementation of FRESH at both national- and local-levels, no internationally agreed guidance on how to monitor and evaluate school health programs exist. While many guidelines focus on particular school health issues, no guideline as yet has recommended indicators to assess progress in implementing FRESH or pooled all school health-related indicators into one document for the purposes of comprehensive monitoring and evaluation (M&E) of school health. This document is based on the internationally agreed FRESH framework and draws on a wide range of school health-related M&E guidance from all health fields. It was developed between 2008 and 2013 by FRESH partners (the FRESH M&E Coordinating Group and thematic experts, overseen by a broader FRESH M&E Advisory Board) representing 12 international agencies. Three meetings of FRESH partners were held during this period to review progress and next steps: the first hosted by the World Health Organization (WHO) in September 2008, the second hosted by UNESCO in November 2010, and the third hosted by The Partnership for Child Development (PCD) in October 2011. In March and April 2013, the FRESH M&E Core Indicator Checklists were pilot-tested in four countries (El Salvador, Ethiopia, Nepal, and the Philippines), and the thematic indicators were reviewed by experts from relevant international agencies.

Purpose and document use

This document is part of the broader FRESH M&E guidance. It is a national self-assessment tool[2] to support governments and organizations in monitoring and evaluating school health programs.

With its set of recommended indicators, this FRESH M&E Guidance intends to help programs in low- and middle-income countries ensure their implementation is more standardized and evidence-based and will allow easier comparative benchmarking and monitoring across countries. Additionally, it is hoped that the FRESH M&E Guidance will help lead to better coordination between programs and the priorities they address and ultimately contribute to better health and education outcomes.

The eight Core Indicators presented in this FRESH M&E Guidance focus on national-level and school-level efforts to implement comprehensive school heath programs as defined in the international FRESH framework. Data collection tools are available separately to support the

[1] PCD. (2007). *Directory of support to school-based health and nutrition programs.* London, PCD.

[2] Schools-for-All. (2012). *Monitoring, reporting and evaluation in school health, safety, equity, social and sustainable development: A glossary of terms.* Available at: https://docs.google.com/document/d/1xMJu8Hv-18xmYkEWYfwq_eOC61whHr9xetfyDm9s7nQ/edit

collection and compilation of these eight Core Indicators (see Appendices B and C).

Collecting the eight Core Indicators will allow countries to identify the strengths and weaknesses of their school health programming. Using this information, countries can strengthen policy and implementation and monitor progress towards meeting the FRESH framework 'standards' over time.

Another part of the FRESH M&E Guidance (available separately) is focused on program-level M&E of school health. It contains a menu of around 250 thematic indicators, largely drawn from existing M&E guidance or developed by thematic expert groups, covering 15 school health topics for researchers and program staff to choose from.

Existing assessment tools such as the World Bank 'Systems Approach for Better Education Results (SABER)' or the WHO Global School Health Policies and Practices Study (SHPPS) may be substituted for part of the assessments in this FRESH M&E Guidance, as indicated in the FRESH Checklists. This information can be complemented by behavioral surveys such as the Global School-Based Student Health Survey (GSHS).

The FRESH Framework

The FRESH framework is an intersectoral partnership and was launched at the World Education Forum in Dakar in 2000. It highlights the importance of school health for the achievement of the education Millennium Development Goals and provides the context for developing effective school health programs. FRESH recommends the four following components (program pillars) to be addressed in all schools:

1. Equitable school health policies[3].
2. Safe learning environment[4].
3. Skills-based health education.
4. School-based health and nutrition services.

FRESH is a comprehensive, overarching framework for promoting health through schools which can be used in parallel or instead of other well-known school health frameworks such as Health-Promoting Schools, Child-Friendly Schools, or school health and nutrition programs to promote the health and well-being of students, their families, and school staff.

Equitable School Health Policies

National- and local (school)-level school health policies are necessary to promote effective school health programming:

- *School-level:* School health-related policies set priorities, objectives, standards and rules to protect and promote the health and safety of students and staff. School health-related policies should address physical safety issues, such as guidelines to ensure the school has adequate water and sanitation facilities. These policies should also ensure a safe environment to protect students and staff from abuse, sexual harassment, discrimination, and bullying and foster a healthy socio-emotional environment that builds resilience and self-esteem. School health-related policies should respond to local priorities and the needs of all students, including marginalized children. For example, where teenage pregnancy is common, a school health-related policy may focus on the inclusion of pregnant school girls and young mothers; and where road traffic accidents are a particular danger, a school health-related policy may prioritize the protection of children from the road. Policies regarding the health-related practices of teachers and students can reinforce health education. Teachers can act as positive role models for their students, for example, by not smoking in school. The process of developing and agreeing upon policies draws attention to these issues.
- *National-level:* School-level health-related policies are most effective when supported by a national-level policy framework that articulates expectations for schools across the country. For example, the national school health policy may recommend that all schools have safe and separate water and sanitation facilities for girls and boys; that all children are dewormed at least once a year; and

[3] Originally referred to as 'health-related school policies.' The word 'equitable' was included to ensure that health-related school policies address issues of all children, including disadvantaged minorities.

[4] Originally referred to as 'safe water and sanitation.' This was broadened to a 'safe learning environment' to include socio-emotional aspects of the learning environment and other physical safety issues besides water and sanitation.

that child health clubs are set up in every school to improve child participation in school health. Both national- and school-level health-related policies are best developed by involving as many stakeholders as possible, such as teachers, students, health care providers and the community.

Safe Learning Environment

The school environment refers to either the physical and socio-emotional environment, or aspects of the school or learning space that affects both the physical and socio-emotional well-being of students.

- *Physical environment:* The school environment should be a place where students are free from danger, disease, physical harm or injury; where sufficient water and sanitation facilities are provided and where physical structures (buildings, courtyards, paths and latrines) are sound, welcoming and secure. The school environment can potentially damage the health and development of students, particularly if it increases their exposure to hazards such as infectious diseases due to an unsafe water supply, lack of hand washing facilities or unsanitary latrines. Clean water and adequate sanitation facilities help reinforce the health and hygiene education in school allowing students to practice what they learn. They also make the school more welcoming and can increase school attendance and retention, especially amongst girls who require the privacy of single sex toilets (particularly during their menses).
- *Socio-emotional environment:* The school environment should be a place where all students are free from fear or exploitation, and where codes against misconduct exist and are enforced. When students do not feel safe at or on their way to school because they are subjected to violence, abuse or neglect, the consequences for children, staff, the school and the wider community are many: vandalism against the school and community property increases, abusive behavior toward school staff escalates, and conflict among peer groups heightens. In general, children are unable to learn, less likely to attend and more likely to eventually drop out of school. Preventing and stopping all forms of aggression (physical, sexual and verbal) is a first step to making children feel safe in school. Having clear rules and procedures for responding to aggressive acts and ensuring that students, staff and parents are aware of and enforce these rules and procedures, are essential.

Skills-Based Health Education

Skills-based health education uses participatory exercises to assist students to acquire knowledge and develop the attitudes and skills required to adopt healthy behaviors. The skills developed can include cognitive skills such as problem solving, creative and critical thinking, and decision-making; personal skills such as self-awareness, anger management and emotional coping; and interpersonal skills such as communication, cooperation and negotiation skills.

For example, skills-based health education can clarify students' perceptions of risk and vulnerability, which can help them avoid situations of increased risk of becoming infected with HIV, malaria or other diseases; increase their understanding of the importance of washing hands after going to the latrine or before eating; or realize their own role in the use of resources and their impact on the environment. Thus, skills-based health education has the potential to empower individuals to protect and improve their own and others' health, safety and well-being, which can in turn lead to better health and educational outcomes for children and their communities now and in the future.

School-Based Health and Nutrition Services

Many common health problems which students face in school can be managed effectively, simply, and inexpensively through school-based health and nutrition services. Treatment services, such as deworming and micronutrient supplementation are simple, easy, safe and cheap to administer by teachers. These treatments can immediately improve children's health and nutritional status and consequently their ability to concentrate and learn in school. School-based counseling services can help identify and support children and young people during difficult times and prevent school absenteeism and dropout. A strong referral system with health service providers, child protection services and community support groups are also essential to ensure that children with serious health problems which cannot be dealt with at school are

referred to the appropriate services. While the school system is rarely universal, coverage is often superior to health systems, with an extensive skilled workforce and daily contact with children and the community. The school system is therefore in a unique position to address common health problems which are preventing children from attending and participating in schools in a prompt and cost-effective manner.

Cross-Cutting Themes

- **Effective partnership between health and education sectors:** The health sector retains the responsibility for the health of children while the education sector retains responsibility for implementing and often funding school-based interventions. However, both of these sectors need to identify their responsibilities and present a coordinated action to improve the health and education outcomes of children. The starting point is usually the establishment of cross-sectoral working groups or steering committees at national-, district- and local-level to coordinate actions and decision-making.
- **Community participation and ownership:** This is achieved through effective community mobilization strategies and strong partnerships between relevant stakeholders, which engender a sense of collaboration, commitment and communal ownership, build public awareness and strengthen demand. The community includes the private sector; women's, men's, and youth groups; school management committees; parent-teacher associations; local health care providers; village and religious leaders; and any community group interested in improving the lives and futures of children in the community. These partnerships work together to make schools healthier and more child-friendly by jointly identifying health issues in the school and then designing and managing activities to address them. Effective partnerships between the school system and community have the power to improve the effectiveness, relevance and sustainability of a school health program.
- **Child participation:** The right to participate is one of the guiding principles of the Convention of the Rights of the Child.[5] Article 12 of the Convention states that children have the right to participate in decision-making processes that may be relevant in their lives and to influence decisions taken in their regard – within the family, the school or the community. Child participation means that children have the opportunity to express a view, influence decision-making and achieve change. It must be integral to every activity, from planning to implementing to evaluating activities at local-, district- and national-level and be practiced by all stakeholders (teachers, health care providers, parents and community members). Therefore, child participation must be addressed in every training and orientation. When children participate in activities, they also acquire the knowledge, and develop the attitudes, values and skills needed to adopt healthy lifestyles and become more active citizens. Child health clubs and governments, child suggestion boxes and active teaching methods are some ways of ensuring that children's views and concerns are considered.

FRESH Core Indicators

The main purpose of the FRESH Core Indicators is to assess and monitor national- and local-level progress in implementing a comprehensive school health program, specifically the four FRESH pillars recommended in the internationally agreed FRESH framework. They attempt to answer the following question:

- *To what extent are the four FRESH pillars of school health implemented in your country?*

There are eight Core Indicators, two per FRESH pillar. For each pillar, there is a national-level Core Indicator and a school-level Core Indicator:

- **National-Level Core Indicators** assess the existence and quality of national-level documentation to support the implementation of each FRESH pillar. For example, water and sanitation policies to guide WASH (water, sanitation and hygiene) improvements or the health education curriculum to support skills-based health education. This indicator is collected through **key informant interviews and desk reviews** of relevant documents (national policies, strategies, standards, and curricula, etc.).

[5] United Nations Office of the High Commissioner for Human Rights [OHCHR]. (2013). *Convention on the rights of the child.* Geneva, OHCHR. http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

- **School-Level Core Indicators** assess the level to which elements of each FRESH pillar are implemented in school. For example, the extents to which schools have a safe school environment, and the proportion of schools that implement regular skills-based health education. These indicators are collected through **focus groups or key informant interviews** in a sample of schools representative of all schools in the country (preschool, primary and secondary; private and public; different geographical areas; and diverse ethnic groups).

Questionnaires per target group have been developed as well as eight FRESH Checklists to support data collection and analysis of the eight FRESH Core Indicators.

The cross-cutting themes are not addressed separately in the FRESH Checklists, but are included in some of the sub-indicators. Countries are encouraged to include questions related to cross-cutting themes if they prefer to measure them separately.

A separate part of the FRESH M&E Guidance focuses on program-level M&E. It includes around 250 thematic school health indicators, drawn largely from existing M&E guidance and organized by health topic (or thematic area) to support the selection of program specific indicators. Each thematic indicator page includes a short introduction to the health topic with a rationale for addressing the particular health issue in schools, recommended strategies, suggested indicators and a list of references for more information. The suggested indicators were drawn from existing validated documents or developed by thematic expert groups. The health themes covered are:

- WASH
- Worms
- Food and Nutrition
- Physical Activity
- Malaria
- Oral Health
- Eye Health
- Ear and Hearing
- Immunization
- Violence in Schools
- Injury Prevention
- HIV and AIDS
- Sexual and Reproductive Health
- Substance Use
- Disaster Risk Reduction

Data Collection Guidance

This section describes how to prepare for and implement the data collection process and analysis for the eight FRESH Core Indicators.

Appointing an in-country consultant

A national or independent consultant will be appointed by a local ministry or a national or international organization to oversee data collection. It is important that the in-country consultant is neutral and not part of the institutions to be assessed. Responsibilities of the in-country consultant include: obtaining access to national data for each FRESH pillar; selecting a representative sample of schools; overseeing of and/or participating in collecting data at national- and school-level (this may include facilitating key informant interviews and performing a desk review at national-level, and conducting focus groups and facilitating key informant interviews at school-level); followed by consolidating, analyzing, and sharing data.

Integration of existing assessments

If governments or organizations have already conducted the following surveys, they may be substituted for part of the FRESH Checklists:

Survey tool and Source	Substitute for the following FRESH Checklists
SABER school health benchmarking (World Bank): • Section 1: Health-Related School Policies • Section 2: Safe School Environment • Section 4: Skills-Based Health Education • Section 3: School-Based Health and Nutrition Services	**National-level checklists for all four FRESH pillars:** • Checklist 1: (Equitable School Health Policies) • Checklist 3: (Safe Learning Environment) • Checklist 5: (Skills-Based Health Education) • Checklist 7: (School-Based Health and Nutrition Services)
Global SHPPS (WHO): • "Healthy and Safe Schools Environment" Survey (Questions 21 to 48) • "Healthy and Safe Schools Environment" Survey (Questions 10 to 20, and 148 to 151) • "Instruction on Health-Related Topics" Survey (Questions 111 to 147) • "Health Services" Survey (Question 49 to 110)	**School-level checklists for all four FRESH pillars:** • Checklist 2: Question 3 (Equitable School Health Policies) • Checklist 4: Question 3 (Safe Learning Environment) • Checklist 6: Question 2 (Skills-Based Health Education) • Checklist 8: Question 1 (School-Based Health and Nutrition Services)
Education Management Information System (EMIS)	School-level questions from FRESH Checklists 2, 4, 6, and/or 8 that match with a particular country's EMIS indicator(s).

Other school health concepts and approaches from FRESH partners, such as Child-Friendly Schools (the United Nations Children's Fund [UNICEF]), Learning-Friendly-Environment (UNESCO), and Quality Learning Environment (Save the Children) are complementary to FRESH and their assessments measure specific aspects of FRESH.

Data handling

All data need to be treated confidentially with only aggregated data shared publicly. Data will be shared with decision-makers in-country and with international partners and agencies. Ultimately, an international database for collecting and sharing data from various countries may be developed.

Overall step-by-step guidance

1. Aligned with FRESH cross-cutting themes, conduct multisectoral consultation and form an M&E Team. Establish the overall aims, objectives, context, scope, scale and resources available to conduct the assessment.
2. Through a consultative process, adapt data collection tools and reporting forms with instruction sheets (translate into local language and, if possible, field test tools prior to country-wide data collection).
3. Train data collection team on concepts, tools and methodologies, including data entry on to the database. This training would ensure that all data collectors have the same interpretation of the questions. This is particularly relevant for facilitators and documenters gathering school-level data.
4. Conduct national-level data collection (see National-Level Checklists: Methodology).
5. Consolidate and analyze national-level data to inform school-level data collection. Encode data and information on the database.
6. Based on national-level scenario, determine appropriate sampling of schools for school-level data collection.
7. Secure necessary permission to visit participating schools.
8. Conduct school-level data collection (see School-Level Checklists: Methodology).
9. Consolidate and analyze school-level data. Encode data and information on the database.
10. Turn data into useful information to support sound program decision-making. Disseminate to various stakeholders to gain more support for FRESH and school health programming.
11. As a research dissemination activity, organize a policy forum gathering various stakeholders for policy development and school health program support.

Scoring the FRESH Checklists

There are eight FRESH Checklists: four focus on national-level (one for each of the four FRESH pillars) and four focus on school-level (one for each of the four FRESH pillars).

Each question gives detailed guidance on how to measure the responses. In general terms the following words are most commonly used with the associated score.

The FRESH Checklists are set out using a simple scoring system where:

0 = Latent/Poor/No
1 = Emerging/Beginner/Limited
2 = Established/Good/Yes

There will be some degree of assessor subjectivity when judging the fairest score to select.

Further details on scoring the national-level checklists and the school-level checklists are given below.

National-Level Checklists

FRESH Checklists 1, 3, 5 and 7 are the four at national-level. They assess the extent to which a comprehensive school health policy is in place and what systems and standards exist to support the effective implementation of a comprehensive school health program.

Personnel selected to complete the national-level checklists should have a research background or experience with undertaking key informant interviews and desk reviews. There is a degree of subjectivity linked to the task and the task is best performed by a team of two or more people.

Methodology

Most of the assessment activity is on undertaking key informant interviews and desk reviews where an assessor or team of assessors will:

1. **Conduct key informant interviews** with a range of multisectoral stakeholders at different levels (including officers from the Ministries of Health and Education, as well as relevant international non-governmental organizations) who can initially respond to the questions at national-level and identify source documents for review. (Ensure the questionnaire is given beforehand so that key informants have relevant information and documents.) Alternatively, the four national-level checklists could be completed through a multisectoral workshop or a group of four workshops in which each workshop focuses on one of the four checklists.
2. Gather and list documents that are relevant to the purpose of the checklist and that have been recommended by key stakeholders.
3. **Review the documents** and on the basis of information gathered, cross-check or answer the questions set out on each national-level checklist noting the specific measurement guidance for each section.
4. Write a brief report of the review of each checklist to provide context and to explain the scoring.

Scoring and Analysis

Scoring: Once each checklist is complete, calculate the total in each sub-indicator section by adding the scores together (where there is more than one score) and calculating the mean score for that sub-indicator. Note that each sub-indicator is weighted equally. Thus, the overall total is calculated by adding together the scores for each sub-indicator and dividing the total score by the number of sub-indicators to obtain the mean score. (See below as an example of scoring).

Core Indicator I:

Existence, quality and dissemination of a comprehensive national-level school health policy

Sub-indicator 1	The extent to which a national-level school health policy or strategy[6] exists and has been disseminated.	0	1	2
a	*Does a school health-related strategy or policy exist, either as part of a broader health, education or poverty reduction policy or strategy or as a stand-alone document?*			2
b	*Has the school health policy or strategy been disseminated nationally, to all schools?*			2
	Total and mean score for 1.1 (Total score [4] divided by the number of questions [2])	**4, 2 (4/2)**		
2	**The extent to which the school health policy addresses the health needs and priorities of school-age children at national-level.**			
a	*Has there been a comprehensive situational analysis of the health needs and priorities of school-age children as a whole?*	0		
b	*Does the policy on school health reflect the findings and recommendations in the situational analysis?*	0		
	Total and mean score for 1.2	**0, 0 (0/2)**		
3	**The extent to which the school health policy addresses the health needs and priorities of school-age children at national-level.**			
a	*Does the school health policy or strategy recommend local-/school-level adaptation or development of the school health policy?*		1	
b	*Does the national school health policy or strategy recommend a safe physical and socio-emotional learning environment?*			2
c	*Does the school health policy or strategy recommend health learning and teaching or health promotion being 'skills-based' or about 'developing skills to…'?*			2
d	*Does the school health policy or strategy recommend a package of school-based health and nutrition services?*		1	
	Total and mean score for 1.3	**6, 1.5 (6/4)**		
	Overall mean score (the 3 sub-indicators mean score totals (2 + 0 + 1.5 = 3.5) divided by the number of questions[3])	**3.5/3 = 1.17**		
	Score for country X on Core Indicator I: The existence of a comprehensive national school health policy = 1.17 which is between emerging and established.			

Analysis: In the sub-indicators, a score with a mean of 2 indicates that the FRESH pillar, which is being measured, is well-established. A score of 1 means that the FRESH pillar is emerging, and a score of 0 means that the FRESH pillar is not yet established. In the example above, sub-indictor 1 achieves an ideal score of 2 which means it is well-established. Sub-indicator 2 scores a zero which means it is not yet established. Sub-indicator 3 achieves a score of 1.5 which means it is between emerging and established. An overall total score of 1.5 or higher is desirable. When comparing the results with another set of results, further analysis can be performed on each question within the checklist.

6 A school health strategy sets out how a specific set of activities is to be implemented within a given timeframe.

School-Level Checklists

FRESH Checklists 2, 4, 6 and 8 are the four at school-level and assess the extent to which the four pillars of FRESH are being implemented at school-level. Surveyors may focus on one or more of the checklists. If all the checklists are being administered, data collectors will need to organize the questions for teachers/administrators, students and parents/community members from each of the checklists into one document so that the relevant questions for each group can be addressed in a single meeting (see Appendix C).

The survey will need to be administered to a sample of schools. It is important to ensure the sampling is closely tied to the aim of the survey. For example, if the aim of the survey is to assess effective implementation of school health at national-level, then the schools sampled should be representative of the entire population, i.e. the sample should include all geographic regions, ethnic groups and the different types of schools (primary vs. secondary, public vs. private, rural vs. urban, etc.) present in the country.

The school-level checklists include questions for teachers, students and, in some cases, their parents and community members to ensure that the views of all stakeholders, particularly children, who are the main beneficiaries of the program, are considered. Personnel selected to complete the school-level checklists will need to have skills to conduct focus group discussions and be familiar with the distinctions between conducting focus groups with children and with adults. It is best if members of the data collection team have had experience working with children and/or have the skills to develop rapport with children.

The school-level checklists can be administered by:

- A local survey team such as an independent consultant hired by the education and health ministries.
- An external survey team such as researchers from an academic institution or a national or international organization.

Methodology

1. Read through the four school-level checklist(s) to identify the questions requiring adaptation through a review of documents at school-level and those that require answers generated by individual or group discussions.
2. Where relevant, gather and list documents relevant to the purpose of the checklist, such as national school health curricula and nationally recommended school health and nutrition services.
3. Consult with a range of people involved in school health at community-level to ensure that all relevant documents have been assembled and local adaptations to the checklists have been made.
4. Select schools according to the purpose of the survey and gain permission to visit the schools (from the Ministry of Education and from the principal). Then gather basic demographic information on each selected school.
5. Conduct **key informant interviews and focus groups** (with administrators/teachers, students, and parents/community members) relevant to the checklists to answer the questions set up in each school-level checklist. (Depending on the number of people available to answer the questions, decide whether key informant interviews or focus groups are more appropriate. Likely, questions for administrators will be addressed by key informant interviews.). Ask questions in the local language, adapted to country-context and age-level, and be ready to explain concepts that respondents may not understand (such as those included in the Glossary in Appendix A). When appropriate, ask respondents to give examples to make sure they have understood the concept.
6. Conduct an observation of the school environment.
7. Alternatively, schools may choose to administer self-completed surveys instead of focus groups for which the survey questions have to be simplified and answer sheets have to be provided (with answer choices a, b, c rather than 1, 2, 3).
8. Write a brief report of the review of each checklist to provide context and explain the scoring.

Organizing Focus Group Discussions

Key Informants (School Administrators and Teachers)

- When selecting the person to lead the discussions, be aware that the status of that person could affect the answers given. Select surveyors who are likely to have as neutral effect as possible on the answers – or control for bias.
- Ensure that all those selected to be key informants in the discussions (either as individuals or in a group discussion) are able and willing to provide an unbiased and balanced view of the range of school health activities and services in the school and that there would be no negative consequences for them in responding to the questions openly and accurately. Key informants among teachers should include the health teacher and others who teach health topics.
- Organize the questions so that all the questions for one group can be asked at a single meeting, for example, compile all the students questions from FRESH Checklists 2, 4, 6 and 8 into one document (see Appendix C).
- Administer the survey at a relatively quiet time of the year. Be aware of term dates, school-based events, public holidays, seasonal effects on school life and the examination period.
- Utilize a trained facilitator who knows the concepts and can explain them clearly and asks the questions in a conversational style.
- Recruit a trained documenter who records the responses.

Students

- Ensure that selected students provide information in a group of no fewer than five students and who are from the same class/age grouping. Separate discussions should be held when more than one class is needed to represent the school and/or if a school has children from two distinct ethnic groups and/or if the survey team wishes to include opinions from a group of older students as well as from a group of younger students in the school. The results would be collected and then averaged. (Note: In general, older students, particularly in primary schools, will more likely be better able to respond to these questions than younger students.)
- Make a note of the average age and numbers of students taking part in each of the group discussions.
- Use the following method to guide discussion, asking the specific questions on each school-level checklist:

1. Start with an ice breaker.
2. As necessary establish some ‘rules’ of the discussion, for example, not speaking for too long; ensuring that everyone has a chance to speak; listening to each other; treating information shared confidentially; and only adding comments rather than repeating them.
3. Ask the group participants what they remember seeing or hearing (for example, during their health lesson). Keep people focused on what they observed with their senses. Do not allow opinions at this stage.
4. Ask them what they liked.
5. Ask them what they disliked. (Note: What will be positive for some may be negative for others. That is fine and actually a strength of this method.)
6. Ensure each person in the group has had a chance to speak.
7. Ask participants the questions from the checklist and help them build towards a group decision. The documenter should record their discussion and decision.

Parents and Community Leaders

Some school-level checklists ask for the views of parents and community leaders. The process used in these group discussions is the same as for the students’ group discussions, though the group dynamics might be different. For parents to be part of a focus group, they could be asked to arrive a bit earlier when picking up their children or the focus groups could be carried out before or after periodically scheduled meetings with parents.

Make a note of the numbers and constituency of all adult groups consulted, for example, note if the group contains parents from the school, community leaders, youth workers, etc.

Scoring and Analysis

Scoring: The scoring and the calculation of totals and mean scores are the same for school-level as they are for national-level. However, there will be numerous schools selected for the survey and in this case it will not be one score but many scores (possibly hundreds). The data collection team will need to decide how to sample and cluster schools. Once the data are collected from each school, the data will need to be entered onto a second table to give sub-indicator scores for clusters of schools. It is recommended to establish a database for this data analysis. Here is an example of the elements for a scoring table to organize the scores of five schools.

	FRESH Checklist 2 EQUITABLE SCHOOL HEALTH POLICIES					FRESH Checklist 4 SAFE LEARNING ENVIRONMENT					FRESH Checklist 6 SKILLS -BASED HEALTH EDUCATION					FRESH Checklist 8 SCHOOL HEALTH AND NUTRITION SERVICES					Totals for each school	Mean scores
Schools↓ / Indicators →	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5		
School a																						
School b																						
School c																						
School d																						
School e																						
Totals for the cluster																						
Mean score for the cluster																						

To compare the scores of each question asked under each sub-indicator, there would need to be a box for each question. To organize this information, the table for each checklist might look similar to the one below.

	FRESH Checklist 2														
	Sub-Indicator 1 The extent to which health-related policies exist in schools, along with procedures to monitor and enforce the policies.		Sub-Indicator 2 The extent to which schools address national and local health priorities		Sub-Indicator 3 The existence of school health policies that address the remaining three FRESH pillars.			Sub-Indicator 4 The extent to which students know, understand and can contribute to the school health policy			Sub-Indicator 5 The extent to which school health policies are known to and understood by parents and community leaders			Totals for each school	Mean scores for the school
Schools↓ / Indicators→	1a	1b	2a	2b	3a	3b	3c	4a	4b	4c	5a	5b	5c		
School a															
School b															
School c															
School d															
School e															
Total for the cluster															
Mean score for the cluster															

Analysis: As before, a mean score of 2 indicates that the FRESH pillar being measured is well-established. A score of 1 means that the FRESH pillar is emerging, and a score of 0 means that the FRESH pillar is not yet established. An overall score of 1.5 or higher is desirable.

FRESH Core Indicators: Summary

Sub-indicators in red are suggested priorities.

FRESH Pillars	Level	CORE INDICATORS	Definition
A. EQUITABLE SCHOOL HEALTH POLICIES	NATIONAL	1. Existence, quality and dissemination of a comprehensive national-level school health policy.	Using **FRESH checklist 1**, this indicator is measured by reviewing national policies and strategies, situation analyses and other relevant documents to determine: • The extent to which a national-level school health policy or strategy exists and has been disseminated. • The extent to which the school health policy addresses the health needs and priorities of school-age children at national-level. • The extent to which the school health policy addresses all four pillars of FRESH.
	SCHOOL	2. Percentage of schools that have comprehensive health-related school policies.	Using **FRESH Checklist 2**, this indicator is assessed through a focus group survey in a representative sample of schools to determine: • The extent to which health-related policies exist in schools, along with procedures to monitor and enforce the policies. • The extent to which schools address national and local health priorities. • The existence of school health policies that address the remaining three FRESH pillars. • The extent to which students know, understand and can contribute to the school health policy. • The extent to which school health policies are known and understood by parents and community leaders.
B. SAFE LEARNING ENVIRONMENT	NATIONAL	3. Existence of national school safety standards addressing both the physical and socio-emotional school environment.	Using **FRESH Checklist 3**, this indicator is measured by conducting key informant interviews and reviewing national policies, strategies and standards for schools to determine: • The existence of national standards to guide and assess the physical school environment. • The existence of national standards to guide and assess the socio-emotional school environment.
	SCHOOL	4. Percentage of schools that meet the national school safety standards (physical and socio-emotional).	Using **FRESH Checklist 4**, this indicator is assessed through a focus group survey in a representative sample of schools to determine: • The extent to which schools have capacity to meet the standards for a healthy and safe physical learning environment. • The extent to which schools have capacity to meet the standards for a safe socio-emotional learning environment. • The extent to which schools meet specific aspects of the school environment standards. • Student perceptions of the school providing a safe learning environment. • Parent and community perceptions of the school providing a safe learning environment.
C. SKILLS-BASED HEALTH EDUCATION	NATIONAL	5. Priority health content and skills-based pedagogy are present in national guidance for school curricula, teacher training and learning assessments.	Using **FRESH Checklist 5**, this indicator is measured by conducting key informant interviews and analyzing the content of school curricula, teacher training manuals, student materials, and school leaving examination guidelines to determine: • The extent to which health topics (based on national health priorities) are included and are accurately and age-appropriately expressed in the school curricula. • The extent to which curricula for school health include specific skills-based pedagogical components. • The existence and quality of teacher training curricula to support participative, skills-based health education in schools. • The existence and quality of teacher guidance and student materials for schools on health topics. • The existence and quality of priority health information questions in national school leaving examinations.
	SCHOOL	6. Percentage of schools that provide regular skills-based health education sessions, as recommended in the national guidance.	Using **FRESH Checklist 6**, this indicator is assessed through a focus group survey in a representative sample of schools to determine: • The extent (frequency) health is being taught in school. • The extent to which each recommended health topic is taught across all grades in the school in accordance with national guidance and adapted to local context. • The extent to which teachers have received the appropriate training in skills-based health education. • The extent to which teachers have access to necessary tools to help them teach the health topics using appropriate teaching approaches. • Teachers' perceptions of the extent to which they are using participative, skills-based teaching approaches to teach health topics. • Students' perceptions of the extent to which teachers are using participative, skills-based teaching approaches to teach health topics.
D. SCHOOL-BASED HEALTH AND NUTRITION SERVICES	NATIONAL	7. A minimum package of school-based health and nutrition services has been defined at national-level based on local health priorities.	Using **FRESH Checklist 7**, this indicator is measured by conducting key informant interviews and reviewing national policies and strategies to determine: • The extent to which a package of school-based health and nutrition services has been defined and recommended at national-level. • The extent to which the recommended package of school-based health and nutrition services is based on a rigorous assessment of the health and nutrition needs of school-age children across the country. • The extent to which school-based health and nutrition services are relevant to local-level.
	SCHOOL	8. Percentage of schools where the minimum package of school-based health and nutrition services (as defined at local- and national-level) is provided.	Using **FRESH Checklist 8**, this indicator is assessed through a focus group survey in a representative sample of schools to determine: • The extent to which the minimum recommended package of school-based health and nutrition services is provided in schools. • The extent of links between local health and nutrition services and schools. • The capacity within schools to deliver a minimum package of school-based health and nutrition services. • Students' perceptions of the provision of school-based health and nutrition services. • Parents' and other community members' perceptions of the provision of school-based health and nutrition services.

A. EQUITABLE SCHOOL HEALTH POLICIES
National-Level

Core Indicator 1: Existence, quality and dissemination of a comprehensive national-level school health policy.[7]

PURPOSE	To determine: **1) The extent to which a national-level school health policy or strategy[8] exists and has been disseminated.** **2) The extent to which the school health policy addresses the health needs and priorities of school-age children at national-level.** **3) The extent to which the school health policy addresses all four FRESH pillars.**
RATIONALE	In the broadest sense, a school health policy is defined as any national government-endorsed document which outlines the rules and principles for school health programming nationwide. It may be stand-alone or included within a wider education or health policy or strategy. The purpose of a school health policy is to provide a common goal, strategy and set of recommended interventions for all schools and implementing partners across the country. Without a guiding policy, school health is less likely to be prioritized by the government, schools, health system and development partners. School health programming may be patchy, driven by confounding priorities, not evidence-based and uncoordinated. A weak policy may be even more harmful. It is essential that the policy is based on a rigorous situational analysis and multi-stakeholder consultations to ensure that it addresses the health priorities of all school-age children (girls and boys, minority groups, urban and rural, from preschool to secondary schools). The policy must also address all aspects of the four FRESH pillars (equitable school health policies, a safe learning environment, skills-based health education, and school-based health and nutrition services). Core Indicator 1 assesses whether a school health policy exists and has been disseminated.
DATA COLLECTION METHOD	Core Indicator 1 is assessed by conducting key informant interviews with key stakeholders from the Ministries of Health and Education and others, as well as a review of national policies and strategies, situational analyses and relevant meeting reports to assess the three sub-indicators described in the Purpose above (see data collection guidance for more details).
MEASUREMENT TOOLS	FRESH Checklist 1 can be used to review the above documents. The checklist is organized into three sections, with each section corresponding to one of the three sub-indicators listed in the Purpose above and the overall Core Indicator 1. A score for each section and a total is calculated by adding up the responses to the list of questions to show the level to which Core Indicator 1 is addressed.

7 A school health policy is defined here as a set of principles and rules governing school activities and operations for the protection and promotion of children's health and well-being at school.

8 A school health strategy sets out how a specific set of activities is to be implemented within a given timeframe.

FRESH CHECKLIST 1

EQUITABLE SCHOOL HEALTH POLICIES (NATIONAL-LEVEL)

Core Indicator I: Existence, quality and dissemination of a comprehensive national-level school health policy.[9]

Preparation:

1. Assemble, list below and review all relevant documents on national school health and education policies and strategies (education, health and other relevant documents), situational analyses and relevant meeting reports.

Sub-indicator 1	The extent to which a national-level school health policy or strategy[10] exists and has been disseminated.	0	1	2
a	*Does a school health-related strategy or policy exist, either as part of a broader health, education or poverty reduction policy or strategy or as a stand-alone document?* 0 = No reference to school health in any national policy or strategy; 1 = School health is featured to a limited extent (reference to one or two aspects of school health within a broader strategy or policy); 2 = School health has a dedicated section in a broader national-level policy or strategy or a national-level school health policy and a strategy exists with detailed reference to targets and/or milestones. If the score is '0' here, then go to 2a) and score '0' for all remaining questions on this checklist.			
b	*Has the school health policy or strategy been disseminated nationally, to all schools?* 0 = An existing policy or strategy has not been disseminated; 1 = There is a concrete plan to disseminate the school health policy or strategy and/or the policy or strategy has been partially disseminated; 2 = The school health policy or strategy (or both) has been disseminated to all schools.			
	Total and mean score for 1.1			
2	**The extent to which the school health policy addresses the health needs and priorities of school-age children at national-level.**			
a	*Has there been a comprehensive situational analysis[11] of the health needs and priorities of school-age children as a whole?* 0 = No; 1 = Incomplete; 2 = A situational analysis has been conducted that assesses the need for a variety of ways in which schools can ensure that children live healthy and happy lives and that they can take an active part in the process.			
b	*Does the policy on school health reflect the findings and recommendations in the situational analysis?* 0 = No situational analysis exists as per answer to 2.a, or there is no reference to it; 1 = Less than half of the health needs identified in the situational analysis are addressed in the policy or strategy; 2 = Half or more of the health needs and recommendations made in the situation analysis are addressed in the policy or strategy.			
	Total and mean score for 1.2			

9 A school health policy is a set of actionable rules and principles that guide school-related activities and operations that the school leadership, management committees, staff, parents and students agree to, abide by and act upon to ensure that children lead happy and healthy lives.

10 A school health strategy sets out how a specific set of activities is to be implemented within a given timeframe.

11 For conducting a school health situational analysis and/or what such an analysis would look like see the guidance provided by PCD (http://www.child-development.org/Lists/PCD%20Publications/DispForm.aspx?ID=34&Source=http%3A%2F%2Fwww%2Echild%2Ddevelopment%2Eorg%2FPages%2Fpublications%2Easpx) or http://portal.unesco.org/education/admin/ev.php?URL_ID=36699&URL_DO=DO_TOPIC&URL_SECTION=201).

3	**The extent to which the school health policy addresses all four pillars of FRESH[12]**			
a	*Does the school health policy or strategy recommend local-/school-level adaptation or development of the school health policy?* 0 = No reference to the need for school-level policies or strategies (or the need to adapt a national policy or a strategy at local-level); 1 = A general recommendation is made on the need to adapt the policy at local-/school-level or develop school-level policies; 2 = Guidance is provided on how to adapt a national school health policy to local context or develop school-level policies.			
b	*Does the national school health policy or strategy recommend a safe physical and socio-emotional learning environment?* 0 = No; 1 = Recommendations are made for a safe physical environment only, specifically water and sanitation; 2 = Recommendations are made for children to have a safe physical environment and a safe socio-emotional environment.[13]			
c	*Does the school health policy or strategy recommend health learning and teaching or health promotion being 'skills-based' or about 'developing skills to…'?* 0 = No reference to any form of skills-based health learning and teaching; 1 = Skills-based health learning and teaching is recommended, but with no specific guidance on the teaching and learning methodology; 2 = Guidance is given on a skills-based participative teaching methodology to teach health in schools.			
d	*Does the school health policy or strategy recommend a package of school-based health and nutrition services?* 0 = No reference to school health and nutrition services nor to links between schools and existing health and nutrition services (provided by the health sector); 1 = The policy or strategy includes links between schools and existing health and nutrition services are mentioned; 2 = The policy or strategy sets out school-based health and nutrition services (health and nutrition services provided at the school and/or linkages to existing health and nutrition services in the community).			
	Total and mean score for 1.3			
	Overall mean score for Core Indicator 1			

List of documents to be reviewed

This list should include any national government endorsed document, which outlines the rules, principles and content for school health and school health education programming nationwide. Examples of documents to review are listed below. Please add others that you feel should be reviewed.

A short report of the findings of this review should be included as an appendix to FRESH Checklist 1 to help explain the scores given.

1.	School health situational analysis (or similar document summarizing health and nutrition situation in schools and school-age children).
2.	School health policy, strategies and plans (including related strategies and plans for school feeding, WASH, etc.)
3.	Education policy, strategies and plans.
4.	Health policies, strategies and plans on HIV and AIDS, nutrition, malaria, etc.
5.	Other relevant national-level policies, strategies and plans (WASH, poverty reduction, etc.)
6.	
7.	
Add others as needed.	

[12] School health policy is the first pillar and is addressed in FRESH Checklists 1 and 2; refer to FRESH Checklists 3 to 6 which focus on the three other pillars. It may be useful to complete FRESH Checklists 1 and 2 last when information has been gathered on each of the three other FRESH pillars.

[13] The details and definitions of a safe physical and a safe socio-emotional environment are found in FRESH Checklists 3 and 4.

A. EQUITABLE SCHOOL HEALTH POLICIES
School-Level

Core Indicator 2: Percentage of schools that have comprehensive health-related school policies.[14]

PURPOSE	To determine: **1) The extent to which health-related policies exist in schools, along with procedures to monitor and enforce the policies.** **2) The extent to which schools address national and local health priorities, as assessed under Core Indicators 1 and 2.** **3) The existence of school health policies that address the remaining three FRESH pillars.** **4) The extent to which students know, understand and can contribute to the school health policy.** **5) The extent to which school health policies are known and understood by parents and community leaders.**
RATIONALE	Most schools around the world have school policies, defined as a set of rules and principles that guide school-related activities and operations. School leadership, management committees, staff, parents and students are all expected to agree, abide by and act upon these policies to ensure the school operates effectively and achieves its goal(s). Since children's health and well-being (physical and socio-emotional) are an integral part of quality education, health-related policies are necessary to protect and promote children's health and well-being at school. School health-related policies should reflect both the national school health policy (if present) and priorities, and the local health priorities which may differ between schools. For example, a school located near a busy road may include a policy which focuses on protecting schoolchildren from traffic accidents, whereas a remote rural school may focus on addressing short-term hunger as children walk long distances to school. Core Indicator 2 assesses the extent to which schools have health-related policies, whether these policies address both national and local health priorities and whether they address all aspects of the three other FRESH pillars. The extent to which school health-related policies address local health priorities will depend in part on the level of participation from different stakeholders, particularly children (girls, boys and minority groups), but also parents and community leaders when developing the policy.
DATA COLLECTION METHOD	Core Indicator 2 is assessed through a review of school-level policies, focus groups and key informant interviews in a sample of schools representative of all schools in the country (see data collection guidance for more details).
MEASUREMENT TOOLS	FRESH Checklist 2 can be used to collect information on school-level health-related policies. It must be adapted to each context to reflect the national school health policy (if present) and priorities. The checklist is organized into five sections, with each section corresponding to one of the five sub-indicators listed in the Purpose above. Checklists for schools will need to be aggregated to generate the overall Core Indicator 2 and sub-indicators. These can then be disaggregated by district, education-level (primary and secondary) and type of school (private and public), and used to identify higher and lower performing schools.

[14] A school health-related policy is defined here as a set of principles and rules governing school activities and operations for the protection and promotion of children's health and well-being at school

FRESH CHECKLIST 2

EQUITABLE SCHOOL HEALTH POLICIES (SCHOOL-LEVEL)

Core Indicator 2: Percentage of schools that have comprehensive health-related school policies.

Preparation:

1. Gather and list below all school-level policies, school rules and regulations, school improvement plans, and other documents relevant to assessing the existence of school-level health policies in its broader sense.

Sub-indicator 1	The extent to which health-related policies exist in schools, along with procedures to monitor and enforce the policies.	0	1	2
a	*Does the school have a written school health-related policy? This may include school health-related policies within a broader school policy or schools following a written national-level school policy (if it is not mandated for schools to have their own policy).* 0 = No reference to health in any school policy document; 1 = The goal of improving children's health is mentioned in a policy document, but with no specific guidance; 2 = Clear school rules are listed outlining how the school will improve the health and well-being of children and/or there is a separate and comprehensive school health policy document at the school and/or a concrete action plan with targets outlining how health in school will be done with roles and responsibilities. If the answer is No, then score '0' here and on all subsequent questions and go to FRESH Checklist 3.			
b	*Are there procedures in place to monitor and enforce the school health policy at school level?* 0 = There is no school health policy document or no procedures in place to monitor and enforce it; 1 = There are plans to establish school-level procedures to ensure the school health policy is followed; 2 = There are clear procedures established to ensure that the school health policy is followed and monitored.			
	Total and mean score 2.1			
2	**The extent to which schools address national and local health priorities.**			
a	*To what extent does the school health policy address* **national** *school health priorities?* 0 = There is no school health policy; 1 = There is a school health policy, but it does not address the national school health priorities (documented or not); 2 = There are clear linkages between documented national school health priorities and/or the school health policy is based on the national school health policy and reflects most of the national school health priorities.			
b	*To what extent are the* **local** *health priorities known and reflected in the school health policy?* 0 = There is no school health policy; 1 = A school health policy exists, but there are no local health priorities reflected in the school health policy; 2 = Local health priorities have been identified and are reflected in the school health policy.			
	Total and mean score 2.2			

3	**The existence of school health policies that address the remaining three FRESH pillars.**[15] [16]			
a	*Does the school health policy include a section on providing a safe physical and socio-emotional learning environment for students and staff?* 0 = No reference to the safety of the learning environment (physical or socio-emotional) in any school policy; 1 = Either a safe physical environment (e.g. safe water and sanitation facilities) is mentioned in the school policy, but no reference to a safe physical environment – or a safe socio-emotional environment (e.g. positive discipline methods) is mentioned in the school policy, but no reference to a safe physical environment; 2 = Both a safe physical and socio-emotional environment are mentioned in the school policy.			
b	*Does the school health policy include guidance on teaching skills-based health education?* 0 = No reference to health education or health promotion of any form in schools; 1 = The school health policy refers to health education or health promotion generally, but not to the need for skills-based, participative teaching methodologies; 2 = The school health policy includes guidance on teaching skills-based health education and how to encourage student participation, and may set out requirements for involving students and responding to students' own challenges and needs.			
c	*Does the school health policy include the provision of school-related health and nutrition services?* *0 = No reference to school-related health and nutrition services; 1 = The school health policy refers to linkages with existing health and nutrition services, but no school-based health and nutrition services are provided; 2 = The school health policy refers to both linkages to existing health and nutrition services and guidance for locally relevant school-based health and nutrition services.*			
	Total and mean score 2.3			
4	**The extent to which students know, understand and can contribute to the school health policy.**			
Focus Group Guidance: Only conduct this discussion if a school health policy exists at school-level. If a school health policy does not exist, score '0' for each question. If a school health policy does exist, inform the group what a school health policy is, using concrete examples,[17] and ask students which school health policies they are aware of. Ensure each person in the group has had a chance to speak. Ask the group to discuss the questions below.				
a	*Do the older students (>10 years old) know that there is a school health policy or a written national policy that the school follows? If so, how many?* 0 = No; 1 = Less than half; 2 = Half or more.			
b	*If children know that there is a school health policy, can students describe what the school health policy is about?* 0 = No; 1 = Less than half of the students could understand the policy and/or could describe it; 2 = Half or more of the students could understand the policy and/or could describe it.			

15 Please see FRESH Checklists 3 to 8 (1 to 6) for details on the content of the health education curriculum, school health services and the physical and socio-emotional environment.

16 This question may be substituted with Global SHPPS "Healthy and Safe Schools Environment" Survey (Questions 21 to 48).

17 As a school health policy might be a document containing abstract ideas, the surveyor must take care to explain to the pupils in concrete terms what a school health policy looks like and what it includes.

c	*Is there a mechanism for students to contribute to the design or development of a school health policy?* 0 = No; 1 = The school has ways of consulting students that could be used, but have not been used for school health; 2 = There is an established mechanism for consulting students and there is evidence they have been consulted about school health to ensure students health needs and priorities are taken into account when designing or developing a school health policy or strategy.			
	Total and mean score 2.4			
5	**The extent to which school health policies are known and understood by parents and community leaders.**			
	Use the same Focus Group Guidance as in sub-indicator 4 above and have the group discuss the questions below.			
a	*Do you know if there is a school health policy or a written national policy that the school follows?* 0 = No; 1 = Less than half; 2 = Half or more.			
b	*Is there a version of the school health policy that is easy for parents and community leaders to understand?* 0 = No; 1 = Less than half of the people could understand the policy and/or could describe it; 2 = Half or more of the people could understand the policy and/or could describe it.			
c	*Is there a mechanism for parents or community leaders to contribute to the design or development of a school health policy?* 0 = No; 1 = The school has ways of consulting parents and community leaders that could be used, but have not been used for school health; 2 = There is an established mechanism for consulting parents and community leaders and there is evidence they have been consulted about school health, to ensure the health needs and priorities of families in the community are taken into account when designing or developing a school health policy.			
	Total and mean score for 2.5			
	Overall mean score for Core Indicator 2			

List of documents to be reviewed

This list should include any school endorsed document, which outlines the rules, principles and content for school health and school health education programming. Examples of documents to review are listed below. Please add others that you feel should be reviewed.

A short report of the findings of this review should be included as an appendix to FRESH Checklist 2, to help explain the scores given.

1.	All school policies (list each policy reviewed).
2.	School rules and regulations.
3.	School improvement plans.
4.	
5.	
6.	

Add others as needed.

B. SAFE LEARNING ENVIRONMENT
National-Level

Core Indicator 3: Existence of national school safety standards[18] addressing both the physical and socio-emotional school environment.

PURPOSE	To determine: **1) The existence of national standards to guide and assess the physical school environment.** **2) The existence of national standards to guide and assess the socio-emotional school environment.**
RATIONALE	A safe school environment should protect and promote both physical and socio-emotional well-being. While schools have a huge capacity to improve the health of schoolchildren, they can also be harmful if the school environment is not safe and supportive. Safe physical environments should be free of dangerous objects, have a safe structure and be secure from neighboring hazards (roads and bars, etc.) and provide potable drinking water, safe sanitation facilities for girls and boys, with hand washing facilities to prevent the spread of diseases. Safe socio-emotional environments should be free from violence, abuse, drugs, alcohol, bullying and discrimination and provide a friendly, rewarding, caring and supportive environment for students. School safety standards provide: a common understanding of what a safe and caring school environment means; benchmarks for assessing school environment safety; and guidance on how to improve the school environment. Examples include how to address issues of violence, discrimination and ensure children are protected; how to construct/improve the water and sanitation facilities. Core Indicator 3 assesses whether national standards (or guidelines) exist on the safety of the school environment (physical and socio-emotional) and the quality of these standards.
DATA COLLECTION METHOD	Core Indicator 3 is assessed by conducting key informant interviews and a review of national (or program) policies, strategies and standards (education, health, water and sanitation, and child protection, etc.) for schools to assess the two sub-indicators described in the Purpose above (see data collection guidance for more details).
MEASUREMENT TOOLS	FRESH Checklist 3 can be used to conduct the key informant interviews and review the above documents. The checklist is organized into two sections, with each section corresponding to one of the two sub-indicators listed in the Purpose above and the overall Core Indicator 3.

[18] School safety standards are defined here as the norms for ensuring a safe school environment.

FRESH CHECKLIST 3

A SAFE LEARNING ENVIRONMENT (NATIONAL LEVEL)

Core Indicator 3: Existence of national school safety standards addressing both the physical and socio-emotional school environment.

Preparation:

1. Gather and list relevant documents to be reviewed.
2. Adapt the *'List of Standards For A Safe Learning Environment'* (below) to the nationally or locally recommended list of criteria. Where these do not exist use international standards (see links to international resources under the heading 'Supplementary Guidance', below).

Sub-indicator 1	The existence of national standards to guide and assess the physical school environment.	0	1	2
a	*Are there national standards to guide and assess the physical school environment*[19]*?* 0 = No; 1 = Minimal/includes less than half of the criteria in the 'List of Standards For A Safe Learning Environment' below; 2 = Includes most or all of the criteria in the 'List of Standards For A Safe Learning Environment' below, and more where relevant.			
b	*Do the standards for the physical environment reflect the distinct needs of different groups of children (e.g. separate sanitary facilities for girls and boys, for younger and older children, for children with disabilities)?* 0 = No; 1 = Some (reference to at least one distinct need); 2 = Well-established (reference to more than one distinct need).			
c	*Are the standards based on evidence of priority health needs and issues in schools?*[20] 0 = No; 1 = The standards are based on some evidence; 2 = Yes, the standards are based on a comprehensive situational analysis and are regularly reviewed.			
d	*Are the standards user-friendly and accessible?* 0 = No; 1 = To a limited extent; 2 = Yes, the standards are regularly distributed to all schools and are organized in a clear and useable way.			
	Total and mean score for 3.1			
2	**The existence of national standards to guide and assess the socio-emotional school environment.**[21]			
a	*Are there national standards to guide and assess the socio-emotional aspects of the school environment?* 0 = No; 1 = Minimal/includes less than half of the criteria below; 2 = Includes most or all of the criteria below and more where relevant.			
b	*Do the standards for the socio-emotional environment reflect the distinct needs of different groups of children (for example HIV positive students and/or pregnant students are not discriminated against)?* [22] 0= No; 1 = Some (reference to at least one distinct need); 2 = Well-established (reference to more than one distinct need).			

19 This may include standards to guide and assess water and sanitation in schools, the safety of school buildings and structures, and child protection from external hazards.

20 Ideally this evidence should be tied to the situational analysis at national-, local- and school-level.

21 See the list below and supporting documents for examples of the types of issues (such as stigma and discrimination) that might be included in such national standards.

22 To score 1 or more there needs to be some references to the distinct needs of different groups in the school. If these do not exist, score 0.

c	*Are the standards based on evidence of priority health needs and issues in schools?*[23] 0 = No; 1 = The standards are based on some evidence; 2 = Yes, the standards are based on a comprehensive situational analysis and are regularly reviewed.			
d	*Are the standards user-friendly and accessible?* 0 = No; 1 = To a limited extent; 2 = Yes, the standards are regularly distributed to all schools and organized in a clear and useable way.			
	Total and mean score for 3.2			
	Overall mean score for Core Indicator 3			

List of documents to be reviewed

Please add relevant documents that you feel should be reviewed.

A short report of the findings of this review should be included as an appendix to FRESH Checklist 3, to help explain the scores given.

1.	
2.	
3.	
Add others as needed.	

List of Standards For A Safe Learning Environment

Adapt this list to the nationally or locally recommended list of criteria. If these do not exist, use international standards (see links to international resources under the heading 'Supplementary Guidance' below).

	Physical School Environment		**Socio-Emotional School Environment**
1.	Access and quality of potable drinking water.	6.	How to deal with bullying (by staff and students).
2.	Access and quality of hand washing facilities, including soap.	7.	How to deal with incidents of violence in the playground and the classroom.
3.	Access and quality sanitation.	8.	The use of positive discipline.
4.	Quality of construction.	9.	How to deal with drugs and alcohol.
5.	Protecting children from dangers.	10.	How to deal with stigma and discrimination.

Supplementary Guidance (links from FRESH)

1. Guidelines for the Provision of Safe Water and Sanitation Facilities in Schools

   This tool sets out some guidelines and acceptable standards for the provision of safe water and sanitation facilities in schools.

2. Water and Sanitation: A Checklist for the Environment and Supplies in Schools

   This tool sets out a number of strategies that will help ensure that schools and educational facilities have adequate water, sanitation and hygiene facilities to guarantee the health of their students and staff.

3. Evaluating the Psycho-Social Environment of Your School

   This tool contains a questionnaire, the Psycho-Social Environment Profile (referring to the socio-emotional learning environment) developed by WHO to evaluate the extent to which a school's environment contributes to the social and emotional well-being of its students and staff. It includes instructions for scoring the questionnaire, and for using the findings to plan and undertake corrective actions. This tool is primarily intended for school administrators, teachers, community leaders and members of school health teams, but may be useful to district- and national-level staff who make decisions on behalf of local schools as well.

[23] Ideally this evidence should be tied to the situational analysis at national-, local- and school-level.

B. SAFE LEARNING ENVIRONMENT
School-Level

Core Indicator 4: Percentage of schools that meet the national school safety standards (physical and socio-emotional).

PURPOSE	To determine: **1) The extent to which schools have capacity to meet the standards for a healthy and safe physical learning environment.** **2) The extent to which schools have capacity to meet the standards for a safe socio-emotional learning environment.** **3) The extent to which schools meet specific aspects of the school environment standards.** **4) Student perceptions of the school providing a safe learning environment.** **5) Parent and community perceptions of the school providing a safe learning environment**
RATIONALE	While national standards may exist to guide the education system and schools on how to ensure children are safe and protected at school, this does not mean that these standards will be reflected in schools across the country. In many cases, some aspects will be addressed and others not. A school's ability to meet national standards depends on a number of factors, including staff and school leadership awareness of the standards and their commitment and capacity to implement the standards. In turn, their implementation depends on the education system, community or other partner's support (financial and technical) to help schools meet those standards. If national standards do not exist, international standards can be used to assess the safety of the school environment and guide improvement of safety at school. Core Indicator 4 assesses the extent to which schools have a safe learning environment, from both a physical and socio-emotional perspective.
DATA COLLECTION METHOD	Core Indicator 4 is assessed through focus groups and key informant interviews in a sample of schools representative of all schools in the country (see data collection guidance for more details). It covers both the physical and socio-emotional aspects of the school environment and should be adapted to each context to reflect the national standards and program goals.
MEASUREMENT TOOLS	FRESH Checklist 4 can be used to collect information on the safety of the school environment and inform the five sub-indicators in the Purpose above and the overall Core Indicator 4. Checklists collected in each surveyed school will need to be aggregated to generate the overall Core Indicator 4 and sub-indicators. These can then be disaggregated by district, education-level (primary and secondary) and type of school (private and public), and used to identify higher and lower performing schools.

FRESH CHECKLIST 4

SAFE LEARNING ENVIRONMENT (SCHOOL-LEVEL)

Core Indicator 4: Percentage of schools that meet the national school safety standards (physical and socio-emotional).

Preparation:

1. Adapt the *'List of Standards For A Safe Learning Environment'* to the nationally or locally recommended list (see FRESH Checklist 3). Where these do not exist use international standards (see links to international resources under the heading 'Supplementary Guidance').

Sub-indicator		0	1	2
1	**The extent to which the schools have capacity to meet the standards for a healthy and safe physical learning environment.**			
a	*(Observation) Is drinking water available on the day of the survey?* 0 = No; 1 = Drinking water is provided, but there is not enough to meet the needs of girls, boys and school staff; 2 = Yes, there is sufficient drinking water and it meets the needs of girls, boys and school staff.			
b	*(Observation) Are water and soap available for hand washing on the day of the survey?* 0 = No; 1 = Water and/or soap is provided for hand washing, but there is not enough to meet the needs of girls, boys and school staff; 2 = There is sufficient water and soap for hand washing which meets the needs of girls, boys and school staff.			
c	*Did staff receive training during the past two years to develop their awareness of the standards for a healthy and safe physical learning environment and where relevant, how to implement and/or develop the standards?* 0 = No; 1 = To a limited extent; 2 = Yes, staff received training in the standards and can describe how they have implemented the standards.			
d	*What level of commitment and support do staff and/or other partners show towards providing, maintaining and developing a safe physical learning environment?* 0 = None and/or no external partners showing commitment to improve the school's physical environment; 1 = Staff show interest in the standards and in implementing them, but the actual physical environment of the school is poor and/or they are aware of partners who could help, but no action has been taken; 2 = Staff and others are aware of the standards and can describe what most of them are and/or there are partners who are supporting the improvements and maintenance of the physical environment of the school.			
	Total and mean score for 4.1			
2	**The extent to which schools have capacity to meet the standards for a safe socio-emotional learning environment.**			
a	*(Observation) Are there indications that the school provides a warm, friendly, supportive atmosphere (e.g. signs with encouraging words or images, interactions between teachers and students, rooms for counseling, etc.)?* 0 = No; 1 = There are some indications of a warm, friendly, supportive school environment; 2 = Yes, there are many indications of a warm, friendly, supportive school environment that meets the needs of girls, boys and school staff.			
b	*Did staff receive training during the past two years to develop their awareness of standards for a socio-emotional learning environment and where relevant, how to implement and/or develop the standards?* 0 = No; 1 = To a limited extent; 2 = Yes staff received training and can describe the standards and are able to implement them were relevant.			

c	*What level of commitment and support do staff show towards providing, maintaining and developing a safe socio-emotional learning environment?* 0 = None and/or no external partners showing commitment to improve the school's socio-emotional environment; 1 = Staff show interest in the standards and in implementing them, but the actual socio-emotional environment of the school is poor and/or they are aware of partners who could help, but no action has been taken; 2 = Staff and others are aware of the standards and can describe what most of them are and/or there are partners who are supporting the improvements and maintenance of the socio-emotional environment standards in the school.			
	Total and mean score 4.2			
3	**The extent to which schools meet specific aspects of the school environment standards.**[24]			
a	*Looking at the list of minimum standards (physical and socio-emotional, from the 'Minimum Elements of the Safe Learning Environment Standards' list below), how many criteria does the school comply with?* 0 = None; 1 = A few (less than 50%); 2 = Most or all (more than 50%).			
b	*(Observation) Are sufficient*[25] *numbers of latrines provided and maintained and are they used by/do they meet the needs of girls and boys?* 0 = No; 1 = Latrines are provided, but there are not enough and/or they are not used by or do not meet the needs of girls and boys and/or they are poorly maintained; 2 = There are sufficient numbers of latrines, they are used, maintained and meet the needs of girls and boys.			
c	*Are there protocols to deal with bullying (by staff and students) and are they implemented?* 0 = No; 1 = There is a limited protocol and it is not well implemented; 2 = Yes, there are protocols and there is evidence that the protocols have been followed.			
	Total and mean score for 4.3			
4	**Student perceptions of the school providing a safe learning environment.**			
Focus Group Guidance: Use the 'Minimum Elements of the Safe Learning Environment Standards' list to facilitate discussion among the group. For Question 4a, read out the list of the **physical safe environment learning standards** and encourage the group to discuss these in more detail. For Question 4b, read out the list of the **socio-emotional safe environment learning standards** and encourage the group to discuss these in more detail. Ensure each person in the group has had a chance to speak. When they are ready, ask them to formulate a group answer.				
a	(Using the **physical safe environment learning standards** below): *Do you feel that this school offers its students a physical environment that feels healthy and safe?* (For example, the provision and use of water, latrines, classrooms, and proximity to dangers like roads etc.) 0 = No; 1 = Less than half of the minimum standards seem to be addressed; 2 = Half or more of the minimum standards seem to be addressed.			

24 This question may be substituted with *Global SHPPS "Healthy and Safe Schools Environment"* Survey (Questions 10 to 20 and 148 to 151).

25 WHO standard is 25 girls per latrine, 30 boys per latrine.

B	(Using the **socio-emotional safe environment learning standards** below): *Do you feel that this school offers its students a socio-emotional environment that feels healthy and safe?* (For example, protection from bullying, violence, drugs and alcohol, etc.) 0 = No; 1 = Less than half of the minimum standards seem to be addressed; 2 = Half or more of the minimum standards seem to be addressed.			
	Total and mean score for 4.4			
5	**Parent and community perceptions of the school providing a safe learning environment**			
a	Use the same methodology and question as in sub-indicator 4.a above.			
b	Use the same methodology and question as in sub-indicator 4.b above.			
	Total and mean score for 4.5			
	Overall mean score for Core Indicator 4			

Minimum Elements of the Safe Learning Environment Standards

Adapt this list to the nationally or locally recommended list of criteria. If these do not exist, use international standards (see links to international resources under the heading 'Supplementary Guidance' below).

	Physical School Environment		**Socio-Emotional School Environment**
1.	The provision, use and maintenance of latrines of a sufficient number, meeting the needs of girls and boys.	7.	Protocols to use Positive Discipline methods vs. Punishment.
2.	The provision, use and maintenance of a supply of potable drinking water for children and staff.	8.	Protocols to deal with incidents of violence in the playground and the classroom.
3.	The provision, use and maintenance of hand washing facilities, including water and soap.	9.	Protocols to deal with staff on staff bullying.
4.	Well-constructed and maintained learning areas such as classrooms and other spaces (e.g. playground and athletic facilities).	10.	Protocols to deal with children on child bullying.
5.	The provision and maintenance of daily garbage removal from school grounds.	11.	Protocols to deal with drugs and alcohol.
6.	Protecting children from dangers such as road traffic, animals, insects, fire, etc.	12.	Protocols to deal with stigma and discrimination.
		13.	Protocols to deal with negative disciplinary practices.

Supplementary Guidance (links from FRESH)

1. Guidelines for the Provision of Safe Water and Sanitation Facilities in Schools

   This tool sets out some guidelines and optimal and minimal acceptable standards for the provision of safe water and sanitation facilities in schools.

2. Water and Sanitation: A Checklist for the Environment and Supplies in Schools

   This tool sets out a number of strategies that will help ensure that schools and educational facilities have adequate water, sanitation and hygiene facilities to guarantee the health of their students and staff.

3. Evaluating the Psycho-Social Environment of Your School

   This tool contains a questionnaire, the Psycho-Social Environment Profile, (referring to the socio-emotional learning environment) developed by WHO to evaluate the extent to which a school's environment contributes to the social and emotional well-being of its students and staff. It includes instructions for scoring the questionnaire, and for using the findings to plan and undertake corrective actions. This tool is primarily intended for school administrators, teachers, community leaders and members of school health teams, but may be useful to district- and national-level staff who make decisions on behalf of local schools as well.

C. SKILLS-BASED HEALTH EDUCATION
National-Level

Core Indicator 5: Priority health content and skills-based pedagogy[25] are present in national guidance for school curricula, teacher training and learning assessments.

PURPOSE	To determine: **1) The extent to which health topics (based on national health priorities) are included and are accurately and age-appropriately expressed in the school curricula.** **2) The extent to which curricula for school health include specific skills-based pedagogical components.** **3) The existence and quality of teacher training curricula to support participative, skills-based health education in schools.** **4) The existence and quality of teacher guidance and student materials for schools on health topics.** **5) The existence and quality of priority health information questions in national school leaving examinations.**
RATIONALE	Skills-based health education refers to developing knowledge, attitudes, and *especially skills*, using a variety of learning experiences, with an emphasis on participatory methods, to create or maintain a healthy lifestyle. The education system is one of the most cost-effective systems through which to bring long-term behavior change in a population. However, its ability to bring about these changes depends on the way health education is delivered in schools. This includes the frequency, relevancy and accuracy of the health information provided; the extent to which participative, skills-based teaching approaches are used to teach these topics; and the scope and sequence in which they are delivered (progressively building on previous health lessons). In turn, these factors depend on teachers' capacity and motivation to teach health topics using these methodologies, which requires that: 1. Relevant health topics are prioritized in the national school curricula and examinations, which motivates teachers to teach these health topics. 2. Participative, skills-based teaching approaches focused on health are adequately covered in pre- and in-service teacher trainings. 3. Teachers have the necessary tools (teacher guidance and student materials) to help them teach the recommended health topics using appropriate teaching approaches and assess student achievement in health promotion in the school and community.
DATA COLLECTION METHOD	Core Indicator 5 is assessed by conducting key informant interviews and a desk review (see data collection guidance for more details). Content analysis of the following documents is recommended: • Primary and secondary school curricula, where subjects and learning objectives are defined by grade. • Pre- and in-service teacher training manuals and materials. • Teacher guidance and student materials for subject areas where health topics are included. • The national school examination guidelines and past school examination papers. (See data collection guidance for more details.)
MEASUREMENT TOOLS	FRESH Checklist 5 can be used to conduct key informant interviews, desk reviews and content analysis of the above documents. The checklist is organized into five sections, with each section corresponding to one of the five sub-indicators listed in the Purpose above and the overall Core Indicator 5. The checklist includes a suggested list of health topics which must be adapted to each country context.

[25] For the pedagogy to be skills-based, this means that by the end of a specific component of learning (such as a lesson or lesson series) students should be able to perform certain actions as a result of this learning that they were not able to do prior to their learning.

FRESH CHECKLIST 5

SKILLS-BASED HEALTH EDUCATION (NATIONAL-LEVEL)

Core Indicator 5: Priority health content and skills-based pedagogy[27] are present in national guidance for school curricula, teacher training and learning assessments.

Preparation:

1. Assemble, list and review all relevant documents including:
   - The primary and secondary school curricula, where subjects and learning objectives are defined by grade.
   - In- and pre-service teacher training manuals and materials.
   - Guidance for the professional development of teacher educators in school health.
   - Teacher guidance and student materials for subject areas where health topics are included.
   - The national school examination guidelines and past school examination papers.

Sub-indicator 1	The extent to which health topics (based on national health priorities) are included and are accurately and age-appropriately expressed in the school curricula.	0	1	2
a	*Are the health topics included in the curriculum for primary and secondary schools selected on the basis of national health priorities[28]?* 0 = No; 1 = To a limited extent; 2 = Yes, the health topics included have a direct relationship with broader national planning and include regular review to ensure the topics selected are responsive to changing needs.			
b	*Are the health topics in the national* **primary** *school curricula organized in a logical sequence so that as students develop, the topics are repeated in more depth?* 0 = No; 1 = Health topics are taught only once; 2 = Health topics are taught more than once and build on each other, getting gradually more complex.			
c	*Are the health topics in the national* **secondary school** *curricula organized in a logical sequence so that as students develop, the topics are repeated in more depth?* 0 = No; 1 = Health topics are taught only once; 2 = Health topics are taught more than once and build on each other, getting gradually more complex.[29]			
	Total and mean score for 5.1			
2	**The extent to which curricula for school health include specific skills-based pedagogical components.**			
a	*Does the national curricula guidance on school health at* **primary** *school-level feature specific skills-based development and/or the use of child-centered participatory approaches?* 0 = No; 1 = To a limited extent; 2 = The curriculum features aims and objectives that set out specific skills students will develop.			
b	*Does the national curricula guidance on school health at* **secondary** *school-level feature specific skills-based development and/or the use of child-centered participatory approaches?* 0 = No; 1 = To a limited extent; 2 = The curriculum features aims and objectives that set out specific skills students will develop.			
	Total and mean score for 5.2			

27 For the pedagogy to be skills-based, this means that by the end of a specific component of learning (such as a lesson or lesson series) students should be able to perform certain actions as a result of this learning that they were not able to do prior to their learning.

28 As per the situational analysis or other documents referred to in FRESH Checklist 1.

29 It is important that the surveyor does not solely focus on the quantity, but also the depth of coverage.

3	**The existence and quality of teacher training curricula to support participative, skills-based health education in schools.**			
a	*Do the* **pre-service** *teacher education curricula include the pedagogy of teaching skills-based health education?* 0 = No; 1 = To a limited extent; 2 = Yes, the pre-service training curricula include explicit references to skills-based health education needed to develop skills and to promote the participation of students.			
b	*Do the* **in-service** *teacher education curricula/modules include staff development linked to teaching skills-based health education or improving the quality of skills-based health education in specific topic areas (such as sexual and reproductive health)?* 0 = No; 1 = To a limited extent; 2 = Yes, the in-service training curricula include explicit sessions on the teaching approaches to develop skills and to promote the participation of students.			
c	*Are there curricula or guidance documents for the professional development of teacher educators to build the capacity and motivation of teachers to deliver skills-based health education in schools?* 0 = No; 1 = To a limited extent; 2 = Yes, the training of teacher educators includes explicit sessions on the teaching approaches to develop skills and to promote the participation of students.			
	Total and mean score for 5.3			
4	**The existence and quality of teacher guidance and student materials for schools on health topics.**			
a	*Are there textbooks for* **teachers** *that offer guidance on what and how to teach health in the classroom and are these made available to teachers?* 0 = No; 1 = To a limited extent; 2 = An adequate number of useful teaching guides and other resources are made available to teachers.			
b	*Are there textbooks (or work books) on health topics and are these made available*[30] *to* **students** *and distributed to schools in the country?* 0 = No; 1 = To a limited extent; 2 = Yes, there are adequate numbers of textbooks for students to be able to share and make good use of the information.			
	Total and mean score for 5.4			
5	**The existence and quality of priority health information questions in national school leaving examinations.**			
a	*Do the primary school leaving examinations include the key health topics in the curriculum?* 0 = No; 1 = To a limited extent; 2 = Yes, there is a significant section in the primary school leaving examinations on school health.			
b	*Do the specific questions asked of students in the national school leaving examinations at primary and secondary school-levels include questions on health promoting skills and behaviors they might use in their daily lives rather than knowledge alone?* 0 = No; 1 = To a limited extent; 2 = Yes, national school leaving examinations include ways to test relevant skills (such as how they might respond to a specific scenario).			
c	*Is there additional guidance on how to recognize and assess students' achievement and activity in health promotion within the school, home and community?* 0 = No; 1 = To a limited extent; 2 = Yes, there is sufficient guidance to assess students' achievements and activity in health promotion in the school, home and community.			
	Total and mean score for 5.5			
	Overall mean score for Core Indicator 5			

[30] Textbooks or work books are provided to students for free or are locally affordable so that each student has access to a textbook or a work book to do required readings and homework.

Primary School Health Education Curricula								
List of Health Topics*	**Primary-Level**							
	Tick the topics ACTUALLY covered in the curriculum per grade-level. If more than one lesson is included on this topic then put the number of ticks that match the number of lessons. For example, if hygiene has three lessons (general, personal and school community hygiene), then it receives three tick marks.							
Grade/Class/Standard/Primary-Level	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**(8)**
Malaria								
Hygiene (General)								
Nutrition and Balanced Diet								
Diarrhea, Cholera and Rehydration								
Worms								
Clean, Safer Water								
Looking after our Eyes								
Looking after our Teeth								
Immunization								
Infectious Disease Prevention								
Injury Prevention/Accidents								
Tobacco Use								
Alcohol and Other Drugs								
First Aid								
Sexual and Reproductive Health								
HIV and AIDS and Sexually Transmitted Diseases								
Disability								
Addressing Stigma (HIV, Orphans, Disability)								
Accessing Health Information								
Life Skills (Interpersonal Communication, Decision-Making, Goal-Setting, Advocacy)								
Physical Activity and Fitness								
Emotional and Mental Health								
Suicide Prevention								
Violence Prevention (Bullying, Fighting, Dating Violence)								
Non-Communicable Disease Prevention								
Other								
**Revise to reflect ACTUAL national curriculum*								

Secondary School Health Education Curricula					
List of Health Topics*	**Primary-Level**				
	Tick the topics ACTUALLY covered in the curriculum per grade-level. If more than one lesson is included on this topic then put the number of ticks that match the number of lessons. For example, if hygiene has three lessons (general, personal and school community hygiene), then it receives three tick marks.				
Class/Standard/Secondary-Level	**8**	**9**	**10**	**11**	**12**
Malaria					
Hygiene (General)					
Nutrition and Balanced Diet					
Diarrhea, Cholera and Rehydration					
Worms					
Clean, Safer Water					
Looking after our Eyes					
Looking after our Teeth					
Immunization					
Infectious Disease Prevention					
Injury Prevention/Accidents					
Tobacco Use					
Alcohol and Other Drugs					
First Aid					
Sexual and Reproductive Health					
HIV and AIDS and Sexually Transmitted Diseases					
Disability					
Addressing Stigma (HIV, Orphans, Disability)					
Accessing Health Information					
Life Skills (Interpersonal Communication, Decision-Making, Goal-Setting, Advocacy)					
Physical Activity and Fitness					
Emotional and Mental Health					
Suicide Prevention					
Violence Prevention (Bullying, Fighting, Dating Violence)					
Non-Communicable Disease Prevention					
Other					
**Revise to reflect ACTUAL national curriculum*					

List of documents to be reviewed

This list should include any national government-endorsed document related to health education in schools. Examples of documents to review are listed below. Please add others that you feel should be reviewed.

A short report of the findings of this review should be included as an appendix to FRESH Checklist 5, to help explain the scores given.

1.	Primary school curricula (list name).
2.	Secondary school curricula (list name).
3.	Pre-service teacher training curricula (list name).
4.	In-service teacher training curricula (list name).
5.	Professional development guidance/workshop for teachers (list name).
6.	National school examination guidelines and past school examination papers.
Add others as needed.	

C. SKILLS-BASED HEALTH EDUCATION
School-Level

Core Indicator 6: Percentage of schools that provide regular skills-based health education sessions, as recommended in the national guidance.

PURPOSE	To determine: **1) The extent (frequency) health is being taught in school.** **2) The extent to which each recommended health topic is taught across all grades in the school in accordance with national guidance and adapted to local context.** **3) The extent to which teachers have received the appropriate training in skills-based health education.** **4) The extent to which teachers have access to necessary tools to help them teach the health topics using appropriate teaching approaches (such as recommended teacher guidance and student materials).** **5) Teachers' perceptions of the extent to which they are using participative, skills-based teaching approaches to teach health topics.** **6) Students' perceptions of the extent to which teachers are using participative, skills-based teaching approaches to teach health topics.**
RATIONALE	Skills-based health education can influence health behavior by equipping students with the knowledge, attitudes and skills they need to stay safe and healthy. Skills-based health education can clarify students' perceptions of risk and vulnerability to help them avoid situations of increased risk and empower individuals to protect and improve their own and others' health, safety and well-being, which can in turn lead to better educational outcomes. Core Indicator 6 assesses the extent to which skills-based health education is being provided in schools.
DATA COLLECTION METHOD	Core Indicator 6 is assessed through focus groups and key informant interviews in a sample of schools representative of all schools in the country (see data collection guidance for more details).
MEASUREMENT TOOLS	FRESH Checklist 6 can be used to conduct the focus groups and key informant interviews mentioned above. The checklist is organized into six sections, with each section corresponding to one of the six sub-indicators listed in the Purpose above and the overall Core Indicator 6. These will be assessed through discussion with teachers and students in each surveyed school. Checklists from each school will need to be aggregated to generate the overall Core Indicator 6 and sub-indicators. These can then be disaggregated by district- and education-levels (primary and secondary) and type of school (private and public), and used to identify higher and lower performing schools.

FRESH CHECKLIST 6

SKILLS-BASED HEALTH EDUCATION (SCHOOL-LEVEL)

Core Indicator 6: Percentage of schools that provide regular skills-based health education sessions, as recommended in the national guidance.

Preparation:

1. Adapt the list of health topics (for Question 2) to the nationally recommended list of topics for schools in *Supporting Documents Checklist 6.a.*
2. Fill in the names of the nationally recommended and supplied textbooks and curriculum guidelines (for Question 4) on health in *Supporting Documents Checklist 6.b.*

Sub-indicator 1	The extent (frequency) health is being taught in school.[31]	0	1	2
a	*How many distinct health lessons[32] have been taught per grade-level during the last school month[33]? Please name the topics.* 0= None; 1 = One lesson; 2 = Two or more lessons.			
b	*How many health topics that are infused into other lessons (such as math, language, art) have you taught during the last school month?* 0 = None; 1 = One health topic; 2 = Two or more health topics.			
c	*How many health topics have been addressed in non-classroom school time during the last six school months? (For example: assemblies, clubs, and informal activities in the playground.)* 0 = None; 1 = One health topic; 2 = Two or more health topics.			
	Total and mean score for 6.1			
2	**The extent to which each recommended health topic is taught across all grades in the school in accordance with national guidance and adapted to local context.[34]**			
a	*(Showing teachers the list of health topics from FRESH Checklist 6.a below): Which of these health topics are being taught this school year in your particular grade-level? Specify grade(s): …..* 0 = None of the health topics for your particular grade; 1 = Less than half of the health topics for your particular grade; 2 = Half or more of the health topics for your particular grade.			
b	*To what extent are you able to select and adapt health topics to fit the local conditions and challenges?* 0 = No adaptation to the local conditions; 1 = Small amount of adaptation to the local conditions (e.g. less than half of the health topics adapted); 2 = Medium to large amount of adaptation to the local conditions (e.g. half or more of the health topics adapted).			
c	*To what extent are you able to select and adapt health topics to fit* **students' ideas** *about the common problems and challenges they face?* 0 = No adaptation to students' ideas; 1 = Small amount of adaptation to students' ideas (e.g. less than a third of the health topics adapted); 2 = Medium to large amount of adaptation to students' ideas (e.g. more than a third of the health topics adapted).			
	Total and mean score for 6.2			

31 This question is addressing frequency. Only score lessons where there is evidence that sufficient time has been spent on the lesson and that the lesson has been taught at an appropriate level for the age of the pupils.

32 Please note the distinction between lessons and topics. Several lessons can be used to teach a topic. A lesson is at least 30 minutes of instruction, which may include interactive activities.

33 Countries may adjust the timeframe so that it is relevant to their teaching schedule.

34 This question may be substituted with *Global SHPPS "Instruction on Health-Related Topics" Survey (Questions 111 to 147).*

3	**The extent to which teachers have received the appropriate training in skills-based health education.**			
a	*How many teachers have received* **pre-service** *training[35] in skills-based health education, including participative teaching approaches?* 0 = None; 1 = Less than half of the recommended pre-service training; 2 = Half or more of all teachers have received the recommended pre-service training in skills-based health education.			
b	*How many teachers have received* **in-service** *training[36] in skills-based health education, including participative teaching approaches?* 0 = None; 1 = Less than half of the recommended in-service training; 2 = Half or more of all teachers have received the recommended in-service training in skills-based health education.			
	Total and mean score for 6.3			
4	**The extent to which teachers have access to necessary tools to help them teach the health topics using appropriate teaching approaches.**			
a	(Show participants FRESH Checklist 6.b below) *How many of the following textbooks or curriculum guidelines that are based on a skills-building approach or other evidence-based approaches does the school have?* 0 = None; 1 = Less than half; 2 = Half or more.			
b	*Are other materials (other books, posters, and resources) than those listed, are used to support the teaching of health lessons?* 0 = None; 1 = Less than five items; 2 = Five items or more. NOTE: Describe or make a list of the items on FRESH Checklist 6b below.			
	Total and mean score for 6.4			
5	**Teachers' perceptions of the extent to which they are using participative, skills-based teaching approaches to teach health topics.[37]**			
a	*In your health lessons, how often are you able to develop students' skills in order for them to practice behaviors for good health?[38]* 0 = Not at all; 1 = Sometimes; 2 = Half the time or more.			
b	*In your health lesson plans, how often do you target skills as a competency which you wish to develop among your students?* 0 = Not at all; 1 = Sometimes; 2 = Half of the time or more.			
c	*During your health lessons, do you ask the students open questions (i.e. questions that have more than one possible answer) and/or give them an activity to do to practice a skill?* 0 = No; 1 = Sometimes; 2 = Half of the time or more.			

35 Define a realistic local standard, for example, at least one year or one semester of training.

36 Define a realistic local standard, for example, at least half a day of training within the last 2 years.

37 A participative approach should include a process where teachers facilitate their pupils to analyze the health problem; find out more about it in their communities and schools; plan what they can do about it individually and with other children; and actually take action and then review what they did.

38 *Students' skills is the ability of pupils to do something new or do something better that can be used beyond the classroom and that will protect their own or others health.*

6	**Students' perceptions of the extent to which teachers are using participative, skills-based teaching approaches to teach health topics.**			
Focus Group Guidance: Have the group discuss the questions below and make sure that everybody gets a chance to speak. To facilitate discussion for Question 6a, show students the list of health topics from FRESH Checklist 6a in 'Supporting Documents' below. Average the responses given by each participant to record the scores.				
a	(Show students the list of health topics on FRESH Checklist 6.a below.) *Which of these health topics have you been taught in the last 12 months?* 0 = None. 1 = One to five health topics; 2 = Six or more health topics.			
b	*Think about the last lesson you were taught that focused on health. Name the lesson. Was the lesson taught in class or during an extracurricular activity?* 0 = Cannot recall last lesson; 1 = Last lesson was taught during extracurricular activity; 2 = Last lesson was taught in class.			
c	*Which of the following statements is most like the lesson you were taught?* 0 = We sat quietly as the teacher spoke to us for the lesson and we wrote notes from the board and/or from what the teacher said; 1 = The teacher spoke most of the time and asked us questions from time to time to test our knowledge; 2 = The teacher spoke for about half the lesson. In the other half we were asked to have discussions with other students to share our ideas, or we did an activity[39] and the teacher asked questions linking our ideas on health to our own lives. These were questions that the teacher did not know the answers to. We discussed these ideas with each other. The teacher asked us to think about health in the context of our real life.			
d	*After this lesson, did you feel that you could do something new or different that would improve your own or another's health?* 0 = No; 1 = A little; 2 = A lot.			
	Total and mean score for 6.5			
	Overall mean score for Core Indicator 6			

[39] An activity could be a role play, a simulation exercise, group work, a game, a case study, etc.

Supporting Documents FRESH Checklist 6a: Health Education Content				
List of Health Topics*	**Primary School**		**Secondary School**	
	Tick the topics ACTUALLY covered in practice. If more than one lesson is taught on this topic then put the number that matches the number of lessons. For example, if hygiene has three lessons (general, personal and school community hygiene), then it receives three tick marks.			
	Teachers	**Students**	**Teachers**	**Students**
Malaria				
Hygiene (General)				
Nutrition and Balanced Diet				
Diarrhea, Cholera and Rehydration				
Worms				
Clean, Safer Water				
Looking after our Eyes				
Looking after our Teeth				
Immunization				
Infectious Disease Prevention				
Injury Prevention/Accidents				
Tobacco Use				
Alcohol and Other Drugs				
First Aid				
Sexual and Reproductive Health				
HIV and AIDS and Sexually Transmitted Diseases				
Disability				
Addressing Stigma (HIV, Orphans, Disability)				
Accessing Health Information				
Life Skills (Interpersonal Communication, Decision-Making, Goal-Setting, Advocacy)				
Physical Activity and Fitness				
Emotional and Mental Health				
Suicide Prevention				
Violence Prevention (Bullying, Fighting, Dating Violence)				
Non-Communicable Disease Prevention				
Other				
**Revise to reflect ACTUAL national curriculum*				

Supporting Documents FRESH Checklist 6b: Health Education Content List of textbooks and other materials to support health teaching	
Primary School	**Secondary School**
*	*
**Insert the names of the recommended textbooks and/or curriculum guidelines supplied to schools to help them plan and teach health topics. (Recommended textbooks should be based on a skills-building approach or other evidence-based approaches.)*	

D. SCHOOL-BASED HEALTH AND NUTRITION SERVICES
National-Level

Core Indicator 7: A minimum package of school-based health and nutrition services has been defined at national-level based on local health priorities.

PURPOSE	To determine: 1) **The extent to which a package of school-based health and nutrition services has been defined and recommended at national-level.** 2) **The extent to which the recommended package of school-based health and nutrition services is based on a rigorous assessment of the health and nutrition needs of school-age children across the country.** 3) **The extent to which school-based health and nutrition services are relevant to local-level.**
RATIONALE	The education system provides a highly organized system through which to provide key health and nutrition services to school-age children and address health and nutrition problems which affect their participation and learning in school. Selection of specific services to be provided in each school depends on the national and local health and nutrition priorities in this age group and the relative cost and ease of administration of the services through the education system. There is a large evidence base for a number of school-based health and nutrition services including deworming, iron supplementation and school feeding, which highlights their relative cost-effectiveness in different contexts. However, less evidence exists for other equally popular services like school pharmacies or first aid kits, physical screening or school counseling. A rigorous situational analysis (with a review of survey reports and studies) should help identify the health and nutrition priorities, information gaps and existing experience and evidence in the country. An additional survey may be required however, to confirm the prevalence of specific health and nutrition problems in different parts of the country and confirm the service provision protocol.
DATA COLLECTION METHOD	Core Indicator 7 is assessed by conducting key informant interviews and a review of national (or program) policies, strategies and reports (see data collection guidance for more details). Suggested documents to review include any national guidance on the range of health and nutrition services that should be made available in and from schools.
MEASUREMENT TOOLS	FRESH Checklist 7 can be used to conduct key informant interviews and review the above documents. The checklist is organized into three sections, with each section corresponding to one of the three sub-indicators listed in the Purpose above and the overall Core Indicator 7.

FRESH CHECKLIST 7

SCHOOL-BASED HEALTH AND NUTRITION SERVICES (NATIONAL-LEVEL)

Core Indicator 7: A minimum package of school-based health and nutrition services has been defined at national-level based on local health priorities.

Preparation:

1. Gather and list the document(s) that set(s) out national or local guidance on the range of health and nutrition services that should be made available in and from the schools.
2. For guidance on recommended school-based health and nutrition services, see FRESH Checklist 7a.

Sub-indicator		0	1	2
1	**The extent to which a package of school-based health and nutrition services has been defined and recommended at national-level.**			
a	*Is a package of school-based health and nutrition services recommended within a national strategy or policy?* 0 = No; 1 = One or two school-based health and nutrition services are recommended in a national strategy or policy, e.g. school feeding in the school feeding strategy; 2 = Yes, a package of three or more school-based health and nutrition services is recommended in a national strategy or policy.			
	Total and mean score for 7.1			
2	**The extent to which the recommended package of school-based health and nutrition services is based on a rigorous assessment of the health and nutrition needs of school-age children across the country.**			
a	*Have the school-based health and nutrition services been recommended on the basis of documented needs, e.g. a situational analysis?* 0 = No situational analysis; 1 = One or two recommended school-based health and nutrition services are based on a needs assessment, e.g. deworming based on findings of a national survey; 2 = Yes, most or all of the recommended school-based health and nutrition services are based on documented evidence of local need.			
	Total and mean score for 7.2			
3	**The extent to which school-based health and nutrition services are relevant to local-level**[40]			
a	*Is the recommended package of school-based health and nutrition services adjusted to regional health priorities and needs?* 0 = No recommended school-based health and nutrition services at national-level, or no local adjustment made; 1 = Local adjustment made for one or two of the recommended school-based health and nutrition services; 2 = Guidance provided for contextual adjustment of most or all of the recommended school-based health and nutrition services.			
	Total and mean score for 7.3			
	Overall mean score for Core Indicator 7			

[40] It is essential that school-based health and nutrition services are tailored to local needs, for example, deworming only where there is a prevalence of worms.

School-Based Health and Nutrition Services FRESH Checklist 7a[41]

A Minimum Recommended Package

Intervention	Notes/Links
Deworming	WHO. (2011). *Helminth control in school-age children: A guide for managers of control programmes – 2nd ed.* Geneva, WHO. *http://whqlibdoc.who.int/publications/2011/9789241548267_eng.pdf*
Micronutrient supplementation, e.g. iron	WHO. (2011). *Guideline: Intermittent iron supplementation in preschool and school-age children.* Geneva, WHO. *http://whqlibdoc.who.int/publications/2011/9789241502009_eng.pdf*
School feeding (meals or snacks to address short-term hunger and improve attendance)	WFP. (no date). *Home-grown school feeding: A framework to link school feeding with local agricultural production. http://home.wfp.org/stellent/groups/public/documents/newsroom/wfp204291.pdf* Bundy, D.A.P., Burbano, C., Grosh, M., Gelli, A., Jukes, M.C.H. and Drake, L.J. (2009). *Rethinking school feeding: Social safety nets, child development, and the education sector.* Washington D.C., The World Bank. *http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099080042112/DID_School_Feeding.pdf*
School nurses for first aid (cuts and sores, headaches, etc.)	*SchoolNurse.com http://www.schoolnurse.com/*
Vaccinations	WHO. (2013). *WHO recommendations for routine immunization – summary tables.* Geneva, *WHO. http://www.who.int/immunization/policy/immunization_tables/en/index.html*
Counseling or referral of staff or students needing socio-emotional support	WHO. (2001). *Through children's eyes: A collection of drawings and stories from the WHO Global School Contest on Mental Health. Geneva, WHO. http://www.who.int/mental_health/media/en/31.pdf*
Screening services: Eye tests; hearing tests; and dental checks	Gilbert, C. (n.d.). *Comprehensive school eye health programmes.* (Powerpoint presentation.) London, IAPB. *http://www.iapb.org/assembly/course-19-eye-health-children* Save the Children. (2008). Vision and hearing screening in schools: *Successes and lessons learned from Mangochi District, Malawi.* Washington D.C., Save the Children. *http://www.schoolsandhealth.org/documents/vision_and_hearing_screening_in_schools-lessons_learned_from_malawi.pdf* WHO. (2003). WHO Information Series on School Health – Document 11. Oral Health Promotion: An Essential Element of a Health-Promoting School. Geneva, WHO. *http://www.who.int/oral_health/media/en/orh_school_doc11.pdf*
Malaria control (intermittent preventative treatment)	Clarke, S.E., Jukes, M.C.H, Njagi, J.K., Khasakhala, L., Cundill, B., Otido, J., Crudder, C., Estambale, B.B.A. and Brooker, S. (2008). *Effect of intermittent preventive treatment of malaria on health and education in schoolchildren: A cluster-randomized, double-blind, placebo-controlled trial. The Lancet,* 372(9633): 127_138. *http://dash.harvard.edu/bitstream/handle/1/4553286/2495044.pdf?sequence=1*
Others	

[41] The recommended package of school-based health and nutrition services may be determined at national-level (within the national school health policy) or at program-level. The package of school-based health and nutrition services should address national (and or local) health and nutrition priorities and be cost-effective.

List of documents to be reviewed

This list should include any national government endorsed documents, which outline the rules, principles and content for school health programming nationwide.

These might also include any national (or program) policies, strategies and reports that assess school-based health and nutrition services either within or separate from the broader school health policy. In addition, any academic publication or field reports that look at the links between the provision and delivery of school-based health and nutrition services and the health of school-age children could be included as well. Please add others that you feel should be reviewed.

A short report of the findings of this review should be included as an appendix to FRESH Checklist 7, to help explain the scores given.

	Name of document (e.g. national-level poverty reduction strategy, national-level school health and nutrition policy)		**Source of document (e.g. website, library, ministry office)**
1.		**4.**	
2.		**5.**	
3.		**6.**	

Add others as needed.

D. SCHOOL-BASED HEALTH AND NUTRITION SERVICES
School-Level

Core Indicator 8: Percentage of schools where the minimum package of school-based health and nutrition services (as defined at local- and national-level) is provided.

PURPOSE	To determine: **1) The extent to which the minimum recommended package of school-based health and nutrition services is provided in schools.** **2) The extent of links between local health and nutrition services and schools.** **3) The capacity within schools to deliver a minimum package of school-based health and nutrition services.** **4) Students' perceptions of the provision of school-based health and nutrition services.** **5) Parents' and other community members' perceptions of the provision of school-based health and nutrition services.**
RATIONALE	Core Indicator 8 assesses the extent to which the minimum package of school-based health and nutrition services (defined either at national- or local-level) is being provided in schools. The recommended package of school-based health and nutrition services may be determined at national-level (within the national school health policy) or at school-level. In either case, the package of school-based health and nutrition services should address national (and or local) health and nutrition priorities that are based on globally recommended services that have been proven to be cost-effective. The package may include a range of services addressing both physical and socio-emotional health problems affecting schoolchildren and their participation and learning in school. Examples of school-based health and nutrition services include mass deworming and micronutrient supplementation as recommended by WHO in areas where prevalence of worms or anemia are high; school meals or snacks to address short-term hunger and improve attendance; school nurses or first aid kits; vaccinations (usually boosters); counseling of children and an effective referral system for more serious health problems. The services may be administered by teachers and/or health professionals, but are school-based, rather than health center- or community-based.
DATA COLLECTION METHOD	Core Indicator 8 is assessed through focus groups and key informant interviews in a sample of schools representative of all schools in the country, as well as a desk review of school documents, strategies, or policies related to school-based health and nutrition services (see data collection guidance for more details).
MEASUREMENT TOOLS	FRESH Checklist 8 can be used to collect information on school-based health and nutrition service provision. The checklist is organized into five sections, with each section corresponding to one of the five sub-indicators listed in the Purpose above and the overall Core Indicator 8. It must be adapted to each context to reflect the recommended minimum package of school-based health and nutrition services. Minimum standards for each school-based health and nutrition service should be provided alongside the checklist to clarify what a school should consider 'provision of a health and nutrition service'. Checklists from each school will need to be aggregated to generate the overall Core Indicator 8 and sub-indicators. These can then be disaggregated by district- and education-levels (primary and secondary) and type of school (private and public), and used to identify higher and lower performing schools.

FRESH CHECKLIST 8

SCHOOL-BASED HEALTH AND NUTRITION SERVICES (SCHOOL-LEVEL)

Core Indicator 8: Percentage of schools where the minimum package of school-based health and nutrition services (as defined at local- and national-level) is provided.

Preparation:

1. Gather and list the document(s) that set(s) out guidance on the range of local health and nutrition services that should be made available in and from the school. If guidance does not exist, a recommended package should be defined for the purpose of this survey.
2. Using this list adapt Questions 1, 4, and 5.

Sub-indicator		0	1	2
1	**The extent to which the minimum recommended package of school-based health and nutrition services is provided in schools.**[42][43]			
a	*Is the recommended package of school-based health and nutrition services provided in the school (during this or the previous school year)?* 0 = No; 1 = Less than half of the recommended school-based health and nutrition services are provided; 2 = Most or all of the recommended school-based health and nutrition services are provided.			
	Total and mean score for 8.1			
2	**The extent of links[44] between local health and nutrition services and schools.**			
a	*To what extent are there links between local health and nutrition services and the schools?* 0 = There are no links; 1 = There are links, but they are limited to very occasional visits; 2 = There are good links and the school staff work closely with community-based health and nutrition professionals to provide services (e.g. identify and refer children to access health or social services, and design and deliver services that meet the needs of the children and their families).			
	Total and mean score for 8.2			
3	**The capacity within schools to deliver a minimum package of school-based health and nutrition services.**			
a	*Have staff been trained during the last two years to deliver school-based health and nutrition services (delivery includes referrals)?* 0 = No trained staff in school; 1 = To a limited extent (e.g. only one staff member trained); 2 = All relevant staff have been trained to deliver the required school-based health and nutrition services.			
b	*Is there a support system for staff who are involved in the delivery of school-based health and nutrition services?* 0 = No; 1 = To a limited extent; 2 = Staff are well supported from within the school and through the links the school has with health and nutrition professionals to ensure ongoing support to deliver high quality school-based health and nutrition services.			
	Total and mean score for 8.3			

42 As the package of school-based health and nutrition services should be adjusted to meet local needs, the list of services will vary. Adjust the scoring so that score "0" refers to no services, score "1" refers to up to 50% of the recommended services and score "2" refers to 50% and more of the recommended services.

43 This question may be substituted with *Global SHPPS "Health Services" Survey* (Questions 49 to 110).

44 Links refer to established relations between local health and nutrition services and the school. For example, the school regularly refers students to a particular health clinic, and a certain optometrist provides school-based eye exams every year.

4	**Students' perceptions of the provision of school-based health and nutrition services.**			
Focus Group Guidance: Use a locally adapted version of FRESH Checklist 8a 'School-Based Health and Nutrition Services' below to facilitate discussion among the group. For Question 4a, show the group of students the full list of school-based health and nutrition services, addressing both physical health needs and socio-emotional health needs. Encourage the group to discuss these more in detail. Ensure each person in the group has had a chance to speak. When they are ready, ask them to formulate a group answer.				
a	*How many of these school-based health and nutrition services are you aware of in this school? (Award a score and make a note of unmet needs in the box below).* 0 = None; 1 = One to two school-based health and nutrition services; 2 = Three or more school-based health and nutrition services.			
b	*Do the school-based health and nutrition services meet the physical (bodily) health needs of students?* 0 = The school-based health and nutrition services do NOT meet students' physical health needs; 1 = The school-based health and nutrition services are meeting a few of the students' physical health needs; 2 = The school-based health and nutrition services are doing well in meeting most of the students' physical health needs.			
c	*Do the school-based health and nutrition services meet the socio-emotional health needs of students?* 0 = The school-based health and nutrition services do NOT meet students' socio-emotional health needs; 1 = The school-based health and nutrition services are meeting a few of the students' socio-emotional health needs; 2 = The school-based health and nutrition services are doing well in meeting most of the students' socio-emotional health needs.			
	Total and mean score for 8.4			
5	**Parents' and other community members' perceptions of the provision of school-based health and nutrition services.**			
Use the same Focus Group Guidance as in sub-indicator 4 above and have the group discuss the questions below.				
a	*How many of these school-based health and nutrition services are being delivered by the school?* (Make a note of unmet needs in the box below.) 0 = None; 1 = One to two school-based health and nutrition services; 2 = Three or more school-based health and nutrition services.			
b	*Do you think that the school-based health and nutrition services are meeting the physical health needs of students or do you think there is more that the school could be doing?* 0 = The school-based health and nutrition services do NOT meet our children's physical health needs; 1 = The school-based health and nutrition services are meeting a few of our children's physical health needs and could be doing more; 2 = The school-based health and nutrition services are doing well in meeting most of our children's physical health needs.			
c	*Do you think that the school-based health and nutrition services are meeting the socio-emotional health needs of students or do you think there is more that the school could be doing?* 0 = The school-based health and nutrition services do NOT meet the socio-emotional health needs of our children; 1 = The school-based health and nutrition services are meeting a few of the socio-emotional health needs of our children; 2 = The school-based health and nutrition services are doing well in meeting most of the socio-emotional health needs of our children.			
	Total and mean score for 8.5			
	Overall mean score for Core Indicator 8			

School-Based Health and Nutrition Services FRESH Checklist 8a[45]

A Minimum Recommended Package

Intervention	Notes/Links
Deworming	WHO. (2011). *Helminth control in school-age children: A guide for managers of control programmes – 2nd ed.* Geneva, WHO. *http://whqlibdoc.who.int/publications/2011/9789241548267_eng.pdf*
Micronutrient supplementation, e.g. iron	WHO. (2011). *Guideline: Intermittent iron supplementation in preschool and school-age children.* Geneva, WHO. *http://whqlibdoc.who.int/publications/2011/9789241502009_eng.pdf*
School feeding (meals or snacks to address short-term hunger and improve attendance)	WFP. (no date). *Home-grown school feeding: A framework to link school feeding with local agricultural production.* *http://home.wfp.org/stellent/groups/public/documents/newsroom/wfp204291.pdf* Bundy, D.A.P., Burbano, C., Grosh, M., Gelli, A., Jukes, M.C.H. and Drake, L.J. (2009). *Rethinking school feeding: Social safety nets, child development, and the education sector.* Washington D.C., The World Bank. *http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099080042112/DID_School_Feeding.pdf*
School nurses for first aid (cuts and sores, headaches, etc.)	*SchoolNurse.com http://www.schoolnurse.com/*
Vaccinations	WHO. (2013). *WHO recommendations for routine immunization – summary tables.* Geneva, *WHO. http://www.who.int/immunization/policy/immunization_tables/en/index.html*
Counseling or referral of staff or students needing socio-emotional support	WHO. (2001). *Through children's eyes: A collection of drawings and stories from the WHO Global School Contest on Mental Health. Geneva, WHO.* *http://www.who.int/mental_health/media/en/31.pdf*
Screening services: Eye tests; hearing tests; and dental checks	Gilbert, C. (n.d.). *Comprehensive school eye health programmes.* (Powerpoint presentation.) London, IAPB. *http://www.iapb.org/assembly/course-19-eye-health-children* Save the Children. (2008). Vision and hearing screening in schools: *Successes and lessons learned from Mangochi District, Malawi.* Washington D.C., Save the Children. *http://www.schoolsandhealth.org/documents/vision_and_hearing_screening_in_schools-lessons_learned_from_malawi.pdf* WHO. (2003). WHO Information Series on School Health – Document 11. Oral Health Promotion: An Essential Element of a Health-Promoting School. Geneva, WHO. *http://www.who.int/oral_health/media/en/orh_school_doc11.pdf*
Malaria control (intermittent preventative treatment)	Clarke, S.E., Jukes, M.C.H, Njagi, J.K., Khasakhala, L., Cundill, B., Otido, J., Crudder, C., Estambale, B.B.A. and Brooker, S. (2008). *Effect of intermittent preventive treatment of malaria on health and education in schoolchildren: A cluster-randomized, double-blind, placebo-controlled trial. The Lancet,* 372(9633): 127_138. *http://dash.harvard.edu/bitstream/handle/1/4553286/2495044.pdf?sequence=1*

41 The recommended package of school-based health and nutrition services may be determined at national-level (within the national school health policy) or at program-level. The package of school-based health and nutrition services should address national (and or local) health and nutrition priorities and be cost-effective.

Notes	
Please make a note of any physical health or socio-emotional health needs that are not met by the school-based health and nutrition services where relevant.	
1.	
2.	
3.	

List of documents to be reviewed	
This list should include any guidance on the range of local health and nutrition services that should be made available in and from the school. Please add others that you feel should be reviewed.	
A short report of the findings of this review should be included as an appendix to FRESH Checklist 8, to help explain the scores given.	
1.	
2.	
3.	
Add others as needed.	

APPENDICES: Data Collection Guidance on Using the FRESH Core Indicator Checklists

Appendix A: Glossary of Terms

An overview of terminology and concepts that may need to be explained by the facilitator during focus groups and key informant interviews.

Appendix B: National-Level Questionnaires

Questions for key informant interviews and desk reviews with the Ministry of Health and/or Education derived from FRESH Checklists 1, 3, 5, and 7.

Appendix C: School-Level Questionnaires

Questions for focus groups and key informant interviews with school administrators, teachers, students, and parents, as well as a short observation tool, derived from FRESH Checklists 2, 4, 6, and 8.

The questionnaires in Appendices B and C serve to assess to what extent countries are implementing the four pillars of the FRESH framework-at national- and school-level. These questionnaires are formatted in a user-friendly format, per target group, based on pilot test experience. For administrating these questionnaires, please follow the instructions under “Data Collection Guidance” in the front section of this document. The numbers in the brackets in the questionnaires refer to the number of the indicator in FRESH Checklists 1 through 8 that these questions are related o. Responses eventually need to be recorded in the FRESH Checklists so that they can be scored and analyzed.

For further information, please contact the FRESH partner organizations through info-iatt@unesco.org

www.unesco.org/new/health-education