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MONITORING AND ASSESSING PROGRESS IN HEALTH PROMOTING SCHOOLS: ISSUES FOR POLICY MAKERS TO CONSIDER

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This paper is written for the dedicated existing IUHPE webpages on Health Promoting Schools. It explores briefly the different types of tools that are available at present for monitoring and assessing progress in health promoting schools. It also offers a brief review of the practical issues that policy makers and practitioners have had to overcome in developing such tools. It is aimed at assisting professionals, with an interest in school health promotion, who are in the early stages of monitoring the progress of health promotion in their schools. It also provides selected references for those wishing to explore the issues in more detail.

1. INTRODUCTION.

Health promotion in a school setting could be defined as any structured and planned activity undertaken to improve and/or protect the health of all school users. It is a broader concept than health education and it includes provision and activities relating to: Healthy School Policies, the school's physical and social environment, the curriculum, community links and health services.

It is broadly accepted that it is important for health, education and other relevant government departments to work in effective partnerships in relation to the promotion of health in settings such as schools. The evidence is clear that health and education are closely linked to each other and to other issues, including poverty and income level. This is evident in the importance the United Nations Millennium Development Goals attach to both education and health in setting out their development targets. It is now clear that healthy students learn better, and that improving the knowledge, competencies and health status of young people will improve learning outcomes and educational attainment (WHO, 1997; Taras, 2005.)

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2. EFFECTIVE PARTNERSHIPS.

The reality is that effective implementation of inter-sectoral partnerships are not the norm in many countries of the world, with government health ministries and education ministries often expressing a desire to co-operate but in effect often working separately with different priorities and goals.

The reasons for this are complex but experience suggests that the following issues play a part in inhibiting effective co-operation between the education and health sectors:

- Different perceptions and concepts of health education and health promotion in the health and education sectors;
- Different sector priorities;
- Misunderstandings due to different use of technical language;
- Leadership issues;
- Budgetary control- there may be tensions between those who are in a position to be the best networkers and who has control of the budget;
- Career advancement and promotion may be more linked to evidence of leadership rather than partnership working.

When there has been some success in overcoming these barriers, then there is evidence that genuine partnership working can lead to effective management of health promotion in schools, including effective monitoring and assessment of progress.

3. ASSESSING HEALTH PROMOTION IN SCHOOLS.

Within Europe there are many examples of assessing health promotion in schools from a diverse range of countries such as Denmark, England, Germany, Greece, Iceland, Poland, Scotland, Slovenia, Spain, Switzerland, Wales and others. (Barnekow et al, 2006).

It is not appropriate to describe all of these here in detail but in the book entitled 'Health Promoting Schools: A Resource for developing indicators', many examples are cited and also many of the key issues around identifying/defining indicators of effectiveness are explored.

Any measurements of effectiveness of health promotion in schools need to be sensitive to the education system's methods of assessment. There are important consequences flowing from this:

First of all, if the method of assessing effectiveness of school health promotion can be closely linked to the systems, personnel, methods and tools the school uses to assess educational attainment, then the chance of the work in health promotion being sustainable is greatly increased.

Second, education values concepts such as *the teacher as a reflective practitioner* and *the school as a learning community*, therefore the methods of monitoring and assessment need to take cognisance of these approaches and work within them.

Third, if the system for assessing effectiveness of health promotion places too great a burden on school managers, teachers and students it is unlikely to be sustained. Therefore the system may need to allow schools to be selective and geared to the priorities of the individual school community, rather than attempt to be comprehensive in their assessments. A self-evaluation scheme would help schools to assess their own Health Promoting School status.

4. TYPES OF ASSESSMENT AND MONITORING TOOLS

This section explores and classifies the types of assessment tools available for health promoting schools and comments on the features most likely to be of strategic value at national/international level.

Type 1 tools are designed for the level of individual schools and offer support to school management to assess and monitor progress in their health promotion strategies. They may or may not use similar methods and instruments as other quality assurance tools linked to school performance in terms of schools educational roles. These tools for individual school use may be developed at national or state/provincial or at local/school community level and offer practical approaches to assess and monitor progress. They may or may not be associated with accreditation schemes at local authority/state or national level. They may also be linked to awards which may or may not have levels of achievement linked to a quantitative assessment scale.

Type 2 tools are developed at an international level and offer a strategic approach to assessing and developing sustainable health promotion in schools at supra-national or national level. Clearly there is overlap between these two categories of type 1 and type 2, but the main distinction relates to type 2 tools having strategic components which are related to planning and dissemination at an international level rather than school level.

Assessment tools for health promotion at school level (Type 1)

In many examples of individual school assessment there is a link to a local authority /national framework and there may also be an attempt to provide a quantitative scale of performance. Linked to this assessment there may also be a formal award which may be at more than one level. A relatively sophisticated example of this type of scheme is in Wales in the United Kingdom in the programme known as the Welsh Network of Healthy School Schemes (WNHSS). See Case study Box 1.

Case Study Box 1

In Wales individual schools are helped to identify their own needs, based on national aims and local criteria. To enable this process, each school is required to complete the Healthy Schools Assessment Tool. Feedback from this and discussions with a Health Promotion Officer helps each school to identify particular actions to meet their needs.

To be formally recognized as a Health Promoting School, a number of minimum standards must be met:

- Each school has a designated Health Education Co-ordinator to manage the Project
- Schools must be smoke free zones, in line with local authority policy. Schools without a Smoke Free Policy for all staff and visitors must develop an action plan and show evidence of progress by the end of year one towards becoming smoke free by the end of year two (see attached guidelines)
- A coherent Health Education/Personal and Social Education Curriculum, which is co-ordinated, comprehensive and progressive and is reflected in the school development plan, must be completed and in place by the end of year two
- Each year a special event involving parents and the community should be organized to highlight the health promotion initiatives undertaken by the individual school during the school year
- A 'Mission Statement' is developed which reflects equal opportunities and the ethos of a HealthPromotingSchool.

There are also expectations of the school in a phased development. In the first phase, usually one year, schools will be expected to promote and develop at least three 'Actions' The 'Management Action' must be one of the three 'Actions' and undertaken by a senior member of the school staff, head or deputy head teacher, this to be developed as part of a three year process.

Each 'Action' should move the school forward in respect of national aims and local standards. At least two 'Actions' should embed health education/promotion in the school. No more than one 'Action' should be a special event giving profile. All actions should have clear achievement criteria.

A health promotion officer assists schools to review progress and agree at least three 'Actions' for the next phase, as before.

At least one 'Action' should be new. To gain information on the standard required for completion of each phase, a record of 'Actions' planned will be required, achievement criteria agreed and evidence of achievement, for example minutes of meetings, photographs, schemes of work, policies, newspaper cutting and kept in a portfolio.

When the school and Health Promotion Department agree that the relevant stage has been completed and sufficient evidence produced, the portfolio will be presented to the local authority education department and health sector health promotion officer for assessment.

There are different schemes in Scotland and England to support individual schools. The Scottish example is described in case study box 2

Case Study Box 2

The Scottish development had its origins in an innovative attempt to link school health promotion assessment to a general system of assessment of school quality which had already been developed in Scotland. This original approach was called 'How Good is Our School' and it was used by schools for self-assessment as well as by the local authorities, who were responsible for the delivery of the education service, and it was also used by the national government inspectors. Therefore it was practical and pragmatic to use this existing system for assessing general school quality and performance in relation to health promotion in schools. While the national agency for health promotion, individual schools and local authorities were pioneers in developing this work, major political support came when the Scottish Government set a target that all schools in Scotland were to be health promoting schools by 2007.

As well as strong leadership from the national health promotion agency, there was a national network consisting each of the 32 Scottish local government authorities and each of the 15 health board areas. The members have helped inform and shape national policy and thinking, by drawing on their experience and expertise. They influenced the need for a flexible model of an accreditation process. In addition, as regional champions and stakeholders, their ownership of this agenda has been critical to its success. The ability to think flexibly and link the many initiatives that schools face has probably reduced the teachers' perceived burden of yet another initiative. The marrying of this top-down and bottom up approach has been important in successful implementation of the health promoting school approach in Scotland.

The question arises of how a consistency of approach across Scotland was achieved given that there are 32 regional government areas and 15 health board areas, and yet still ensuring local ownership. Two parallel processes, National Endorsement and Local Accreditation, were important in Scotland. Each local government area had to submit to the National Endorsement Team their local accreditation framework, to assure it met a nationally accepted standard. This ensured a consistency of approach across the country, yet allowed for flexibility. Local Accreditation processes developed at a local level, monitoring individual school performance. There is now a nationally endorsed scheme in place, and all their schools are on the way to being health promoting.

An Act of Parliament in Scotland (Scottish Executive, 2006). The 'Schools (Health Promotion and Nutrition) (Scotland) Bill' was introduced in the Scottish Parliament in 2006 and became

law in summer 2007. This placed specific duties on education authorities to build health promotion into their improvement plans and they had to state what they plan to do to fulfill their duties in relation to this. The Act also sets out duties on the nutritional standards on the food and drink provided and on the way free school meals should be provided for those entitled to them. This was a major step forward as Scotland does not have a tradition of bringing about such changes through legislation, usually offering national guidance rather than statutory change in the education system. Therefore such change is taken seriously when it happens and government inspectors now have a central role in monitoring implementation at education authority and school level.

School inspectors are required to report routinely on wider aspects of school life influencing health such as the quality of food in the dining areas which in the past this was not seen as part of their core work as they concentrated on curriculum issues as their main focus on quality. However given the above act the role of the inspectorate will become more visible in health issues as they ensure compliance with the legislation.

The Scottish example illustrates the different levels of the system which played an important role in developing a sustainable approach to health promotion which is now integral to the school system. These have included, national government (education, health and other government departments), area health boards, local education authorities, individual schools, school managers, teachers, parents and young people.) In Scotland this has at some points developed from a top down approach and at other times the drive has come from young people, parents or the exemplary work of specific area health authorities, individual schools or education authorities.

The brief case studies from Wales and Scotland give an introduction to some of the issues relating to the assessment of the performance of schools in relation to health promotion. Within Europe there are many examples of developing ways of assessing health promotion in schools from a diverse range of countries such as Denmark, England, Germany, Greece, Iceland, Poland, Slovenia, Spain, Switzerland and several others. (Barnekow et al, 2006).

Looking beyond Europe, several Asian countries including Taiwan are currently developing sophisticated systems of assessment and accreditation and there are interesting examples of healthy school programmes in Hong Kong with a strong evaluation component as described in case study 3.

Case Study Box 3

The evaluation framework of Health Promoting Schools in Hong Kong consists of measurements covering the range of personal, social, environmental and organization characteristics that can be modified to tackle the determinants of school health (Lee et al, 2005a). The indicators measure outcomes quantitatively and qualitatively at different stages so they can measure the success of complex initiatives.

The healthy school development in Hong Kong has undergone a step by step evolution as shown by the tree diagram (Figure 1). The **embryonic stage** (1998-2001) involved capacity building and needs assessment on youth health (Lee et al, 2000; Lee et al, 2004), leading to development of the Healthy School Award scheme (Lee 2000). The **growing stage** (2002-05) applied the HPS framework to health crisis' such as SARS (Lee et al, 2003; Lee et al, 2008), obesity (Lee et al, 2010, Lee and Keung, 2012), and mental health (Wong et al, 2009), The healthy school movement has now entered **consolidation stage** (2006- now) with published research findings demonstrating the effectiveness of the HKHSA in promoting well-being of students (Lee et al, 2006), health literacy (Lee, 2009; Lee et al, 2008) and creating a healthy school environment (Lee et al, 2008).

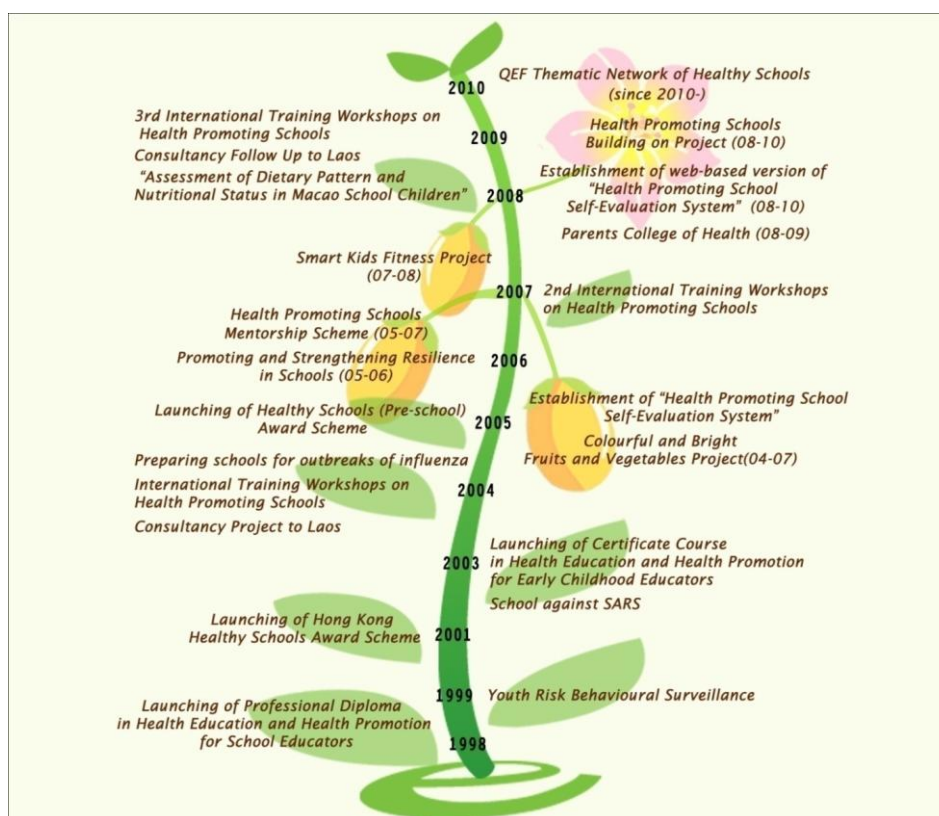


Figure 1. Decade of Step by Step Development of Health Promoting Schools (Reproduced with kind permission from Centre for Health Education and Health Promotion, The Chinese University of Hong Kong) © 2010 Centre for Health Education and Health Promotion, The Chinese University of Hong Kong

Assessment tools for health promotion at international level (Type 2).

At an international level, The Rapid Assessment and Action Planning Process (RAAPP) is a country-driven and evidence-based method. It equips ministries of education and health and other national organizations to assess and improve their capacity to promote health through schools. The RAAPP includes methods, instruments and professional development activities to prepare in-country teams to collect their own data and engage in a customized action planning process. The goal of the RAAPP is to strengthen the capacity of countries to support national, provincial, and local school health programs. Given the link between health and education, RAAPP is based on two concepts put forth by the World Health Organization and its partners: Health-Promoting Schools (HPS) and Focusing Resources on Effective School Health (FRESH). RAAPP provides:

- A framework to unite key leaders and staff across ministries to improve school health programmes;
- An opportunity for participants to offer opinions and insights to describe current insights and capacities of national infrastructure;
- A means to transform insights into a strategic action plan;
- Professional development opportunities for participants to gain skills.

RAAPP therefore offers a structure for comprehensive planning and may well be very useful to specific countries.

A monitoring and evaluation framework for school health is currently being developed by FRESH partners. *“The FRESH M&E Framework: A Generic Framework for Monitoring and Evaluation of School Health Interventions.”* It is planned that indicators related to this development will be pilot-tested soon. In addition, The World Bank with partners is developing SABER (Systems Approach for Better Education Results), which has a section on school health

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTEDUCATION/0,,contentMDK:22845903~menuPK:282391~pagePK:148956~piPK:216618~theSitePK:282386,00.html>

The Egmond tool (Young 2002) (Appendix 1) was developed from experience of the successes and failures of twenty years of development work in Europe including more than ten years in The European Network of Health Promoting Schools. It has been tested and refined in countries such as FYR Macedonia and therefore as with RAAPP it has been tested in the field. It can be used flexibly in one to one interviews with key stakeholders as well as providing an agenda and structure to group discussions. It has the advantage of being not overly complex or bureaucratic as it is often the case that highly sophisticated and lengthy analyses are not feasible with busy managers and policy makers.

An interesting programme in the USA was developed for individual schools by a professional Development membership organization, ASCD, starting in 2006. This was the Healthy School Communities programme (HSC) which started with a pilot study of school/community partnerships in the United States and Canada that focused on effective school improvement. The evaluation identified nine levers that catalyzed significant change in the culture of the participating school communities. These were set out as The Nine Levers of School Change:

1. Planning teams should be led by the principal/school manager.
2. Plans should address systemic issues at the school.
3. Collaboration should commence from the start of the planning process.
4. HSC planning should align with and be the basis of the overall school improvement process.
5. Planning should focus on those aspects revealed by assessment to have the most need.
6. Team leadership should aim to build a team to facilitate the process.
7. Team leadership should ensure all stakeholders understand the value of their involvement.
8. Ongoing purposeful professional development should be integrated to support the process.
9. School administration should actively seek out and access community resources.

The Healthy School Communities model is based on a Coordinated School Health (CSH) model developed in USA and promoted by the U.S. Centers for Disease Control and Prevention.

The Healthy school communities model aims to expand the scope and influence of the CSH initiative and places it directly into the school improvement arena. It provides opportunities for school communities in all parts of the world to network and share best practices and the programme and has developed the Healthy School Report Card (HSRC) as a practical needs-assessment tool to determine the status of health and wellness policies, programs, and practices. Healthy School Communities provides technical assistance and resources to assist associated sites in this process. The HSRC is a portion of Creating A Healthy School Using the Healthy School Report Card: This research-based tool was developed to help schools engage stakeholders from the school and community in the assessment of their school environment for inclusion in the school improvement process. The HSRC provides each site with prioritized short- and long-term goals that establish a school improvement plan via a focus on health and well-being.

This online scoring tool is available with the purchase of a resource from the Healthy Schools Community Programme.

The reporting features allow school management to:

- Generate data to assist with school improvement planning.
- Compare a school to schools with similar demographics.
- View a trend analysis after completing the report card for two or more consecutive years.
- Obtain a resource listing that offers helpful design strategies for a school's plan.

(Healthy School Communities, 2012)

Healthy Schools Award schemes are very popular among the European and Asian countries to help the schools to implement the concept of HPS as award scheme provides a structured framework for the development as well as a system of monitoring progress and recognition of achievement (Rogers, 1998; Lee, 2002). Positive award-related changes in terms of children's health related behaviour and the culture and organization of the school have been shown in England and Hong Kong (Moon et al, 1999; Lee et al, 2006). Audit type of evidence has provided schools and health and education authorities with comprehensive maps about what is happening and how comprehensive it is. It can assist schools and authorities to concentrate on the gaps and affirm qualities work in schools through award upstream (Moon et al, 1999; Lee et al, 2005b)

An M&E framework for school health is currently being developed by FRESH partners. "The FRESH M&E Framework: A Generic Framework for Monitoring and Evaluation of School Health Interventions." Indicators will be pilot-tested soon.

In addition, the World Bank and partners is developing SABER (Systems Approach for Better Education Results), which has a section on school health, (World Bank website reference provided).

5. CONCLUSIONS

As can be seen above there are many examples of tools developed to monitor the effectiveness of health promotion in schools at the school, local community, national and international level. The tools most likely to be successful and sustainable need to have considered ownership and cultural issues and therefore involved practitioners in the development. As stated earlier, in the book entitled 'Health Promoting Schools: A Resource for developing indicators', (Barnekow et al, 2006) explored issues such as this and offered examples identifying indicators of effectiveness of health promotion in schools. The authors suggest the need for indicators of change to be:

- SMART (specific, measurable, achievable, realistic and timely);
- culturally sensitive;
- sensitive to the education system's methods of assessment;
- qualitative and quantitative;
- measuring process as well as outcomes;
- inclusive of stakeholders in their design and use.

The above is in fact a useful summary of many of the key issues. In the early years of developing health promotion in schools, it was mainly the health sector which took the initiative (Young, 2005). As stated above, it is now better understood that there is a need to be sensitive to the education system's ways of working and methods of assessment. The consequence of this is a requirement for genuine partnership-working between the education and health sectors. As explained in section 2 this is easy to state and tougher to achieve. However we now understand what the barriers to, and pre-requisites of, good partnership between the health and education sectors are and the experiences of specific countries and international programmes are demonstrating that it is achievable if there is a political will to support this approach.

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The Healthy Schools Communities Programme's website is

<http://www.healthyschoolcommunities.org>

ASCD, 1703 N. Beauregard Street, Alexandria, VA 22311 USA

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http://www.who.int/school_youth_health/assessment/raapp/en/index.html

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APPENDIX 1

AN EXAMPLE OF A TOOL FOR COUNTRIES TO ASSESS THEIR HEALTH PROMOTING SCHOOL PROGRAMMES AT NATIONAL LEVEL (YOUNG, 2002)

Introduction

This tool is designed to enable countries to create the conditions for the establishment of health promoting schools as a national and strategic process in which eventually all schools can participate. This process is achieved by building on the competences that already exist in countries and supporting them in the development of a sustainable initiative which eventually becomes integral to the normal work of all schools. It is not a time-limited project but a way of working which requires an inclusive partnership approach. This important work should be viewed in the context of the United Nations *Millennium Development Goals*, and the *UN Convention on the Rights of the Child*.

To facilitate this work it is first necessary to assess the progress that a country has made and what follows is based on an approach which has developed from the health promoting schools developments globally and especially in Europe. In 2002, there was a European Conference on Health Promoting Schools entitled "Health and Education in Partnership. One of the main outcomes of the conference was the drawing up of a guidance document, *The Egmond Agenda* which can be used by countries as a starting point for assessing progress in the development of national health promoting school programmes. From the Egmond agenda, a tool has been developed for evaluating the progress a member state has made in developing health promotion in its school system. An earlier version of this tool was piloted in FYR Macedonia and this version has been influenced by comments made by colleagues in WHO.

The tool assists countries to assess their progress under ten headings:

- status/funding of HPS in relation to other school developments;
- management of HPS;
- partnerships between stakeholders;
- the theoretical basis of the programme;
- programme aims/content;
- The stage of dissemination of the programme;
- long term planning;
- teacher education/professional development;
- research and evaluation underpinning the programme;
- advocacy in relation to the programme.

It is suggested that the tool can be used in at least two ways. In some cases it will be used as a prompt and structure in **one to one interviews** with stakeholders, for example with a

senior representative of the health or education ministries (or other relevant government ministries). Prior to such an interview the researcher can highlight the relevant questions for the interviewee. In other cases it can be used as **stimulus material in a group discussion** with for example regional school coordinators. The use of a scribe to keep a written record may be helpful or in other cases may be inhibiting - this requires negotiation. The use of a voice recorder may also be helpful but again this would need negotiation with stakeholders. The tool will be of less value if it is treated as a questionnaire to be completed and returned. It should be viewed as a flexible core of questions which the skilled researcher uses in person to explore the existing reality of what is happening in a member state in an interactive exchange. This may lead to other associated issues which are not in the written set of questions but which may be relevant in relation to progress in a country. While it is possible for the questions to be administered by a skilled researcher in the country it is respectfully suggested that an independent researcher or consultant from outside the country would be more appropriate as they are free of any vested interests or loyalty to one particular sector or ministry.

It is important to note that any researcher should also have access to any written policy documents (where they exist) setting out the aims, objectives and targets of the programme in a country or region. In addition there may be more practical documents setting out operational information such as the number of schools and their contacts, regional coordinators, in-service meetings, media contacts etcetera and while some of this information may be triggered by the interview/discussion, it is helpful to have access to written sources as there may be gaps between formal statements of intent and the operational/practical realities.

Also, in relation to specific questions set out in the tool, it may be important to ask the same questions to different stakeholders as disparities in the answers may be significant in understanding what is actually happening in operational terms.

It is essential to stress to those taking part in an interview or discussion that the interview/discussion aims to explore the state of development of the health promoting schools programme in a country/region and that the performance of individuals is not being assessed, nor will individuals be referred to by name in any report produced from the review.

The process of the evaluation will be undertaken through discussions and interviews with key programme stakeholders, including:

- Ministry of Health representatives;
- Ministry of Education representatives;
- Leaders, directors and officials in ministry of health and education sponsored institutions;
- Relevant research agencies where appropriate;
- UN agency programme managers (WHO, World Bank, UNICEF, UNFPA, etcetera)

It may also be appropriate to use the tool with other individuals, organizations and agencies that are identified by local partners that might provide useful information concerning the health development and protection of young people of school-age. For example coordinators of other related programmes such as life skills, environmental/eco-schools, safe schools etcetera.

The programme of meetings and interviews could be prepared by local organizers, in discussion with the consultant/researcher. If a country is only starting to plan the programme they will not be able to answer many of the questions, however many questions would be relevant to provide a potential framework/checklist for planning and to use in assessment at a later stage.

The framework of the tool is set out in the following pages, there are spaces for the researcher to write notes.

1 - SITUATION ANALYSIS (General status/links/perceptions of the programme)

(The first two questions in section 1 are for all respondents)

- What do you think is the status of health promoting schools in relation to other school health or similar programmes in the country?

(prompt-refer to funding and public profile available to this and other programmes initiated by health, education and non governmental agencies).

- What links are made between the HPS programme and other innovations/reforms in school? ***(prompt- This could include other programmes such as Youth-friendly health services, Safe schools, Eco schools, Life skills etcetera, as well as links to mainstream changes in the school curriculum)***

- What are the views of schools participating in the development concerning the programme?

School Manager (if available) /School Coordinator

Policy?

Communications from national coordinator relating to the health promoting schools programme?

Evidence/Perceptions of any outcomes to date – effects on individual students, The school community?

In Service Training opportunities made available?

Class teacher (if available)

Policy?

Communications within the school about the project?

Evidence, Perceptions of any outcomes to date?

Relationship between this programme and other initiatives?

In service training opportunities made available?

School students (if available)

Perceived effects on schools health policy and practice (whole school and in the classroom)?

Evidence of greater student participation in the life of the school?

Understanding of health promotion concept/skills development/action competence/parental involvement etcetera?

Participation in any assessments or evaluations relating to the project?

2 - MANAGEMENT

- What line management structures and accountability measures are in place for the programme? (steering committees, ministerial/inter-ministerial committees, advisory groups, UN groups)

Education/ Health Ministry

What management structures are in place at national levels relating to HPS?

To what extent is the programme referred to in public and government documents?

What accountability measures are in place?

HPS Coordinator

What management structures are in place at national levels relating to HPS?

What accountability measures are in place?

3 - PARTNERSHIPS

- What are the partnerships that the programme has been able to secure, with other UN agencies or non governmental organizations (including World Bank, development agencies)?

WHO Liaison Officer

HPS Co-ordinator

Other Agencies

- What depth of partnerships has the programme been able to secure between the Ministry of Health and Education and their institutions? (Pedagogical, Health, Curriculum etc)

(Prompt - are there any signed agreements or joint policy statements in public documents?)

WHO Liaison Officer

HPS Coordinator

Ministry of Health and related institutions (eg Public Health Institutes)

Ministry of Education and related Institutions (eg Teacher education, Curriculum development agencies)

4 - THEORETICAL BASE and CULTURAL NORMS

- How does the programme conform to the theoretical base set out by the concepts, principles and methodologies of HPS?

(Prompt- Does the programme have components such as healthy school policies, promote the physical and social environment, develop the pupils health skills, community links, youth-friendly school health service?)

HPS Coordinator

Health Ministry (use prompts if necessary)

Education Ministry (use prompts if necessary)

- How does the theoretical base correspond to the cultural norms, standards and values system of the health and education system in your country?

HPS Coordinator

Health Ministry (use prompts if necessary)

Education Ministry (use prompts if necessary)

- Is there any resistance to HPS implementation and, if so, are there strategies to meet the challenges to HPS implementation? (*ask all interviewees*)

5 PROGRAMME CONTENT AND OBJECTIVES

- What health and education development objectives and outcomes are identified by the programme?

HPS Coordinator

Health Ministry

Education Ministry

- How does the programme build the development of its objectives and monitor their implementation?

HPS Coordinator

Health Ministry

Education Ministry

- How is the programme taking into account and aligning itself to objectives outlined in the various UN and other agency goals, objectives and targets?

WHO Liaison Office

ENHPS Coordinator

Health Ministry

Education Ministry

Other agencies

6 DISSEMINATION

- Is/was there a pilot programme at the first stage? Please describe.

HPS coordinator

- How many schools/regions are currently involved and what plans exist for the dissemination of the programme? Is there a uniform model of dissemination applied or is there flexibility in different regions?

HPS coordinator

Education Ministry

Health Ministry

- What factors/issues do you think assist or inhibit the dissemination of good practice in a programme such as this?

HPS coordinator

Education Ministry

Health Ministry

- What would be a realistic goal for the percentage of schools adopting this programme in a given time period?

HPS Coordinator

Education Ministry

Health Ministry

7 - LONG TERM PLANNING

- What plans exist for the medium and long term sustainability of the programme?

HPS Coordinator

Education Ministry

Health Ministry

- What resources are identified for the programme to realise its plans?
HPS Coordinator

Education Ministry

Health Ministry

- How are the plans endorsed by programme stakeholders?
HPS Coordinator

- How are national plans interpreted at regional, local and school level?
HPS Coordinator

Education Ministry

Health Ministry

8 - TEACHER EDUCATION AND PROFESSIONAL DEVELOPMENT

- What plans are in place for learning from the programme to be linked to teacher education?

(prompt- include both initial teacher education and in-service education)

HPS Coordinator

Education Ministry

- What accreditation is in place for teachers participating in training on health promoting school approaches?

HPS Coordinator

Education Ministry

- How has the programme influenced teacher education curricula (for example time allocation, content, etcetera)

HPS Co-ordinator

Education Ministry

9 - EVALUATION and RESEARCH

- What evaluation measures are in place to inform on the progress of the programme at all levels in achieving its health and education development outcomes?

HPS Coordinator

Research Coordinator

- How is evaluation data collected and used in feeding into the areas described above?

HPS Coordinator

Research Coordinator

- What resources are available for/from stakeholders for research and evaluation?

HPS co-ordinator

Research Co-ordinator

- What research methodologies are used for informing on planning and programming for health development and protection of young people?

(prompt- do you take account of national studies on health behaviour of school children

and/or the health priorities for the country?)

Health Ministry

HPS Coordinator

Research Coordinator

10 - ADVOCACY

- What advocacy measures are in place to raise the awareness of ministries, institutions, schools, communities and parents to the existence and progress of the health promoting schools programme in the country?

(Ask these questions to all interviewees prompting with appropriate target groups)

- What linkages does the programme have with local media, mass media and the wider stakeholder community?

- Do you have evidence of, or any records of, media coverage? (For example newspaper clippings, audio, video, website.)

- Is there a strategy for further advocacy measures to ensure the programme continues to disseminate its purpose and progress?

End of Questions

Additional Notes