



The World Bank
Human Development Network – Education
System Assessment for Better Education Results

SABER – SCHOOL HEALTH

**Preliminary Assessment of School Health Policies in the
Caribbean Community (CARICOM) –
Dominica, Grenada, Guyana, Barbados, St. Lucia and St.
Vincent and the Grenadines,
March, 2012**



Summary of Findings

Country	Health-related school policies	Safe school environment	School-based health services	Health Education
Barbados	Emerging	Established	Established	Advanced
St. Lucia	Latent	Emerging	Latent	Emerging
Guyana	Latent	Emerging	Emerging	Emerging
Grenada	Emerging	Established	Emerging	Emerging
Dominica	Latent	Established	Advanced	Advanced
St. Vincent and the Grenadines	Latent	Emerging	Latent	Latent

This is a report on the World Bank's System Assessment for Better Education Results (SABER) pilot initiative in the Caribbean Community (CARICOM). It is a joint effort of the World Bank and CARICOM and is intended to lay the groundwork for a more comprehensive assessment of all the CARICOM countries in 2012. The report was prepared by Roshini Ebenezer (Consultant, World Bank) and Harriet Nannyonjo (Senior Education Specialist, World Bank).

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ABBREVIATIONS

CARICOM	Caribbean Community
EAC	East African Countries
ECOWAS	Economic Community of West African States
EduCan	Caribbean Education Sector HIV and AIDS Coordinator Network
FRESH	Focusing Resources on Effective School Health
HFLE	Health and Family Life Education
HDNED	Human development Network, Education Department
M&E	Monitoring and evaluation
NCD	Non-Communicable Diseases
SABER	System Assessment for Better Education Results
PCD	Partnership for Child Development

1 INTRODUCTION

This report presents the findings of the 2012 pilot assessment of the school health policies for the following CARICOM countries:

- Dominica
- Grenada
- Guyana
- St. Lucia
- Barbados
- St. Vincent and the Grenadines

The ultimate objective of this exercise is to help countries to identify the strengths and weaknesses in their school health policy frameworks, with the understanding that sound a policy framework is a critical component of effective school health programming. The result is a preliminary report on the status of development of the school health policy framework in the six countries listed above. The assessment itself is part of the **System Assessment for Better Education Results (SABER)-School Health**, which was created by the World Bank as part of its education strategy (World Bank, 2012).

Section II of this report briefly discusses the importance of school health programs in contributing to education sector goals and the development of international consensus on the basic building blocks of effective school health programs. **Section III** discusses the conceptual framework of SABER-School Health, and introduces the components of the SABER-School Health framework and scoring system. **Section IV** provides the context for and objectives of this assessment as well the methodology used for data collection. **Sections V** presents **the results** for the six countries: first by individual country and then as a comparative analysis across each of four policy domains. A more detailed overview of the results for each country can be found in the Appendix.

2 THE IMPORTANCE OF SCHOOL HEALTH AND NUTRITION PROGRAMS

School health programs are now recognized as having a crucial role in improving the health, nutritional, and educational outcomes of school-aged children. For this reason, countries are increasingly integrating these programs into their national development policies and education sector plans. There is significant evidence that health-related factors, such as hunger and chronic illness, are underlying factors in low school enrollment, absenteeism, poor classroom performance, and early dropping out of school (Bundy 2011). The research also shows that schools can play a vital role in addressing these health-related factors and so improve the

learning outcomes of school-aged children (Bundy 2011, Jukes 2008). The important role of the education sector in addressing poor health and malnutrition was acknowledged at the World Education Forum in Dakar, Senegal, in 2000, when a multi-agency initiative between UNESCO, UNICEF, WHO, and the World Bank was launched to provide guidance on the development and implementation of school health programs. Through this initiative, the FRESH (Focusing Resources on Effective School Health) framework was developed to provide a set of unifying principles to guide school health policies and programs.

2.1 The FRESH Framework: Building Blocks for a School Health Policy Framework

The FRESH framework suggests that the following four core components form the basis of an effective school health program:

1. Health-related school policies: including those that address HIV/AIDS and gender
2. A safe and supportive school environment: including access to safe water, adequate sanitation, and a healthy psycho-social environment
3. School-based health and nutrition services: including de-worming, micronutrient supplementation, school feeding, dengue prevention, and psycho-social counseling
4. Skills-based health education: including curriculum development, life-skills training, and learning materials, including HIV

The FRESH framework also suggests that these components can only be implemented effectively when they are supported by strategic partnerships between the health and education sectors (Bundy, 2011). The FRESH approach promotes a shared framework that focuses on schools to promote health and learning. FRESH also seeks to involve the entire school community, including children, teachers, parents, and other community members, while linking schools to health services and integrating school health, hygiene, and nutrition as a strategic means of improving education outcomes.

3 SABER-SCHOOL HEALTH: A FRAMEWORK FOR ASSESSING SCHOOL HEALTH POLICIES

Recognizing school health as a key education sector sub-system, the World Bank's Human Development Network, Education Department (HDNED) launched SABER-School Health as part of a larger exercise aimed at reviewing all education sub-systems. The main purpose of this initiative is to provide standards of good practice against which countries can rate themselves (World Bank, 2012). The primary focus of SABER-School Health is to gather systematic and verifiable information about the quality of policies, rather than about their implementation, on the premise that the foundation for effective implementation is a sound policy framework. As

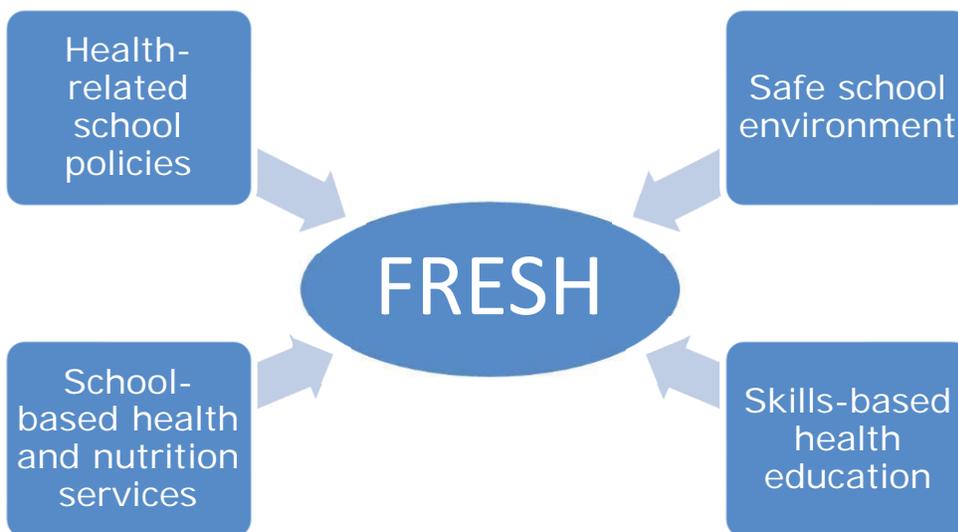
such, SABER-School Health is designed to provide a snapshot of the policy framework for school health and lay the groundwork for a deeper analysis of its implementation at a later stage.

The essence of SABER-School Health as a tool for assessment is the SABER-School Health framework. This framework identifies the core policy domains (which serve as strategic goals) for school health programs, performance drivers that indicate progress towards realizing these goals, and concrete policy actions that governments can take towards establishing a strong policy framework for school health programs. Four developmental stages (*latent, emerging, established, and advanced*) are identified and standardized across each policy action that is introduced. The diagnostic tools developed for SABER-School Health can be used to determine a country's progress in each policy area and can provide an overview of the developmental status of school health policy in the country.

3.1 Conceptual Framework for SABER-School Health

The SABER framework identifies four core policy domains, aligned with the four pillars of the FRESH framework, as shown in Figure 1.

Figure 1: The four pillars of the FRESH framework



3.1.1 Health-Related School Policies

Establishing health-related school policies is a vital aspect of ensuring effective school health programming. The process of setting school health policy provides an opportunity for national leadership to demonstrate a commitment to school health programming. School health policies also

play a role in ensuring accountability for quality school health programming by providing a clear basis for monitoring school health program implementation (PCD, 2012). Policies also provide the necessary guidance for a safe and gender-sensitive school environment. In many countries, girls are at a distinct disadvantage and must be mainstreamed in the education system, although in some countries, including much of the Caribbean, boys lag behind girls in educational performance. Thus, regardless of whether it is boys or girls who are lagging, such policies are intended to ensure support and structural guidance for gender mainstreaming.

3.1.2 Safe School Environment

Ensuring a safe and supportive school environment is the second core policy goal for SABER-School Health. A safe and supportive school environment will provide adequate water and sanitation facilities but also includes a healthy psycho-social environment. Diseases related to poor sanitation and water scarcity can lead to illnesses, to which children are often the most vulnerable (PCD, FRESH resources 2012). Apart from the obvious health benefits of safe water and sanitation, the absence of safe and separate sanitation facilities for girls has been shown to be a factor in preventing girls from attending school and consequently, addressing this can improve girls' attendance rates (PCD, FRESH resources 2011). There is also evidence that a positive psycho-social environment at school influences the overall behavior of students. Research has shown that factors such as “the relationships between teachers and students in classrooms, opportunities for student participation and responsibility, and support structures for teachers are consistently associated with student progress (WHO 2003)”. Conversely, there is a strong relationship between a negative psycho-social environment and health-compromising behaviors among students, such as smoking, teen sex, and alcohol misuse (WHO 2003). Ultimately, both the physical and psycho-social school environment have been shown to impact education and subsequently a safe and supportive school environment is a critical component in improving educational access and outcomes.

3.1.3 School-Based Health Services

The third core policy goal of SABER-School Health is to ensure the delivery of school-based health services. School-based health and nutrition services include screening and referral for health problems as well as the provision of anthelmintic treatment for parasitic infections, micronutrient supplementation, and other simple treatments that are easily administered by teachers. This critical component of school health programs has an impact on the educational achievement of school-aged children among whom these diseases are highly prevalent (Jukes 2008). Diseases such as worm infection, malnutrition, and anemia have been shown to impact negatively on school attendance as well as on a child's cognitive abilities, in turn affecting their

educational performance. Also, these diseases are often preventable and treatable with simple, easily-administered treatments (Jukes 2008). School-based health and nutrition services provide a cost-effective means of addressing these diseases by utilizing the existing infrastructure of the school (including the skilled workforce of teachers and administrators), together with the resources of the health, nutrition, and sanitation sectors, to deliver substantial gains in health and education.

3.1.4 Health Education

The implementation of a skills-based health education is the final policy goal of SABER-School Health. The school provides a crucial platform to impact the behavior and inform the choices of school-aged children and adolescents. However, there is increasing evidence that effective behavior change among children requires more than teaching health knowledge (WHO 2012). Behavior change requires a skills-based approach to health education that focuses on the development of the knowledge, attitudes, values, and skills (including life skills, such as interpersonal skills, critical and creative thinking, decision making, and self-awareness) that are needed to make positive health-related decisions and act on them (WHO 2012). A skills-based health education is critical to improving individual behavior, alleviating social and peer pressure, addressing cultural norms, and discouraging abusive relationships: all of which contribute to health and wellbeing and ultimately impact the educational opportunities and outcomes of school-aged children.

3.2 Components and Scoring System of the SABER-School Health Framework

In addition to the core policy domains discussed above for achieving the strategic goals, there are eleven performance drivers (see Figure 2), which indicate progress. Linked to each performance driver are a set of policy actions that a government can take to improve its school health policy framework. For each policy action, four stages of development have been identified and standardized:

- a. *Latent*: very little policy implementation
- b. *Emerging*: policy implementation falls between *latent* and *established* levels
- c. *Established*: minimum policy implementation
- d. *Advanced*: a comprehensive policy framework implemented

Identifying the stage of each policy action helps assess the status of each policy domain and ultimately the developmental status of the school health policy framework. The SABER-School Health framework used in this assessment is elaborated in Annex 1. The processes for data collection and analysis for SABER-School Health are being developed and piloted. As such, the

data collection tools described in Section IV as well as the scoring system presented here are in a pilot stage. Figure 3 provides a sample of the scoring system for the SABER-School Health framework.

Although the FRESH framework serves as the primary guiding principle for the SABER-School Health framework, other sources have informed the concept, including the core indicators of the monitoring and evaluation (M&E) framework for school health programs developed by FRESH partners; the experience from assessing other education sub-systems; advice from an Advisory Committee of experts;¹ and previous surveys of education policies in various parts of the world, including the Caribbean in 2009.² The framework was validated by the school health stakeholders in 17 countries at a regional meeting of the Economic Community of West African States (ECOWAS) and in Sri Lanka.

Figure 2: Core policy domains and performance drivers in school health (linked to each performance driver are a set of policy actions not shown here)

¹ Including representatives of GlaxoSmithKline, International Food Policy Research Institute, London School of Hygiene and Tropical Medicine, Partnership for Child Development, Save the Children, UNICEF, World Bank, World Food Programme, and World Health Organization

² Strengthening the Education Sector Response to School Health, Nutrition and HIV/AIDS in the Caribbean Region: A rapid survey of school health policies in 13 Countries, 2009

POLICY GOALS

POLICY LEVERS

OUTCOME

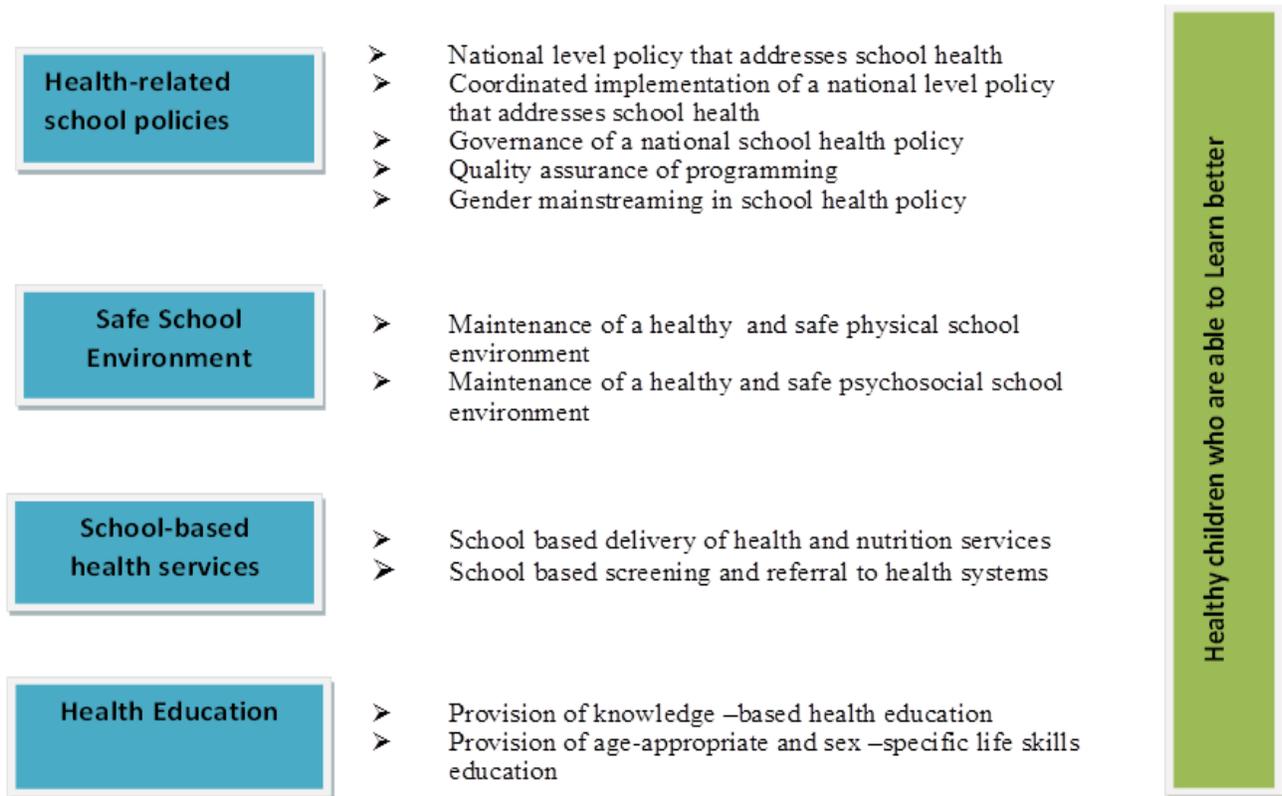


Figure 3: Sample of the scoring system for the SABER-School Health assessment

System Assessment and Benchmarking for Education Results - Benchmarks for Dominica on School Health Policy Framework						
PERFORMANCE DRIVER	POLICY ACTION	SCORING				OVERALL SCORE PER DOMAIN
		Latent 0.0 - 0.3	Emerging 0.31 - 0.59	Established 0.6 - 0.79	Advanced 0.8 - 1.0	
Domain 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)	

4 APPLYING SABER-SCHOOL HEALTH IN THE CARIBBEAN

4.1 School Health in the Caribbean Context

School-aged children in the Caribbean face the burden of diseases of both prosperity and of poverty, in line with most emerging middle-income countries. Caribbean governments have identified the major risk factors for young people in the Caribbean as: (i) early sexual initiation; (ii) high and growing rate of HIV/AIDS infection among adolescents and youth – in some countries it is over three percent for the group aged 15 – 24 years; (iii) growing incidence of substance abuse among adolescents and youth; (iv) cultural practices that endorse social acceptance of physical and sexual abuse; (v) high incidence of crime and violence among adolescents and youth; and (vi) increasing prevalence of non-communicable diseases (NCD) such as diabetes, hypertension, and obesity that could be reduced by the establishment of healthy life styles during childhood and youth.

Early efforts to address these issues, especially the HIV/ AIDS epidemic, were largely directed through the health sector. Initial activities in the education sector included the development of an HIV/AIDS education curriculum and guidance/counseling programs within schools. In the 1990s the Health and Family Life Education (HFLE) initiative was launched as a CARICOM multi-agency response to HIV/AIDS and other school health challenges (O’Connell et al. 2009). In 2006, in an additional response to these challenges, governments in the Caribbean committed to

a broad health and nutrition program that specifically included HIV prevention by forming the Caribbean Education Sector HIV and AIDS Coordinator Network (EduCan). This network was established to promote information sharing and to build capacity for a national education-sector response to HIV/AIDS in the Caribbean. Operationally, this network has functioned as a mechanism for the coordination of broader school-health interventions, especially those related to NCDs (Bundy 2011). In 2009, to better understand the education sector response to school health and HIV/AIDS, EduCan undertook a rapid survey of school health policy and programming in 13 countries in the Caribbean. The survey provided a snapshot of school health programming in the region, providing one of the first cross-country comparisons of school health policies that laid the groundwork for the development of standardized tools for assessing the policy framework for school health.

4.2 Objectives of the assessment

The ultimate objective of this assessment is to provide standards of good practice in school health for the Caribbean using the SABER-School Health framework. It would help the countries to identify the strengths and weaknesses in their school health policy framework, and to learn from each other's practices.

4.3 Methodology

A questionnaire for school health policies was developed in line with the SABER-School Health framework. This questionnaire is designed to be answered by focal points at the relevant ministries in collaboration with other school health stakeholders in the country. The questionnaire was first validated in Kenya and has been piloted in 10 countries in the regional network of East African Countries (EAC). They were sent to the HFLE focal points in 12 countries in the Caribbean. The HFLE coordinators were requested to complete the survey in collaboration with their counterparts in school health at the Ministry of Health and other relevant institutions. In cases where questions were left unanswered by the country, it was scored as *latent*.

5 RESULTS

5.1 Summary of Results by Country

Below is a summary of the status of school health policies in Dominica (Figure 5), Grenada (Figure 6), Guyana (Figure 7), St. Lucia (Figure 8), Barbados (Figure 9), and St. Vincent and the

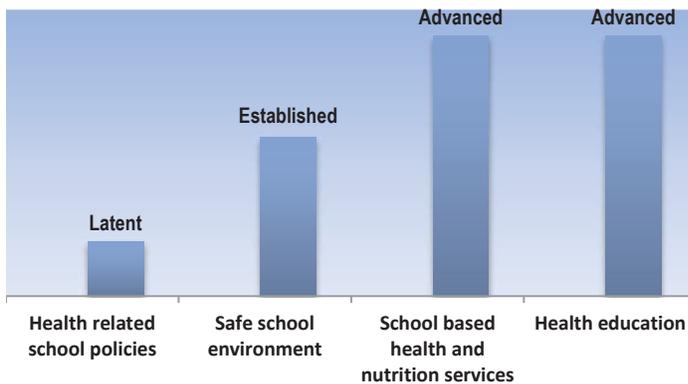
Grenadines (Figure 10), which are assessed in terms of their stages of policy development as *latent*, *emerging*, *established*, or *advanced* (Figure 4). More details of the results are given in the Appendix.

Figure 4: Stages of policy development



5.2 DOMINICA

Figure 5: Dominica scores on policy domains



Health-related school policies



Dominica is *latent* in the area of health-related school policies. There is a poverty reduction strategy in place which includes school health, thus demonstrating some national recognition of the importance of school health; yet, to date, there is no national school health policy. Despite the absence of a school health policy, a national budget line for school health programs provides funding for “health promoting activities” through the health sector. A situation analysis has been undertaken for the school-feeding component of the school health program and program design, and implementation has been aligned with the needs identified in this situation analysis, but there remains a need for a broader and more comprehensive situation analysis. More attention should be paid to the quality assurance of programming as there is no formal M&E plan for the school health program. Gender mainstreaming has also not been addressed in the national education policy.

Safe school environment



Dominica is fairly *advanced* in the provision of a safe physical environment with enforced national standards for clean water, adequate sanitation facilities, and for regulating the safety of school infrastructure. Mechanisms are in place to update and monitor all schools to meet these standards and most stakeholders have been mobilized to maintain a healthy physical school environment.

There is clear room for improvement in the psycho-social dimension of the policy framework. HIV/AIDS and physical and mental disability are all identified as sources of stigmatization but there are no systematic mechanisms in place to respond to these issues. Stigma is covered in the life-skills curriculum and teachers receive in-service training to cover these issues, yet without a strong policy framework in place, these responses do not appear to be sufficient to address bullying in schools due to stigma.

There are national standards and guidelines on addressing institutional violence in schools but teachers do not receive in-service and pre-service training in addressing these issues. Trauma response in schools is addressed through psycho-social support for teachers and students who are affected by trauma. Both teachers and students have access to this support, “child-friendly” learning spaces have been established, and school-based, psycho-social services have been developed and implemented.

School-based health and nutrition services

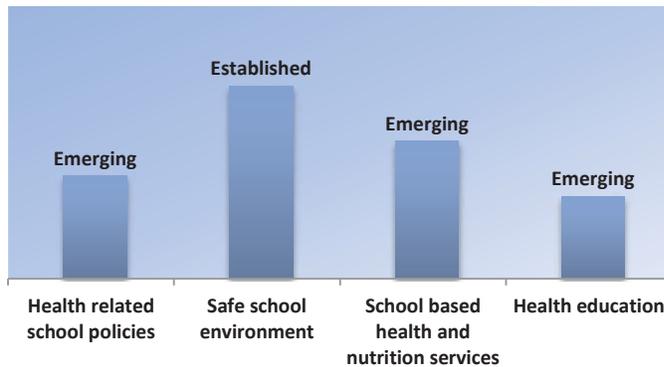
All the necessary components for comprehensive implementation of school-based health and nutrition services are reported to be in place. The need for school-based screening and remedial action has also been captured in the situation analysis and outlined in national policy. Appropriate actions are being taken to address these needs and there is ongoing teacher training for referral of adolescent pupils to appropriate adolescent health services.

Health education

Dominica appears to be *advanced* in the area of health education. It has a fully-developed and fully-implemented health education and participatory approach to the life-skills curriculum; pre- and in-service teacher training; and coverage of health-related knowledge in school examinations.

5.3 GRENADA

Figure 6: Grenada scores on policy domains



Health-related school policies

As in Dominica, although school health has been included in the national poverty reduction strategy in Grenada, there is no formal school health policy in place to guide school health programming in the country. However, its mechanisms for quality assurance of the programming are advancing with an M&E system in place. A situation analysis has been conducted as part of this M&E plan although it is unclear how comprehensive it is. The gender dimension has been addressed in education policy and appears to be fairly advanced with a mechanism in place for monitoring gender mainstreaming.

Safe school environment



Grenada is *advanced* in the provision of a safe physical environment with standards for clean water and adequate sanitation facilities in place. There are standards for regulating the safety of school infrastructure and there are mechanisms to update and monitor all schools to meet these standards; the community has been mobilized to maintain a healthy physical school environment.

Grenada is *advanced* in the attention paid to the psycho-social dimension of the school environment. HIV/AIDS, physical disability, and mental disability are all identified as sources of stigmatization and there are systematic mechanisms in place to respond to these issues. Stigma is covered in the life-skills curriculum, teachers receive in-service training to cover these issues, and there are support groups to help students and teachers deal with these issues. However, focal points for school health report that the policies to address bullying due to stigma are inadequate at the school-level.

There are national standards and guidelines on addressing institutional violence in schools and also provision for psycho-social support for teachers and students who are affected by trauma; with both teachers and students having access to this support. “Child-friendly” learning spaces

have been established and school-based psycho-social services have been developed and implemented.

School-based health and nutrition services

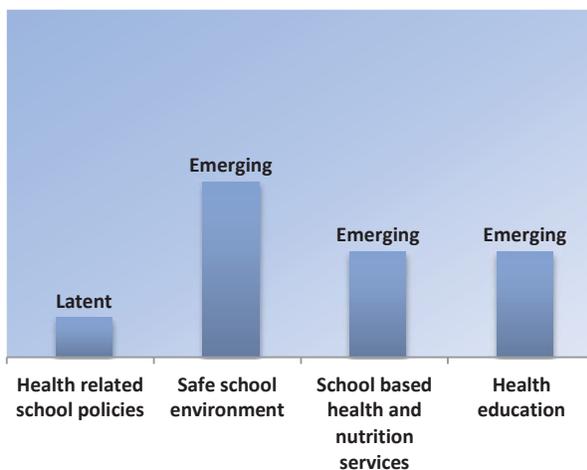
The need for school-based interventions has been identified in a situation analysis and it appears that some interventions have been implemented and scaled up in a targeted manner. There has also been an assessment of school-based screening and referral services, but these needs have not been outlined in national policy, and no action has been taken to implement these services.

Health education

Grenada is *emerging* in the implementation of its national health education curriculum. Although it is fully developed and the material covered in its curriculum has been integrated into the school examinations, there is no pre- or in-service teacher training to teach this curriculum, nor have teaching materials been developed for it and thus the quality of this coverage is unclear. There are participatory approaches in place to teach age-appropriate and sex-specific life-skills for health behaviors and these have also been integrated into the national curriculum, but, once again, there is no teacher preparation to teach this curriculum.

5.4 GUYANA

Figure 7: Guyana scores on policy domains



Health-related school policies

Guyana is *latent* in the area the implementation of health related school policies although it has an *emerging* national school health policy, published by the education sector. Most stakeholders have a copy of this policy and are being trained on its implementation. The other components of effective school health policy are *latent*. An incomplete situation analysis of school health and nutrition has also been undertaken, identifying some of the priority health and nutrition problems of school-aged children in the country. It is unclear where funding for school health comes from

as there is no national budget line for school health. Mechanisms for monitoring and evaluation of school health programming have not been developed and gender mainstreaming of health policy in schools is *latent*.

Safe school environment

Guyana is on the borderline between *emerging* and *established* in the area of a safe school environment. Although formal national standards for the provision of safe water or clean sanitation facilities in schools appear to be absent, there is reported to be clean water and adequate sanitation facilities in most schools in the country with a system in place to monitor the quality of these facilities. There are, however, national standards regulating the safety of school infrastructure, and all schools in the country appear to adhere to these standards. There are also mechanisms in place to monitor the maintenance and safety of school infrastructure and the community has been mobilized to maintain a healthy school environment.

HIV/AIDS and physical disability have been identified as the key sources of stigmatization in Guyana. Stigma is covered in the life-skills curriculum, pre- and in-service teacher training covers stigma issues and all teachers have been trained accordingly. Respondents to the questionnaire felt that the school-level policy to address stigma is sufficient in Guyana. There are no national standards or guidelines addressing institutional violence in schools, but teachers receive pre- and in-service training on addressing these issues.

School-based health and nutrition services

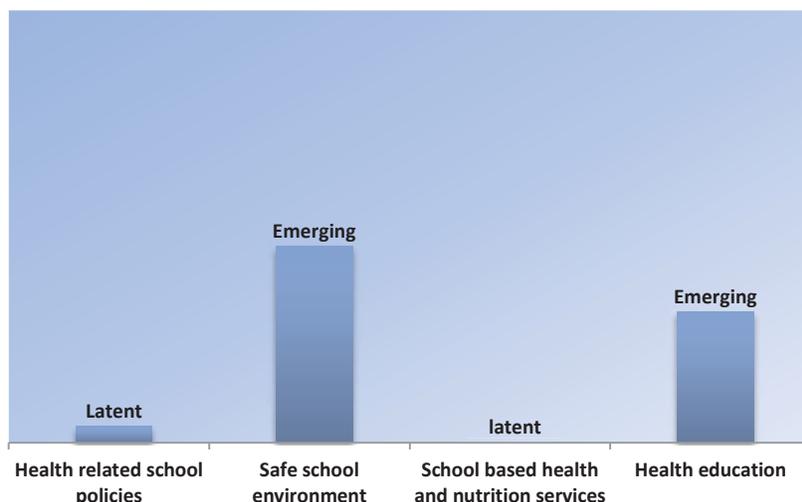
Some, but not all, school-based interventions identified in the situation analysis are being implemented and taken to scale. The situation analysis identified the need for school-based screening and referral to remedial services, and this has been outlined in the national policy. Action is being taken to implement these services and teachers are trained to refer adolescent pupils to appropriate adolescent health services.

Health education

Health education in Guyana is *emerging*. A national health education curriculum, as well as a participatory approach to the life-skills curriculum, has been fully developed. But not all schools have implemented these as yet, and it is unclear whether teachers are receiving training to teach the curriculum.

5.5 ST. LUCIA

Figure 8: St . Lucia scores on policy domains



Health-related school policies

The school health policy framework in St. Lucia is *latent*. There is no national school health policy in St Lucia; no national budget line for school health; and no situation analysis has been conducted to assess health-related school needs. The gender dimension of health is also not addressed in national education policy.

Safe school environment

St. Lucia is *emerging* in its policies to ensure a safe school environment for children. It is *advanced* in its attention to the physical school environment: national standards are in place for the physical school environment, there is clean water and adequate sanitation in most schools, and mechanisms are in place to monitor the quality of these facilities. There are also standards for the safety of school infrastructure, schools built after these standards were established follow these regulations and there are mechanisms in place to update old schools.

In the area of psycho-social wellbeing, there is more room for growth. HIV and physical and mental disability have all been identified as sources of stigma and issues of stigma are covered in the life-skills curriculum, but there are no systematic mechanisms in place to respond to stigmatization in schools; and there are no support groups to address specific stigma issues faced by teachers or students. There are no national standards and guidelines on addressing institutional violence in schools, but teachers receive pre- and in-service training to teach this in the curriculum. There is, however, provision for psycho-social support for teachers and students who have faced trauma due to shock.

School-based health and nutrition services ○○○○

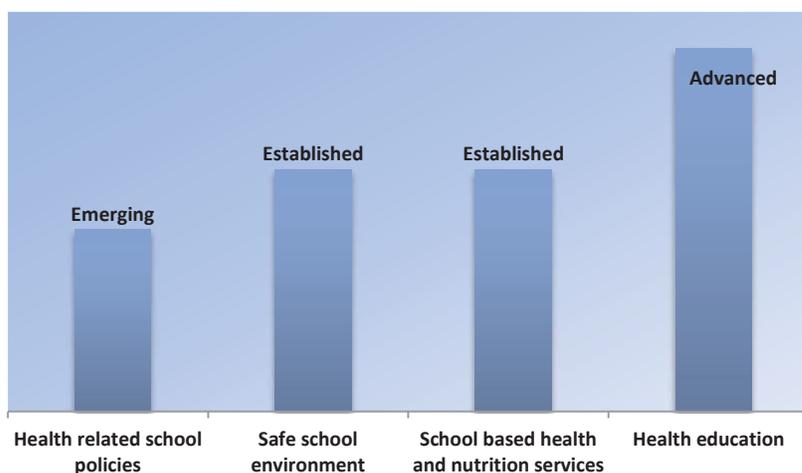
School-based health and nutrition interventions have not been identified in a situation analysis and as such there is no provision for implementing these interventions. This is equally the case with school-based screening and referral services. There is also no provision for teacher training for the referral of adolescent pupils to the appropriate adolescent health services.

Health education ○○○○

The national school health curriculum is partially developed and teachers are receiving pre- and in-service training to teach this curriculum but coverage is not universal. There are also participatory approaches for age-appropriate and sex-specific life skills for health, and these approaches have been integrated into the national curriculum. Pre- and in-service teacher training is provided for teaching this life-skills curriculum and it is being taught in most schools although the material is not covered in school examinations.

5.6 BARBADOS

Figure 9: Barbados scores on policy domains



Health-related school policies ○○○○

Barbados is *emerging* in its school health policy development. There is a national policy on school health and it has been published jointly by the health and education sectors. There is a national budget line for school health which comes through both the health and education

sectors, and mechanisms are in place for smooth disbursement of this funding where needed at the implementation level. Quality assurance is also being addressed: an M&E plan is in place; a situation analysis has been conducted; and the gender dimension of health has also been addressed in the national education policy.

Safe school environment

Barbados is *established* in its policy to ensure a safe school environment. There are standards in place for clean water and adequate sanitation facilities, and these are available in all schools in the country. There are also national standards for the safety of school infrastructure and all schools meet these standards. There are mechanisms in place to monitor the maintenance of school infrastructure, and the community has been mobilized to ensure a physically safe and healthy school environment. As is the case with many other countries in the region, there is room for improvement in ensuring a safe psycho-social environment. HIV/AIDS and mental disability are identified as key sources of stigmatization but there are no systematic mechanisms in place to respond to these issues in schools, although stigma is addressed in the life-skills curriculum. It was reported that the response to bullying due to stigma in schools is insufficient. However, the country has mechanisms in place to respond to institutional violence in schools and provision of psycho-social support to teachers and students who are affected by trauma.

School-based health and nutrition services

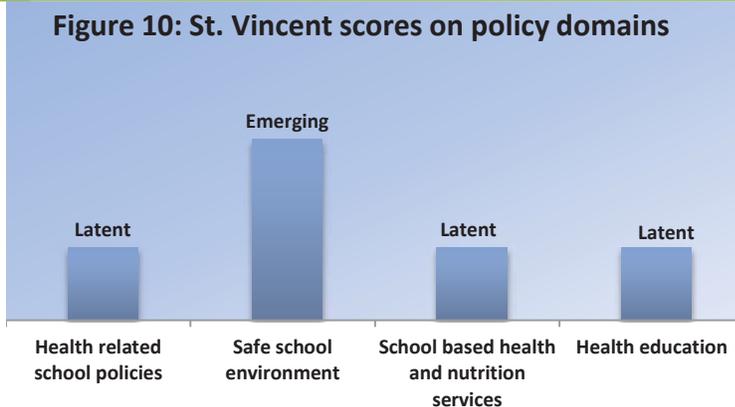
Cost-effective and appropriate school-based health interventions have been developed on the basis of the situation analysis and these are being implemented and scaled up. The situation analysis also identified the need for school-based screening and referral to medical services. Although this has not been outlined in national policy, some action has been taken to implement the necessary measures, and teachers receive pre- and in-service training to ensure their smooth implementation.

Health education

There is a fully-developed curriculum that covers health, hygiene, nutrition, and HIV information. Teachers receive pre- and in-service training to teach this curriculum and it is integrated into national examinations and implemented in all schools. There are also participatory approaches in place to teach age-appropriate and sex-specific life skills for health, and these have also been integrated into the national curriculum. Teaching materials have been developed and teachers receive both pre- and in-service training for this curriculum. It is taught in most schools and there is systematic assessment of the impact of these health life-skills on health-learning outcomes; these skills are also assessed in school examinations.

5.7 ST. VINCENT & THE GRENADINES

Figure 10: St. Vincent scores on policy domains



Health-related school policies

St. Vincent is *latent* in the area of health-related school policies. There is a poverty reduction strategy which is in the process of being developed, yet school health is not included, and it is unknown if school health was discussed during the preparation of the document. There is no published national policy on school health and no national budget line for school health. A situation analysis has not been undertaken for the school health program and there is no formal M&E plan for the school health program. Gender mainstreaming has also not been addressed in the national education policy.

Safe school environment

St. Vincent is *emerging* in its policies to ensure a safe school environment for its school children. It is *established* in its attention to the physical school environment: national standards are in place for the physical school environment and there is clean water and adequate sanitation in all schools. Mechanisms are also in place to monitor the quality of these facilities. There are standards that apply to the safety of school infrastructure, and schools built after these standards were established follow these regulations. There are also systems in place to update old schools to safety standards, but currently, not all older buildings have been renovated. In the area of psycho-social wellbeing, there is room for improvement. HIV, and physical and mental disability have all been identified as sources of stigma, but pre-service and in-service training for teachers does not cover issues of stigma. While there is no official school-level policy in place to address bullying due to stigma, there are support groups to address specific stigma issues faced by teachers and students. There are no national standards or guidelines on addressing institutional violence in schools, and teachers do not receive pre- or in-service training regarding this subject matter. There is, however, provision for psycho-social support for teachers and students who have faced trauma due to shock.

School-based health and nutrition services ●○○○

School-based health and nutrition interventions have not been identified in a situation analysis and as such, there is no provision for implementing these interventions. This is equally the case with school-based screening and referral services. There is also no provision for teacher training for referral of adolescent pupils to the appropriate adolescent health services.

Health education ●○○○

Insufficient information is available to make an assessment of St. Vincent’s national health education curriculum, although there is a national school curriculum in place.

5.8 Comparative results by Policy Domain

The six countries in the region reveal positive trends in the development of school health policy (Figure 11) overall, but also indicate that there is still much room for improvement to ensure a sound policy framework for comprehensive school health.

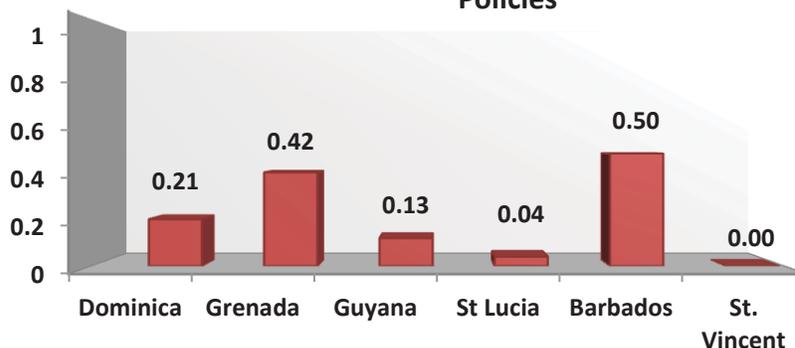
Figure 11: SABER scoring overall

SABER SCORING RUBRIC			
Latent	Emerging	Established	Advanced
0.0 - 0.3	0.31 - 0.59	0.6 - 0.79	0.8 - 1.0

5.8.1 Health-Related School Policies

As Figure 11 shows, all six countries are either *emerging* or *latent* in the development and establishment of health-related school policies. Of the six countries surveyed, only Guyana and Barbados have school health policies in place and Barbados stands out as the only country where this policy was jointly published by both health and education ministries. In all countries except for Barbados there is a need for a national school health policy as a joint effort of both the health and education sectors, along with a national budget line for school health. All countries, including Barbados, lack a multi-sectoral steering committee to coordinate school health.

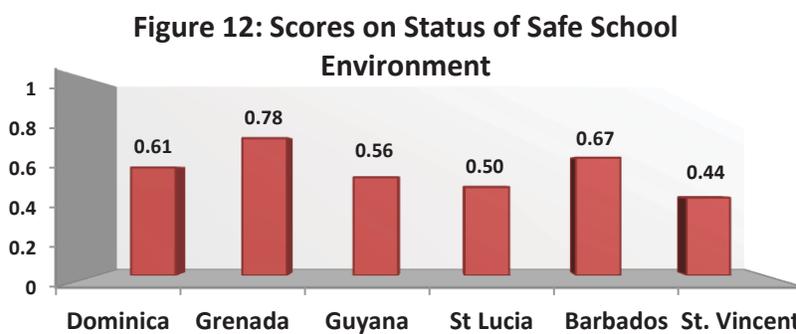
Figure 11: Scores on Status of Health-Related School Policies



The FRESH framework identifies collaboration between the health and education ministries as a prerequisite for effective school health programming. All six countries can benefit from greater collaboration between the education and health ministries, both in terms of developing school health policy as well as in managing the national funding stream for school health. A prerequisite for effective school health programming is a strong mechanism for the M&E of school health programs. These countries are at different stages of development of M&E plans and there is significant room for improvement in this area.

5.8.2 Safe School Environment

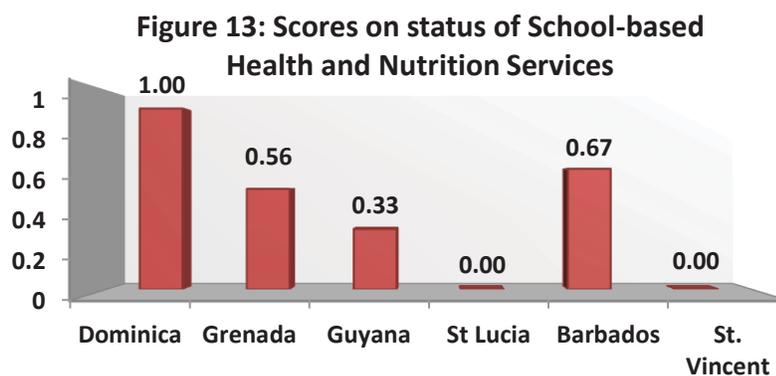
As Figure 12 indicates, the six countries included show a clear move towards the *established* level in their policies to ensure a safe school environment. All countries are either *established* or *advanced* in the policies to support a safe physical school environment. The policy guiding the psycho-social dimensions of the school environment is far less developed in all countries. Although there are initiatives



to address stigma and institutional violence in schools, most of the countries reported that mechanisms to address these issues are inadequate, and all but one of the respondents suggested that the policies are not effective in addressing bullying due to stigma at the school level.

5.8.3 School-Based Health Services

As Figure 13 indicates, there is a wide variation in the status of policies supporting school-based health and nutrition services. This is largely because the situation analysis component is either missing or *latent* in most countries. To maximize the effectiveness of the school-based health and nutrition services, it is important that they are developed based on a



comprehensive situation analysis, and targeted and scaled up according to the identified needs. This exercise suggests that in most of these countries there is a need for a more comprehensive alignment of the goals and priorities of school health services with the priorities identified in the situation analysis.

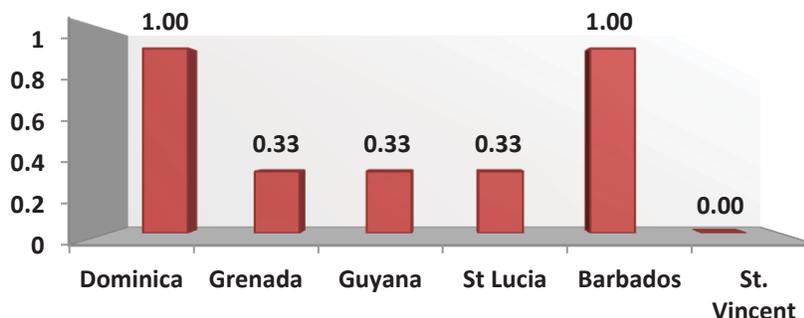
5.8.4 Health Education

The HFLE program has laid a strong foundation for school health curriculum development and this is reflected in the results of the “Health Education”

component of the policy framework. All of the six countries

mentioned herein have either fully developed or partially developed skills-based health education curricula. However, as Figure 14 shows, Dominica and Barbados are the only countries that are *advanced* in this area. They not only have fully-developed curricula, but have fully implemented these across their territories, integrated the material into general school examinations, and made provision for pre- and in-service teacher training to teach the curricula. The other countries are still *emerging*, despite having either fully or partially developed curricula, because the curricula have not been fully implemented and/or there is still no provision for relevant teacher training.

Figure 14: Scores on status of Health Education



6 CONCLUSION

It is important to note that these results are pending validation through discussion with school health stakeholders in the respective countries. However, as intended, these results provide an initial snapshot of school health policy development in the Caribbean region. The results demonstrate the feasibility and value of school health policies and highlight the need for a more comprehensive exercise in the future.

The questionnaire proved to be a valid and appropriate means of capturing the data needed to benchmark school health policy in the Caribbean but the process also revealed potential challenges to consider when scaling up this effort in the region. The major potential challenge is the high level of multi-sectoral coordination needed to complete the questionnaire. Although

primary ownership of school health programming belongs to the education sector, effective school health programming is essentially a multi-sectoral effort and as such, the data on school health policies has to be provided jointly by all the sectors involved. When a country's school health policy framework is *advanced*, the level of coordination between respective stakeholders is smooth. When its health policy framework is *latent* or *emerging*, this kind of coordination cannot be assumed and it is likely that it will require an extra effort on the part of the respondents. Many of the respondents noted the issue of multi-sectoral coordination as the most significant barrier to providing the information required for the exercise, and this resulted in unanswered questions and gaps in the data.

Addressing this challenge will ensure the success of the future assessment of school health policy in the Caribbean. This might require rethinking the data collection methodology, including but not limited to issuing a questionnaire to each of the key sectors. Successful assessment should facilitate comparative policy dialogue, assist in disseminating good practice, and provide resources for future investment in school health in the region.

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APPENDIX



System Assessment and Benchmarking for Education Results - Benchmarks for Dominica on School Health Policy Framework

PERFORMANCE DRIVER	POLICY ACTION	STAGE				OVERALL SCORE PER DOMAIN	
		Latent	Emerging	Established	Advanced		
Domain 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	L A T E N T	
	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 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)		
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 in a timely manner	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		
Quality assurance of programming	A situation analysis assesses the need for the inclusion of various thematic areas, informing policy, design, and implementation of national school health program such that it is targeted and evidence-based school	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 mainstreaming in the implementation of school health	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		
Domain 2 - Safe school environment							
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, but national coverage has not been achieved	Fresh potable water is available to students in most schools	Most schools have water that is accessible, of good quality and adequate supply; facilities are regularly maintained and monitored		E S T A B L I S H E D
	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	Sanitation facilities are available to students in most schools	Most schools provide adequate sanitation facilities and these facilities are regularly monitored and maintained		
	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 – both national and local and coverage is universal for new builds 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 and coverage is universal; building structures are regularly monitored and maintained		



System Assessment and Benchmarking for Education Results - Benchmarks for Dominica on School Health Policy Framework (continued)

PERFORMANCE DRIVER	POLICY ACTION	STAGE				OVERALL SCORE PER DOMAIN
		Latent	Emerging	Established	Advanced	
Domain 2 - Safe school environment (continued)						
Psychosocial school environment	Issues of stigmatisation (e.g. HIV, disability) are recognized 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	ESTABLISHED
	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	
Domain 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	ADVANCED
School-based screening and referral to health systems	Remedial services (e.g. refractive errors, 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	
Domain 4: Health education						
Knowledge-based health education	Provision of basic, accurate health, HIV, nutrition and hygiene information in school curriculum that is relevant to behavior 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	ADVANCED
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.	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 specific life skills for health learning outcomes and measurement standards, including examinations	



System Assessment and Benchmarking for Education Results - Benchmarks for Grenada on the School Health Policy Framework

PERFORMANCE DRIVER	POLICY ACTION	STAGE				OVERALL SCORE PER DOMAIN	
		Latent	Emerging	Established	Advanced		
Domain 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	E M E R G I N G	
	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)		
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		
Quality assurance of programming	A situation analysis assesses the need for the inclusion of various thematic areas, informing policy, design, and implementation of national school health program such that it is targeted and evidence-based school	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 mainstreaming in the implementation of school health	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		
Domain 2 - Safe school environment							
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, but national coverage has not been achieved	Fresh potable water is available to students in most schools	Most schools have water that is accessible, of good quality and adequate supply; facilities are regularly maintained and monitored		E S T A B L I S H E D
	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	Sanitation facilities are available to students in most schools	Most schools provide adequate sanitation facilities and these facilities are regularly monitored and maintained		
	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 – both national and local and coverage is universal for new builds 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 and coverage is universal; building structures are regularly monitored and maintained		



System Assessment and Benchmarking for Education Results - Benchmarks for Grenada on the School Health Policy Framework (continued)

PERFORMANCE DRIVER	POLICY ACTION	STAGE				OVERALL SCORE PER DOMAIN
		Latent	Emerging	Established	Advanced	
Domain 2 - Safe school environment (continued)						
Psychosocial school environment	Issues of stigmatisation (e.g. HIV, disability) are recognized 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	ESTABLISHED
	Protection of learners and staff from violence (including corporal punishment, fighting, physical assault, gan 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	
Domain 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 assesses 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	EMERGING
School-based screening and referral to health systems	Remedial services (e.g. refractive errors, 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 assesses 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	
Domain 4: Health education						
Knowledge-based health education	Provision of basic, accurate health, HIV, nutrition and hygiene information in school curriculum that is relevant to behavior 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	EMERGING
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.	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 specific life skills for health learning outcomes and measurement standards, including examinations	



System Assessment and Benchmarking for Education Results - Benchmarks for Guyana on School Health Policy Framework

PERFORMANCE DRIVER	POLICY ACTION	STAGE				OVERALL SCORE PER DOMAIN	
		Latent	Emerging	Established	Advanced		
Domain 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	L A T E N T	
	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)		
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		
Quality assurance of programming	A situation analysis assesses the need for the inclusion of various thematic areas, informing policy, design, and implementation of national school health program such that it is targeted and evidence-based school	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 mainstreaming in the implementation of school health	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		
Domain 2 - Safe school environment							
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, but national coverage has not been achieved	Fresh potable water is available to students in most schools	Most schools have water that is accessible, of good quality and adequate supply, facilities are regularly maintained and monitored		E M E R G I N G
	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	Sanitation facilities are available to students in most schools	Most schools provide adequate sanitation facilities and these facilities are regularly monitored and maintained		
	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 – both national and local and coverage is universal for new builds 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 and coverage is universal, building structures are regularly monitored and maintained		



System Assessment and Benchmarking for Education Results - Benchmarks for Guyana on School Health Policy Framework (continued)

PERFORMANCE DRIVER	POLICY ACTION	STAGE				OVERALL SCORE PER DOMAIN
		Latent	Emerging	Established	Advanced	
Domain 2 - Safe school environment (continued)						
Psychosocial school environment	Issues of stigmatisation (e.g. HIV, disability) are recognized 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	E M E R G I N G
	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	
Domain 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 assesses 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	E M E R G I N G
School-based screening and referral to health systems	Remedial services (e.g. refractive errors, 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 assesses 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	
Domain 4: Health education						
Knowledge-based health education	Provision of basic, accurate health, HIV, nutrition and hygiene information in school curriculum that is relevant to behavior 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	E M E R G I N G
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.	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 specific life skills for health learning outcomes and measurement standards, including examinations	

System Assessment and Benchmarking for Education Results - Benchmarks for St. Lucia on School Health Policy Framework						
PERFORMANCE DRIVER	POLICY ACTION	STAGE				OVERALL SCORE PER DOMAIN
		Latent	Emerging	Established	Advanced	
Domain 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	L A T E N T
	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)	
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	
Quality assurance of programming	A situation analysis assesses the need for the inclusion of various thematic areas, informing policy, design, and implementation of national school health program such that it is targeted and evidence-based school	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 mainstreaming in the implementation of school health	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	
Domain 2 - Safe school environment						
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, but national coverage has not been achieved	Fresh potable water is available to students in most schools	Most schools have water that is accessible, of good quality and adequate supply; facilities are regularly maintained and monitored	E M E R G I N G
	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	Sanitation facilities are available to students in most schools	Most schools provide adequate sanitation facilities and these facilities are regularly monitored and maintained	
	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 – both national and local and coverage is universal for new builds 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 and coverage is universal; building structures are regularly monitored and maintained	

System Assessment and Benchmarking for Education Results - Benchmarks for St. Lucia on School Health Policy Framework (continued)						
PERFORMANCE DRIVER	POLICY ACTION	STAGE				OVERALL SCORE PER DOMAIN
		Latent	Emerging	Established	Advanced	
Domain 2 - Safe school environment (continued)						
Psychosocial school environment	Issues of stigmatisation (e.g. HIV, disability) are recognized 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	E M E R G I N G
	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	
Domain 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 assesses 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	L A T E N T
School-based screening and referral to health systems	Remedial services (e.g. refractive errors, 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 assesses 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	
Domain 4: Health education						
Knowledge-based health education	Provision of basic, accurate health, HIV, nutrition and hygiene information in school curriculum that is relevant to behavior 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	E M E R G I N G
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.	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 specific life skills for health learning outcomes and measurement standards, including examinations	



System Assessment and Benchmarking for Education Results - Benchmarks for Barbados on School Health Policy Framework

PERFORMANCE DRIVER	POLICY ACTION	STAGE				OVERALL SCORE PER DOMAIN
		Latent	Emerging	Established	Advanced	
Domain 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	E M E R G I N G
	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)	
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 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	
Quality assurance of programming	A situation analysis assesses the need for the inclusion of various thematic areas, informing policy, design, and implementation of national school health program such that it is targeted and evidence-based school	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 mainstreaming in the implementation of school health	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	
Domain 2 - Safe school environment						
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, but national coverage has not been achieved	Fresh potable water is available to students in most schools	Most schools have water that is accessible, of good quality and adequate supply, facilities are regularly maintained and monitored	E S T A B L I S H E D
	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	Sanitation facilities are available to students in most schools	Most schools provide adequate sanitation facilities and these facilities are regularly monitored and maintained	
	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 – both national and local and coverage is universal for new builds 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 and coverage is universal; building structures are regularly monitored and maintained	



System Assessment and Benchmarking for Education Results - Benchmarks for Barbados on School Health Policy Framework (continued)

PERFORMANCE DRIVER	POLICY ACTION	STAGE				OVERALL SCORE PER DOMAIN
		Latent	Emerging	Established	Advanced	
Domain 2 - Safe school environment (continued)						
Psychosocial school environment	Issues of stigmatisation (e.g. HIV, disability) are recognized 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	ESTABLISHED
	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	
Domain 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 assesses 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	ESTABLISHED
School-based screening and referral to health systems	Remedial services (e.g. refractive errors, 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 assesses the need for school-based screening and referral to various remedial services but implementation is uneven	Situation analysis has been undertaken, identifying 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	
Domain 4: Health education						
Knowledge-based health education	Provision of basic, accurate health, HIV, nutrition and hygiene information in school curriculum that is relevant to behavior 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	ADVANCED
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.	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, and school curricula guidelines identify specific life skills for health learning outcomes and measurement standards, including examinations		

System Assessment and Benchmarking for Education Results - Benchmarks for St.Vincent on School Health Policy Framework						
PERFORMANCE DRIVER	POLICY ACTION	STAGE				OVERALL SCORE PER DOMAIN
		Latent	Emerging	Established	Advanced	
Domain 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	L A T E N T
	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)	
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	
Quality assurance of programming	A situation analysis assesses the need for the inclusion of various thematic areas, informing policy, design, and implementation of national school health program such that it is targeted and evidence-based school	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	Situation analysis conducted that assesses the need for the inclusion of various thematic areas, along with costs; 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	
	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 mainstreaming in the implementation of school health	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	

Domain 2 - Safe school environment						E M E R G I N G
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, but national coverage has not been achieved	Fresh potable water is available to students in most schools	Most schools have water that is accessible, of good quality and adequate supply facilities are regularly maintained and monitored	
	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	Sanitation facilities are available to students in most schools	Most schools provide adequate sanitation facilities and these facilities are regularly monitored and maintained	
	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 – both national and local and coverage is universal for new builds 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 and coverage is universal; building structures are regularly monitored and maintained	
Psychosocial school environment	Issues of stigmatisation (e.g. HIV, disability) are recognized 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 well-being and cognitive function is being monitored	
Domain 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	
	Remedial services (e.g. refractive errors, 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	
L A T E N T						

ANNEX 1

Performance Driver	Policy Action	Latent	Emerging	Established	Cutting-edge
<i>Domain 1: Health-related school policies</i>					
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 ³ (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	National recognition of the importance of	Published national policy by the	Published national policy by the	Published national policy jointly by both

³ FRESH or Focusing Resources on Effective School Health 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, FAO, IRC, PCD, RBM Partnership, Save the Children, UNAIDS, UNESCO, UNICEF, UNODC, WFP, WHO and the World Bank.

Performance Driver	Policy Action	Latent	Emerging	Established	Cutting-edge
	multisectoral approach	a multisectoral approach to school health exists but a national policy has not been published as yet	education or health sector that addresses school health	education and health sectors that addresses school health	the education and health sectors that addresses school health and includes other relevant sectors (e.g. water, environment, agriculture)
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

Performance Driver	Policy Action	Latent	Emerging	Established	Cutting-edge
Quality assurance of programming	Situation analysis assesses need for the inclusion of various thematic areas ⁴ , 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	The M&E plan for school health is integrated into national monitoring or information management	The M&E plan for school health is integrated into national monitoring or information management

⁴ 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/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 (SRH); Substance Abuse; and Violence in the School Setting.

Performance Driver	Policy Action	Latent	Emerging	Established	Cutting-edge
Gender	Health dimension of gender addressed in national education policy (e.g. pregnancy, sexual harassment, privacy and sanitation)	Health dimension of gender is not yet formally addressed in national education policy	Health dimension of gender addressed in national education policy but implementation is uneven	Health dimension of gender is addressed in published education policy and is implemented nationally	Health dimension of gender is addressed in published education policy, implemented nationally, and the M&E mechanism includes oversight of the gender mainstreaming
<i>Domain 2: Safe school environment</i>					
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, but national coverage has not been achieved	Fresh potable water is available to students in most schools	Most schools have water that is accessible, of good quality and adequate supply; facilities are regularly maintained and monitored
	Provision of sanitation facilities	The need for provision of sanitation facilities is acknowledged,	The need for provision of sanitation facilities in all schools is	Sanitation facilities are available to students in most schools	Most schools provide adequate sanitation facilities and these facilities

Performance Driver	Policy Action	Latent	Emerging	Established	Cutting-edge
		but standards are absent, and coverage is uneven	recognised, standards have been established, but national coverage has not been achieved		are regularly monitored and maintained
	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 – both national and local and coverage is universal for new builds 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 and coverage is universal; building structures are regularly monitored and maintained
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

Performance Driver	Policy Action	Latent	Emerging	Established	Cutting-edge
	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 to specific stigma issues are in place for both learners and teachers
	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; impact	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

Performance Driver	Policy Action	Latent	Emerging	Established	Cutting-edge
<i>Domain 3: School-based health and nutrition services</i>					
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

Performance Driver	Policy Action	Latent	Emerging	Established	Cutting-edge
	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
<p>Domain 3: School-based health and nutrition services. Tools for more detailed analysis of focus areas (full list available from _____).</p> <ul style="list-style-type: none"> Brooker, S. 2009. <i>Malaria Control in Schools: A Toolkit on Effective Education Sector Responses to Malaria in Africa</i>. 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. Global Atlas of Helminth Infection. www.thiswormyworld.org World Bank. 2003. <i>Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Programs</i>. Washington, DC: World Bank. World Bank. 2008. <i>Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Programs; Volume 2: Education Sector-wide Approaches</i>. 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. "System Assessment and Benchmarking for Education Results (SABER), School Feeding Sub-System." Draft Framework Rubrics. 27 April 2011. 					
<p>Domain 4: Health education</p>					
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	Some health, HIV, nutrition and/or hygiene information is included in the curriculum, but it may not be comprehensive; in-service teacher	Curriculum comprehensively covers health (linked to the health issues identified in the situation analysis), HIV, nutrition and hygiene knowledge;	Curriculum comprehensively covers health (linked to the health issues identified in the situation analysis), HIV, nutrition and hygiene knowledge;

Performance Driver	Policy Action	Latent	Emerging	Established	Cutting-edge
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 ⁵	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 specific life skills for health learning outcomes and measurement
		information provided	training is being provided, and the majority of schools are teaching the curriculum covered health information, but coverage is not universal	pre- and in-service training is being provided; and all schools are teaching the curriculum	pre- and in-service training is being provided; all schools are teaching the curriculum; and the knowledge is covered in school exams

⁵ 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); Gender issues

Performance Driver	Policy Action	Latent	Emerging	Established	Cutting-edge standards, including examinations

Note: Annexes 1 and 2 are contained in a separate document, attached