ADOLESCENT SCHOOL HEALTH & NUTRITION: INTERACTIVE DECISION TREES

ADOLESCENT SCHOOL HEALTH & NUTRITION POLICY

DEFINING THE PACKAGE OF SERVICES

IMPLEMENTING THE PACKAGE OF SERVICES

FINANCING THE PACKAGE OF SERVICES

HOW TO USE THE DECISION TREE TOOL

GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

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This tool explores four dimensions of school health and nutrition programing:

1. The policy environment that underpins the national school health and nutrition program
2. The considerations for determining the basic package of school health and nutrition services
3. The considerations for equitable delivery of school health and nutrition services
4. The budgeting and financial flows to support the delivery of school-based health and nutrition services

This tool is designed to be interactive. Each decision tree is intended to be viewed as a holistic overview of the types of questions a practitioner might explore to strengthen the respective dimension of school health and nutrition.

Practitioners can select which decision tree to explore by clicking on its respective box on the home page. Practitioners engage with the decision tree by answering each question. Once a practitioner selects 'No,' a text box appears to suggest actions to consider. Most decision trains have multiple trains, which all culminate with the same end point: a focus on programmatic monitoring and evaluation. The suggested actions to consider are tailored by the decision tree.

Practitioners can easily jump to another decision tree by clicking on the tabs in the righthand column. Similarly, practitioners can find relevant resources for each decision tree by clicking on the "Resources" button within each decision tree.

This interactive decision tree was developed as part of a series focused on adolescent school health and nutrition developed by the Global Financing Facility for Women, Children and Adolescents. The other briefs in this series introduce:

i. A set of health and nutrition interventions that are relevant for adolescent populations and can be delivered through schools in low-resource settings;
ii. Monitoring mechanisms for school health and nutrition service delivery; and
iii. Sustaining adolescent health service delivery during periods of prolonged school closures.

ADOLESCENT SCHOOL HEALTH & NUTRITION POLICY

HOME

RESOURCES

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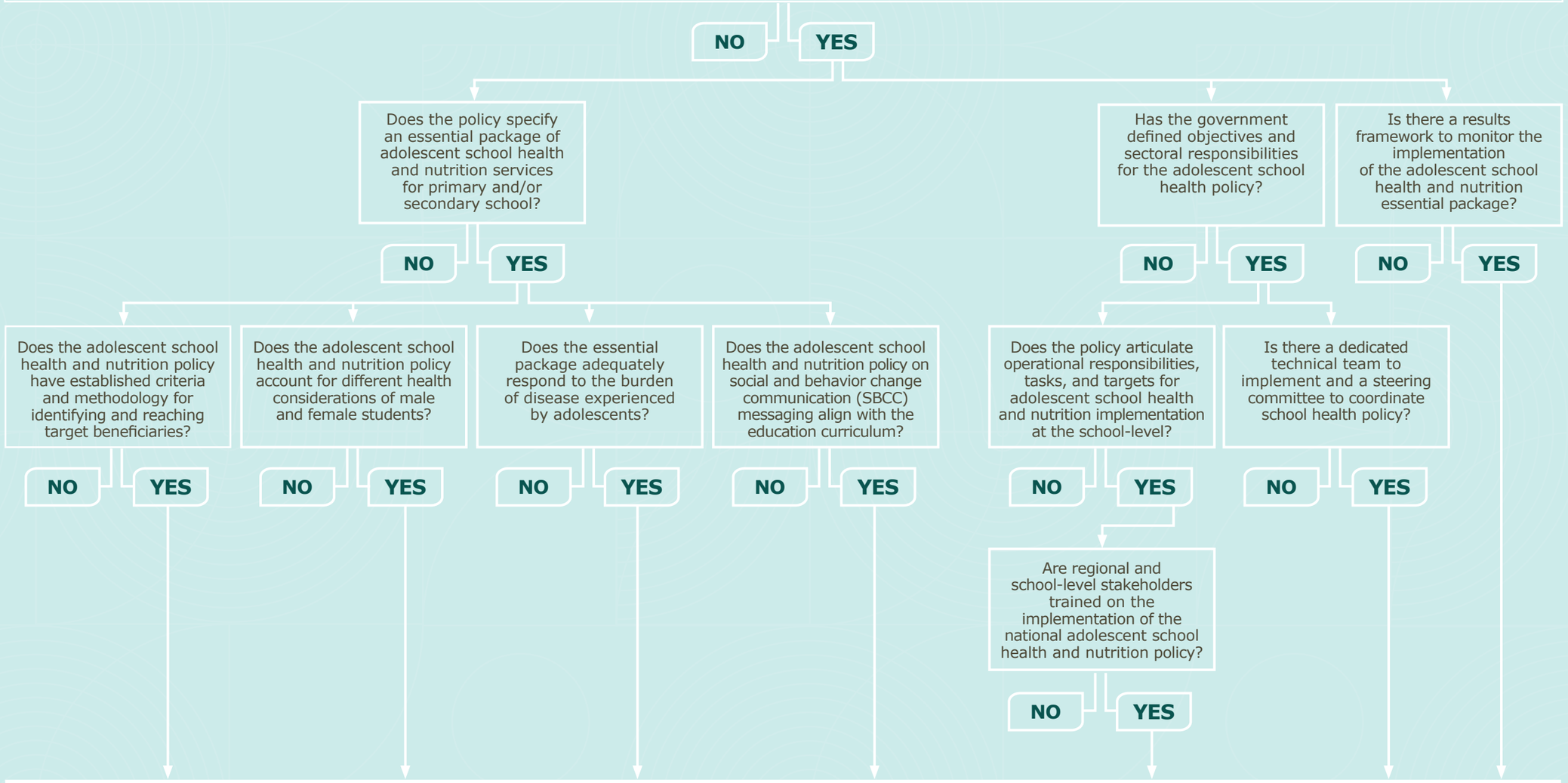
IS ADOLESCENT SCHOOL HEALTH AND NUTRITION (ASHN) OR RELATED TOPICS INCLUDED WITHIN A PUBLISHED NATIONAL POLICY?



COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

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IS ADOLESCENT SCHOOL HEALTH AND NUTRITION (ASHN) OR RELATED TOPICS INCLUDED WITHIN A PUBLISHED NATIONAL POLICY?

NO YES

Actions to Consider

1. Conduct multi-sectoral stakeholder mapping to find out which adolescent school health and nutrition services, if any, are currently provided in primary and secondary schools. Ideally this would be disaggregated, at minimum, by geographic unit, program intervention, grade, age, and sex reached, and include implementer detail
2. Build consensus, ideally through government leadership, of a minimum set of adolescent school health and nutrition services that should be available, based on local epidemiology and health risk factors
3. Identify entry points for adolescent school health and nutrition within other related policies (ex. national policy reduction strategy, etc.) and legislations to suggest decrees
4. Launch a process to refine the package, bringing specificity and standardization to the services, detailed inputs required, and level of quality; build consensus to align investments around this package
5. Conduct research or literature review to assess whether schools are the platform best suited to reach the target population (ex. assess the top causes of morbidity among adolescents, sex- and age-disaggregated enrollment ratios, and average ages enrolled per grade in upper primary and lower secondary school)
6. Consult with national, sub-national, and regional stakeholders to identify how the health and education sectors coordinate to deliver and monitor adolescent school health and nutrition interventions, and how interventions are prioritized by region, sex, and age cohorts
7. Investments made through the World Bank may create an enabling policy environment for adolescent school health and nutrition service delivery through DPOs and other financial instruments (ex. DLIs), by investing in proximal determinants of adolescent health and education (ex. investments in CSE and referral to health facilities for contraceptives), and by supporting collaboration with private sector, NGOs, and other stakeholders

If adolescent school health and nutrition services are delivered in the absence of an official policy, please cross-reference the Implementing the Package of Services Decision Tree

IS ADOLESCENT SCHOOL HEALTH AND NUTRITION (ASHN) OR RELATED TOPICS INCLUDED WITHIN A PUBLISHED NATIONAL POLICY?

NO

YES

Does the policy specify an essential package of adolescent school health and nutrition services for primary and/or secondary school?

NO

YES

Does the adolescent school health and nutrition policy have established criteria and methodology for identifying and reaching target beneficiaries?

NO

YES

x

Does the adolescent school health and nutrition policy on social and behavior change communication (SBCC) messaging align with the education curriculum?

NO

YES

Has the government defined objectives and sectoral responsibilities for the adolescent school health policy?

NO

YES

Does the policy articulate operational responsibilities, tasks, and targets for adolescent school health and nutrition implementation at the school-level?

NO

YES

Are regional and school-level stakeholders trained on the implementation of the national adolescent school health and nutrition policy?

NO

YES

Is there a results framework to monitor the implementation of the adolescent school health and nutrition essential package?

NO

YES

Is there a dedicated technical team to implement and a steering committee to coordinate school health policy?

NO

YES

Actions to Consider

1. Cross-reference the Defining the Package of Services Decision Tree

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NO | YES

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Does the adolescent school health and nutrition policy have established criteria and methodology for identifying and reaching target beneficiaries?

NO | YES

Actions to Consider

1. Review global guidance to propose a service delivery schedule, and proposing which interventions should be delivered to targeted populations (ex. based on sex, age, grade, disease prevalence, etc.)
2. Review sub-national school census data to determine approximate number of beneficiaries for each intervention
3. Propose monitoring indicators to track whether targeted populations are receiving the interventions as intended

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Actions to Consider

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2. Propose monitoring indicators to track whether targeted populations are receiving the interventions as intended; to the extent possible, align proposed indicators with information that is already housed, integrated, or aligned with a national data management system
3. Map indicators routinely collected by national data management systems and by existing surveys to identify existing gaps in the collection, capture, and reporting of adolescent school health and nutrition data, and if robust, propose integration of adolescent school health and nutrition -related data across information systems
4. Identify relevant indicators to collect relating to the delivery of interventions included within the essential package, ideally with indicators disaggregated by sex and age
5. Develop or refine protocols for collecting, safely storing, and transmitting data up to district- and national-education officers and ensuring the information loop includes submitting findings back to the sub-national education and health officers
6. Ensure that adequate supervision mechanisms are in place to implement monitoring activities at an acceptable level of quality
7. Conduct validation exercise to assess comparability of national level school service coverage data to school-level data
8. Monitor data to identify changes over time and use findings to strengthen service delivery approach

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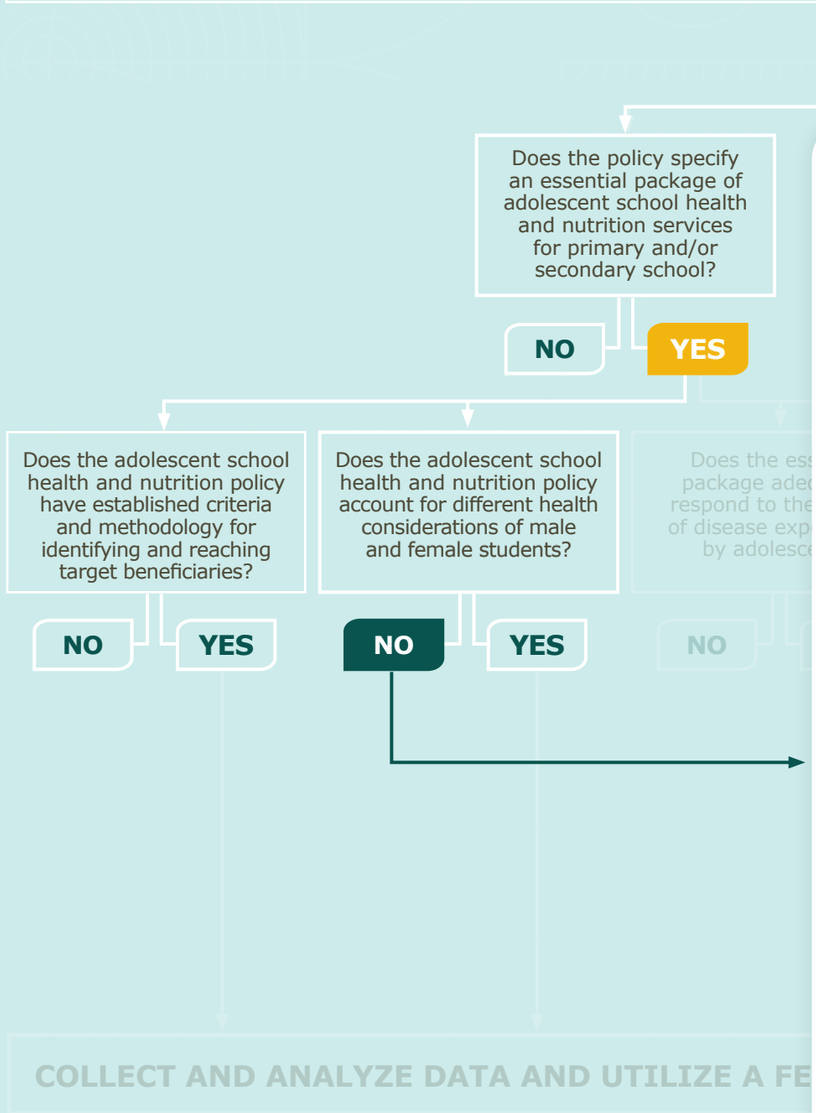

Actions to Consider

1. Conduct research to estimate and/or measure the benefits of integrating gender-specific adolescent school health and nutrition actions to improve human capital among school-attending adolescents in country
2. Consult with national, sub-national, and regional stakeholders to identify priority school-based gender interventions in varying regions and by age groups
3. Incentivize policy actions that create an enabling environment for gender-specific considerations within the existing school health and nutrition policy (ex. Development Policy Financing (DPF) or other financial or results-based mechanisms)
4. Modify monitoring indicators to disaggregate adolescent school health and nutrition indicators by sex
5. Consolidate policies that address school-related gender-based violence, menstrual health and hygiene, and supportive policies for adolescent mothers. Thematic areas of action to consider include:

If there is intention to include **School-Related Gender-Based Violence** within the policy, consider:

1. Consolidate examples of school policies focused on redress mechanisms, positive discipline, and classroom management as well as referral mechanisms in comparable countries
2. Consolidate examples of successful community-based interventions that include violence prevention efforts at after-school clubs and in safe spaces
3. Incentivize recruitment of female staff in secondary schools

If there is intention to include **Menstrual Health and Hygiene** within the policy, consider:

1. Integrate gender-sensitive WASH infrastructure actions in school-based health projects and interventions (ex. engage with water/social inclusion ministries and organizations such as UNICEF to co-finance separate latrines for male and female students)
2. Explore collaborations with the private sector to identify potential for distribution of menstrual hygiene supplies

If there is intention to include **supportive policies for adolescent mothers** within the policy, consider:

1. Analyze existing policies in country to identify entry points for enabling legislation for pregnant adolescents and adolescent mothers to continue in the formal education system
2. Incentivize policy actions to promote supportive policy change for adolescent mothers (ex. DPOs and other financial instruments)
3. Finance an analytical study to assess human capital gains and returns on investment in a scenario in which pregnant adolescents and adolescent mothers are allowed to continue in the formal education system

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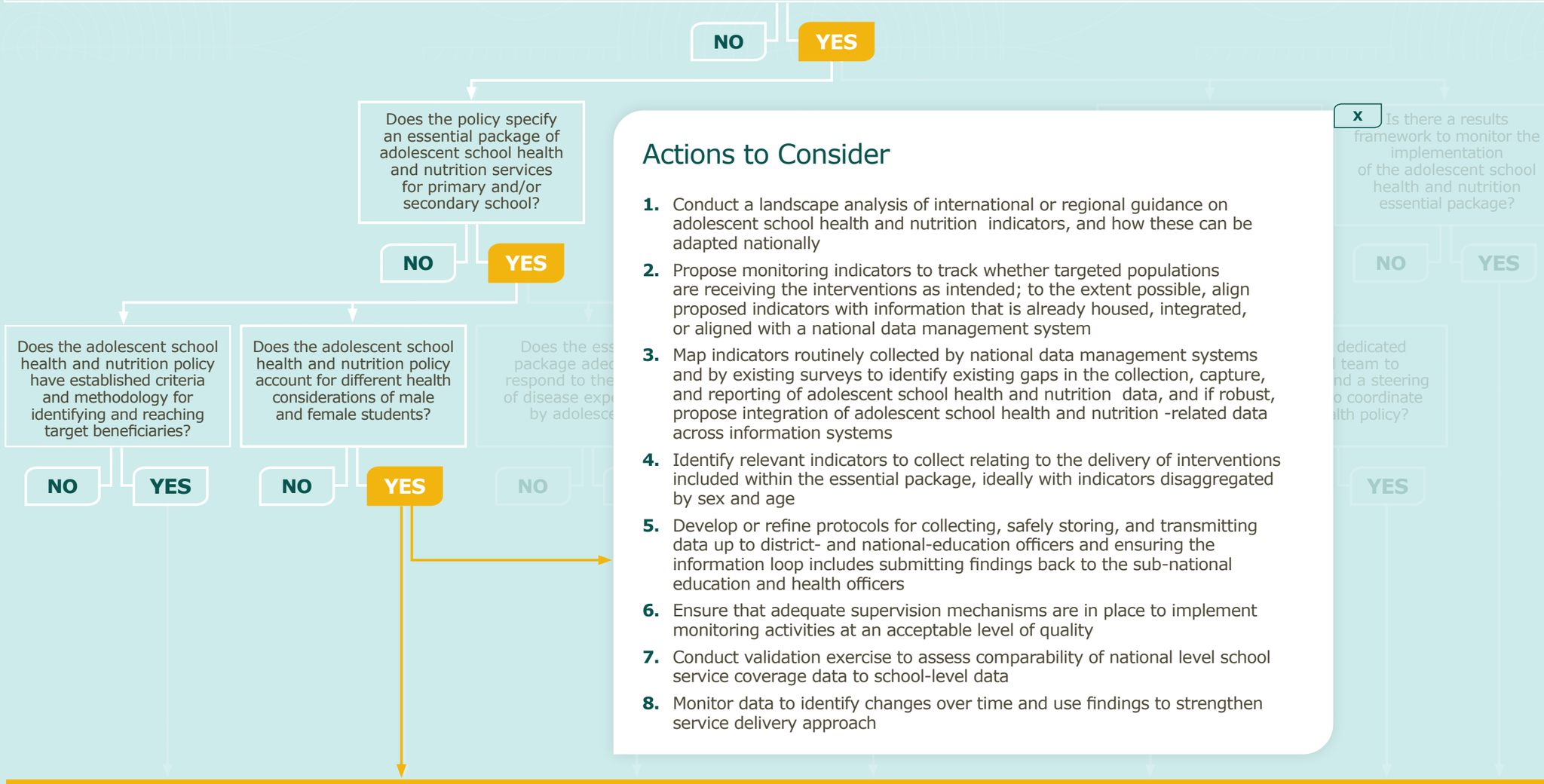

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NO | YES

Does the adolescent school health and nutrition policy have established criteria and methodology for identifying and reaching target beneficiaries?

NO | YES

Does the adolescent school health and nutrition policy account for different health considerations of male and female students?

NO | YES

Does the essential package adequately respond to the burden of disease experienced by adolescents?

NO | YES

Does the adolescent school health and nutrition policy on social and behavior change communication (SBCC) messaging align with the education curriculum?

Has the government defined objectives and sectoral responsibilities for the adolescent school health policy?

NO | YES

Does the policy articulate operational responsibilities, tasks, and targets for adolescent school health and nutrition implementation at the school-level?

Is there a results framework to monitor the implementation of the adolescent school health and nutrition essential package?

NO | YES

Is there a dedicated technical team to implement and a steering committee to coordinate school health policy?

NO | YES

Actions to Consider

1. Cross reference the Defining the Package of Services Decision Tree
2. In parallel to assessing disease burden, assess knowledge of health and nutrition behaviors to develop or strengthen a health education curriculum to complement the delivery of select health services

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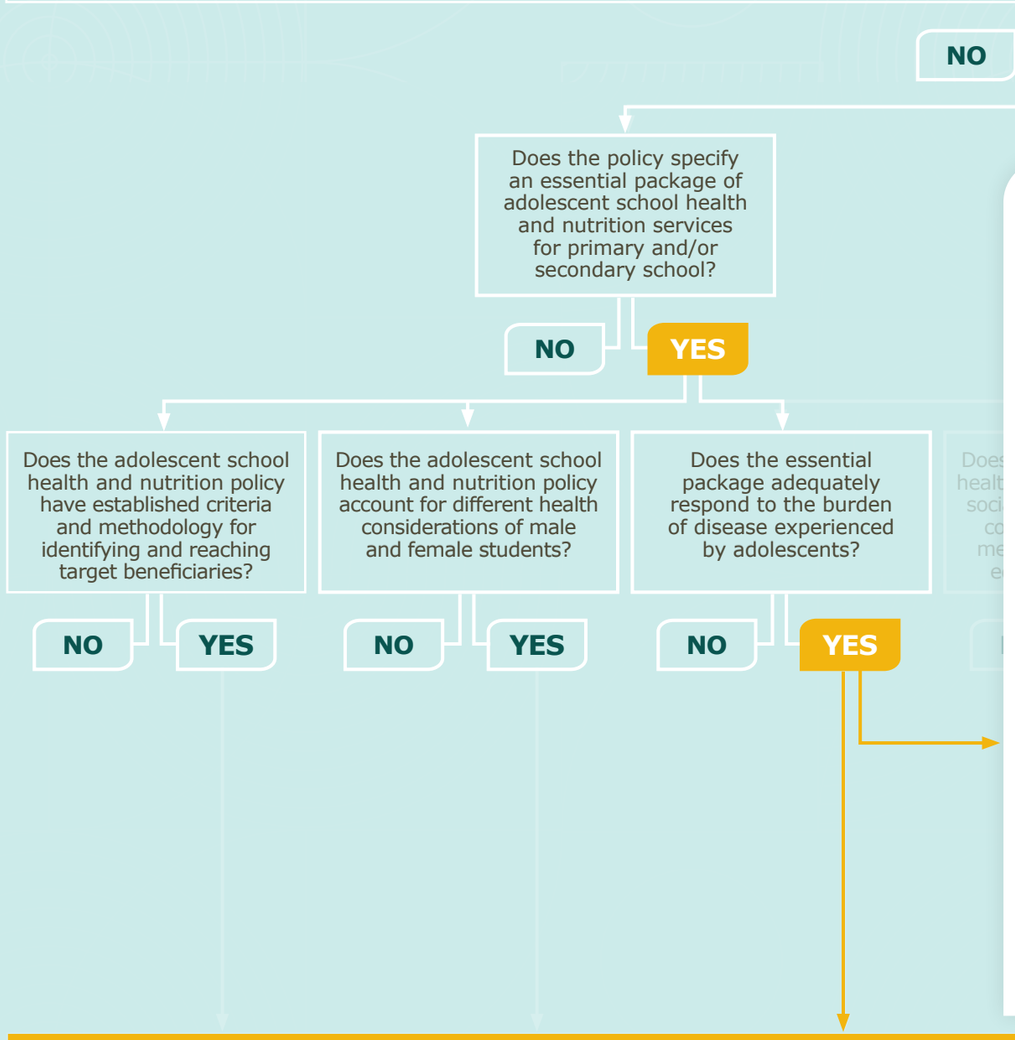

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NO | YES

Is there a results framework to monitor the implementation of the adolescent school health and nutrition essential package?

NO | YES

X

Actions to Consider

1. Encourage representatives from the Ministry of Health (MOH) and Ministry of Education (MOE) to collaborate on developing age-appropriate and accurate health messaging for updated textbooks and teacher training manuals
2. Invite representatives from the MOE to provide input into adolescent school health and nutrition policy on breadth of SBCC messaging to ensure alignment with national curriculum
3. Encourage the MOH to partner with the MOE to introduce comprehensive sexuality education (CSE), nutrition and hygiene promotion, and physical education messaging from primary school, with reinforcing and age-appropriate content as students age
4. Explore opportunities to improve quality and consistency of SBCC teaching through integration of health education within teacher college curricula

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Does the policy articulate operational responsibilities, tasks, and targets for adolescent school health and nutrition implementation at the school-level?

Is there a dedicated technical team to implement and a steering committee to coordinate school health policy?

NO

YES

NO

YES

NO

YES

NO

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Are regional and school-level stakeholders trained on the implementation of the national adolescent school health and nutrition policy?

NO

YES

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

x

Actions to Consider

1. Conduct mapping exercise to identify all engaged actors delivering priority adolescent school health and nutrition activities in primary and secondary schools
2. Formulate joint action plan to implement adolescent school health and nutrition policy across engaged ministries and among implementation stakeholders
3. Have the relevant ministries and sub-national actors signed MOUs to formalize responsibilities
4. Include a DLI related to the signing of a MOU for adolescent school health and nutrition among engaged ministries

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NO

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Actions to Consider

1. Encourage district health and education officers to propose sub-national guidelines on delivering and reporting on adolescent school health and nutrition services in alignment with the national adolescent school health and nutrition policy
2. Utilize results-based financing mechanism to incentivize coordination and collaboration between school-based health initiatives and the primary health care centers
3. Convene district health and education representatives from across the country to strengthen and improve consistency of school-level implementation and monitoring plans
4. Train principals from district schools on the adolescent school health and nutrition implementation and monitoring guidelines

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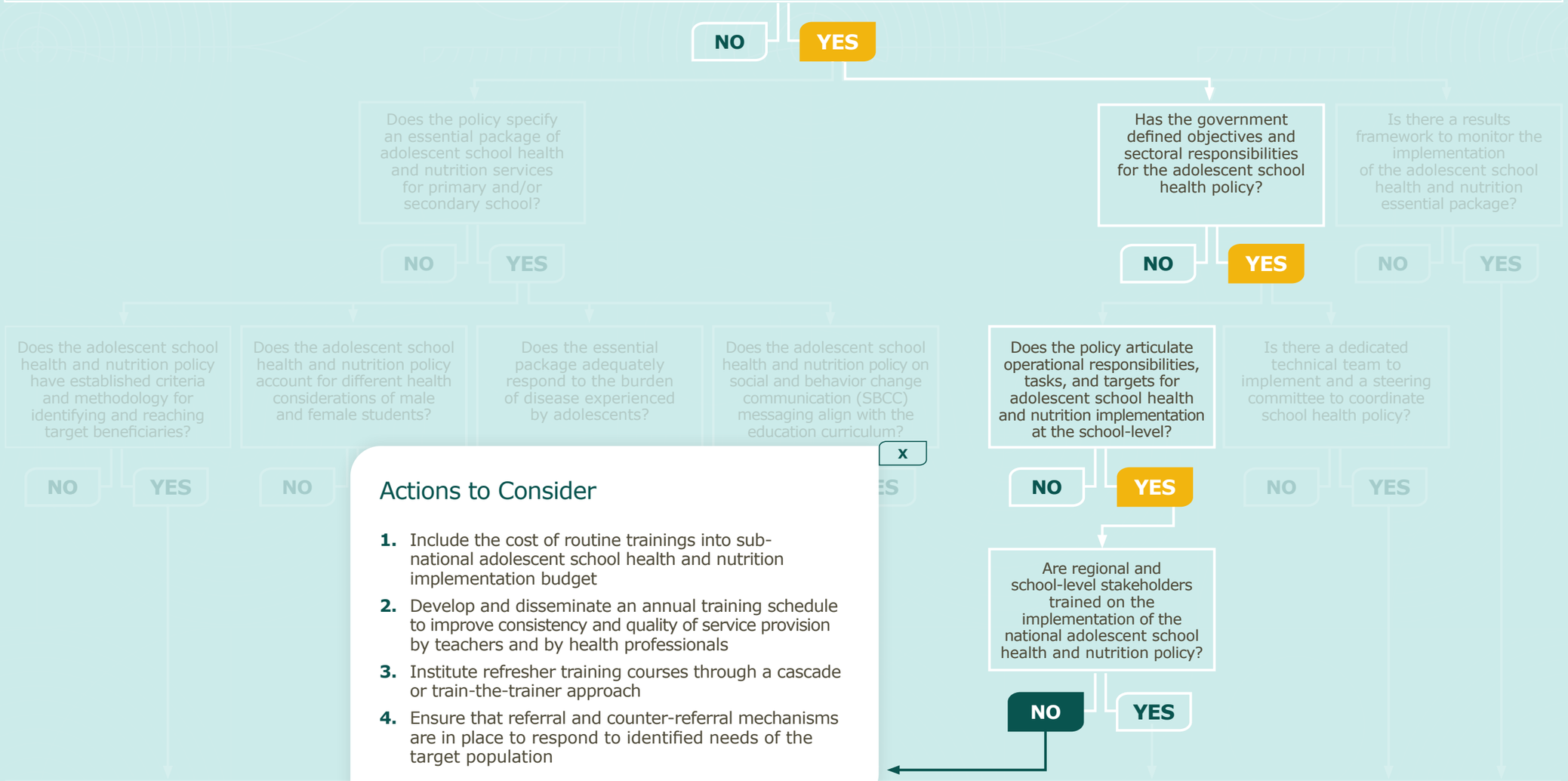

Actions to Consider

1. Include the cost of routine trainings into sub-national adolescent school health and nutrition implementation budget
2. Develop and disseminate an annual training schedule to improve consistency and quality of service provision by teachers and by health professionals
3. Institute refresher training courses through a cascade or train-the-trainer approach
4. Ensure that referral and counter-referral mechanisms are in place to respond to identified needs of the target population

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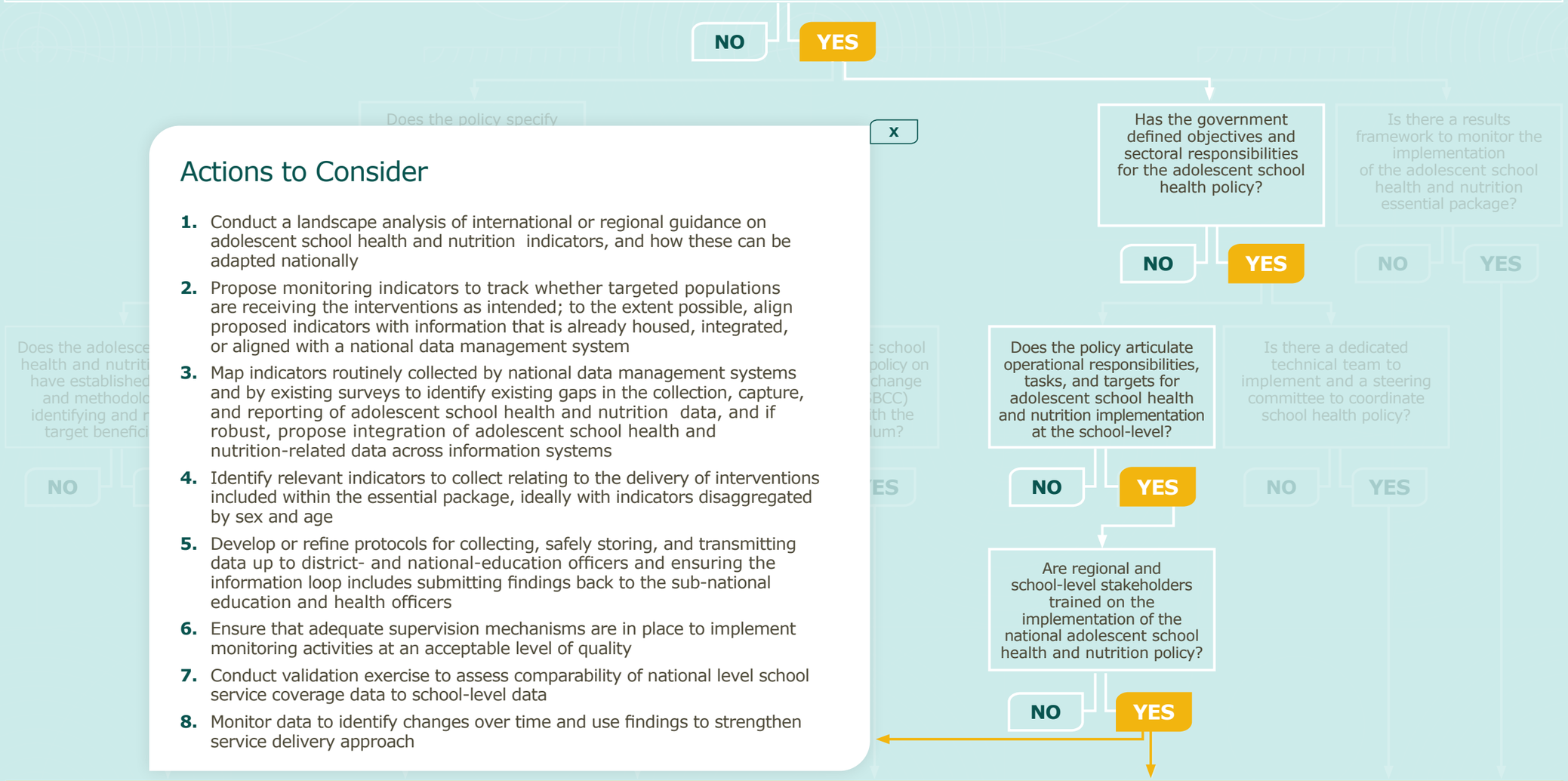

Actions to Consider

1. Conduct a landscape analysis of international or regional guidance on adolescent school health and nutrition indicators, and how these can be adapted nationally
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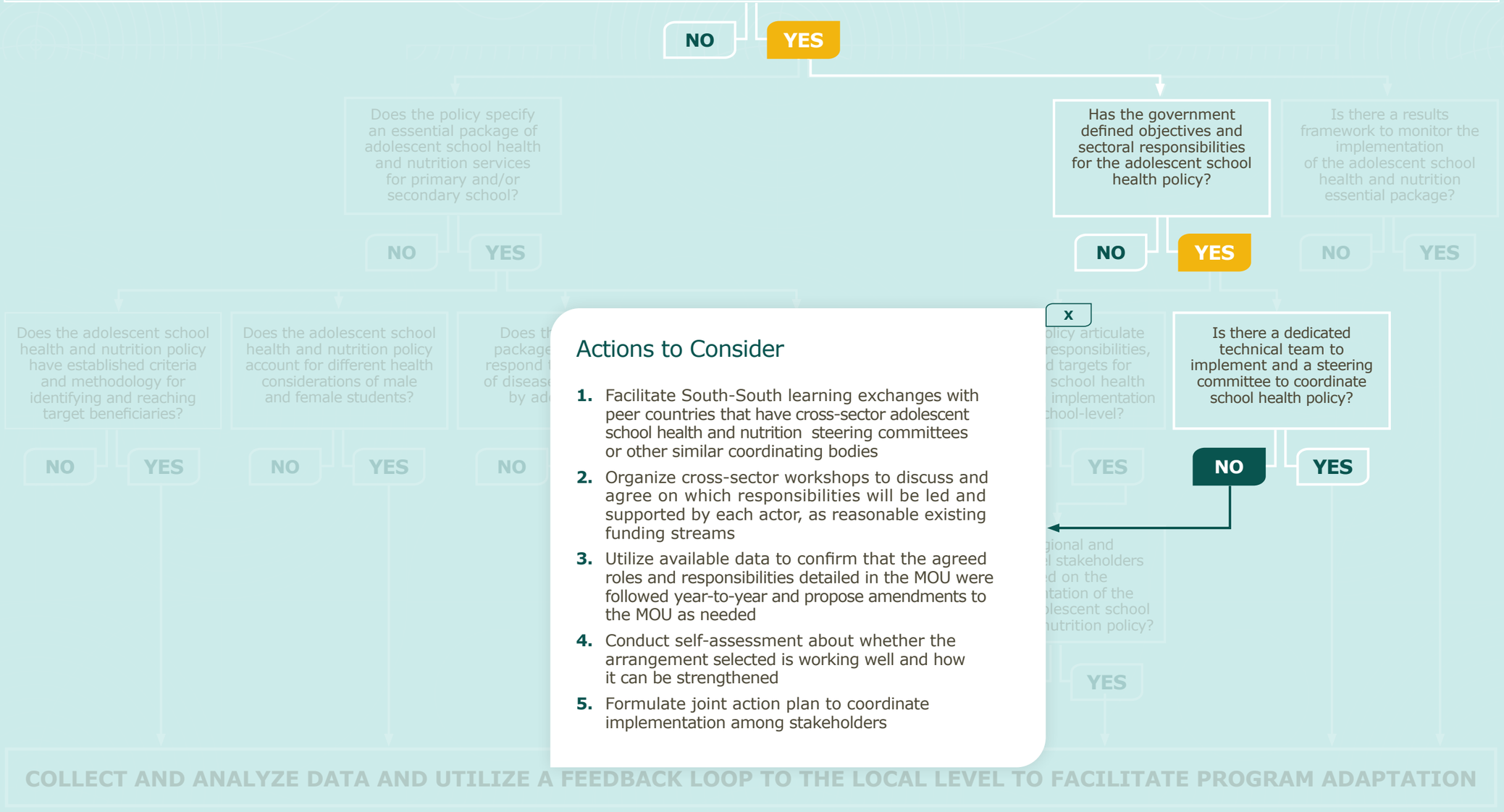

Actions to Consider

1. Facilitate South-South learning exchanges with peer countries that have cross-sector adolescent school health and nutrition steering committees or other similar coordinating bodies
2. Organize cross-sector workshops to discuss and agree on which responsibilities will be led and supported by each actor, as reasonable existing funding streams
3. Utilize available data to confirm that the agreed roles and responsibilities detailed in the MOU were followed year-to-year and propose amendments to the MOU as needed
4. Conduct self-assessment about whether the arrangement selected is working well and how it can be strengthened
5. Formulate joint action plan to coordinate implementation among stakeholders

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Has the government defined objectives and sectoral responsibilities for the adolescent school health policy?

Is there a results framework to monitor the implementation of the adolescent school health and nutrition essential package?

NO

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YES

Does the policy articulate operational responsibilities, tasks, and targets for adolescent school health and nutrition implementation at the school-level?

Is there a dedicated technical team to implement and a steering committee to coordinate school health policy?

NO

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Are regional and school-level stakeholders trained on the implementation of the national adolescent school health and nutrition policy?

NO

YES

Does the adolescent school health and nutrition policy have established criteria and methodology for identifying and reaching target beneficiaries?

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Actions to Consider

1. Conduct a landscape analysis of international or regional guidance on adolescent school health and nutrition indicators, and how these can be adapted nationally
2. Review current mechanisms for data collection within the health and education sectors, including a review of indicators collected, frequency of collection, what is the data that is collected and how does it fit (or not) within your program
3. Propose age- and sex-disaggregated indicators that align with indicators already collected within the EMIS or HMIS
4. Develop a results framework and monitoring plan during the program design and prior to implementation

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YES

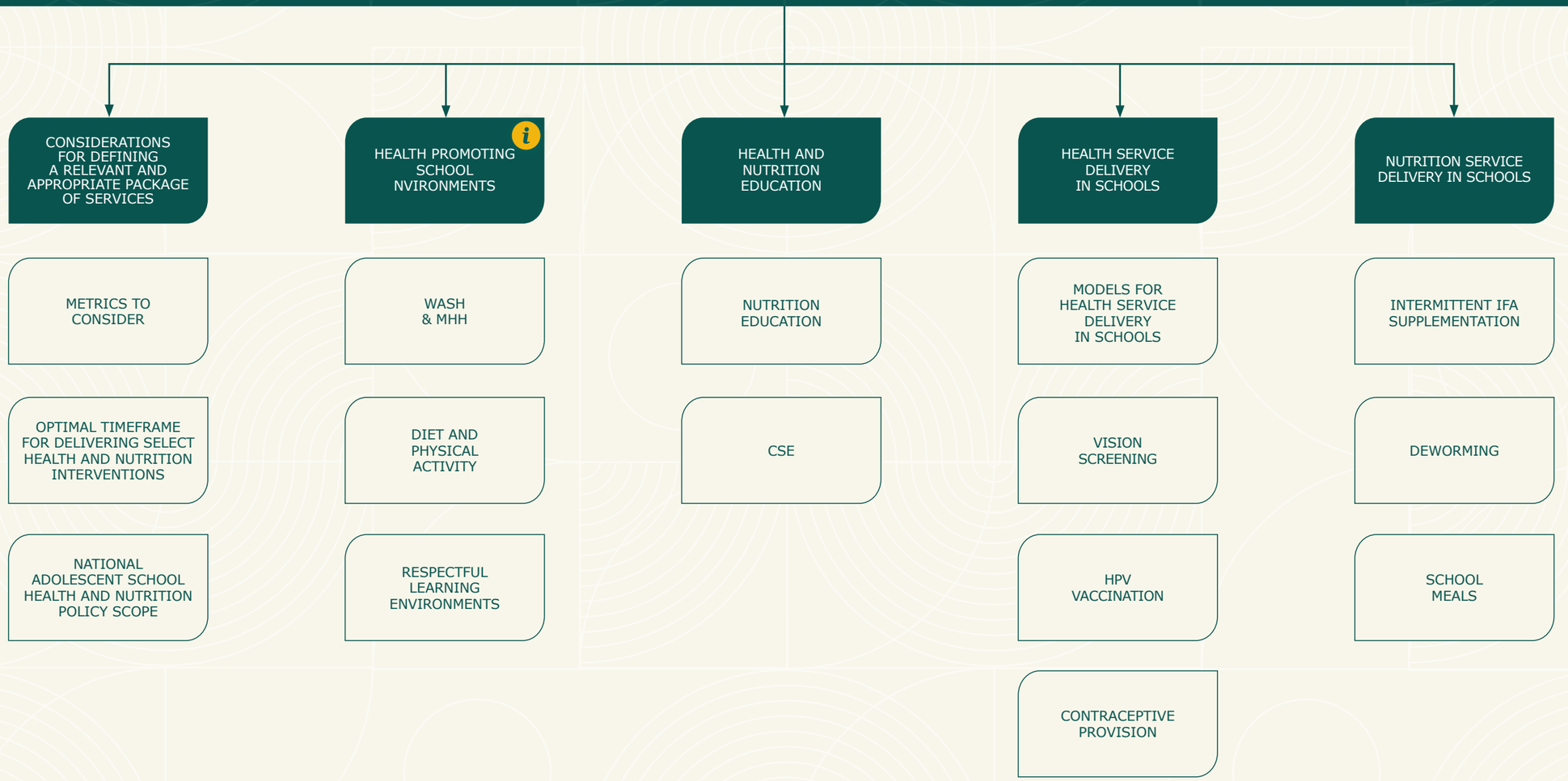
Actions to Consider

1. Conduct a landscape analysis of international or regional guidance on adolescent school health and nutrition indicators, and how these can be adapted nationally
2. Propose monitoring indicators to track whether targeted populations are receiving the interventions as intended; to the extent possible, align proposed indicators with information that is already housed, integrated, or aligned with a national data management system
3. Map indicators routinely collected by national data management systems and by existing surveys to identify existing gaps in the collection, capture, and reporting of adolescent school health and nutrition data, and if robust, propose integration of adolescent school health and nutrition -related data across information systems
4. Identify relevant indicators to collect relating to the delivery of interventions included within the essential package, ideally with indicators disaggregated by sex and age
5. Develop or refine protocols for collecting, safely storing, and transmitting data up to district- and national-education officers and ensuring the information loop includes submitting findings back to the sub-national education and health officers
6. Ensure that adequate supervision mechanisms are in place to implement monitoring activities at an acceptable level of quality
7. Conduct validation exercise to assess comparability of national level school service coverage data to school-level data
8. Monitor data to identify changes over time and use findings to strengthen service delivery approach

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

DEFINING THE PACKAGE OF SERVICES

DEFINING A STANDARD PACKAGE OF SCHOOL HEALTH AND NUTRITION ACTIVITIES FOR ADOLESCENTS



DEFINING THE PACKAGE OF SERVICES DECISION TREE

METRICS TO CONSIDER WHEN DEVELOPING A PACKAGE OF SCHOOL HEALTH AND NUTRITION SERVICES TARGETED TO ADOLESCENTS

Actions to consider when determining the most relevant package of health services targeted to adolescents:

1. Determine entry points within existing national nutrition and health policies for establishing, expanding, and/or scaling a package of school health and nutrition services
2. Assess relevant education indicators to understand whether targeting services to students in primary schools, secondary schools, or both will benefit the greatest number of target beneficiaries
3. Assess relevant health indicators to understand the burden of disease among adolescents and inform which interventions should be included in the package
4. Conduct a situational analysis to determine what services are already provided, by whom, and what bottlenecks exist to scaling service delivery in each sub-region targeted

INDICATORS	RELEVANCE	ACTIONS TO CONSIDER	WHERE TO FIND DATA
Enrolment by education level and sex (number)	Ensures that essential services are targeted to the most vulnerable students whilst they are still enrolled	Adolescents in areas with high unenrollment in secondary school may be better served through communty-based distribution. Where possible, the package of service can target young adolescents in upper primary school	UNESCO Institute for Statistics World Bank Data Bank - Education Statistics
Out-of-school rate for adolescents of lower secondary age, by sex (%)	Schools may be an inefficient platform to reach adolescents in areas where many adolescents do not continue in school, and this is particularly true if most adolescent girls are no longer enrolled		
Completion rate by education level, quintile and sex (%)	School-based health services are most beneficial when delivered to vulnerable adolescents during the years in which they are enrolled, and the demographics may vary within countries	Ensure the most critical services and complementary education are delivered within the years that the most vulnerable adolescents are largely still in school	UNESCO Institute for Statistics World Bank Data Bank - Education Statistics
Proportion of schools with basic drinking water; single-sex basic sanitation facilities; and basic handwashing facilities	WASH in schools improves access to education and learning outcomes, particularly for girls, by providing a safe, inclusive and equitable learning environment for all	(Cross reference information provided for health promoting school environments)	WHO/UNICEF Joint Monitoring Programme
Presence of school nutrition policy	School nutrition policies influence quality and coverage of programs implemented by government, school food regulation, and school food standards	(Cross reference information provided for nutrition service delivery in schools)	UNICEFNutriDash (see the module on school-aged children); GCNF Global Survey of School Meal Programs; WHO Global Nutrition Policy Review (see module on school-based policies and interventions)

NEXT

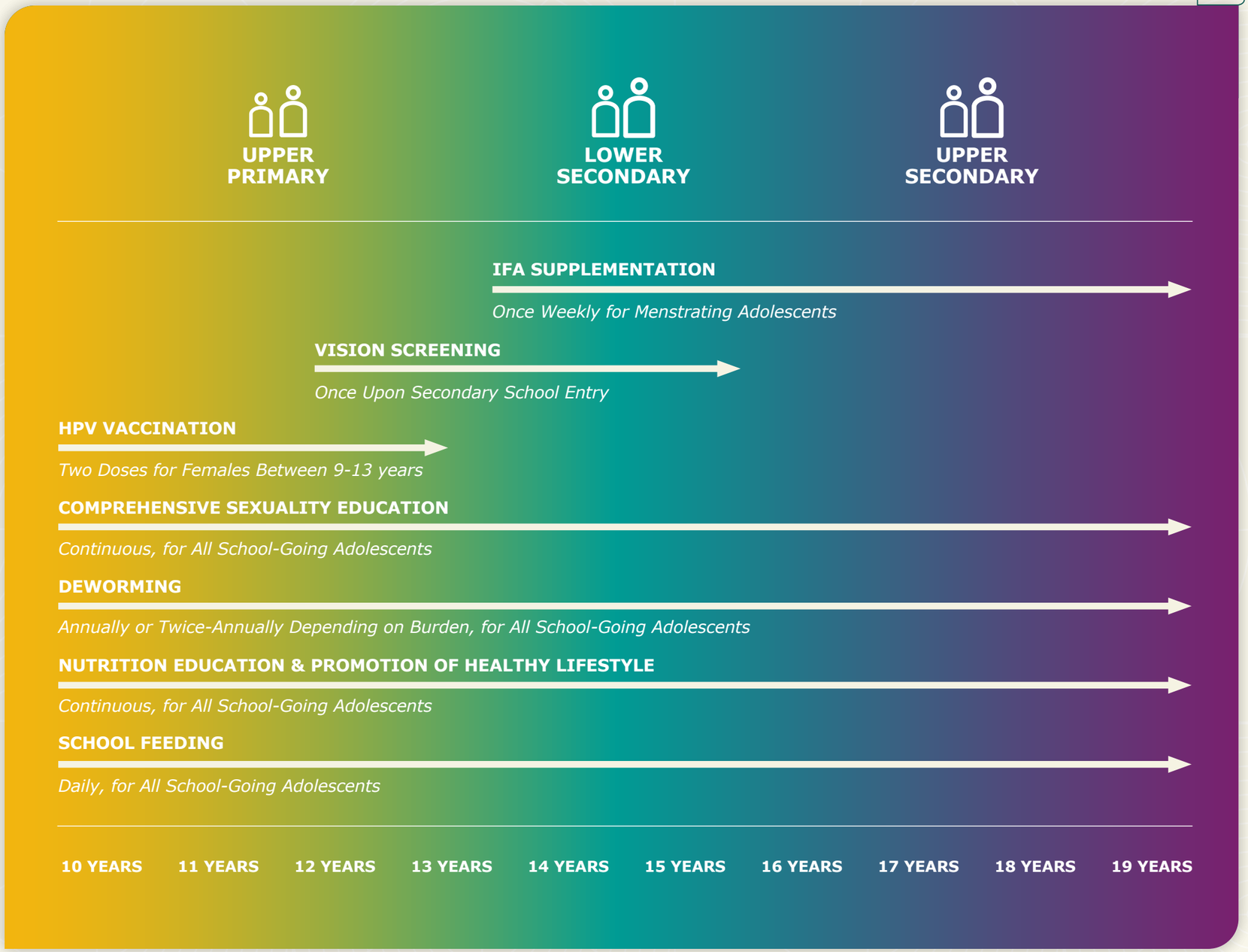
METRICS TO CONSIDER WHEN DEVELOPING A PACKAGE OF SCHOOL HEALTH AND NUTRITION SERVICES TARGETED TO ADOLESCENTS (CONT'D)

INDICATORS	RELEVANCE	ACTIONS TO CONSIDER	WHERE TO FIND DATA
Prevalence of alcohol use, physical inactivity, tobacco smoking, and tobacco use among adolescence	These are practices that are often initiated during adolescence and are important contributor to morbidity and mortality. Identifying the prevalence of these behaviors can be important for defining the package of services, incorporating relevant behavior change initiatives and campaigns, and implement-ing policies to addresses these behaviors, where prevalent	Develop school policies to prohibit marketing of tobacco, alcohol, and unhealthy foods and beverages on and near school grounds; align school meal guidelines with marketing restrictions; update school grounds to encourage physical activity; incorporate behavior change messaging specific to tobacco use, diet, and physical activity as needed into the health curriculum	Global Health Observatory
Top ten causes of morbidity among adolescents, sex disaggregated	Identify which routine health services and school health promotion measures would appropriately respond to the top causes of morbidity among adolescents in country	Fill gaps in the existing school health and nutrition services to better respond to the most significant causes of morbidity among adolescents. Service delivery should be sex- and age-specific	Institute for Health Metrics and Evaluation
Median age at first marriage (women); Women who were first married by age 15 and by age 18 (% of women ages 20-24)	It is important to ensure that school-age children and adolescents receive comprehensive sexuality education in advance of the median age of marriage	Review health education curriculum to ensure it is age-appropriate, medically accurate, with learning objectives that are relevant to the learner's situation. CSE should include learning on communication and listening skills; negotiation and refusal skills; decision-making and problem-solving skills; the ability to obtain preventive commodities from service providers and the ability to negotiate their use with sexual partners	DHS Stat Compiler World Bank Data Bank – Gender Statistics
Median age at first sexual intercourse (women)	It is important to ensure that school-age children and adolescents receive comprehensive sexuality education in advance of the median age of first sexual intercourse		DHS Stat Compiler
% of 20-24 year-olds who had a pregnancy as a teen	Pregnancy is often cited as a reason for leaving school prematurely	In contexts in which adolescent pregnancy is high, it is critical to ensure the package of service includes: (i) comprehensive sexuality education from at minimum early adolescence and (ii) in areas with high rates of anaemia, intermittent IFA supple-mentation for adolescent girls. Adolescent girls may also be well served by referral mechanisms between schools and health clinics and provision of contraceptives through schools	DHS Stat Compiler

PREVIOUS

OPTIMAL TIMEFRAME FOR DELIVERING SELECT SCHOOL HEALTH AND NUTRITION SERVICES TO ADOLESCENTS

When selecting the interventions to include within an essential package, it is prudent to ensure that the intervention aligns with the age and development stage at which these interventions offer most benefit. This figure aims to illustrate that the grades in which these services are provided can be quite fluid, with the blended colors reflecting where they may be overlap between service provision occurring in primary versus secondary schools.



HEALTH PROMOTING SCHOOL ENVIRONMENTS

What is a health promoting school?

- The WHO defines a health promoting school as "a school that constantly strengthens its capacity as a healthy setting for living, learning and working." This concept refers to a whole-school approach that extends beyond the delivery of a health curriculum or discrete health services to create a school environment that positively influences health behaviors.

What are examples of health promoting environments?

- Conditions that are conducive to health and learning, such as ensuring the availability of WASH infrastructure and menstrual health supplies
- Settings that promote health-related behaviors, such as through policies to limit marketing and sale of unhealthy foods and beverages on school grounds and opportunities for physical education
- Provision of routine health services to prevent leading causes of death, disease and disability, such as through the delivery of age-and developmentally-appropriate health and nutrition services
- Engagement and collaboration with the broader school community to make the school a healthy place

HEALTH PROMOTING SCHOOLS: WASH & MHH

INTERVENTION	RELEVANCE	ACTIONS TO CONSIDER
Water, sanitation, and hygiene (WASH) in schools	• Basic handwashing and sanitation facilities in schools can reduce absenteeism and cases of diarrhea and soil-transmitted helminths • Drinking water in schools keeps students hydrated and improves their memory, attention and cognitive performance • WASH in schools provide an entry point for hygiene education, awareness-raising, and behavior change • Hand washing with soap can be combined with the provision of school meals to instill healthy hygiene habits	• Ensure health curriculum includes hand hygiene and puberty education • In settings where schools do not have a water supply, or where the water is insufficient or of poor quality, encourage students to bring drinking water from home • Advocate for handwashing facilities to be installed near latrines and eating areas and for the infrastructure to be accessible for students with disabilities • In settings where WASH infrastructure is already the norm, advocate for improved drinking water quality, consistent supply of toilet paper, and the availability of a private place with a supply of menstrual hygiene materials • Develop or refine school WASH and MHH standards • Prioritize and establish appropriate WASH and MHM indicators for the country context • Advocate for the inclusion of WASH and MHH indicators within the EMIS
Menstrual health and hygiene (MHH)	• Some evidence points to MHH as potentially influencing school attendance. The provision of MHH infrastructure, menstrual supplies, and adequate WASH facilities improves the ability for adolescent girls and female teachers to manage their menstruation safely at school • Schools provide an important entry point for raising awareness and reducing taboos around MHH • MHH interventions can be an entry point for sexual and reproductive health education and life skills development	

ADOLESCENT SCHOOL HEALTH & NUTRITION POLICY
DEFINING THE PACKAGE OF SERVICES
IMPLEMENTING THE PACKAGE OF SERVICES
FINANCING THE PACKAGE OF SERVICES
HOME
RESOURCES

HEALTH PROMOTING SCHOOLS: DIET & PHYSICAL ACTIVITY

INTERVENTION	RELEVANCE	ACTIONS TO CONSIDER
School-based physical activity initiatives	• Evidence suggests that there are positive associations between physical activity, fitness, cognition, and academic achievement • WHO estimates that more than 80% of the world's adolescent population is insufficiently physically active • Physical activity reduces risk for cardiovascular diseases and diabetes, reduces symptoms of depression and anxiety, and improves overall wellbeing • WHO recommends that children and adolescents do at least an average of 60 minutes per day of moderate-to-vigorous intensity, mostly aerobic, physical activity across the week; fewer than one-in-four adolescents meets this recommendation • Quality physical education supports the learner with acquiring the psychomotor skills, cognitive understanding, social and emotional skills needed to lead a physically active life	• Coordinate with the transportation sector to establish safe routes for students to walk or bike to/from school and to co-locate parks near schools • School-based physical activity initiatives can promote active lifestyles among students and suitable facilities on school campuses can reinforce these messages • Coordinate with health and education sectors to strengthen formal pre-service and in-service training for school teaching staff and administrators related to physical education, physical literacy, physical activity, and on how to include people with disabilities and the least active • Consult UNESCO's Quality Physical Education guidance to implement a developmentally appropriate, planned, progressive, inclusive physical activity learning program that continues through secondary school
Restrictions on marketing of nutrient-poor foods and beverages to students	• Companies target food and beverage marketing to schools because students are a captive audience • Marketing restrictions on energy-dense, nutrient-poor foods, together with nutrition and physical activity education, are important to promote healthier diets and to counter marketing messages	• Many sectors and actors, often with contradictory interests, are engaged in efforts to enact or limit policies on advertising to children. Momentum for policies often requires strong data and persuasive advocacy efforts. Voluntary restrictions may be one approach to consider if legislative avenues are not fruitful • Nutrition policies promoting restrictions in and around schools must specify the nutritional standards for which advertising to children is permissible (ex. thresholds for salt, sugar, fats, etc.) • Restrictions on marketing of unhealthy foods and beverages—whether voluntary or policies implemented at the national or school-level—should be paired with restrictions on the availability of the same foods in schools

HEALTH PROMOTING SCHOOLS: RESPECTFUL LEARNING ENVIRONMENT

X

INTERVENTION	RELEVANCE	ACTIONS TO CONSIDER
Address violence in schools	• Both male and female students are subject to gender-based violence within and surrounding school settings • Experience with violence can be pervasive with approximately 50 percent of children experiencing violence in and around school • Students with disabilities are estimated to be three times more likely to experience physical violence in schools	• Incentivize schools to introduce or strengthen programs to prevent violence in schools and equip school staff to respond and create a setting in which the whole school community feels safe. Measures to protect students include prohibiting corporal punishment, establishing redress mechanisms for violence (corporal, sexual, etc.) perpetrated by teachers or peers, and establishing referral mechanisms with the health sector for psychological and medical support • Train teachers to identify and confidentially report harassment and abuse, engage students to identify physical spaces where students feel unsafe • Incentivize schools to hire more female staff in schools with a high percentages of male teachers • Train teachers to teach conflict management skills and to offer socio-emotional support to students experiencing or witnessing violence

HEALTH AND NUTRITION EDUCATION

X

INTERVENTION	RELEVANCE	ACTIONS TO CONSIDER
Nutrition education	• School curricula on nutrition and lifestyle education can complement direct nutrition and health services, and/or complement health promoting environment interventions • Life-long dietary behaviors are established during adolescence, so the inclusion of nutrition education in schools presents an opportunity to influence consumption during and well beyond adolescence	• Advocate for nutrition education teaching materials to be developed in alignment with the national curriculum standards and policies • Advocate for health-related knowledge on nutrition education to be integrated into school examinations as an implementation monitoring mechanism • Apply the WHO Nutrition-Friendly School framework to prevent and control adolescent obesity, which includes (i) having a written school policy on nutrition; (ii) awareness or capacity strengthening of the school community; (iii) teaching a nutrition and health-promoting curriculum; (iv) fostering a supportive school environment, and (v) providing school health and nutrition services

HEALTH AND NUTRITION EDUCATION

INTERVENTION	RELEVANCE	ACTIONS TO CONSIDER
Comprehensive Sexuality Education (CSE)	• Health education can include topics that are relevant for adolescent health and wellbeing, including CSE, mental health, smoking, drug use, etc. • School-based CSE programs increase HIV knowledge, increase condom use and build self-efficacy to refuse sex, increase contraception, delay initiation of sexual debut, and reduce unintended pregnancies • CSE has a positive impact on adolescent sexual and reproductive health and rights and gender equality outcomes • CSE is recommended to begin before young people undergo puberty, transition into adulthood, and initiate sexual exploration	• CSE curricula are encouraged to offer age-appropriate instruction from an early age with content that progresses through adolescence, building knowledge, skills and attitudes to appropriately align with each developmental stage • The WHO recommends introducing accurate information and education about contraceptives as part of curriculum-based CSE to increase understanding of contraceptive methods and demand for contraception among adolescents • Advocate for the inclusion of age-appropriate life skills and CSE-related questions within school exams to track knowledge attainment and to strengthen the health education curriculum • Collaborate with the World Bank Education Global Practice UNICEF, UNESCO, WHO, Local Education Group (LEG), and/or with the Global Partnership for Education (GPE) to propose health education questions to include within annual examinations

HEALTH SERVICE DELIVERY IN SCHOOL

Delivery models

- There are five models used to deliver health services in schools, with the differences related to the site of service provision and the role of personnel involved

Considerations for implementation

- Each model brings unique opportunities and challenges to service delivery (see opportunities and challenges column). Schools may opt to identify specific teachers to oversee adolescent school health and nutrition service delivery and mobile brigades may be suitable for services that require specialty training
- Regardless of model, a well functioning referral and counter-referral mechanism will need to be in place for unique or extreme cases
- Integrated service delivery (ie delivering multiple services at once) may reduce programmatic costs and demands on the personnel delivering the interventions
- Utilize input-based financing to ensure that the staff engaged with service delivery and reporting have sufficient pre-service and/or in-service training to deliver services and/or to effectively teach complementary topics within the health curriculum
- Additional monitoring mechanisms may be needed to track service provision following referrals for facility-based services

DELIVERY MODEL	HOW IT WORKS	MONITORING RESPONSIBILITY	OPPORTUNITIES AND CHALLENGES	WHERE THESE MODELS ARE USED
HEALTH SERVICES PROVIDED BY ON-SITE PERONEL	Permanent or part-time staff deliver health services in the school setting	Education Sector	Cost savings but narrower range of services that can be provided	Malawi and South Korea
HEALTH SERVICES PROVIDED BY VISITING PERSONEL	Health providers visit schools according to a defined schedule to deliver health services	Health Sector	More expensive than integrated services but broader range of services that can be provided	Belgium, Bosnia and Herzegovia, Japan, and Mozambique
SCHOOL-BASED HEALTH CENTER	On-site health clinics with multidisciplinary teams of professionals who provide health services to students	Health Sector	Privacy challenges with sharing student information and incompatible funding streams but frequent opportunities to engage with students	Canada and the United States
FACILITY-BASED SCHOOL HEALTH SERVICES	Students receive health screening at local healthcare sites beyond the school premises	Health Sector	Demand-oriented approach with high coverage; services provided by skilled staff, additional service delivery dependent on degree of integrated school health polices and available funding	Denmark and the Netherlands
COMBINATION OF SERVICE PROVISION MODELS	Schools offer a combination of school-and health facility-based services	Education Sector, Health Sector	Low nurse-to-pupil ratio, however, service mix offers great potential for effective, equitable, and efficient care	Albania, New Zeland, Singapore, and Tajikistan

Education Sector Health Sector

HEALTH SERVICE DELIVERY IN SCHOOL

X

INTERVENTION	RELEVANCE	ACTIONS TO CONSIDER
Vision screening	• Students who have uncorrected vision impairment are at a significant disadvantage for benefiting from classroom instruction, are at risk of dropping out, repeating a grade, and performing less well on academic assessments compared to peers with normal or corrected vision • Myopia (nearsightedness) often presents in early adolescence and can be corrected with properly fitted eyeglasses	• School-based vision screening programs may consistently reach the widest student body if delivered at entry for primary and secondary schools. In settings where few adolescents continue to secondary school, consider offering screening to young adolescents before the completion of upper primary school • School-based vision screening programs should also include a focus on screening teachers as myopia becomes more common with increasing age • Pilots show that teachers can successfully be trained to identify students with refractive error. Schools can refer these students to a health facility or have specialists visit the schools for further assessment and provision of corrective spectacles

HEALTH SERVICE DELIVERY IN SCHOOLS

INTERVENTION	RELEVANCE	ACTIONS TO CONSIDER
Human Papillomavirus (HPV) Vaccination	• HPV vaccination offers future health benefits by reducing the risk of cervical cancer • Cervical cancer is the second most common cancer in women worldwide, with the vast majority of deaths occurring in women living in low and middle-income countries • Cervical cancer is caused by sexually-acquired infection with HPV and most people are infected with HPV shortly after the onset of sexual activity	• The HPV vaccination delivery schedules can be aligned to complementary activities, such as CSE and health education about risk behaviors for HPV infection or with delivery schedules for other vaccine boosters delivered to pre-adolescent and adolescent populations • Engage targeted partners (e.g. GAVI and PATH for HPV vaccine) to establish a partnership for co-financed service delivery of specific, complementary activities in schools • Develop and maintain an up-to-date contingency plan for HPV vaccine delivery and monitoring during school closures and instability
Contraceptive Provision	• Early pregnancy and marriage is an important risk factor in school drop out for adolescent girls • School-based provision of contraception can improve access for adolescents who may be more difficult to reach through traditional methods within the health sector	• Advocate that comprehensive sexuality education includes accurate information about contraceptives to increase understanding of contraceptive methods and demand for contraception among adolescents • Assess political appetite to expand adolescent school health and nutrition policies to allow contraceptives to be dispensed in schools. Policy review should include considerations related to parental consent • Invest in SBCC campaigns to generate community support for school-based delivery of interventions included in the expanded package (e.g. vaccines and contraceptives) • Develop and maintain an up-to-date contingency plan for contraceptive provision and monitoring during school closures and instability

NUTRITION SERVICE DELIVERY IN SCHOOLS

X

INTERVENTION	RELEVANCE	ACTIONS TO CONSIDER
Intermittent Iron and Folic Acid (IFA) Supplementation	• IFA supplementation has education benefits as it increases attention, concentration, and intelligence in children, adolescents, and women with anemia • Oral supplementation programs can reduce anemia among adolescents after intervention periods as short as 6 months • Adolescent girls are at higher risk for developing anemia due to onset of menses • Pregnant women are also at higher risk for anemia due to hemodilution. In contexts where adolescent pregnancy is common, preventing anemia before a woman becomes pregnant is an important intervention to promote improved maternal and child outcomes	• Nutrition curriculum should include messaging on micronutrient-rich and iron-rich diets • Ensure that decisions around intermittent IFA supplementation are reflective of needs identified from routine burden of disease analysis • Complement IFA with micronutrient fortified snacks and/or school meals • Allocate resources to train teachers to deliver and monitor weekly IFA supplementation to menstruating adolescents • Develop and maintain an up-to-date contingency plan for IFA delivery and monitoring during school closures and instability

NUTRITION SERVICE DELIVERY IN SCHOOLS

X

INTERVENTION	RELEVANCE	ACTIONS TO CONSIDER
Deworming	• High infection intensity with intestinal helminths has negative consequences on school performance, grade repetition, and drop-out as well as on pregnancy outcomes • Regular treatment to all children and adolescents in endemic areas reduces micronutrient deficiencies, improves education outcomes, and reduces local disease transmission • School-age children and adolescent girls are among the most vulnerable populations to intestinal helminth infections	• Deliver treatment annually or twice-annually to school-age children and adolescents, depending on endemicity • Consider messaging that invites out-of-school children and adolescents to receive treatment on school deworming days • Combine treatment delivery for schistosomiasis and intestinal helminths in areas where the two diseases occur concurrently • Develop and maintain an up-to-date contingency plan for delivering deworming tablets and monitoring during school closures and instability

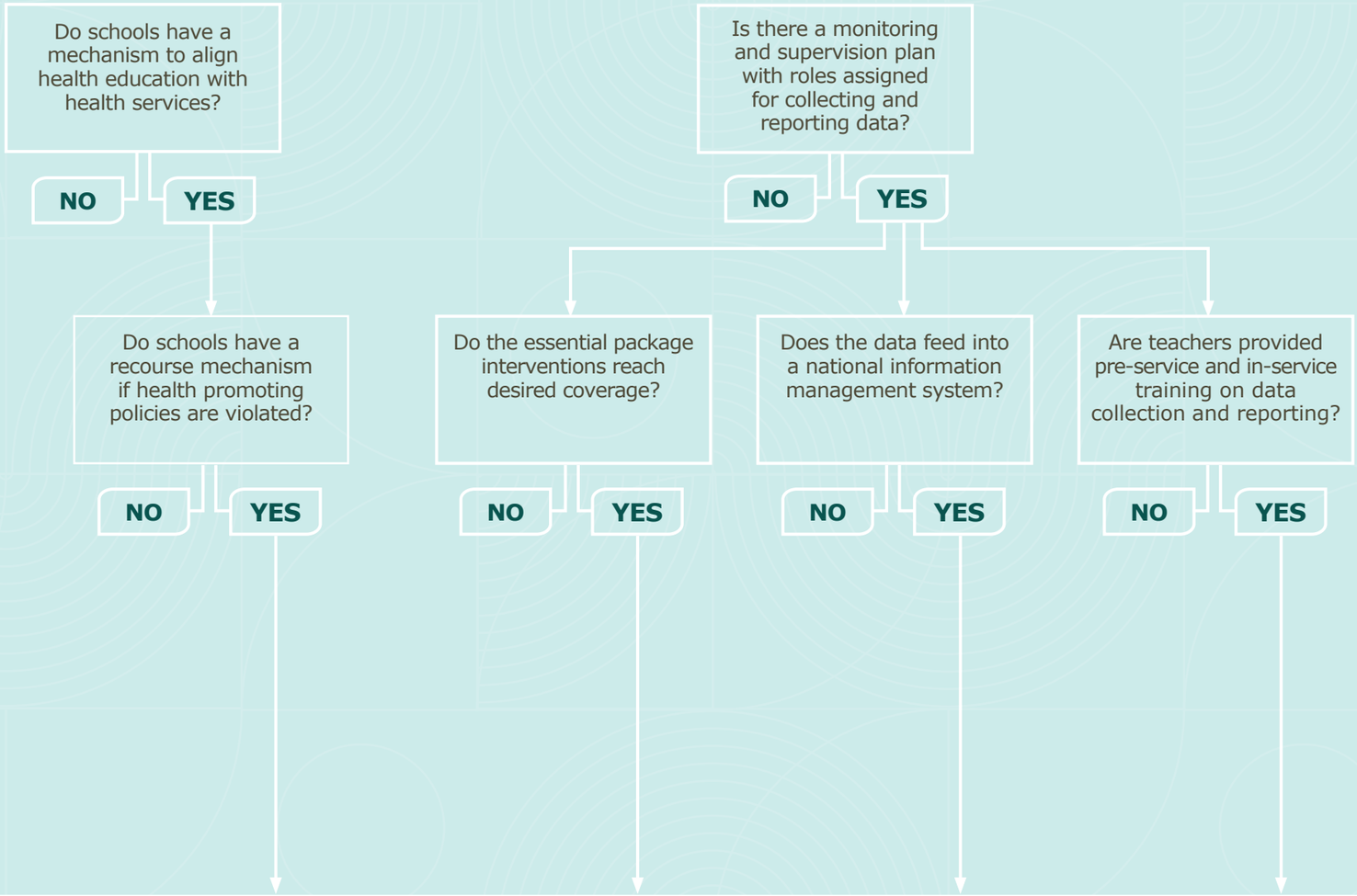
SCHOOL MEALS

X

INTERVENTION	RELEVANCE	ACTIONS TO CONSIDER
School Meals	• School meals can complement efforts to combat undernutrition and obesity, particularly when the meal composition is nutrient rich and well-balanced • School meals may be a strong determinant of school attendance, particularly for girls and for students in food insecure regions and households • School feeding programs contribute to improved energy intake, dietary diversity, attention in class, and school enrollment	• Nutrition curriculum should include double-duty actions to address multiple forms of malnutrition. As it relates to school feeding, double-duty actions would include those that simultaneously address concerns of over and under nutrition, such as the provision of age-specific nutrient dense meals that meet nutrient requirements while restricting foods and beverages that are high in calories, salt, sugar, and fat • Encourage the agriculture sector to purchase school meal commodities from small or local farmers • Incentivize the delivery of school meals to both primary and secondary schools, particularly in food insecure regions • Integrate the delivery mechanism for school meals with other nutrition-sensitive and specific interventions (ie. deworming, IFA supplementation, and micronutrient fortified snacks) • Develop and maintain an up-to-date contingency plan for school meal delivery and monitoring during school closures and instability

IMPLEMENTING THE PACKAGE OF SERVICES

CONSIDERATIONS FOR SETTINGS WHERE SCHOOL HEALTH AND NUTRITION SERVICES ARE ROUTINELY DELIVERED IN PRIMARY AND SECONDARY SCHOOLS



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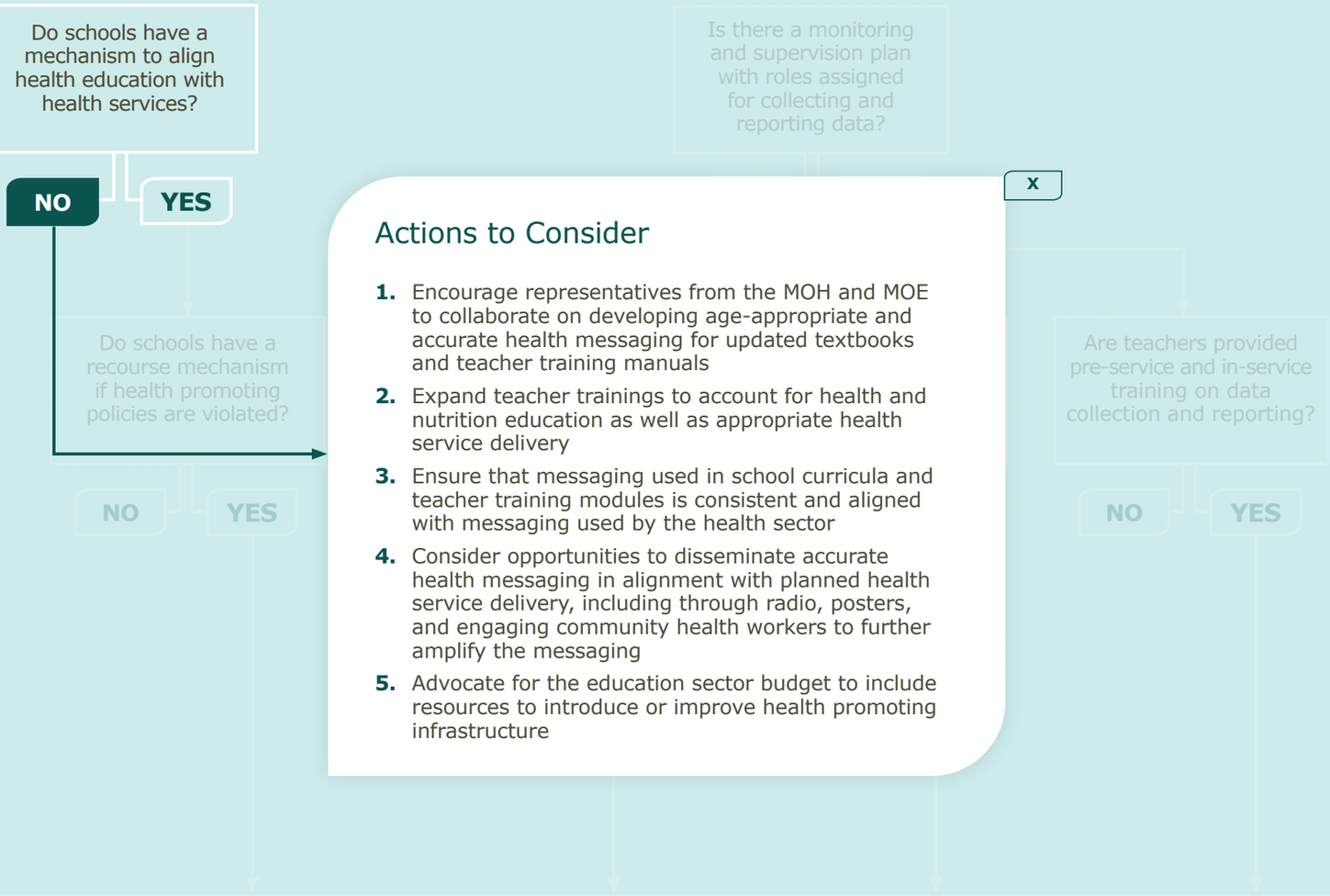

Actions to Consider

1. Encourage representatives from the MOH and MOE to collaborate on developing age-appropriate and accurate health messaging for updated textbooks and teacher training manuals
2. Expand teacher trainings to account for health and nutrition education as well as appropriate health service delivery
3. Ensure that messaging used in school curricula and teacher training modules is consistent and aligned with messaging used by the health sector
4. Consider opportunities to disseminate accurate health messaging in alignment with planned health service delivery, including through radio, posters, and engaging community health workers to further amplify the messaging
5. Advocate for the education sector budget to include resources to introduce or improve health promoting infrastructure

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

CONSIDERATIONS FOR SETTINGS WHERE SCHOOL HEALTH AND NUTRITION SERVICES ARE ROUTINELY DELIVERED IN PRIMARY AND SECONDARY SCHOOLS

Actions to Consider

1. Synthesize the global evidence on the breadth of school health promotion policies, examples of recourse mechanisms utilized, and any evidence of impact
2. Organize workshops to enable school administrators to learn from examples applied in other schools and develop tailored mechanisms for their own settings

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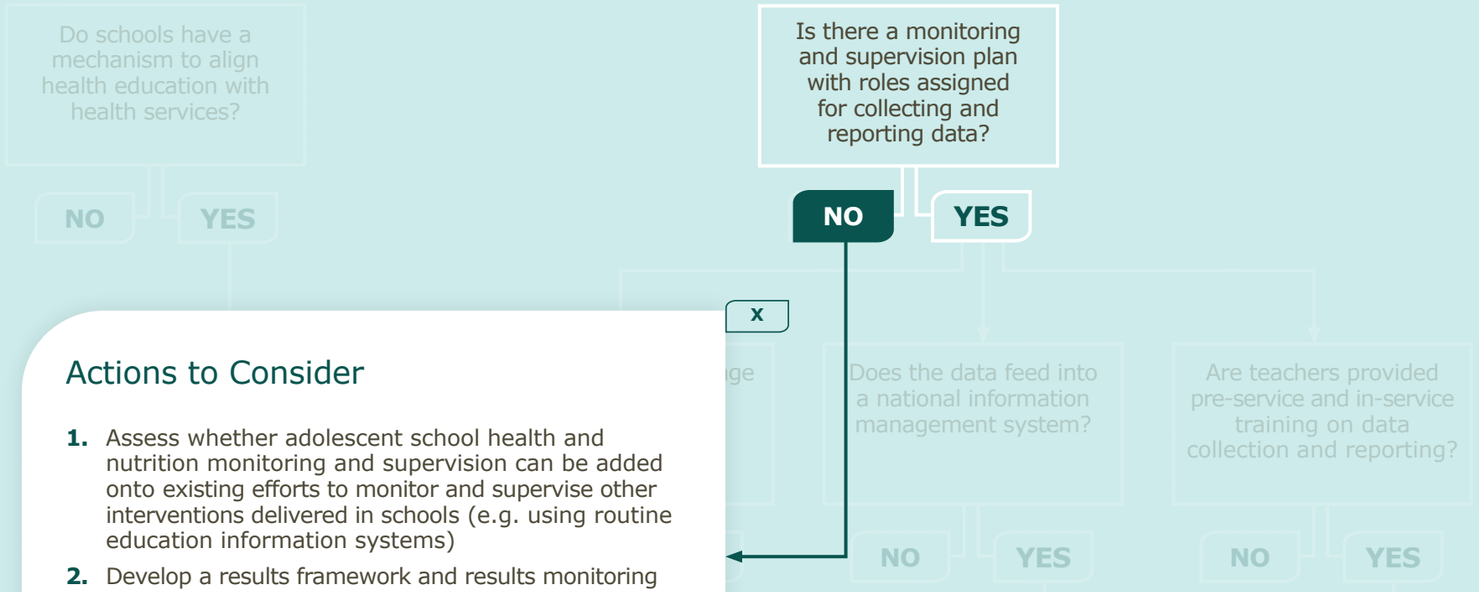

Actions to Consider

1. Assess whether adolescent school health and nutrition monitoring and supervision can be added onto existing efforts to monitor and supervise other interventions delivered in schools (e.g. using routine education information systems)
2. Develop a results framework and results monitoring plan to monitor the implementation of the adolescent school health and nutrition essential package
3. Develop standard TORs, organograms, or other guidance document to specify expected roles and information dissemination routes
4. Ensure proposed frequency of training accounts for teacher attrition

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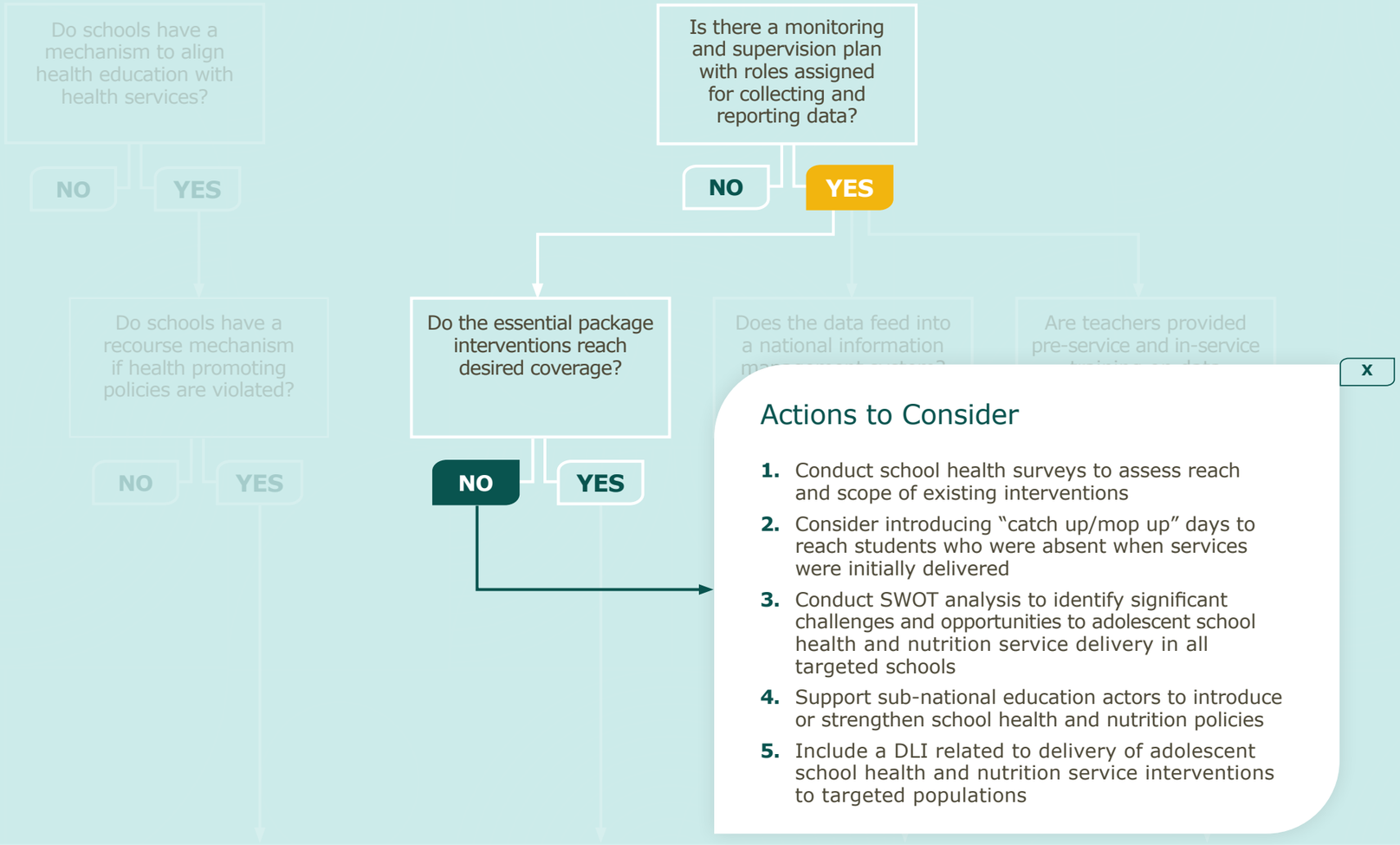

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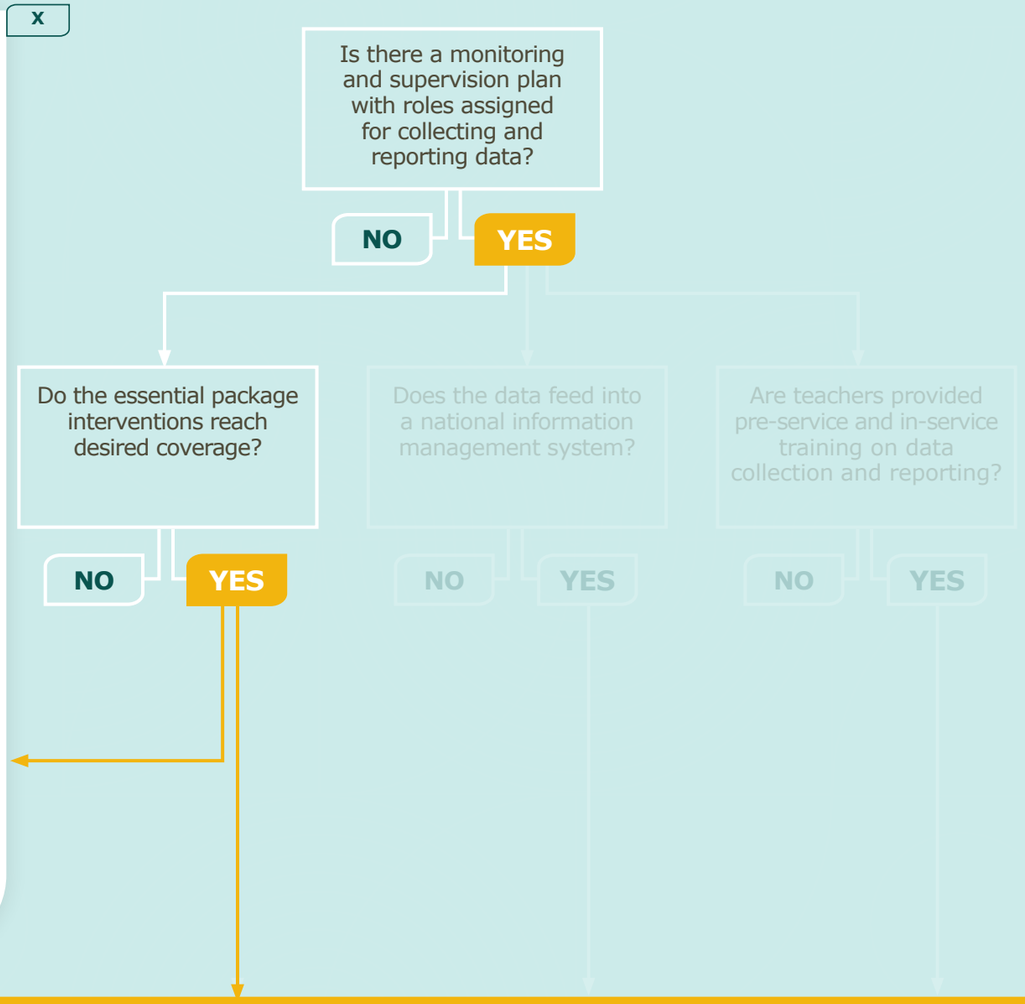

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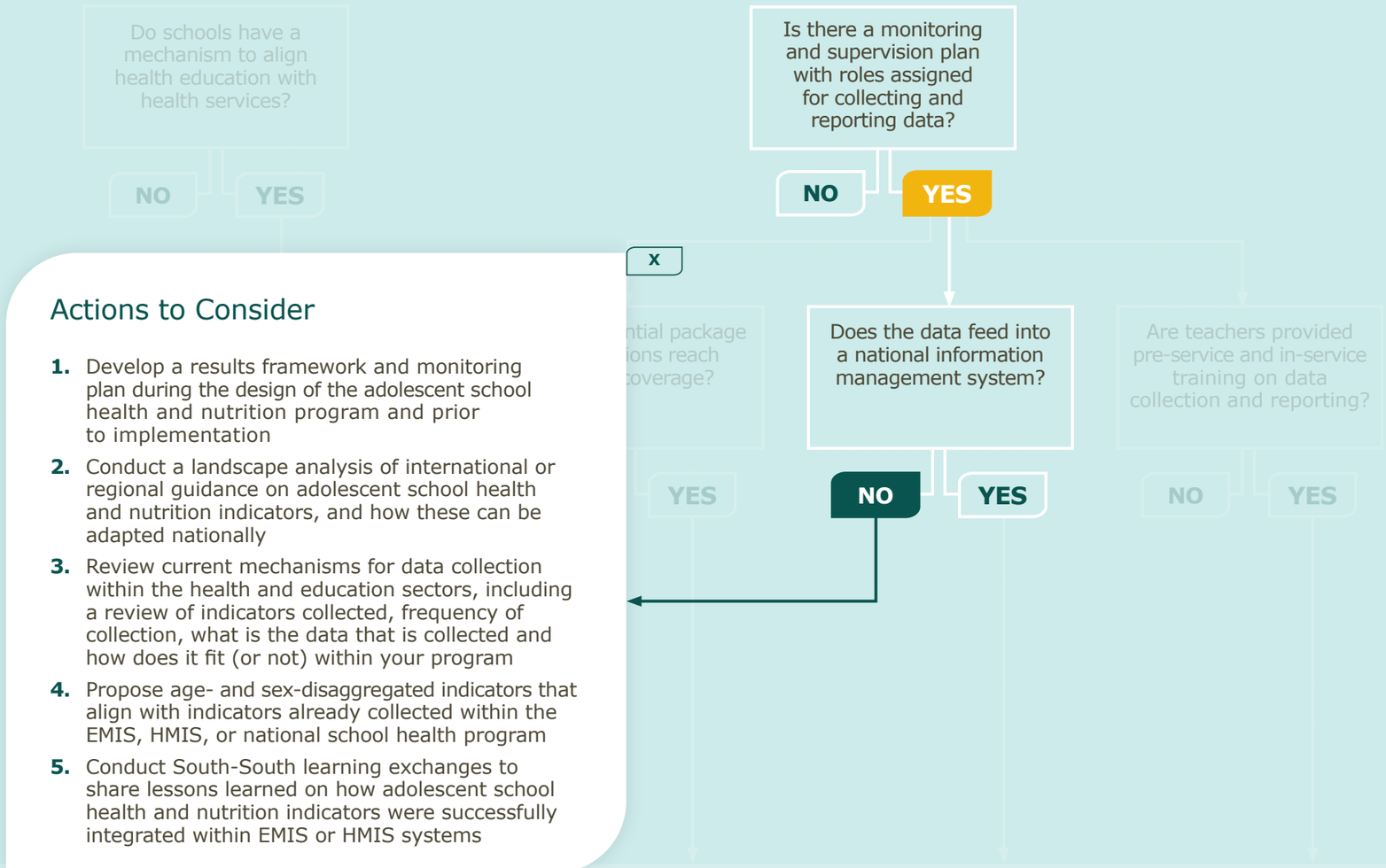


Actions to Consider

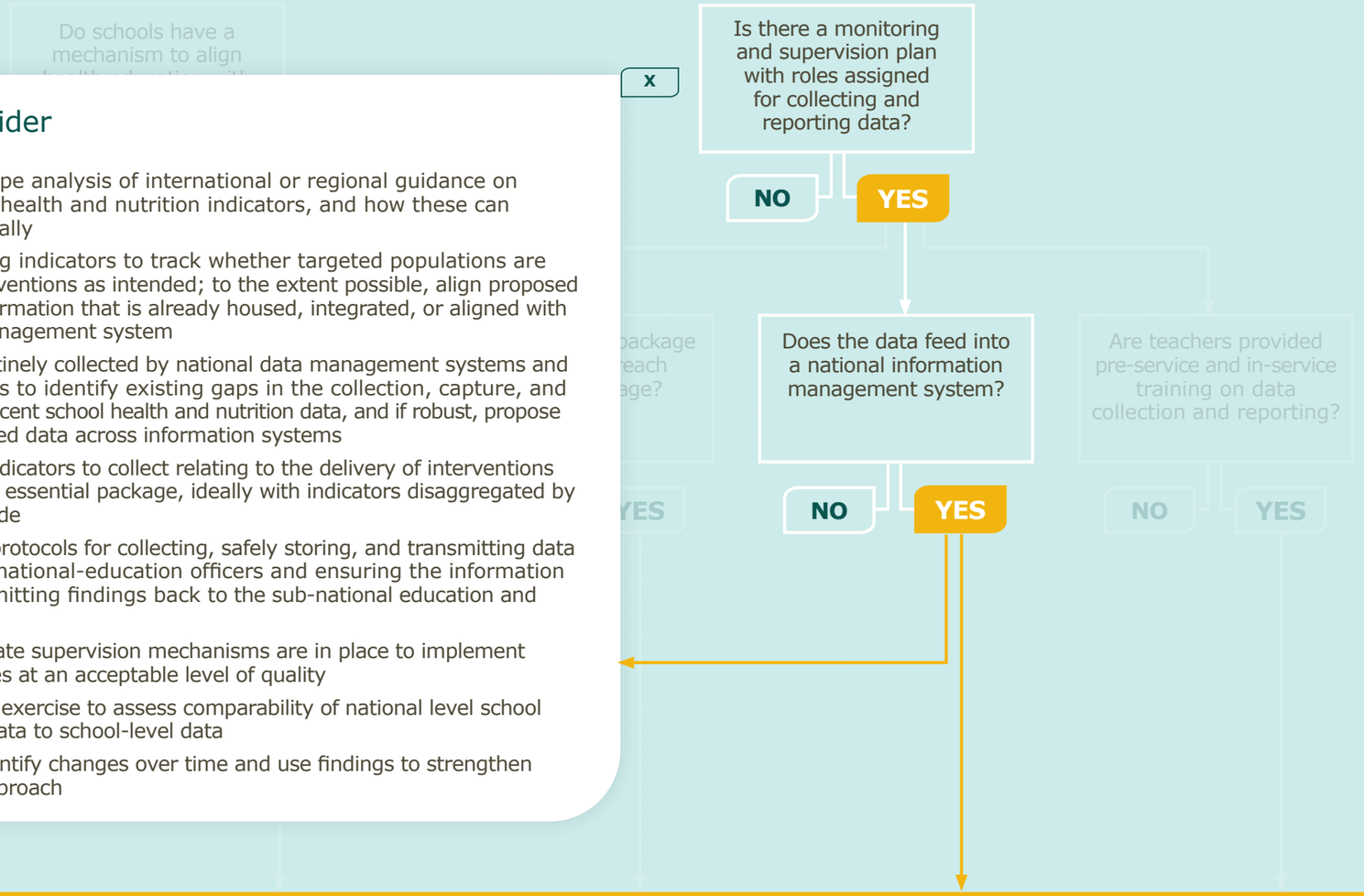
1. Develop a results framework and monitoring plan during the design of the adolescent school health and nutrition program and prior to implementation
2. Conduct a landscape analysis of international or regional guidance on adolescent school health and nutrition indicators, and how these can be adapted nationally
3. Review current mechanisms for data collection within the health and education sectors, including a review of indicators collected, frequency of collection, what is the data that is collected and how does it fit (or not) within your program
4. Propose age- and sex-disaggregated indicators that align with indicators already collected within the EMIS, HMIS, or national school health program
5. Conduct South-South learning exchanges to share lessons learned on how adolescent school health and nutrition indicators were successfully integrated within EMIS or HMIS systems

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

CONSIDERATIONS FOR SETTINGS WHERE SCHOOL HEALTH AND NUTRITION SERVICES ARE ROUTINELY DELIVERED IN PRIMARY AND SECONDARY SCHOOLS

Actions to Consider

1. Conduct a landscape analysis of international or regional guidance on adolescent school health and nutrition indicators, and how these can be adapted nationally
2. Propose monitoring indicators to track whether targeted populations are receiving the interventions as intended; to the extent possible, align proposed indicators with information that is already housed, integrated, or aligned with a national data management system
3. Map indicators routinely collected by national data management systems and by existing surveys to identify existing gaps in the collection, capture, and reporting of adolescent school health and nutrition data, and if robust, propose integration of related data across information systems
4. Identify relevant indicators to collect relating to the delivery of interventions included within the essential package, ideally with indicators disaggregated by sex and school grade
5. Develop or refine protocols for collecting, safely storing, and transmitting data up to district- and national-education officers and ensuring the information loop includes submitting findings back to the sub-national education and health officers
6. Ensure that adequate supervision mechanisms are in place to implement monitoring activities at an acceptable level of quality
7. Conduct validation exercise to assess comparability of national level school service coverage data to school-level data
8. Monitor data to identify changes over time and use findings to strengthen service delivery approach



COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

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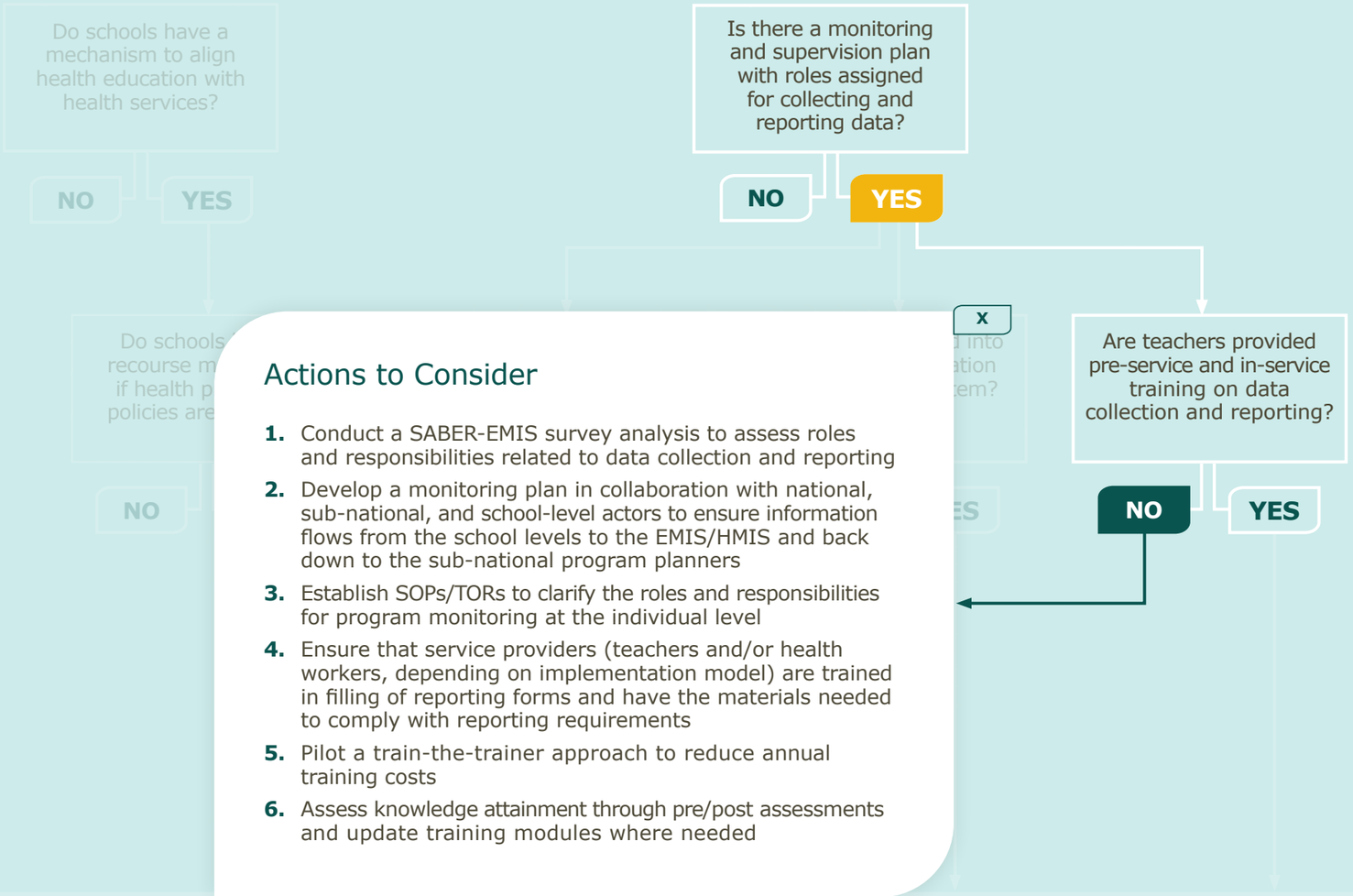

Actions to Consider

1. Conduct a SABER-EMIS survey analysis to assess roles and responsibilities related to data collection and reporting
2. Develop a monitoring plan in collaboration with national, sub-national, and school-level actors to ensure information flows from the school levels to the EMIS/HMIS and back down to the sub-national program planners
3. Establish SOPs/TORs to clarify the roles and responsibilities for program monitoring at the individual level
4. Ensure that service providers (teachers and/or health workers, depending on implementation model) are trained in filling of reporting forms and have the materials needed to comply with reporting requirements
5. Pilot a train-the-trainer approach to reduce annual training costs
6. Assess knowledge attainment through pre/post assessments and update training modules where needed

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

CONSIDERATIONS FOR SETTINGS WHERE SCHOOL HEALTH AND NUTRITION SERVICES ARE ROUTINELY DELIVERED IN PRIMARY AND SECONDARY SCHOOLS

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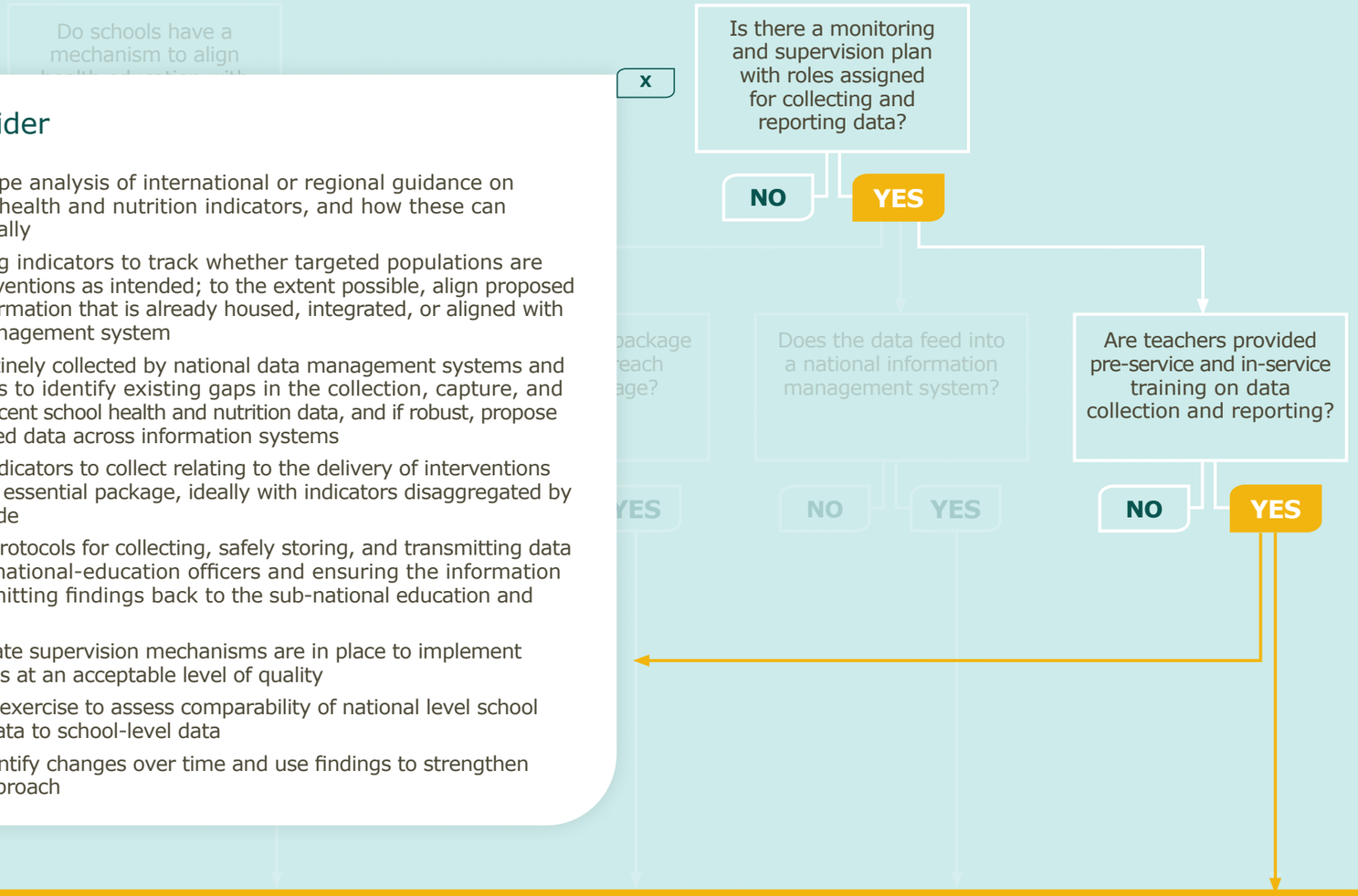
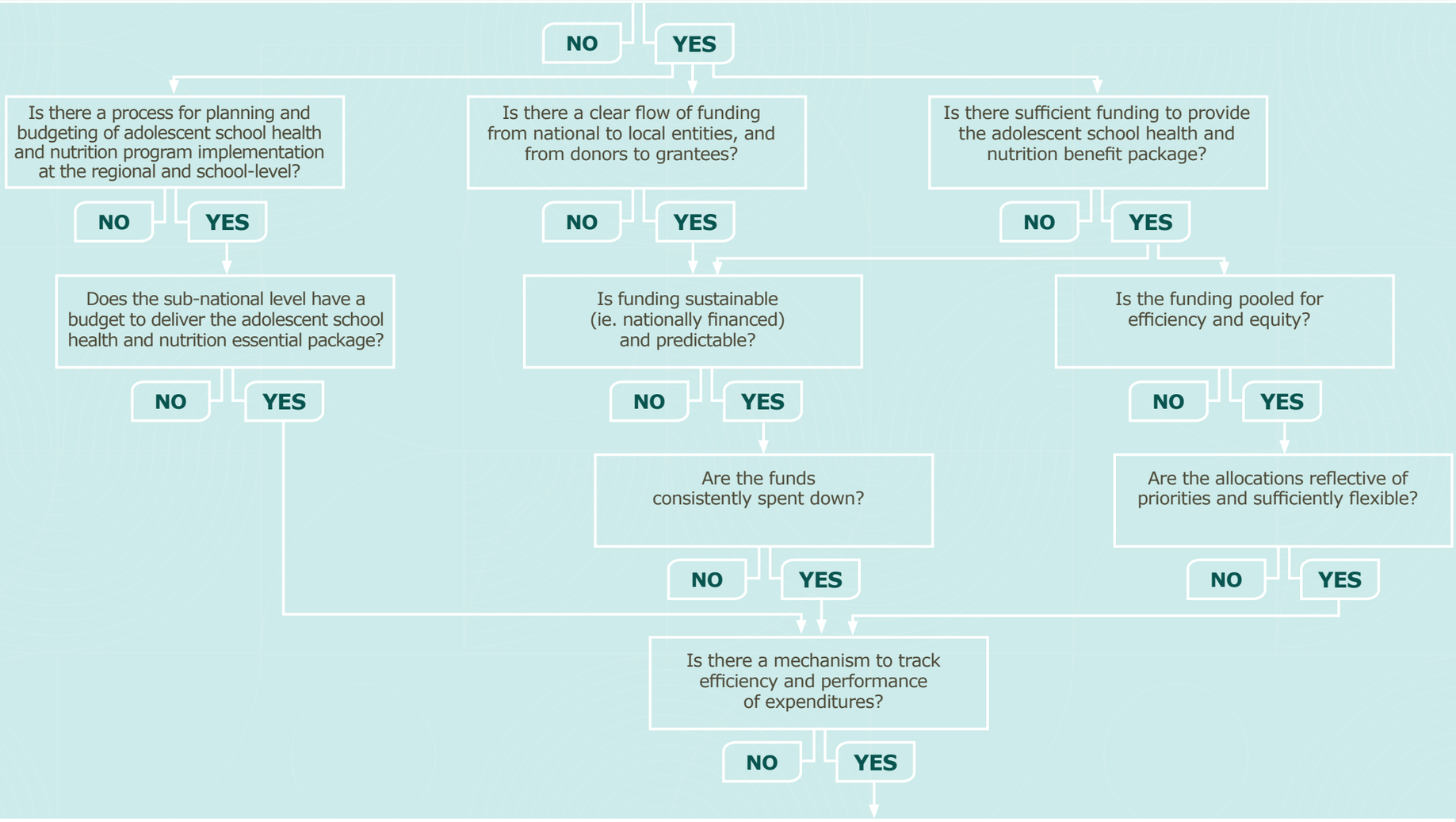


COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

FINANCING THE PACKAGE OF SERVICES

HAVE THE STAKEHOLDERS AGREED ON AN ADOLESCENT SCHOOL HEALTH AND NUTRITION BENEFITS PACKAGE THAT IS STANDARDIZED AND SPECIFIC?



COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

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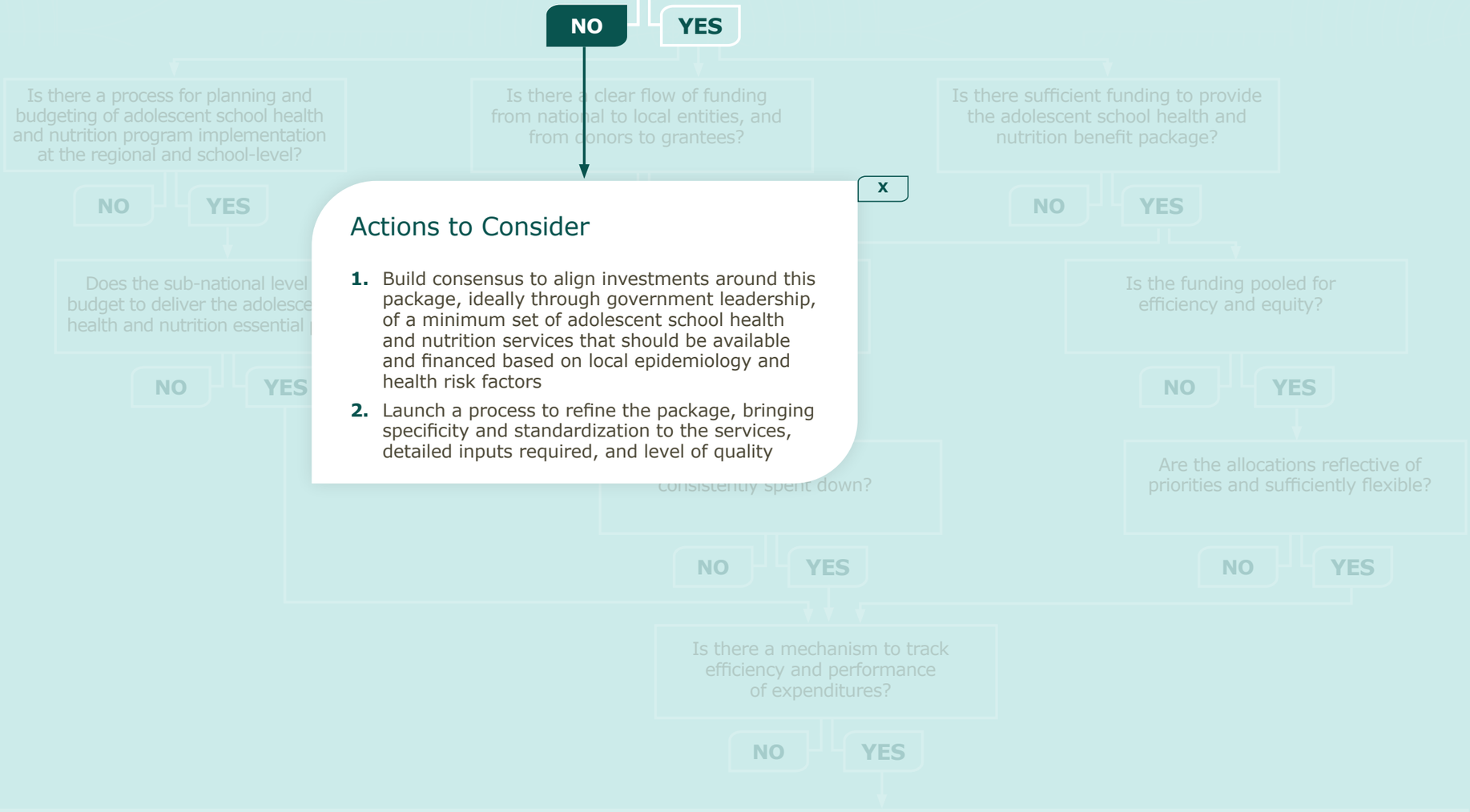

Actions to Consider

1. Build consensus to align investments around this package, ideally through government leadership, of a minimum set of adolescent school health and nutrition services that should be available and financed based on local epidemiology and health risk factors
2. Launch a process to refine the package, bringing specificity and standardization to the services, detailed inputs required, and level of quality

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

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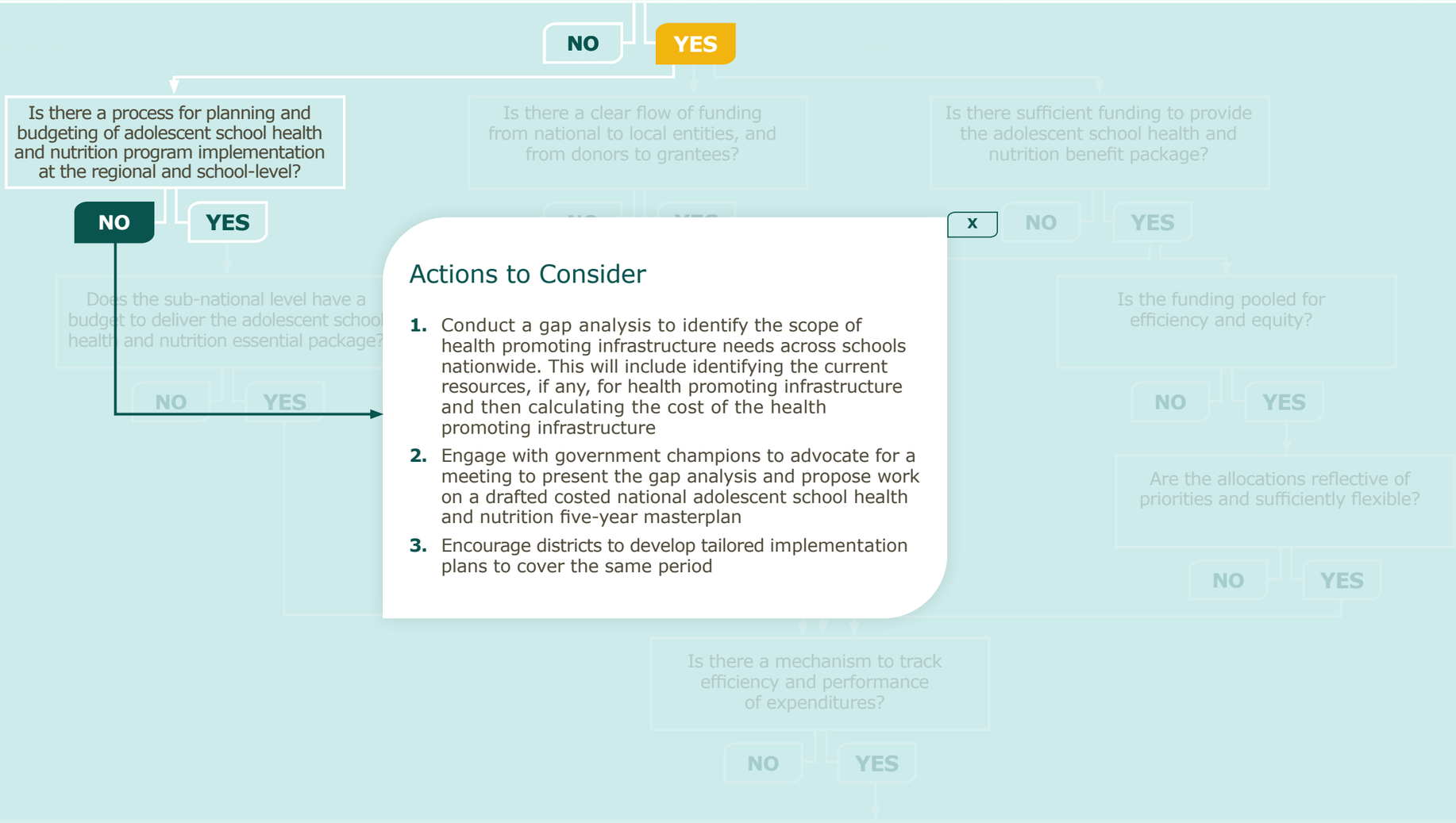

Actions to Consider

1. Conduct a gap analysis to identify the scope of health promoting infrastructure needs across schools nationwide. This will include identifying the current resources, if any, for health promoting infrastructure and then calculating the cost of the health promoting infrastructure
2. Engage with government champions to advocate for a meeting to present the gap analysis and propose work on a drafted costed national adolescent school health and nutrition five-year masterplan
3. Encourage districts to develop tailored implementation plans to cover the same period

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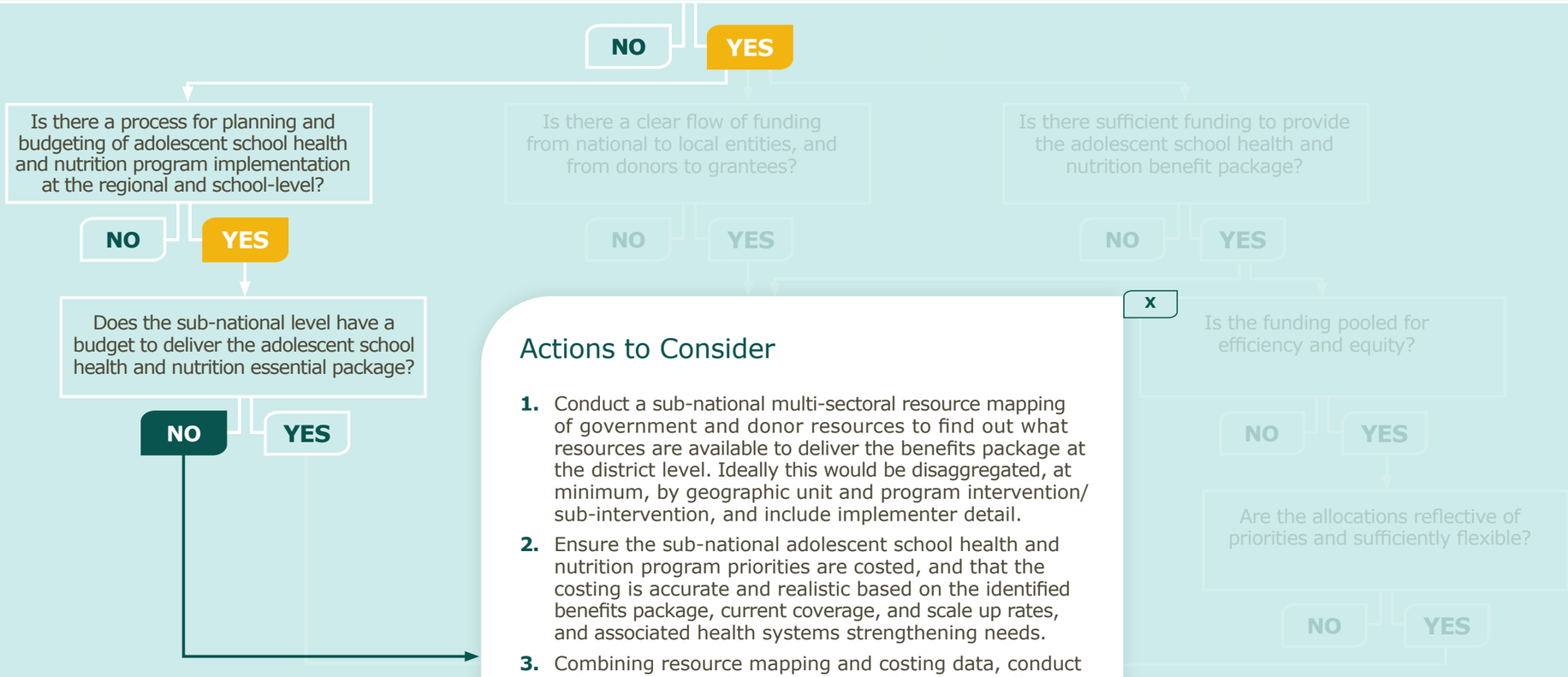
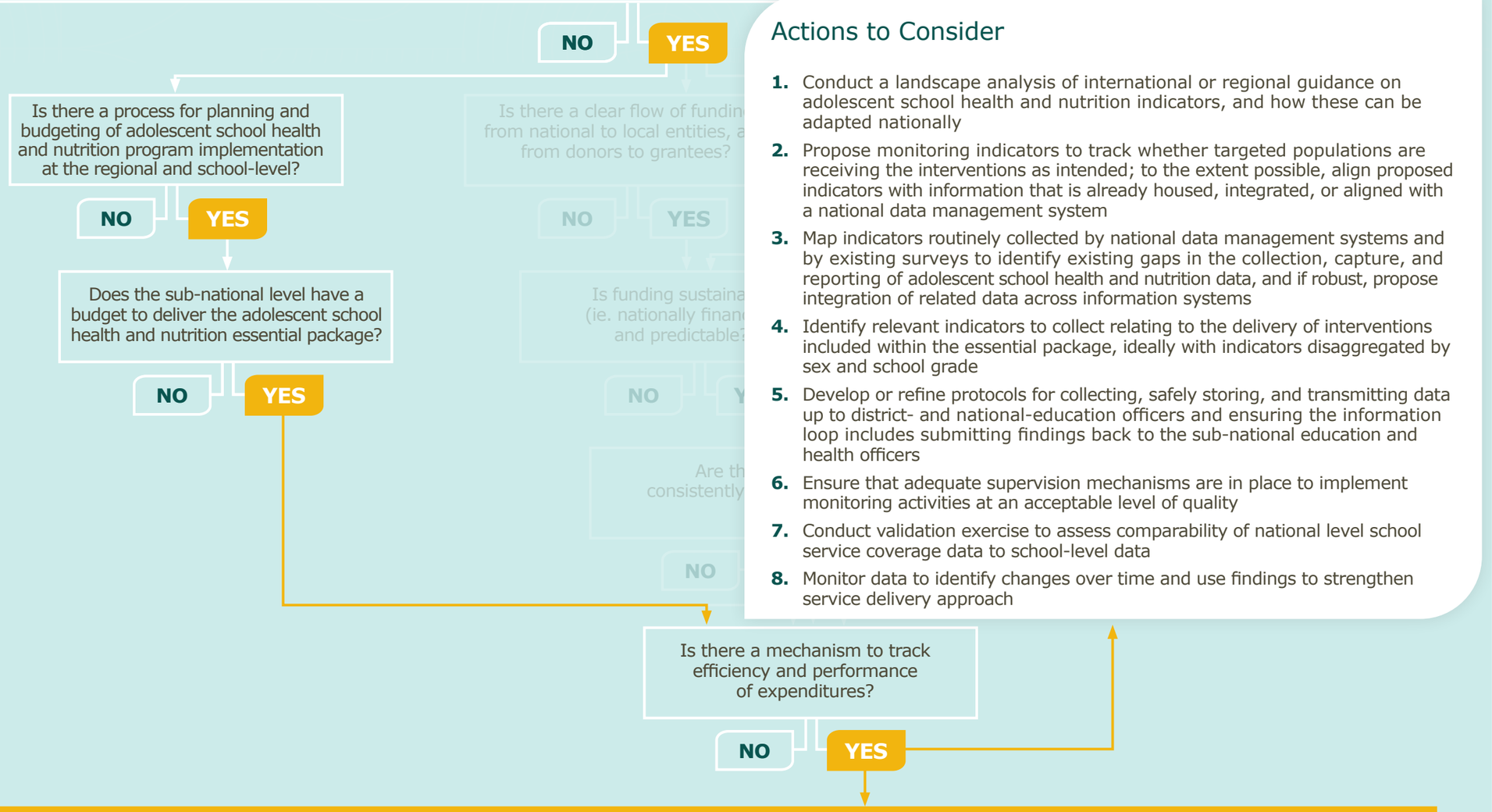


Actions to Consider

1. Conduct a sub-national multi-sectoral resource mapping of government and donor resources to find out what resources are available to deliver the benefits package at the district level. Ideally this would be disaggregated, at minimum, by geographic unit and program intervention/ sub-intervention, and include implementer detail.
2. Ensure the sub-national adolescent school health and nutrition program priorities are costed, and that the costing is accurate and realistic based on the identified benefits package, current coverage, and scale up rates, and associated health systems strengthening needs.
3. Combining resource mapping and costing data, conduct a financial gap analysis to understand resource sufficiency, key funding gaps, and where duplication/overfunding should be addressed. If overall funding gap is too large, consider reprioritizing the sub-national adolescent school health and nutrition program interventions.
4. Engage champions, civil society, and other sub-national stakeholders to identify opportunities for cost sharing

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

HAVE THE STAKEHOLDERS AGREED ON AN ADOLESCENT SCHOOL HEALTH AND NUTRITION BENEFITS PACKAGE THAT IS STANDARDIZED AND SPECIFIC?



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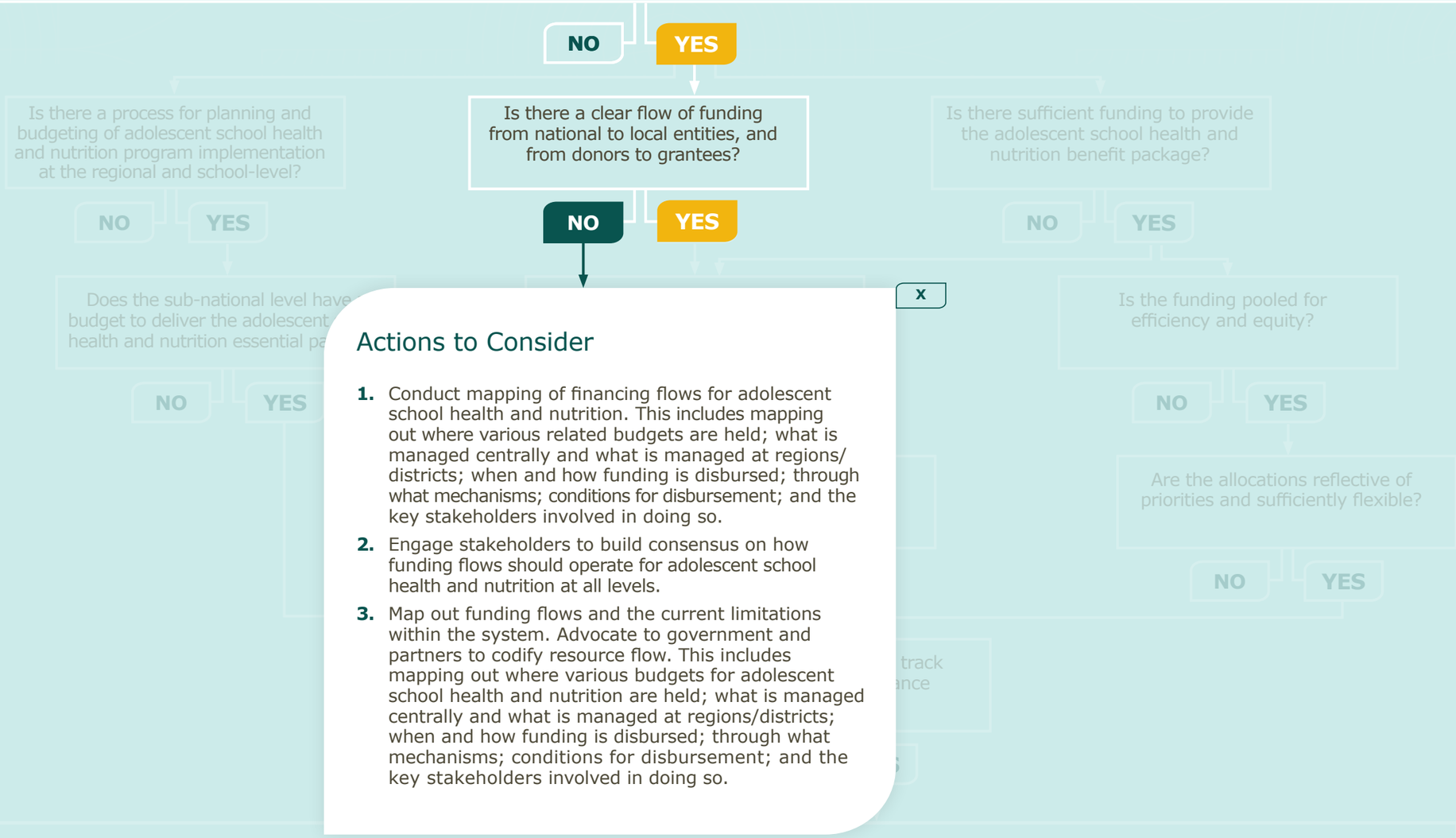

Actions to Consider

1. Conduct mapping of financing flows for adolescent school health and nutrition. This includes mapping out where various related budgets are held; what is managed centrally and what is managed at regions/districts; when and how funding is disbursed; through what mechanisms; conditions for disbursement; and the key stakeholders involved in doing so.
2. Engage stakeholders to build consensus on how funding flows should operate for adolescent school health and nutrition at all levels.
3. Map out funding flows and the current limitations within the system. Advocate to government and partners to codify resource flow. This includes mapping out where various budgets for adolescent school health and nutrition are held; what is managed centrally and what is managed at regions/districts; when and how funding is disbursed; through what mechanisms; conditions for disbursement; and the key stakeholders involved in doing so.

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

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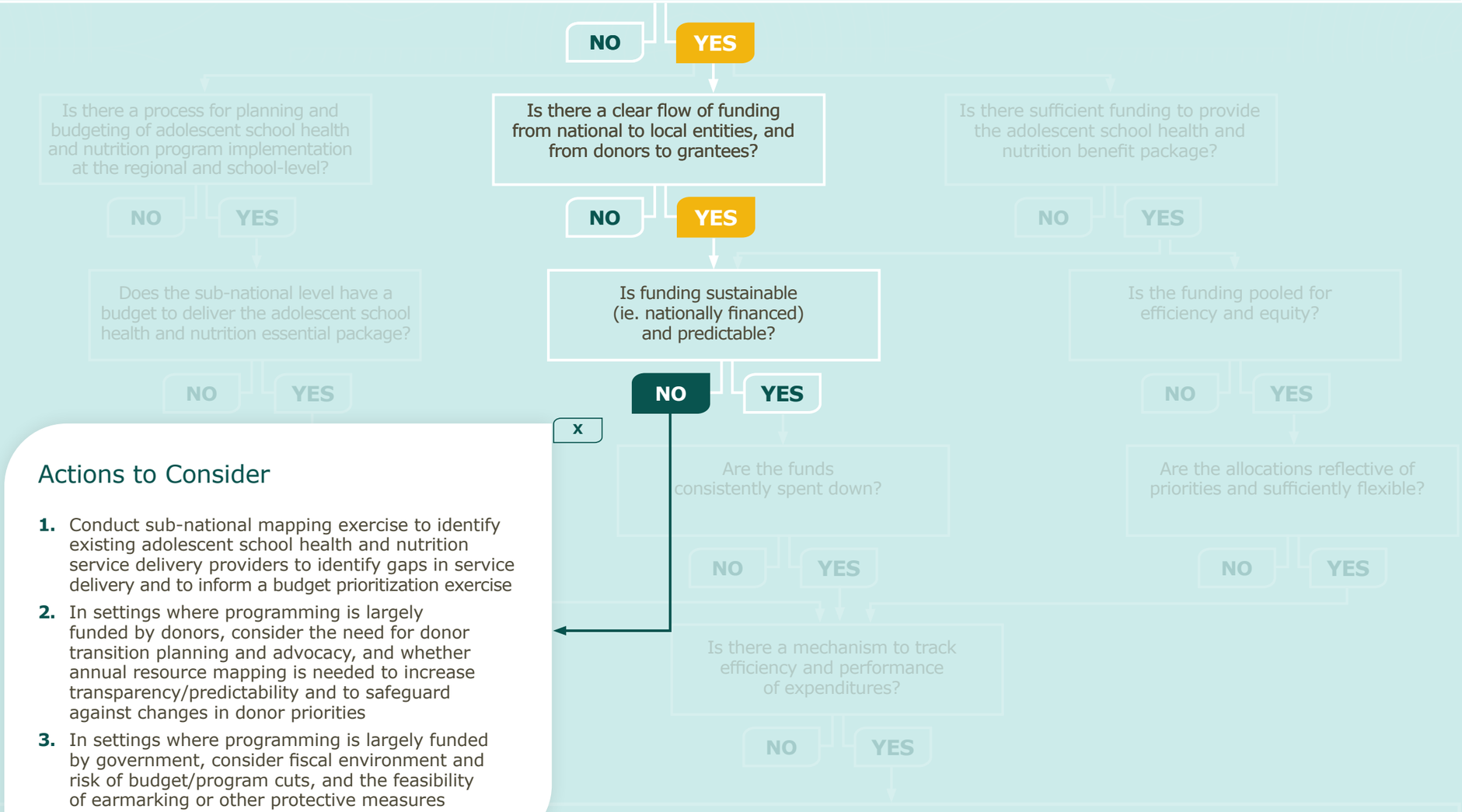
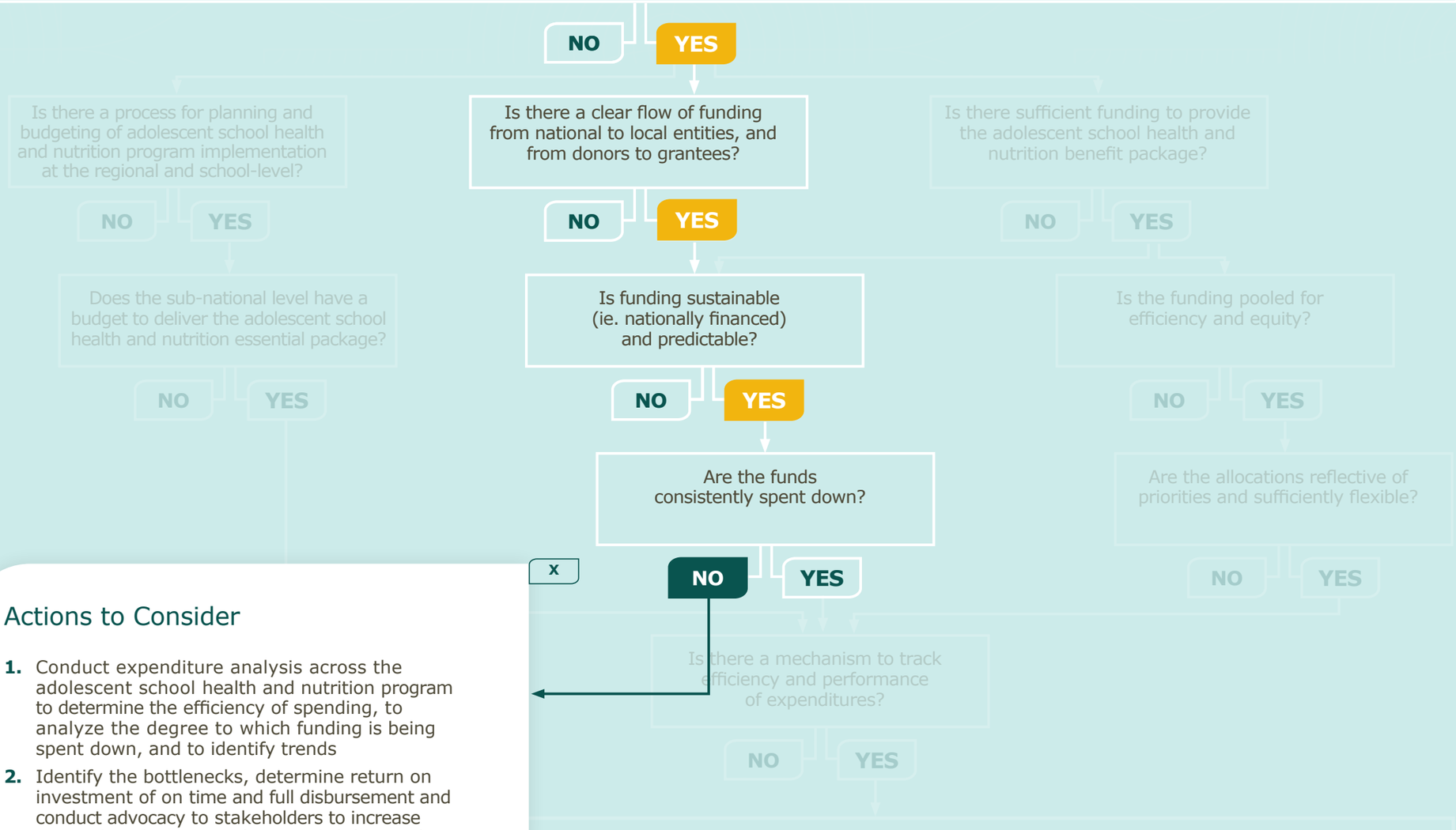


Actions to Consider

1. Conduct sub-national mapping exercise to identify existing adolescent school health and nutrition service delivery providers to identify gaps in service delivery and to inform a budget prioritization exercise
2. In settings where programming is largely funded by donors, consider the need for donor transition planning and advocacy, and whether annual resource mapping is needed to increase transparency/predictability and to safeguard against changes in donor priorities
3. In settings where programming is largely funded by government, consider fiscal environment and risk of budget/program cuts, and the feasibility of earmarking or other protective measures

HAVE THE STAKEHOLDERS AGREED ON AN ADOLESCENT SCHOOL HEALTH AND NUTRITION BENEFITS PACKAGE THAT IS STANDARDIZED AND SPECIFIC?



Actions to Consider

1. Conduct expenditure analysis across the adolescent school health and nutrition program to determine the efficiency of spending, to analyze the degree to which funding is being spent down, and to identify trends
2. Identify the bottlenecks, determine return on investment of on time and full disbursement and conduct advocacy to stakeholders to increase momentum for increased accountability and strengthened monitoring systems

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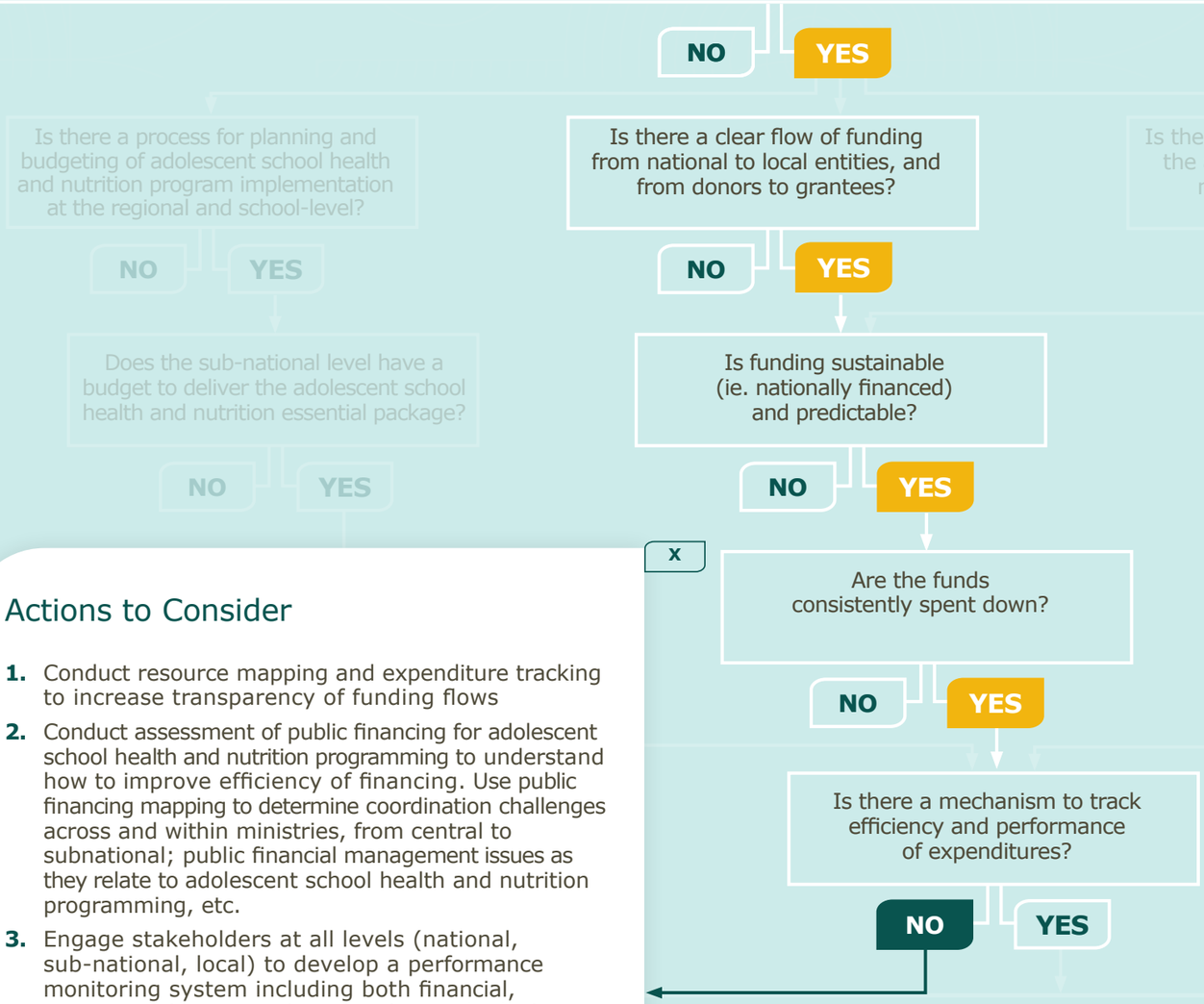

Actions to Consider

1. Conduct resource mapping and expenditure tracking to increase transparency of funding flows
2. Conduct assessment of public financing for adolescent school health and nutrition programming to understand how to improve efficiency of financing. Use public financing mapping to determine coordination challenges across and within ministries, from central to subnational; public financial management issues as they relate to adolescent school health and nutrition programming, etc.
3. Engage stakeholders at all levels (national, sub-national, local) to develop a performance monitoring system including both financial, programmatic, and outcome data and indicators. Identify required actions to establish a routine monitoring process

HAVE THE STAKEHOLDERS AGREED ON AN ADOLESCENT SCHOOL HEALTH AND NUTRITION BENEFITS PACKAGE THAT IS STANDARDIZED AND SPECIFIC?

Actions to Consider

1. Conduct a landscape analysis of international or regional guidance on adolescent school health and nutrition indicators, and how these can be adapted nationally
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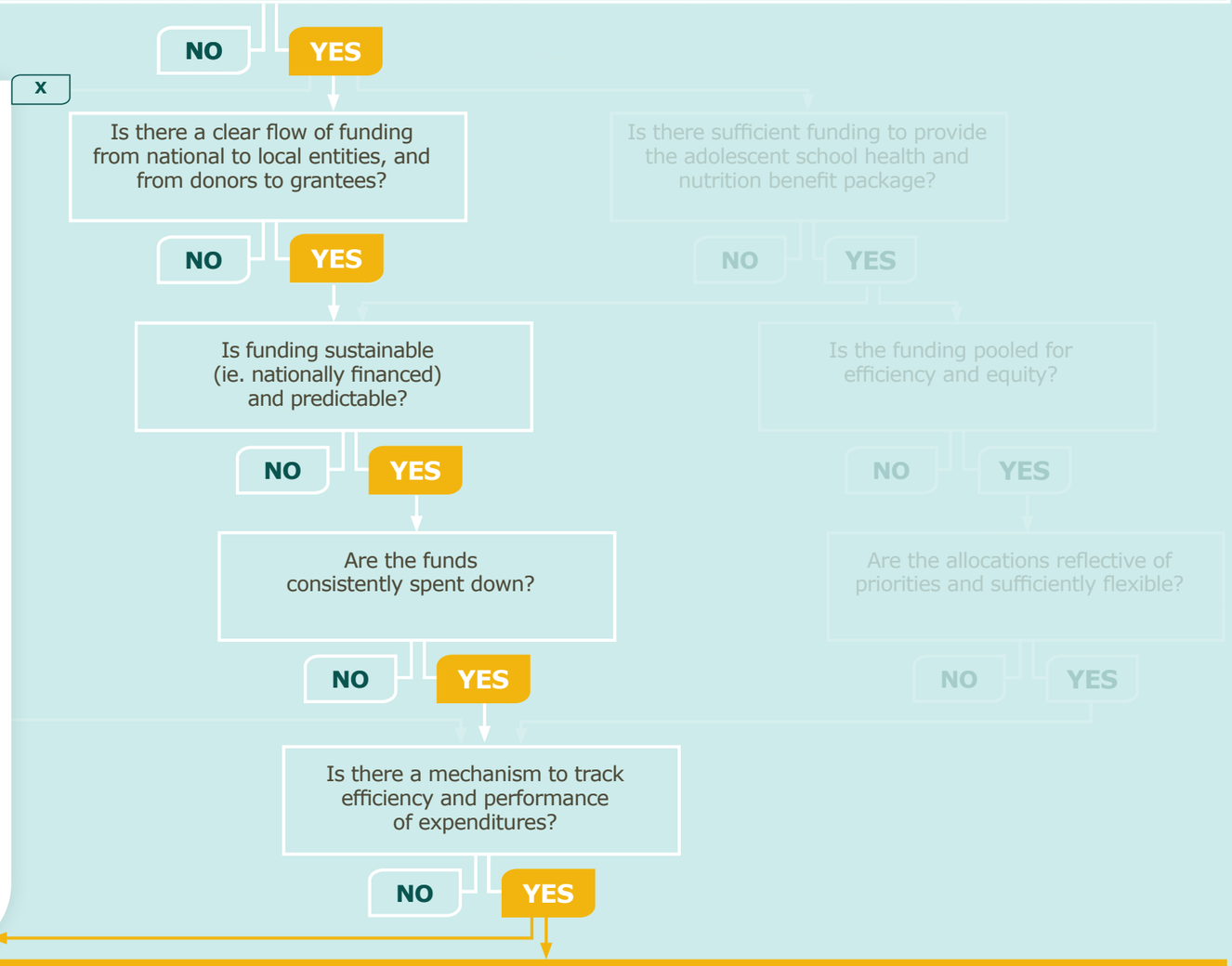

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

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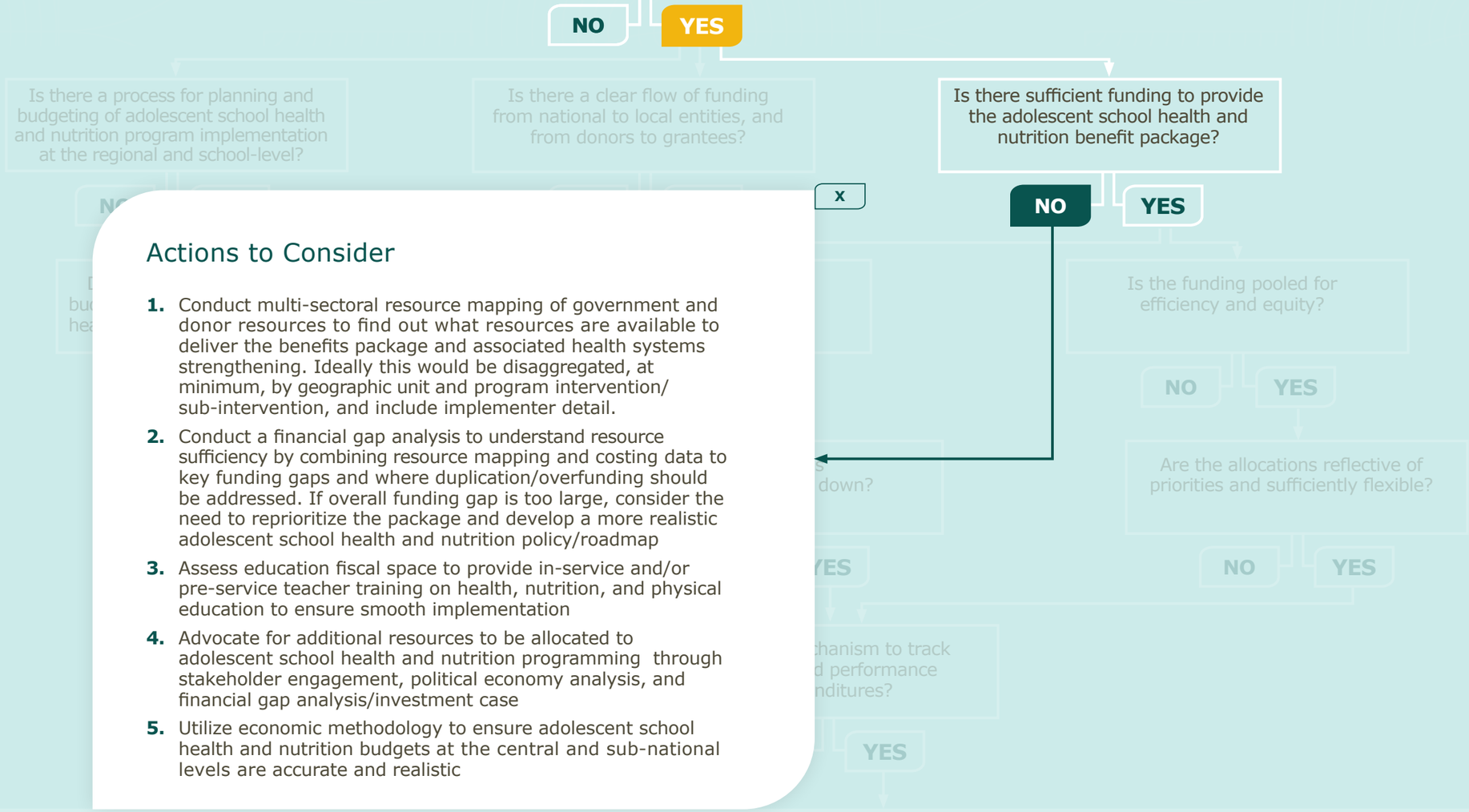

Actions to Consider

1. Conduct multi-sectoral resource mapping of government and donor resources to find out what resources are available to deliver the benefits package and associated health systems strengthening. Ideally this would be disaggregated, at minimum, by geographic unit and program intervention/ sub-intervention, and include implementer detail.
2. Conduct a financial gap analysis to understand resource sufficiency by combining resource mapping and costing data to key funding gaps and where duplication/overfunding should be addressed. If overall funding gap is too large, consider the need to reprioritize the package and develop a more realistic adolescent school health and nutrition policy/roadmap
3. Assess education fiscal space to provide in-service and/or pre-service teacher training on health, nutrition, and physical education to ensure smooth implementation
4. Advocate for additional resources to be allocated to adolescent school health and nutrition programming through stakeholder engagement, political economy analysis, and financial gap analysis/investment case
5. Utilize economic methodology to ensure adolescent school health and nutrition budgets at the central and sub-national levels are accurate and realistic

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

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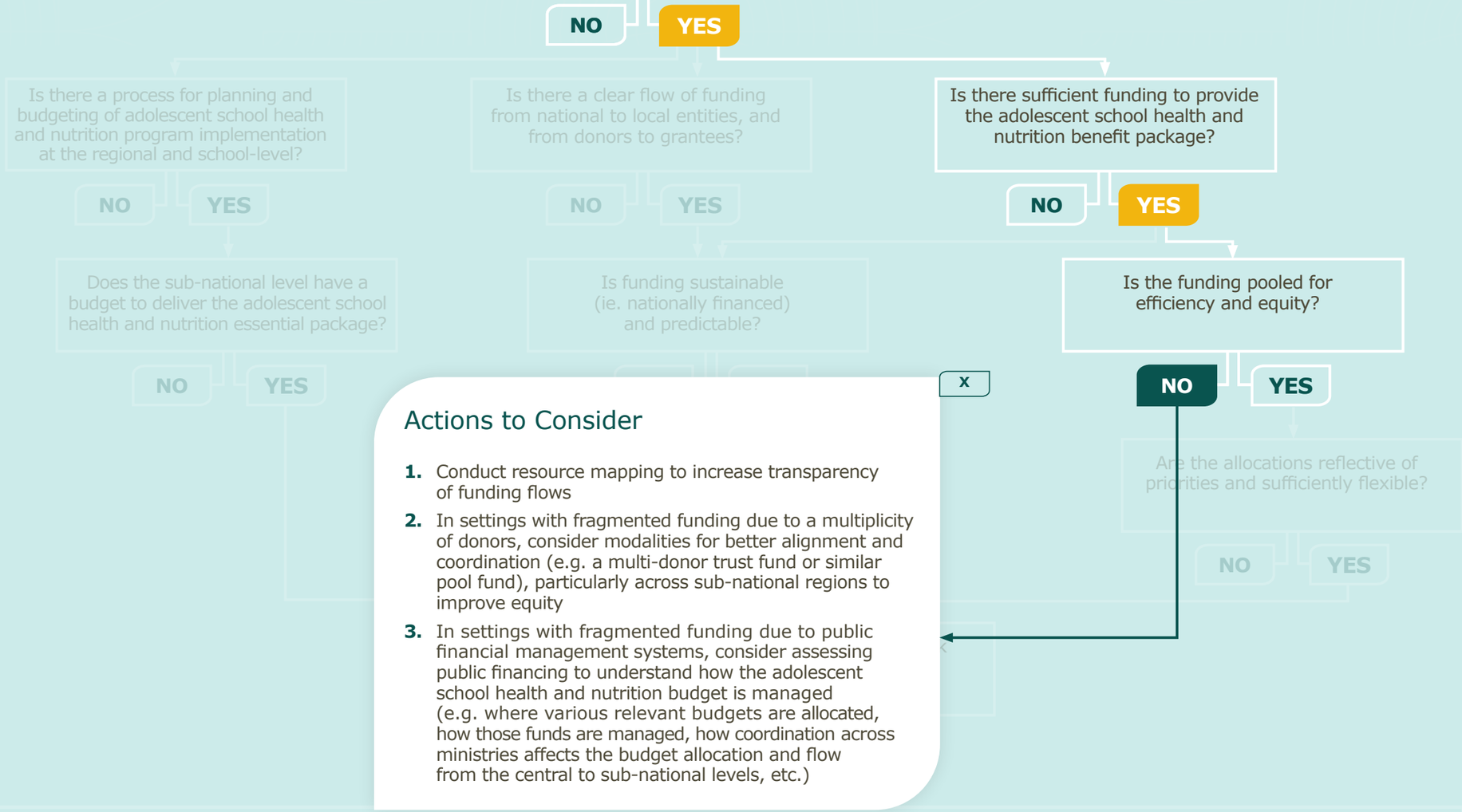

Actions to Consider

1. Conduct resource mapping to increase transparency of funding flows
2. In settings with fragmented funding due to a multiplicity of donors, consider modalities for better alignment and coordination (e.g. a multi-donor trust fund or similar pool fund), particularly across sub-national regions to improve equity
3. In settings with fragmented funding due to public financial management systems, consider assessing public financing to understand how the adolescent school health and nutrition budget is managed (e.g. where various relevant budgets are allocated, how those funds are managed, how coordination across ministries affects the budget allocation and flow from the central to sub-national levels, etc.)

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

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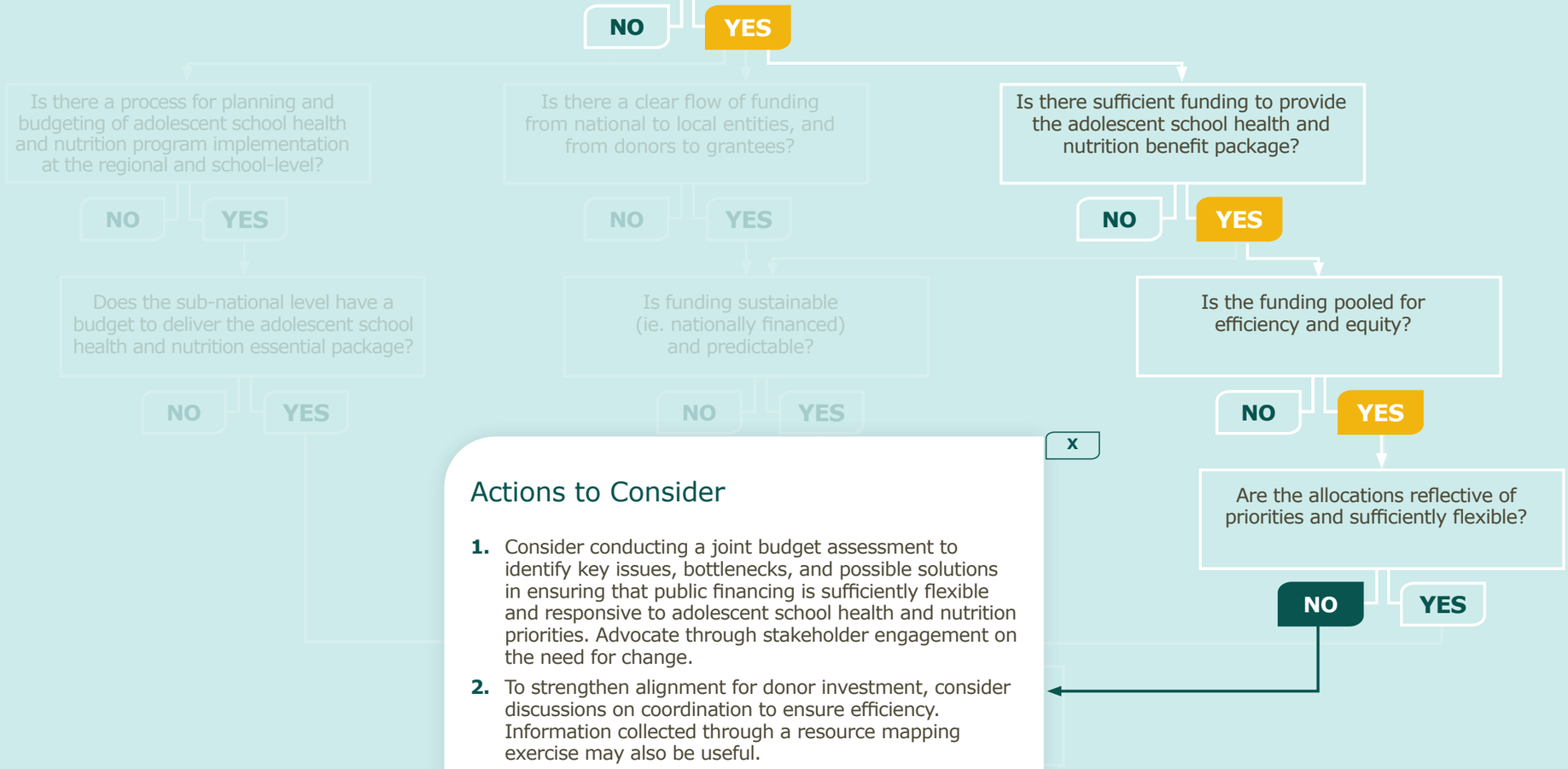

Actions to Consider

1. Consider conducting a joint budget assessment to identify key issues, bottlenecks, and possible solutions in ensuring that public financing is sufficiently flexible and responsive to adolescent school health and nutrition priorities. Advocate through stakeholder engagement on the need for change.
2. To strengthen alignment for donor investment, consider discussions on coordination to ensure efficiency. Information collected through a resource mapping exercise may also be useful.
3. Identify relevant practices or stakeholders that maintain reflective, sustainable budgeting. These may include capacity building during planning and budget formulation, strategically timed budget reviews, or adolescent school health and nutrition champions that help to ensure alignment.

COLLECT AND ANALYZE DATA AND UTILIZE A … FACILITATE PROGRAM ADAPTATION

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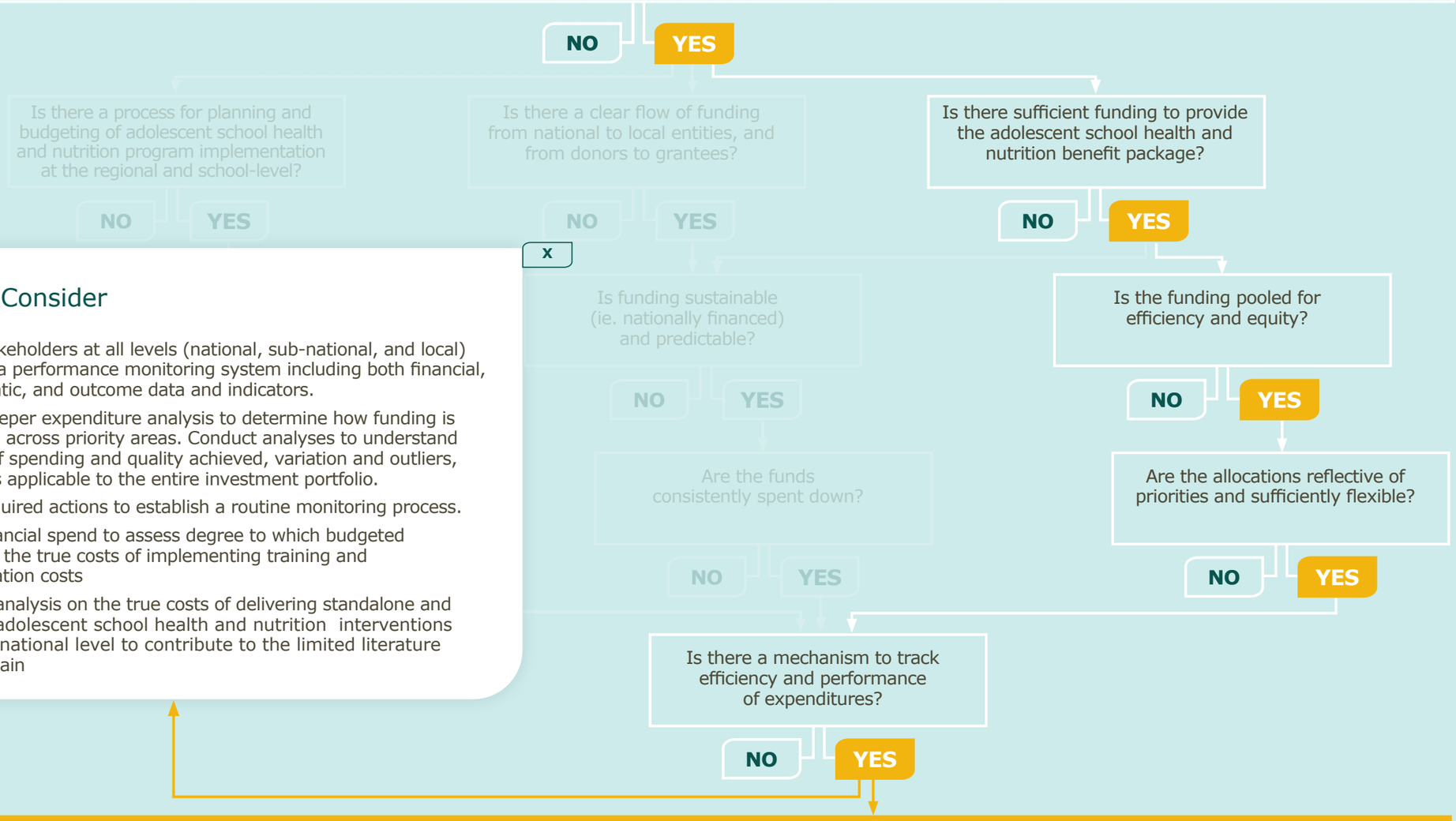

Actions to Consider

1. Engage stakeholders at all levels (national, sub-national, and local) to develop a performance monitoring system including both financial, programmatic, and outcome data and indicators.
2. Conduct deeper expenditure analysis to determine how funding is spent down across priority areas. Conduct analyses to understand efficiency of spending and quality achieved, variation and outliers, and lessons applicable to the entire investment portfolio.
3. Identify required actions to establish a routine monitoring process.
4. Monitor financial spend to assess degree to which budgeted funds meet the true costs of implementing training and implementation costs
5. Publish an analysis on the true costs of delivering standalone and integrated adolescent school health and nutrition interventions at the sub-national level to contribute to the limited literature in this domain

COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

RESOURCES

RESOURCES TO GUIDE ACTION RELATED TO ADOLESCENT SCHOOL HEALTH AND NUTRITION POLICIES

RESOURCES ON SCHOOL-BASED HEALTH INTERVENTIONS FOR ADOLESCENTS

- Adolescent school health and nutrition Brief 1 (introduction to adolescent school health and nutrition) - WEB PLACEMENT TBD
- World Bank: Human Capital Investments: The Case for Education and Health in Sub-Saharan Africa
- World Bank: Rethinking School Health: A Key Component of Education for All
- USAID: Human Capital Investments: The Case for Education and Health in Sub-Saharan Africa
- World Bank: Rethinking School Health: A Key Component of Education for All
- Sightsavers and PCD: School Health for All: An Operational Manual for Integrating Inclusive School Health and Nutrition
- WHO/UNESCO: Guideline on School Health Services

RESOURCES TO ASSESS THE ADOLESCENT SCHOOL HEALTH AND NUTRITION POLICY ENVIRONMENT

- World Bank: Systems Approach for Better Education Results (SABER) School Health and School Feeding Publications
- GPE: Guide for Developing Gender-Responsive Education Sector Planning
- K4D: Early Marriage, Pregnancy, and Girl Child School Dropout
- Cook Islands: MOU between the Ministry of Education and Ministry of Health for School Health and Nutrition
- MOU for use of a School or School District Setting: Immunization in Persons [School Children/ Residents] Against 2009 H1N1 Influenza
- UNESCO: Adolescent Health Dashboard

RESOURCES FOR WORLD BANK STAFF TO PROCURE TECHNICAL ASSISTANCE AND LEVERAGE FINANCING INSTRUMENTS

- World Bank: Laying the Foundations for Inclusive Development Policy Financing in Niger (P169830)
- World Bank: Bangladesh Health Sector Support Project (P160846); reference DLI 15
- World Bank: Toolkit for Mainstreaming Gender in Water Operations
- World Bank: Menstrual Health and Hygiene Resource Package: Tools and Resources for Task Teams on Inclusive WASH
- GPE Guidelines for Education Sector Plan Preparation

RESOURCES TO DESIGN AND IMPLEMENT THE ESSENTIAL PACKAGE OF ADOLESCENT SCHOOL HEALTH AND NUTRITION SERVICES

RESOURCES FOR HEALTH PROMOTING SCHOOLS

- WHO/UNESCO: Making Every School a Health Promoting School: Implementation Guidance https://www.who.int/publications-detail-redirect/9789240025073
- WHO/UNESCO: WHO Guideline on School Health Services https://www.who.int/publications/i/item/9789240029392
- WHO/UNESCO: Making Every School a Health Promoting School: Country Case Studies https://www.who.int/publications/i/item/9789240025431
- WHO: Drinking Water, Sanitation and Hygiene in Schools Global Baseline Report, 2018
- UNESCO: Puberty Education & Menstrual Hygiene Management
- UNICEF: Guidance on Menstrual Health & Hygiene
- Save the Children: Menstrual Hygiene Management: Operational Guidance
- GDI Case Study: Development and Implementation Processes of the Food Labeling and Advertising Law in Chile
- UNESCO: Promoting Quality Physical Education Policy
- PAHO: Recommendations from a Pan American Health Organization Expert Consultation on the Marketing of Food and Non-Alcoholic Beverages to Children in the Americas
- WHO: Global Action Plan on Physical Activity 2018-2030: More Active People for a Healthier World
- WHO: Prevention and control of noncommunicable disease: implementation of the global strategy
- WHO: A practical guide to developing and implementing school policy on diet and physical activity
- WHO: Nutrition actions in schools: a review of evidence related to nutrition-friendly schools initiative
- Raising Voices: Good School Tool Kit
- WBG/Global Women's Institute/IDB: VAWG Resource Guide: Education Sector
- WBG/Global Women's Institute/IDB: VAWG Resource Guide: Health Sector
- UNESCO: Global Guidance on Addressing School-Related Gender-Based Violence
- UNGEI: Whole School Approach to Prevent School-Related Gender-Based Violenc

RESOURCES FOR COMPREHENSIVE SEXUALITY EDUCATION/ NUTRITION EDUCATION

- WHO: Nutrition actions in schools: a review of evidence related to nutrition-friendly schools initiative
- WHO: Promoting adolescent sexual and reproductive health through schools in low-income countries: an information brief
- WHO: Life Skills Education School Handbook – Non- communicable Diseases: Introduction
- UNAIDS: International Technical Guidance on Sexuality Education
- UNESCO: Early and Unintended Pregnancy and the Education Sector: Evidence Review and Recommendations
- UNESCO: Sexuality Education Review and Assessment Tool

RESOURCES FOR HEALTH SERVICE DELIVERY IN SCHOOLS

- Baltag V, Pachyna A, Hall J. Global Overview of School Health Services: Data from 102 Countries. Heal Behav Policy Rev. 2015;2(4):268–83.
- FRESH: Focusing Resources for Effective School Health
- GPE: Guidelines for School-Based Eye Health Problems
- WHO: Linking Health Interventions for dolescents with HPV Vaccination
- WHO: School Vaccination Readiness Assessment Tool
- DCP3: School Based Delivery of Vaccinations to 5-19 Year Olds
- UNESCO: Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review
- UNESCO: Early and Unintended Pregnancy and the Education Sector: Evidence Review and Recommendations
- World Bank: World Bank investment to Mozambique (P163541): See DLI2: secondary schools offering sexual and reproductive health (SRH) services (information and contraceptive methods), based on visits by health professionals (at least monthly)
- Vandelaer and Olanirm. Using a School-Based Approach to Deliver Immunization—Global update. Vaccine. 33(5). 2015. 719-725.
- Lopez et al. School-Based interventions for improve contraceptive use in adolescents. Cochrane Database Syst Rev. 29(6). 2016.
- WHO: Recommendations for Deworming Non-Pregnant Adolescent Girls and Women of Reproductive Age
- GPE: Guidelines for School-Based Deworming Programs
- WHO: Guideline on Intermittent Iron and Folic Acid Supplementation in Menstruating Women
- WFP: State of School Feeding Worldwide
- PCD: Global School Feeding Sourcebook: Lessons from 14 Countries
- GCNF: Global Survey of School Meal Programs
- Cook Islands: Memorandum of Understanding between the Ministry of Education and the Ministry of Health

RESOURCES TO GUIDE ACTION RELATED TO FINANCING THE ADOLESCENT SCHOOL HEALTH AND NUTRITION PACKAGE

RESOURCES THAT SUMMARIZE THE COST OF SCHOOL-BASED HEALTH INTERVENTIONS FOR ADOLESCENTS

- DCP3: Identifying an Essential Package for School-Age Children: Economic Analysis
- DPC3: Identifying an Essential Package for Adolescent Health: Economic Analysis

RESOURCES TO ASSESS THE FISCAL SPACE WITHIN NATIONAL BUDGET

- Malawi Ministry of Health and Population: Resource Mapping: Experiences from Malawi
- WHO: Health Sector Resource Mapping: Increasing Access to Information to Inform Decision Making
- R4D: Aligning Public Financial Management and Health Financing Guide

RESOURCES FOR WBG STAFF ON RESOURCE MAPPING, EXPENDITURE TRACKING (RMET) AND LEVERAGING FINANCING INCENTIVES

- World Bank: Laying the Foundations for Inclusive Development Policy Financing in Niger (P169830)
- GFF: Resource Mapping and Expenditure Tracking (RMET) in GFF Countries
- GPE: Guidelines for Education Sector Plan Preparation
- World Bank: Service Delivery Indicators
- Materials of particular relevance on the internal GFF Toolkit
- Using DLIs to Achieve Health Financing Incentives: An Overview of the Africa Region
- Rewarding Performance: From Financing Inputs to Financing Results

RESOURCES TO COLLECT AND ANALYZE DATA AND UTILIZE A FEEDBACK LOOP TO THE LOCAL LEVEL TO FACILITATE PROGRAM ADAPTATION

RESOURCES FOR SHN SURVEYS AND MONITORING

- Schultz and Ruel-Bergeron. Considerations for Monitoring School Health and Nutrition Programs. Front Pub Health. 2021. https://www.frontiersin.org/articles/10.3389/fpubh.2021.645711/full
- FRESH: Monitoring and Evaluation Guidance for School Health
- WHO: Global School-Based Student Health Survey
- HBSC: Health Behavior in School Children Cross-National Surveys
- WHO: Making Every School a Health Promoting School: Global Standards and Indicators
- Schools for Health in Europe: European Standards and Indicators for Health Promoting Schools
- GCNF: Global Survey of School Meal Programs

RESOURCES FOR GENDER, ADOLESCENT HEALTH, AND EDUCATION INDICATORS

- WHO: Global Action for Measurement of Adolescent Health (GAMA)
- WHO: Global Health Observatory
- GFF: Improving RMNCAH-N Outcomes by Advancing Gender Equality: GFF Brief for Operationalizing Measurement
- World Bank and UNESCO: Framework for Assessing the Quality of Education Statistics
- UNESCO: Measuring Life Skills

RESOURCES FOR SCHOOL-TO-NATIONAL EXCHANGE OF DATA

- World Bank: SABER-EMIS Data Collection Instrument

ACRONYMS USED

ASHN	Adolescent school health and nutrition
CSE	Comprehensive sexuality education
DLI	Disbursement linked indicator
DPF	Development Policy Financing
DPO	Development Policy Operation
EMIS	Education management information system
GAVI	The Global Alliance for Vaccines
GCNF	Global Child Nutrition Foundation
GPE	Global Partnership for Education
HMIS	Health Management Information System
HPV	Human Papilloma Virus
IFA	Iron Folic Acid
LEG	Local Education Group
LSE	Life-Skills Education
MHH	Menstrual Health and Hygiene
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
SABER	Systems Approach for Better Education Results
SBCC	Social Behavior Change Communication
SOP	Standard Operating Procedures
SWOT	Strengths, Opportunities, Opportunities, and Threats
TOR	Terms of Reference
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WASH	Water, sanitation, and hygiene
WHO	World Health Organization