SABER-School Health Framework-Rubrics

Policy Lever	Indicator	Latent	Emerging	Established	Advanced
Policy Goal 1: Health-related school policies					
National level policy that addresses school health	School health included in national-level poverty reduction strategy or equivalent national policy	School health not yet included in national-level poverty reduction strategy or equivalent national policy	School health discussed by members and partners during preparation of PRSP but not included in final PRSP	School health included in the PRSP or equivalent national policy	School health included in national-level poverty reduction strategy or equivalent national policy, accompanied by targets and/or milestones set by the government
	Published and distributed national policy covers all four components of FRESH[1] (health-related school policies, safe school environment, school-based health and nutrition services, and skills-based health education)	National recognition of the importance of school health exists but a national policy has not been published as yet	Published national policy that covers some but not all four components of FRESH (e.g. a policy on HIV in education only); some regional and school-level stakeholders have copies	Published national policy that covers some aspects of all four components of FRESH; almost all regional and school-level stakeholders have copies of the national school health policy and have been trained in its implementation	Comprehensive approach to all four areas promoting inclusion and equity; almost all regional and school-level stakeholders have copies of the national school health policy and have been trained in its implementation and written school-level policies exist that address school health
	Published national policy involves a multisectoral approach	National recognition of the importance of a multisectoral approach to school health exists but a national policy has not been published as yet	Published national policy by the education or health sector that addresses school health	Published national policy by the education and health sectors that addresses school health	Published national policy jointly by both the education and health sectors that addresses school health and includes other relevant sectors (e.g. water, environment, agriculture)

[1] FRESH is a common framework for school health programmes 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, Food and Agriculture Organization of the United Nations (FAO), International Red Cross, PCD, Roll Back Malaria Partnership, Save the Children, Joint United Nations Programme on HIV/AIDS (UNAIDS), UNESCO, UNICEF, United Nations Office on Drugs and Crime (UNODC), WFP, WHO and the World Bank.

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Coordinated implementation of a national level policy that addresses school health	Multisectoral steering committee coordinates implementation of a national school health policy	Any multisectoral steering committee coordination efforts are currently non-systematic	Sectoral steering committee from education or health coordinates implementation of a national school health policy	Multisectoral steering committee from both education and health coordinates implementation of a national school health policy	Multisectoral steering committee from education, health, and one or more other relevant sectors (e.g. water, environment, agriculture) coordinates implementation of a national school health policy
Governance of a national school health policy	National budget line(s) and funding allocated to school health; funds are disbursed to the implementation levels in a timely and effective manner	A national budget line or funding does not yet exist for school health; mechanisms do not yet exist for disbursing funds to the implementation levels	National budget line and funding for school health exists in either the health or education sector; school health funds are disbursed to the implementation levels intermittently	National budget line and funding for school health exists in both the health and the education sectors; school health funds are disbursed to the implementation levels in a timely and effective manner	National budget line and funding for school health exists in health, education, and one or more other sectors; school health funds are disbursed to the implementation levels in a timely and effective manner and implementers have the capacity to plan and budget as well as request resources from the central level

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Quality assurance of programming	Situation analysis assesses need for the inclusion of various thematic areas[2], informing policy, design, and implementation of the national school health program such that it is targeted and evidence-based	A situation analysis has not yet been planned to assess the need for the inclusion of various thematic areas and inform policy, design, and implementation of the national school health program	Incomplete situation analysis that assesses the need for the inclusion of various thematic areas; policy, design, and implementation of some thematic areas are based on evidence of good practice	Situation analysis conducted that assesses the need for the inclusion of various thematic areas; policy, design, and implementation of these thematic areas are based on evidence of good practice and are targeted according to situation analyses of what thematic area interventions to target in which geographic areas	Situation analysis conducted that assesses the need for the inclusion of various thematic areas, along with costings; policy, design, and comprehensive implementation of these thematic areas are based on evidence of good practice and are targeted according to situation analyses of what thematic area interventions to target in which geographic areas
	Monitoring and Evaluation (M&E)	Systems are not yet in place for M&E of implementation of school health programming	A M&E plan exists for school health programming and data collection and reporting occurs intermittently especially at national level	The M&E plan for school health is integrated into national monitoring or information management systems and data collection and reporting occurs recurrently at national and regional levels	The M&E plan for school health is integrated into national monitoring or information management systems and data collection and reporting occurs recurrently at national, regional and school levels; baseline carried out and program evaluations occur periodically
Gender	Gender dimension of Health addressed in national education policy (e.g. pregnancy, sexual harassment, privacy and sanitation)	Gender dimension of Health is not yet formally addressed in national education policy	Gender dimension of Health addressed in national education policy but implementation is uneven	Gender dimension of Health is addressed in published education policy and is implemented nationally	Gender dimension of Health is addressed in published education policy, implemented nationally, and the M&E mechanism includes oversight of the gender mainstreaming

[2] Thematic areas may include: Children with Special Needs; Deworming; Disaster Risk Reduction/Emergences; Education for Sustainable Development; General Life Skills/Social and Emotional Learning; HIV and AIDS; Hygiene, Water and Sanitation; Malaria; School Feeding; Nutrition; Oral Health, Vision and Hearing; Physical Activity; Prevention and Response to Unintentional Injury; Sexual and Reproductive Health; Substance Abuse; and Violence in the School Setting.

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Policy Goal 2: Safe, supportive school environments					
Physical school environment	Provision of safe water in schools	The need for provision of safe water is acknowledged, but standards are absent, and coverage is uneven	The need for safe water provision in all schools is recognised, standards have been established	National surveys (needs assessments) have been conducted to assess whether schools meet the standards for safe water and implementation plans are in place to ensure that all schools achieve these standards.	Plans, based on a needs assessment, are in place to ensure that all schools achieve these standards and plans for monitoring and maintaining these facilities are also in place.
	Provision of sanitation facilities	The need for provision of sanitation facilities is acknowledged, but standards are absent, and coverage is uneven	The need for provision of sanitation facilities in all schools is recognised, standards have been established, but national coverage has not been achieved	National surveys have been conducted to assess whether schools meet the standards for safe water and a plan is in place to ensure that all schools achieve these standards.	Plans, based on a needs assessment, are in place to ensure that all schools achieve these standards and plans for monitoring and maintaining these facilities are also in place.
	Provision of sound school structures (including accessibility for children with disabilities) and school safety	Construction and maintenance of school buildings is unregulated and national standards are lacking on what constitutes sound school structures and school safety	New schools being built have sound structures and school safety issues are taken into account, but coverage is not universal among older schools	Sound school structure standards are set and an update program is in place for older buildings; teachers, schoolchildren, families and other local stakeholders are mobilized to achieve and sustain a healthy school environment	National and local standards for sound school structures are fully implemented building structures are regularly monitored and maintained

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Psychosocial school environment	Issues of stigmatisation (e.g. HIV, disability) are recognised and addressed by the education system	Any responses to issues of stigmatisation in schools are currently non-systematic	Some schools are effectively responding to stigma issues, but coverage is not universal; in-service teacher training on stigma issues is being provided	Stigma is covered in life skills education, pre- and in-service teacher training are being provided universally, and bullying as a result of stigma is effectively dealt with at the school level	Stigma is covered in life skills education, pre- and in-service teacher training are being provided universally, bullying as a result of stigma is effectively dealt with at the school level, and support groups responding to specific stigma issues are in place for both learners and teachers
	Protection of learners and staff from violence (including corporal punishment, fighting, physical assault, gang activity, bullying, sexual harassment, and gender-based violence)	National standards on how to address violence in schools are lacking	National standards on how to address some forms of institutional violence in schools are in place, guidelines are being developed, and in-service training is being provided	National standards and guidelines on how to address some forms of institutional violence in schools are published and disseminated; pre- and in-service teacher training are being provided universally	Mechanisms are in place to respond to all forms of institutional violence in schools
	Provision of psychosocial support to teachers and students who are affected by trauma due to shock (e.g. conflict, orphaning, etc.)	Provision of psychosocial support for learners and teachers affected by trauma due to shock is non-uniform	Some psychosocial support is available to learners and teachers either in school or through referrals but coverage is not universal	Available psychosocial support for learners and teachers is mobilised (either in school or through referral services) and there is provision of appropriate psychosocial support activities for teachers and students in temporary learning spaces and in child-friendly spaces for young children and adolescents	Effective school-based intervention for supporting students' psychosocial well-being is developed and there is provision of appropriate psychosocial support activities for teachers and students in temporary learning spaces and in child-friendly spaces for young children and adolescents; impact on psychosocial wellbeing and cognitive function is being monitored

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Policy Goal 3: School-based health and nutrition services					
School-based delivery of health and nutrition services	The school-based health and nutrition services identified in the situation analysis and outlined in the national policy are being implemented (e.g. deworming, first aid, malaria control, micronutrients, school feeding, vaccination, etc.)	A situation analysis has not yet been undertaken to assess the need for various school-based health and nutrition services	Situation analysis has been undertaken that assess the need for various school-based health and nutrition services but systematic implementation is yet to be underway	Situation analysis has been undertaken, identifying cost-effective and appropriate school-based health and nutrition interventions, some of which are being implemented and taken to scale in a targeted manner in the available budget	All of the school-based cost-effective and appropriate health and nutrition services identified in the situation analysis and outlined in the national policy are being implemented and taken to scale in a targeted manner in the available budget
School-based screening and referral to health systems	Remedial services (e.g., refractive error, dental, etc.)	A situation analysis has not yet been undertaken to assess the need for school-based screening and referral to various remedial services	Situation analysis has been undertaken that assess the need for school-based screening and referral to various remedial services but implementation is uneven	Situation analysis has been undertaken, identifying those cost-effective and appropriate school-based screening and referral to various remedial services that are being taken to scale in the available budget; in-service teacher training is being provided	All of the school-based cost-effective and appropriate screening and referral to remedial services identified in the situation analysis and outlined in the national policy are being implemented and taken to scale in the available budget; pre- and in-service teacher training are being provided
	Adolescent health services	Any referrals of pupils to treatment systems for adolescent health services occur non-systematically	Teacher training for referral of pupils to treatment systems for adolescent health services	Teacher training for referral of pupils to treatment systems for adolescent health services with referral ongoing	Pre- and in-service training of teachers for referral of pupils to treatment systems for adolescent health services with referral ongoing

Tools for more detailed analysis of focus areas (full list available from http://go.worldbank.org/NK2EK7MKV0).

- Brooker, S. 2009. *Malaria Control in Schools: A Toolkit on Effective Education Sector Responses to Malaria in Africa*. Washington, DC: World Bank; London: Partnership for Child Development.
- Dixon, R., J. Kihara, A. Tembon, S. Brooker, K. Neeser, K. Levy, A. Fishbane, A. Montresor, D. A. P. Bundy, and L. J. Drake. 2010. School-based Deworming: A planners' guide to proposal development for national school based deworming programs." Conference Edition. Washington, DC: Deworm the World.

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• Global Atlas of Helminth Infection. www.thiswormyworld.org • World Bank. 2003. *Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Programs.* Washington, DC: World Bank. • World Bank. 2008. *Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Programs; Volume 2: Education Sector-wide Approaches*. Washington, DC: World Bank. • World Bank, UNICEF, and Water and Sanitation Program. 2005. "Toolkit on Hygiene, Sanitation, and Water in Schools." World Bank, Washington, DC. • World Bank. 2011. "SABER-School Feeding." Draft Framework Rubrics. 27 April 2011.					
Policy Goal 4: Skills-based Health education					
Knowledge-based health education	Provision of basic, accurate health, HIV, nutrition and hygiene information in the school curriculum that is relevant to behaviour change	Some schools are teaching some health, HIV, nutrition and hygiene information, but coverage is not universal nor is the information provided	Some health, HIV, nutrition and/or hygiene information is included in the curriculum, but it may not be comprehensive; in-service teacher training is being provided, and the majority of schools are teaching the curriculum covered health information, but coverage is not universal	Curriculum comprehensively covers health (linked to the health issues identified in the situation analysis), HIV, nutrition and hygiene knowledge; pre- and in-service training is being provided; and all schools are teaching the curriculum	Curriculum comprehensively covers health (linked to the health issues identified in the situation analysis), HIV, nutrition and hygiene knowledge; pre- and in-service training is being provided; all schools are teaching the curriculum; and the knowledge is covered in school exams
Age-appropriate and sex-specific life skills education for health	Participatory approaches are part of the curriculum and are used to teach key age-appropriate and sex-specific life skills for health themes[3]	Some life skills education is taking place in some schools using participatory approaches, but it is non-uniform and does not cover all of the life skills for health themes	Participatory approaches are part of the national curriculum; some of the key life skills for health themes are covered in the curriculum; in-service training is being provided; and teaching of the participatory approaches is taking place in the majority of schools, but is not universal	Participatory exercises to teach life skills for health behaviours are part of the national curriculum; pre- and in-service training is being provided; and materials for teaching life skills for health in schools are in place and made available and teaching is ongoing in most schools	Participatory exercises to teach life skills for health behaviours are part of the national curriculum; pre- and in-service training is being provided; materials for teaching life skills for health in schools are in place and made available and teaching is ongoing in most schools; and school curricula guidelines identify

[3] Essential life skills (social and emotional learning); Basic nutrition and healthy life styles (nutrition, school gardens, and physical activity); Basic health issues (malaria, helminths, influenza outbreaks – these should be linked to the health issues identified in the situation analysis); Basic safety issues (road safety, safety at home and at school, first aid, emergency preparedness); Personal health and hygiene issues (hygiene, oral health, vision and hearing); Physical, emotional and social development and sexual and reproductive health; HIV and AIDS; Substance abuse; Violence prevention; Sustainable development (climate change, resource management, environmental protection, disaster risk reduction); and Gender issues.

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						specific life skills for health learning outcomes and measurement standards, including examinations