



SABER- School Health and School Feeding

Data Collection Instrument for School



SYSTEMS APPROACH FOR BETTER EDUCATION RESULTS



The World Bank
Human Development Network
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Background

Providing good quality education to all children in the poorest countries of the world is not a simple task. However, improving children's health and nutrition is one simple step that can be taken towards achieving this goal. Health and nutrition programs offer substantial benefits to children's education, helping them to attend school and learn while there. What is more, the education of the poorest in society benefits the most from such programs because the poor are more likely to suffer from ill-health or poor nutrition and are also more likely to experience a disruption in their learning as a result. School health and nutrition programs make use of the education system to deliver simple treatments for common conditions. The result is a highly cost-effective way to reduce inequalities in education and to help all children around the world reach their educational potential.

What is the purpose of this initiative?

The System Assessment and Benchmarking for Education Results (SABER) for School Health is part of a larger exercise by the World Bank, which aims to benchmark all of the education sub-systems.. Geared towards improving the advice and operational support offered by the World Bank to its partner countries, SABER seeks to provide a standards of good practice against which countries can rate themselves. The expectation is that such a resource will facilitate comparative policy analysis, identify the key areas to focus investment, and assist in disseminating good practice.

As a high-level, general assessment, the overall objective of this initiative is to help countries develop roadmaps of policy development to improve their School Health programs.

In terms of guiding principles, the School Health framework and questionnaire have been developed in line with experience from other SABER sub-systems, the FRESH framework¹ as well as the core indicators of the monitoring and evaluation (M&E) framework for school health programs that has been developed by FRESH partners over recent years.

What is the purpose of the survey?

Policymakers, educational leaders and researchers will have access to the data collected by the SABER initiative. This will enable users to make their own diagnoses about the state of School Health policies in their countries and make informed decisions to promote School Health. The data collected will be key to discussions on how to improve School Health programs, and therefore your contributions are critical to this process and your participation is very much appreciated.

Who is leading this initiative?

SABER- School Health is part of the Systems Assessment and Benchmarking Education for Results (SABER) program led by the Education Team of the Human Development Department at The World Bank.

¹ FRESH or **F**ocusing **R**esources on **E**ffective **S**chool **H**ealth is a common framework of school health programs which was internationally agreed upon in April 2000 at the World Education Forum in Dakar, Senegal. The FRESH partners include many international organizations including Child-to-Child Trust, EDC, Education International, FAO, IRC, PCD, RBM Partnership, Save the Children, UNAIDS, UNESCO, UNICEF, UNODC, WFP, WHO and the World Bank





Why should you participate in this survey?

Policymakers, educational leaders and researchers will have access to the data collected by this initiative. This will enable users to make their own diagnoses about the state of School Health policies in their countries, learn about other countries' policies and make informed decisions to promote School Health in their country.

Will your responses be kept confidential?

Yes. Individually-identifiable responses or data will not be reported.

We hope you will participate in this initiative.

Elizabeth King
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Contact Information of Respondent(s)

Country:

City/State

Date:

Name of Coordinating Body Responding:

Please write down the NAME, INSTITUTIONAL AFFILIATION, JOB TITLE and EMAIL of any of the people who have contributed information to this questionnaire. This information will remain strictly confidential.

Name

Institution

Job Title

Email





Instructions

1. Please begin by reading the introductory information.
2. Answer every question. At the close of this survey, there is a section to list any questions for which you could not determine an answer. If you absolutely cannot answer a question, leave it blank and then make a note of it at the close of the survey. Please also use the section at the end of the survey to clarify any answers or provide additional information you think will assist the SABER- School Health team in analyzing data.
3. Definitions for certain terms are provided in a glossary at the end of this questionnaire. If a word green-lettered, the definition may be found in the glossary.
4. The definitions provided are important in collecting data that are comparable across countries.





SECTION 1: HEALTH -RELATED SCHOOL POLICIES

National-level School Health Policy

1.1. Is there a published national poverty reduction strategy (PRSP) OR equivalent national policy?

NO

YES

In process of being developed

1.2. (If YES on or in process on 1.1) Is **SCHOOL HEALTH** (i.e. school based health and nutrition services, skills based health education, and/or access to a clean and safe school environment) included in that published PRSP or equivalent national policy, or will it be included in the published document?

NO

YES (If YES, please attach a copy of the PRSP, policy, or any relevant documents)

1.3. (If NO on 1.2) Was school health discussed during the preparation of the PRSP or equivalent national policy?

NO

YES

DON'T KNOW

1.4. (If YES on 1.2) Has the government set targets and milestones for the school health program in the PRSP or the equivalent national policy?

NO

YES

1.5. Is there a **PUBLISHED** national policy on school health (this could also be national strategy or any high-level document that clearly affirms the government's policy on school health)?

NO

YES (If YES, please attach a copy of this policy or any relevant documents)





1.6. (If YES on 1.5) Please provide the following information about the national school health policy:

a. Who has published this policy?

Education Sector (Education Ministry)

Health Sector (Health Ministry)

Joint Education and Health Sector

Other

b. If there is alternate answer to 1.6a, please explain who has published the national school health policy and which government sectors were involved in publishing this policy.

c. If it is a joint effort, please identify any other relevant sectors (e.g. water, environment, agriculture that have been are included in the policy).

1.

2.

3.

4.

d. Has there been a consultation among all sub-national, national, and regional stakeholders to ensure that the national school health policy is comprehensive in addressing school health concerns?

NO

YES

e. (If YES on 1.6d) Please identify which regional stakeholders who were consulted on this policy.

f. Do most regional and school-level stakeholders have copies of the national school health policy?

NO

YES





g. **Have these regional and school-level stakeholders been trained on the implementation of the national school health policy?**

NO

YES

In Process

h. (If YES on 1.6g) **Please identify what the training involved.**





Implementation Coordination And Governance Of National School Health Policy

1.7. Is there a national school health steering committee, which coordinates school health policy?

NO

YES

1.8. (If YES on 1.7) Please identify any or all of the following sectors who are part of this steering committee:

NO YES

If YES on any of the following sectors, please list all of the agencies/departments within each sector that are involved:
(e.g. government departments may include health, education, agriculture, etc.)

GOVERNMENT

NGO/UNITED
NATIONS

OTHER

1.9. Is there a national budget line or national funding for school health (i.e. are there funds allocated in the national budget for school health)?

NO

YES

1.10. (If YES on 1.9) Please identify which of the following sectors the funding comes through:

EDUCATION

HEALTH

BOTH HEALTH AND EDUCATION SECTORS

OTHER

1.11. Are there mechanisms in place to disburse these funds to the implementation levels in a timely manner in order to ensure smooth and effective program implementation?

NO

YES





1.12. (If YES on 1.11) **Please explain these mechanisms and provide a brief description of the process of school health fund disbursement.**

1.13. **At each level of school health implementation, there are various planning needs and budgetary requirements that enable program implementation. Is the process of planning and budgeting for school health taking place at various levels of implementation (i.e. regional/district/sub-national administrative levels) OR is all the planning and budgeting for school health done at the central level?**

NATIONAL LEVEL ONLY- The program and budget planning only takes place at the national level **because** there is no capacity or mechanism currently in place to devolve program and budget planning responsibilities.

NATIONAL LEVEL ONLY- The program and budget planning only takes place at the national level **because** the administrative system is not decentralized and so there is no need for program and budget planning capacity at sub-national levels

NATIONAL LEVEL MOSTLY- The program and budget planning for school health takes place mostly at the national level due to limited capacity and mechanisms to decentralize planning responsibilities.

NATIONAL LEVEL AND IMPLEMENTATION LEVELS EQUALLY- The program and budget planning for school health takes place at all levels of the program implementation. All the necessary mechanisms are in place with sufficient capacity to ensure smooth program and budget planning at the each level of implementation.

If you feel that there is sufficient capacity at for program and budget planning at each of the implementation levels, please give a brief description of the mechanisms in place which enables this and the process whereby it takes place.

1.14. **Are there mechanisms in place for implementers to request financial resources from the central level (or the highest level which administers the funding)?**

NO

YES

1.15. (If YES on 1.14) **Please describe any existing mechanisms in place to enable effective disbursement of funds to the implementation level.**





Quality Assurance of Programming

1.16. **Has there been a situation analysis of school health and nutrition, at any stage of the design and development of the school health program in the country?**

NO

YES

In Process

(If YES, please provide a copy of this document or the various components of this document that are available along with well as a brief description of who undertook this situation analysis and the methodology used)

1.17. (If YES on 1.16) **A thorough situation analysis covers the following areas. Please identify whether these areas were covered in the country's school health and nutrition situation analysis:**

Identification of the priority health and nutrition problems of school age children;

Quantification school participation (enrolment, absenteeism, repetition, and drop-out rates) and identification of the major causes of absence from school

Identification of practicable, sustainable interventions (school based health and nutrition services) that are likely to most improve children's health, nutrition, school attendance and educational achievement

Identification of major gaps in, and problems with, existing school nutrition and health services, and suggested remedies

Identification of issues requiring further investigation

Program cost analysis

1.18. (If YES on 1.16) **Is the current school health policy, program design and implementation aligned with the thematic and geographic needs identified in the situation analysis?**

NO

YES

1.19. (If YES on 1.16) **Please identify the major issues outlined in the situation analysis and briefly describe how they have been addressed in the program design.**

1.20. **Is there a strategic effort to ensure that the national school health policy, program design and implementation in each of the thematic areas are consistently based on evidence of good practice?**

NO

YES





1.21. (If YES on 1.20) **Please identify any mechanisms in place to ensure internal oversight of this process and the process by which the program planners ensure that the program design and implementation is guided by evidence of good practice:**

1.22. **Is there a Monitoring and Evaluation (M&E) plan for the school health program?**

NO

YES (If YES, please provide any available document(s) which support the M&E plan)

In Process

1.23. **Which of the following M&E activities are being undertaken?**

	NO	YES	DON'T KNOW
Data collection(national level)			
Data collection(regional levels)			
Data analysis			
Systematic reporting of data analysis			
Program indicators			
Guidelines			
Data collection tools			
Systematic impact evaluation			
Program baseline report			
Situation analysis			

1.24. **Is the M&E plan integrated into wider national monitoring or information management systems?**

NO

YES

1.25. **Are any systematic school health program evaluations conducted or planned?**

NO

YES

In Process





Gender

1.26. Is the gender dimension of health formally addressed in any national education policy?

NO

YES

1.27. (If YES on 1.26) Is this policy fully implemented at the national level?

NO

YES

1.28. Is there an M&E mechanism in place to monitor gender mainstreaming?

NO

YES





SECTION 2: SAFE SCHOOL ENVIRONMENT

Physical School Environment

2.1. Have national standards for the provision of safe water in schools been established?

NO

YES

2.2. Is there fresh potable water available in most schools?

NO

YES

2.3. What is the percentage of schools with access to fresh potable water?

2.4. (If YES on 2.2) Are there mechanisms in place to monitor the supply and maintenance of these water facilities?

NO

YES

2.5. Have national standards for the provision of sanitation facilities been established?

NO

YES

2.6. Do most schools have adequate sanitation facilities?

NO

YES

2.7. What is the percentage of schools with adequate sanitation facilities?

2.8. (If YES on 2.6) Is there a system in place to monitor the quality and maintenance of these facilities?

NO

YES

2.9 Are there any national guidelines on hand washing or is it part of the national policy on a safe and clean school environment?

NO

YES

2.10 (If YES on 2.9) Are there any national guidelines on hand-washing stations in schools?

NO

YES





2.11. **Are there national standards for regulating the safety of school infrastructure?**

NO

YES

2.12. (If YES on 2.11) **Do all schools adhere to safety standards?**

YES (ALL SCHOOLS BUILT PRIOR TO AND AFTER THE ESTABLISHMENT OF SAFETY STANDARDS
HAVE BEEN ASSESSED AND MEET THE SAFETY STANDARDS)

NO (ONLY SCHOOLS BUILT AFTER THE SAFETY STANDARDS WERE ESTABLISHED)

OTHER (PLEASE SPECIFY)

2.13. (If NO on 2.12) **What percentage of schools adhere to safety standards?**

2.14. (If NO on 2.12) **Are there mechanisms in place to update old school buildings to meet national safety standards?**

NO

YES

2.15. **Is there systematic mobilization of the school community and local stakeholders to maintain a healthy school environment?**

NO

YES

2.16. **Are there mechanisms in place to monitor the maintenance and safety of school infrastructure?**

NO

YES





Psycho-Social School Environment

2.17. Are there any systematic mechanisms in place to respond to issues of stigmatization in schools across country?

NO

YES

2.18. What are some of the existing sources of stigmatization in the country?

YES

NO

orphanhood

HIV

physical disability

mental disability

other (please specify)

2.19. (If YES on 2.17) Please identify which of the following mechanisms are in place to systematically address issues of stigmatization in school:

NO

YES

IN PROCESS

Stigma is covered in life skills curriculum in all schools

In-service training for teachers covers stigma issues

Pre-service training of teachers covers stigma issues

All teachers in the school system have received in-service and pre-service training on dealing with stigma issues

2.20. Based on your answers in 2.19, is the school-level policy to address bullying due to stigma sufficient?

NO

YES

2.21. (If NO on 2.20) Please describe any ways in which you think this policy might be improved.





2.22. Are there support groups in place at the school level or community level to respond to specific stigma issues faced by teachers and students?

NO

YES

2.23. Does the country have mechanisms in place to respond to institutional violence in schools?

NO

YES

2.24. (If YES in 2.23) Please identify which of these components are in place in your country:

NO YES IN PROCESS

National **standards** on addressing institutional violence are developed and published

National standards on addressing institutional violence in school are disseminated throughout the whole country

National **guidelines** on how to address institutional violence in schools are developed and published

National guidelines on how to address institutional violence in schools have been disseminated throughout the whole country

All teachers receive pre-service training on how to address institutional violence in schools

All teachers receive in-service training on how to address institutional violence in schools

2.25. Does the country have any provision for the psycho-social support to teachers and students who are affected by trauma due to shock (e.g. post- conflict, orphaning, etc.)?

NO

YES





2.26. (If YES in 2.25) **Please identify the extent to which psychosocial services are available to teachers and students who are affected by trauma due to shock:**

NO YES In Process Don't know

Students and teachers can get access to psycho-social support through referrals

All student and teachers can have access to psycho-social support either in school or through referral services

Targeted psycho-social support is available to teachers and students in temporary learning spaces or “child-friendly” learning spaces

School-based psycho-social interventions have been developed and implemented





SECTION 3: SCHOOL BASED HEALTH AND NUTRITION SERVICES

School-Based Delivery Of Health And Nutrition Services

3.1. In Section 1 of this questionnaire, you were asked whether a situation analysis for school health has been conducted. (If YES on SECTION 1, Q 1.15) **Have cost-effective and appropriate school-based health interventions been developed on the basis of the needs identified in the situation analysis?**

NO

YES

3.2. (If YES in 3.1) **Have the interventions identified in the situation analysis been implemented and scaled up in a targeted manner (in line with budget constraints)?**

None of the interventions are being implemented and scaled up

ALL of the intervention are being implemented and scaled up

Some interventions, NOT ALL





School-Based Screening And Referral To Health Systems

3.3. In Section 1 of this questionnaire, you were asked whether a situation analysis for school health has been conducted. (If YES on Section 1, Q 1.15) **Did this situation analysis assess the need for school based screening and referral to remedial services?**

NO

YES

3.4. (If YES on 3.3) **Have all of the appropriate school-based screening and remedial services identified in the situation analysis been outlined in national policy?**

NO

YES

3.5. (If YES on 3.4) **Has there been any action to implement these school based screening and remedial services?**

NO

YES

3.6. **Is in-service and pre-service teacher training provided to ensure smooth implementation of school-based screening and remedial services?**

NO

YES

3.7. **Is there provision for teacher training for referral of adolescent pupils to appropriate adolescent health services and is this teacher training ongoing?**

NO

YES





SECTION 4: HEALTH EDUCATION

Knowledge-Based Health Education

4.1. Does the national school curriculum cover any health, hygiene, nutrition, or HIV information?

NO

YES

4.2. (If YES on 4.1) How developed is this curriculum?

FULLY DEVELOPED

(Covers all the issues identified in the country's school health situation analysis and school health program needs assessment)

PARTIALLY DEVELOPED

(Covers some but not all the issues identified in situation analysis)

DON'T KNOW

(There may be some coverage of various health issues in the curriculum but the curriculum has not been reviewed and revised to ensure coverage of all issues identified during the situation analysis)

4.3. Please list all the issues covered in this curriculum:

4.4. (If the curriculum is FULLY DEVELOPED) Are all schools teaching this curriculum?

NO

YES

4.5. Is there pre- and in-service training provided to teachers to teach this curriculum?

NO

YES

4.6. Is the health-related knowledge covered in this curriculum integrated into school examinations?

NO

YES





4.7. Are there any participatory approaches in place to teach age-appropriate and sex-specific life skills for health behaviors?

NO

YES

4.8. (If YES on 4.7) Have these participatory approaches been integrated into the national curriculum?

NO

YES

4.9. (If YES on 4.7) Are there teaching materials developed for this life-skills component of the curriculum?

NO

YES

4.10. (If YES on 4.9) Is there pre- and in-service training being provided for teaching this life-skills curriculum?

NO

YES

4.11. (If YES on 4.8) Is this life-skills curriculum currently being taught in most schools?

NO

YES

4.12. (If YES on 4.8) Does the school curricula guidelines include systematic assessment of these health life skills and their impact on health learning outcomes; and are these health life-skills knowledge measured in school examinations?

NO

YES





Glossary

SABER: *Systems Assessment for Benchmarking of Education Results*

STIGMATIZATION: *Stigmatization can be defined as the labelling of somebody or something as socially unacceptable.*

PARTICIPATORY APPROACHES: *Participatory approaches acknowledge that “Children must be important participants in all aspects of school health programmes, and not simply beneficiaries”. It implies that children participate in health policy development and implementation; efforts to create safer and more sanitary environment; health promotion aimed at their parents, other children, and community members; and school health service.*

GENDER DIMENSION OF HEALTH: *This refers to any gender-related aspects of health.*

TARGET: *A well-defined level of achievement that the government sets outs to achieve in a given period of time.*

MILESTONE: *A well-defined and significant step towards achieving your goal/target.*

THANK YOU FOR YOUR RESPONSES

Please ensure that you have answered all questions and that your responses are consistent and accompanied by supporting evidence. Make sure to save the document and to keep a backup copy for yourself.

For **Technical Questions**, Contact Manar El-Iriqsousi meliriqsousi@worldbank.org [+1] 202-473-3821

