Integrating health and well-being into education policy and planning: A Handbook

April 2025

Placeholder for cover picture and logos

Placeholder for copyright page

Short summary

Health and well-being must be at the core of education sector planning.

Integrating health and well-being into education policy and planning is crucial for education to become transformative. Many countries acknowledge the links between health, nutrition, well-being and education, but **few apply a comprehensive approach**.

This handbook is the first comprehensive resource providing guidance on integrating health and well-being into education sector planning. It emphasizes the physical health, mental health, nutrition and overall well-being of all learners while promoting the creation of safe, inclusive and health-promoting school environments. Drawing on existing evidence and tools, it provides a framework for understanding the importance of health and well-being in education and offers practical guidance to integrate them into education sector analysis, policy development, programme design, costing, implementation, monitoring and evaluation.

Designed for technical staff working within ministries of education and other stakeholders, including development partners, **this handbook is a practical tool helping to ensure that health and well-being are not an afterthought, but a core component of transformative education.**

Dive into the handbook to discover practical steps for planning and implementing effective and sustainable measures to improve the health and well-being of learners.

Striking figure: Over 80 countries committed to ensuring the safety and health of learners at the 2022 Transforming Education Summit.

Foreword

Health and well-being are at the core of the education agenda and the broader realization of children's rights as the foundation for human development. The transformative potential of education is magnified when it addresses and integrates health and well-being.

Schools are more than spaces for learning; they are environments where children and adolescents develop physically, emotionally and socially, shaping their lifelong well-being and potential. Ensuring that every learner is healthy, well-nourished and safe is an imperative we must achieve on the road to quality education and equitable learning outcomes.

While many countries recognize the interconnections between health, nutrition, well-being and education, few have fully embedded a comprehensive, cross-sectoral approach into their education sector policymaking and planning. This gap must be addressed if we are to advance our global commitment to the United Nations Sustainable Development Goals (SDGs), particularly SDG 4 on quality education and SDG 3 on good health and well-being.

This **handbook** is designed to support education sector planners and policy-makers in translating these global commitments into action. It consolidates evidence, tools and good practices to guide ministries of education and their partners in **integrating health and well-being into education policy and planning**. From analysing the health needs of learners to designing costed, evidence-based interventions, this handbook provides a road map to strengthen education systems that **prioritize learners' physical and mental health, nutrition and safety**.

As global leaders in education, health and nutrition, **the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Global Partnership for Education (GPE), the Research Consortium for School Health and Nutrition, the United Nations Children's Fund (UNICEF), the UNESCO Chair on Global Health and Education, the World Bank Group, the World Food Programme (WFP) and the World Health Organization (WHO)** stand united in a commitment to support governments and stakeholders. We encourage all education planners, policy-makers and development partners to use this handbook as a practical guide to **embedding health and well-being at the heart of education sector planning**.

By doing so, governments can ensure that **no child or adolescent is left behind**, that learning environments are safe and inclusive, and that education systems contribute meaningfully to the well-being and future success of every learner.

Stefania Giannini
Assistant Director-General for Education, UNESCO

[Name]
[Title], Global Partnership for Education

[Name]
[Title], Research Consortium for School Health and Nutrition

Didier Jourdan and Nicola Gray
Co-Chairs, UNESCO Chair Global Health and Education

Pia Rebello Britto
Global Director, Education and Adolescent Development, UNICEF

[Name]
[Title], World Bank Group

[Name]
[Title], World Food Programme

[Name]
[Title], World Health Organization

Acknowledgements

The development of this handbook was conceptualized and led by Parviz Abduvahobov, UNESCO Section of Health and Education, Division of Peace and Sustainable Development, UNESCO Education Sector, with overall strategic guidance from Chris Castle, Director of the Division of Peace and Sustainable Development. It was drafted by Stuart Cameron, consultant, and Parviz Abduvahobov, who contributed extensively to the writing, review and further refining of the manuscript. Sections of Chapter 7 on monitoring, evaluation and learning were drafted by Pierre Chapelet, Section of Education Policies, UNESCO.

We would particularly like to thank those who authored content for the boxes: Tashrik Ahmed: Data and Analytics, UNICEF; Cristina Álvarez Sánchez; Nutrition and Child Development, UNICEF; Valentina Baltag: Adolescent and Young Adult Healthunit, Department of Maternal, Newborn, Child, Adolescent Health and Ageing, WHO; Fatima Barry: Health, Nutrition and Population Global Practice, World Bank; Eva Brocard: Health, Nutrition and Population Global Practice, World Bank; Marije Broekhuijsen: Water, Sanitation and Hygiene, UNICEF; Rachel Booth: Gender Hub, GPE; Nashira Calvo Cardenas: Health, Nutrition and Population Global Practice, World Bank; Lesley Drake: Partnership for Child Development; Damien Fontaine: School Meals, Food Systems and Nutrition, WFP; Catherine Flagothier: Safe to Learn Secretariat, UNICEF; Soha Haky: School Meals and Social Protection Service, WFP; Janaina Hatsue Barrozo Hirata: Section for Migration, Displacement, Emergencies and Education, UNESCO; Progress Katete: Nutrition and Child Development, UNICEF; Patricia Landínez González: Mental Health and Psychosocial Support in Education, UNICEF; Yongfeng Liu: Section of Health and Education, UNESCO; Mouhamadou Moustapha Lo: Education Global Practice, World Bank; Alice Renauld: Health, Nutrition and Population Global Practice, World Bank; Leanne Riley: Surveillance, Monitoring and Reporting Unit, WHO; Katherine Shats: Nutrition and Child Development, UNICEF; Linda Schultz: Research Consortium for School Health and Nutrition; Arushi Singh: Section of Health and Education, UNESCO; Sandisile Tshuma: Education for Health and Well-being, UNESCO Multisectoral Regional Office for West Africa; Melissa Vargas: Nutrition Guidelines and Standards, Food and Agriculture Organization of the United Nations (FAO); and Stéphane Verguet: Analytics & Metrics Community of Practice, Research Consortium for School Health and Nutrition.

This handbook was piloted in workshops in Malawi in November 2024 and in the Republic of Maldives in January 2025. We would like to thank the participants from the respective ministries of education, other ministries and development partners who provided invaluable inputs and feedback during the workshop. We would also like to thank Naomi Mnthali and Patricia Machawira from UNESCO and Mazeena Jameel and Fumiaki Sagisaka from UNICEF for making these workshops possible and organizing them.

This handbook benefited from the inter-agency group on school health and nutrition. Members of the group provided inputs, guidance, peer review, and revision that made this report possible (in alphabetical order): Anna-Maria Tammi, Marina Mancinelli, Sally Joanne Elizabeth Gear (GPE); Cristina Álvarez Sánchez, Marije Broekhuijsen, Fumiaki Sagisaka, Progress Katete, Qihui Ma, Patricia Landínez González (UNICEF); Damien Fontaine, Soha Haky, Peter Haag and Emilie Sidaner (WFP); Ibrahima Samba, Giselle Marie Bello, Anna Tabitha Bonfert, Iva Trako, Colin Andrews, Claire Chase, Moustapha Lo, Juliana Chen Peraza, Fatima Barry, Eva Brocard, Nashira Calvo Cardenas (World Bank); Valentina Baltag and Trinette Lee (WHO); Kathryn Ogden (UN-Nutrition Secretariat); Donald Bundy and Linda Schultz (Research Consortium for School Health and Nutrition); and Melissa Vargas (FAO).

We are also extremely grateful for detailed feedback and contributions of text from the UNESCO Chair on Global Health and Education team, including Nicola Gray, Didier Jourdan and Goof Buijs.

We also thank **UNESCO colleagues** who peer-reviewed the report and provided valuable comments and inputs: Am Gagnon, UNESCO-IIEP, Libing Wang, Xavier Hospital, Leonie Werner, Yongfeng Liu, Elsa Soussan Burzynski, Joanna Herat and Arushi Singh, Section of Health and Education, Patricia Machawira, Tigran Yepoyan, Jenelle Babb, Regional Health and Education Advisers and Gwang-Chol Chang and Huong Le Thu, Section of Education Policy.

We wish to acknowledge those who worked on the **production of the report**. Special thanks go to Leonie Werner for tirelessly ensuring that the handbook was edited and designed, and the co-publishing agreement process was coordinated, making this work possible. The report was edited by Katharine Davison and designed by Katharine Mugridge.

This report was made possible by generous financial support from the Governments of Sweden and Norway.

Suggested citation:

[Authors]. Integrating Health and Well-being into Education Policy and Planning: A Handbook. Paris: United Nations Educational, Scientific and Cultural Organization, 2025.

Contents

Acronyms

ANESH	Assessment of National Education Systems for Health
CHAT	Child Health Accountability Tracking
CRVS	civil registration and vital statistics
CSE	comprehensive sexuality education
CSSF	Comprehensive School Safety Framework
DHS	Demographic and Health Surveys
EMIS	education management information systems
ERCE	Estudio Regional Comparativo y Explicativo
ESP	education sector plan
FAO	Food and Agriculture Organization of the United Nations
FRESH	Focusing Resources on Effective School Health
GAMA	Global Action for Measurement of Adolescent health
GADRRRES	Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector
GAGE	Gender and Adolescence: Global Evidence
GEAS	Global Early Adolescent Survey
GPE	Global Partnership for Education
G-SHPPS	Global School Health Policies and Practices Survey
GSHS	Global School-based Student Health Survey
HBSC	Health Behaviour in School-aged Children
HGSF	home-grown school feeding
HIV	human immunodeficiency virus
HMIS	health management information systems
IEA	International Association for the Evaluation of Educational Achievement
MICS	Multiple Indicator Cluster Surveys
MMAPP	Measuring Mental Health Among Adolescents and Young People at the Population Level
NGOs	non-governmental organizations
OECD	Organisation for Economic Co-operation and Development
PIRLS	Progress in International Reading Literacy Study
PISA	Programme for International Student Assessment
PISA-D	PISA for Development
RAMES	Review and Assessment of Mental Health and Psychosocial Support in Education Systems
SABER	Systems Approach for Better Education Results
SDGs	Sustainable Development Goals
SERAT	Sexuality Education Review and Assessment Tool
SFNE	school-based food and nutrition education
TIMSS	Trends in International Mathematics and Science Study

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VACS	Violence Against Children and Youth Surveys
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Glossary

Comprehensive sexuality education: A curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. Comprehensive sexuality education aims to equip children and young people with knowledge, skills, attitudes and values that empower them to realize their health, well-being and dignity; to develop respectful social and sexual relationships; to consider how their choices affect their own well-being and that of others; and to understand and ensure the protection of their rights throughout their lives.

Child Health Accountability Tracking (CHAT): A technical advisory group to WHO and UNICEF that supports the harmonization and standardization of child health and well-being indicators across a variety of domains including education, nutrition, mental health, violence, environment, injuries and communicable and noncommunicable diseases.

Education management information systems (EMIS): Systems used for strategic planning and management of education that enable policy-makers and administrators to make data-driven decisions. Integrating health and well-being data into EMIS can provide a more holistic view of education services and student outcomes.

Education sector planning: A process that involves analysing the current situation of the education sector, setting priorities, developing strategies, designing programmes, costing and financing, implementing education sector plans (ESPs) and monitoring and evaluating progress.

Focusing Resources on Effective School Health (FRESH): An intersectoral framework and partnership launched by UNESCO, UNICEF, WHO and the World Bank in 2000. FRESH promotes a comprehensive approach to school health that emphasizes the importance of intersectoral collaboration.

Global Action for Measurement of Adolescent health (GAMA): An advisory group that provides guidance to WHO and UN partners on improving and harmonizing global, regional and national measurements of adolescent health and well-being, including around a set of priority indicators.

Health: Defined by WHO as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health policy: The decisions, plans and actions undertaken to advance public health, including measures to protect from health risks, disease prevention, and ensuring equitable and high-quality health care.

Health and well-being in education: The protection and promotion of the physical and mental health, nutrition, well-being and physical and cognitive development of all learners. Health and well-being in education encompasses the way that education systems can support or hinder the goal of children thriving, including creating safe and

inclusive school environments that are conducive to learning and fostering the social and emotional skills of learners.

Health-promoting schools: Institutions that strive to create a safe and healthy whole-school environment for teaching, learning and working, incorporating health and well-being into all aspects of the school experience.

Home-grown school feeding (HGSF) programmes: Programmes that provide safe, diverse and nutritious food to children in schools that is sourced locally from smallholder farmers.

Joint sector reviews: A process to review progress in the education, health and other sectors and allow stakeholders to contribute to planning, monitoring and evaluation. Joint sector reviews in the education sector should include health and other relevant stakeholders.

Local education group: A coordinating body that brings together all education stakeholders to plan and implement ESPs.

Marginalization: Acute and persistent inequality in the extent to which different groups can claim their rights, such as the right to education.

Mental health: An integral and essential component of health. WHO defines mental health as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community.

Mental health and psychosocial support: Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health conditions.

Monitoring, evaluation and learning: A process to track progress, assess effectiveness and make evidence-based adaptations using a results framework with measurable indicators.

Safe to Learn: A global movement dedicated to ending violence in, around and through schools. Safe to Learn provides tools and frameworks to assess and improve school safety.

School-based food and nutrition education: A series of coherent and progressive educational activities that help children achieve lasting improvements to their diets and other food practices. The benefits of school-based food and nutrition education extend beyond the classroom, improving students' health, knowledge and capacity to change and passing on learnings to others, including parents and teachers.

School-based mental health services: A comprehensive array of promotional, preventive and mental health care services implemented within educational settings. Services may be delivered, initiated, facilitated or coordinated by school-based

personnel (teachers, counsellors, psychologists, nurses) or by community-based professionals (clinicians, social workers, external service providers) either in person or remotely.

School feeding: The provision of food to children or their households through school-based programmes. Such programmes can provide school meals and/or conditional household transfers in the form of cash, vouchers or in-kind or take-home rations (WFP, 2020).

School health services: Health interventions provided to students in schools, often delivered by health workers. The broader term **school health and nutrition services** includes school meals and nutrition interventions.

School meals: The provision of food to children in schools. Children may receive breakfast, lunch and/or afternoon snacks. Meals can be prepared in school, in the community or be delivered from centralized kitchens or caterers or through packed meals.

Sexual and reproductive health and rights: A range of topics including puberty, relationships, consent, contraception and the prevention of sexually transmitted infections, including HIV, as well as access to services such as counselling and referrals to health clinics.

Systems Approach for Better Education Results (SABER): A tool developed by the World Bank to assess education systems, including school health and nutrition.

Child and adolescent well-being: Children and adolescents having the support, confidence and resources they need to thrive, achieve their full potential and realize their rights. Well-being includes physical, mental and social well-being.

Executive summary

Children and adolescents who are healthy, well-nourished and safe learn better. Increasingly, countries recognize the links between health and education and the capacity of education to support a wide range of beneficial health outcomes. Most governments now have policies on school health and nutrition or provide health services in schools, and many have made commitments on school health at international forums such as the Transforming Education Summit in 2022 and the Global Education Meeting in Fortaleza, Brazil, in 2024, and through international partnerships such as the School Meals Coalition.

Yet, many countries struggle to articulate and implement concrete measures to achieve these commitments. There is an urgent need for the school health community and development partners, including the United Nations, to support governments to make their pledges a reality. A holistic concept of **health and well-being** for children and adolescents encompasses the physical, mental and social well-being they need to thrive and achieve their full potential, not merely the absence of disease or infirmity. Governments need comprehensive plans to bring health and well-being concerns into their education sector analysis and planning processes in order to make the best use of the investments already being made by education sectors. Guidance and tools are available to support this process, but they are not necessarily straightforward for education planners to apply in their own work.

The **purpose** of this handbook is to enable education planners, who play a key role in shaping education policies and practices, to understand and use existing tools, evidence and guidelines to integrate health and well-being into education sector planning as part of a wider, holistic vision of transformative education.

The **primary audience** for this handbook are the technical staff of ministries of education who are responsible for policy development, planning, implementation, management, and monitoring and evaluation. The handbook is geared towards strengthening their capacity in relation to integrating health and well-being into education sector planning. It is also important and relevant for staff of other ministries, development partners, non-governmental organizations (NGOs) and other stakeholders that support education sector planning processes.

This handbook:

- Argues that **it is essential to integrate health and well-being into education sector policy and planning**. It positions health and well-being as fundamental aspects of learning, and foundational to a holistic understanding of learners' needs. It advocates for increased political will and financial resources to be mobilized to support this integration of health, well-being and education.
- Presents **definitions and frameworks** for a comprehensive vision of health and well-being in education. It defines health and well-being in education as

protecting and promoting the physical and mental health of learners, as well as the development of their personal and social skills. The handbook focuses on pre-primary, primary and secondary school children, adolescents and young people.

- Explains how to **analyse the health and well-being of children, adolescents and young people** using indicators that are available in household surveys, school surveys and other sources.
- Explains how to **analyse policy and the provision of health and well-being in education** using a number of diagnostic tools.
- Outlines the process of **formulating priorities and key strategies**, creating a long-term vision that reflects government priorities and addresses challenges that have been identified.
- Guides the reader through **designing specific interventions and programmes** based on evidence and good practices in order to achieve strategic goals, and outlines strategies for **implementation** to ensure that the interventions and programmes have their intended impact.
- Emphasizes the need for robust cost estimates to ensure sustainable implementation of activities related to health and well-being in education and explains how **funding gaps can be identified**.
- Describes how health and well-being can be integrated into **monitoring, evaluation and learning** systems. It recommends using a results framework with measurable indicators to track progress and highlights the importance of incorporating indicators into existing EMIS and utilizing diagnostic tools for assessment.

The authors note that the cycle of education sector planning is not linear, but an iterative process, in which information from monitoring, evaluation and learning systems can be fed back to improve programme design and ultimately to inform a new round of analysis and prioritization. The tools and guidance in this handbook are therefore relevant not only at the outset of education sector planning, but they can be adapted to countries' specific needs at each stage, as plans are implemented, reviewed and revised.

1. Introduction

1.1. Why health and well-being need to be integrated into education sector planning and policy

Children and adolescents who are healthy and well-nourished, who study in safe environments and who are equipped with social and emotional skills, learn better and experience a wide range of beneficial health outcomes. Increasingly, countries recognize the links between health and education, and most countries now have policies on school health and nutrition or provide health services in schools. National school health and nutrition programmes underwent sustained growth in the 2010s and 2020s (Schultz et al., 2025). The unprecedented school closures triggered by the COVID-19 pandemic highlighted the connections between health, well-being and learning. They also brought to light the critical role of schools in ensuring educational continuity and supporting children's health during crises.

At various international forums in recent years, countries have committed to enhancing the physical and mental health of learners and to bolstering nutrition and safety measures in relation to education, including at the Food Systems Summit in 2021, the Transforming Education Summit in 2022, the Bogota Ministerial Conference on Ending Violence Against Children in 2024, the Commission on Population and Development in 2023, the School Meals Coalition Global Summit in 2023, the Global Education Meeting in Brazil in 2024, and the Nutrition for Growth Summit in Paris in 2025. This momentum is supported by an increase in the development of policy guidance related to the linkages between education and health and also the role of diet and food systems in relation to development and human capital. Yet, many countries struggle to articulate concrete measures to achieve their commitments. There is an urgent need, therefore, for the school health community and development partners, including the United Nations, to support governments to make the vision a reality.

Health disparities in children directly and indirectly affect participation, attendance, retention and academic achievement (Basch, 2011), reinforcing inequalities by gender and other dimensions in educational outcomes. Health issues and violence disproportionately affect girls, children with disabilities and children from other marginalized groups (UNESCO, UNICEF and WFP, 2023). Health interventions, including education for health and well-being, directly address disparities among children and adolescents, helping girls and boys from all backgrounds participate more regularly in school, learn better and develop critical transferable skills.

The education system has a central role in ensuring learners' most basic needs are met – that they are safe, healthy and well-nourished. As well as being a crucial goal in itself, meeting these needs is also a necessary precondition to improving foundational

learning outcomes such as literacy and numeracy. Furthermore, understanding what shapes our health and well-being and the health and well-being of the people around us – and being able to act on that knowledge – is a fundamental life skill. Lifelong behaviours and preferences are set in childhood and adolescence, making schools an opportune platform to promote health and reduce the risks of diet-related and other diseases.

Decision-makers need, therefore, to understand the linkages between health, well-being and education so that political will and finances can be fully mobilized and cross-sectoral linkages made. In order to ensure these linkages are made in practice, ministries of education need support from development partners.

Most ministries of education have long-established processes for analysing their education sectors, formulating policy and prioritizing action to address major concerns, sometimes with support from international organizations and other development partners. While many countries have school health and nutrition programmes, there is often a need to bring health and well-being into education sector analysis and planning in a more consistent and comprehensive way. Since 2010, there has been a dramatic growth in the policy guidance in this area, but education planners need more information and support to put this guidance into practice (UNESCO, UNICEF and WFP, 2023; Schultz et al., 2025).

This handbook aims to provide support so that health and well-being can be adequately integrated into ESPs, as part of a wider, holistic vision of transformative education: education that supports sustainable development, climate, peace and citizenship, and the social and emotional skills diverse learners need for their current and future well-being (UNESCO, 2021*b*).

1.2. Purpose of this handbook

There are several guidelines and established processes for countries to carry out education sector analysis and planning. The three-volume *Education Sector Analysis: Methodological Guidelines* (UNESCO-IIEP, World Bank and UNICEF, 2014*a*, 2014*b*; UNESCO-IIEP et al., 2021) guides analysts through sector-wide analyses, including analysis of a number of specific themes and subsectors. *Guidelines for Education Sector Plan Preparation* (UNESCO-IIEP and GPE, 2015) assists countries in preparing robust ESPs. *Guidance for Developing Gender-Responsive Education Sector Plans* (UNGEI and GPE, 2017) guides planners through the analysis of gender equality in education and how to ensure gender is taken into account in ESP preparation.

These guidelines play an important and valuable role by laying down a common set of areas, methodologies and tools that support the education sector planning cycle. However, they make very little mention of health and well-being in relation to education. More recently, a large number of tools have been developed related to health and well-being, including guidelines, frameworks, diagnostics, surveys and indicators. The sheer

volume and diversity of materials may make it difficult for education sector policy-makers and planners to draw on these in their day-to-day work.

At the same time, many countries have expressed commitment to work on health and well-being in education, yet they have not been able to develop and implement concrete, feasible and sustainable measures to advance their goals. Over 80 countries committed to ensuring learners' physical and mental health and improving safety measures at the 2022 Transforming Education Summit (UNESCO, 2022, n.d.). A review in 2023 found that most countries have some kind of policy, programme or national standard on health-promoting schools, but only 3 per cent of low- and middle-income countries are applying a comprehensive approach to implementation (UNESCO, UNICEF and WFP, 2023).

Governments' intentions to plan and implement comprehensive interventions on health and well-being in education have been thwarted by a number of barriers. These include a lack of data, weak monitoring and evaluation mechanisms, gaps in planning knowledge and skills, low levels of stakeholder engagement, a lack of coordination between ministries, unclear responsibilities and insufficient funding (Fathi et al., 2014; Shahraki-Sanavi et al., 2018; FAO, 2021*b*; Bantilan et al., 2023; UNESCO, UNICEF and WFP, 2023). The interventions governments select are not always the most appropriate responses to the challenges countries face, nor the ones with the best evidence of impact. This gap between commitment and implementation underscores the urgency for the school health community, together with the United Nations and development partners, to provide support in making the vision of transformative education a reality.

For these reasons, UNESCO (Section of Health and Education, Education Policy and IIEP), GPE, Research Consortium for School Health and Nutrition, UNESCO Chair Global Health and Education, UNICEF, World Bank Group, WFP and WHO have developed this handbook on integrating health and well-being into education sector policy and planning. It draws on existing frameworks, guidelines and tools, ensuring that they can be readily understood and put into practice by staff of education ministries and their partners in each country. The handbook is intended to complement, rather than replace, existing guidance. In particular, it can be used together with the *Guidance for Developing Gender-Responsive Education Plans* (UNGEI and GPE, 2017) to ensure that education sector planning considers the gender dimensions of health and well-being, and conversely, that gender mainstreaming can help to reinforce health and well-being. The handbook is intended as a reference for planners, analysts and others to dive into according to their needs or where they are in the planning cycle and discover additional tools to support their work at each stage or on each task.

1.3. Methodology

This handbook is grounded in a comprehensive review of academic and grey literature, including national ESPs, global policy guidelines and recent syntheses of evidence. The

development involved four complementary approaches: (1) a detailed desk review of peer-reviewed research and global policy frameworks from partner organizations; (2) keyword and content analyses of national statements submitted for the Transforming Education Summit and relevant education sector planning documents to identify key trends, gaps and priorities; (3) consultations with experts through the Inter-Agency Group on School Health and Nutrition; and (4) practical field insights gathered through pilot workshops conducted in Malawi (November 2024) and in the Maldives (January 2025). While formal grading systems for evidence were not applied, the validity and credibility of findings were ensured through triangulation of multiple sources, extensive peer review and iterative refinement based on stakeholder feedback.

1.4. Definitions and scope

This handbook focuses in particular on **children** (aged under 18) and **adolescents** (10–19 year olds) during pre-primary, primary and secondary school years. The age range of children in education varies by country, but may include children as young as 3 and young people up to 19 (UNESCO UIS, n.d.).[1] The handbook also takes into account health and well-being issues facing **young people** (15–24 year olds), including those who may be over-age learners in school.

Health is defined by WHO as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948; Schramme, 2023). Health *policy* involves the decisions, plans and actions undertaken to advance public health, and can include protecting populations from health risks, strengthening health systems, disease prevention and care for specific conditions; it ensures health care is equitable, responsive and of high quality.

Well-being for children and adolescents means their being able to thrive and achieve their full potential (see Box 1). Creating policies around well-being for children and adolescents involves thinking about multiple aspects of children's and adolescents' lives: how they are connected, the cumulative effects of these aspects of their lives on their future life course, and the support, confidence and resources they need to realize their potential and rights. Well-being in education concerns the individual, the school environment and the living environment outside of the school; it can be measured with both objective and subjective indicators (OECD, 2019).

Health and well-being in education is about protecting and promoting the physical and mental health, nutrition, well-being and physical and cognitive development of all learners. Several frameworks have guided the development of this handbook and can be

[1] Guidance is available elsewhere on mainstreaming **early childhood development** into education sector planning (GPE and UNESCO-IIEP, 2020). Early childhood development programmes that incorporate health, development, well-being and early learning are also crucial for children's early development but are not covered here.

used by planners to think through elements of health and well-being in education (Box 1). The handbook's scope includes four key ways that health and well-being can be addressed in education (Joerger and Hoffmann, 2002; Ross et al., 2020; UNESCO et al., 2020; WHO and UNESCO, 2021*a*; UNESCO, UNICEF and WFP, 2023):

1. **Policies and laws:** providing normative and political contexts and environments within which programmes can be put in place at national, subnational and school levels. Such frameworks can combine legally binding requirements with official but non-binding recommendations and guidelines. They may, for example, mandate a healthy, safe and secure school environment, guarantee equal rights and opportunities, and regulate the provision of health education and health services (Joerger and Hoffmann, 2002).
2. **Health-promoting school environments:** a physical and social environment that is safe, inclusive and conducive to health, well-being, development and learning. This includes water, sanitation and hygiene (WASH); safe physical infrastructure for all learners; climate change adaptation measures to ensure the school environment remains resilient; adequate space for play and facilities for physical education; accessible infrastructure and resources for children with disabilities; protocols to prevent and respond to all forms of violence, including bullying as well as gender-based violence; and a social environment that fosters relationships in which all learners feel safe and respected and that promotes a sense of belonging (WHO and UNESCO, 2021*a*).
3. **Skills-based education about health and well-being:** equipping learners with the skills and knowledge to protect and strengthen their own health and well-being now and in the future. This means learners understanding what can harm or benefit their health, knowing how to reduce risks and take action that will benefit their current and future health and well-being, and developing the social and emotional skills that they will need to take these steps. It may include learning about topics such as physical health and hygiene, nutrition, oral health, disease and injury prevention, puberty and development, sexual and reproductive health and rights, HIV, menstrual health and hygiene, mental health, violence prevention and safety, and relationships – among other topics that may be considered important in the national context (UNESCO, UNICEF and WFP, 2023; UNESCO and UNICEF, 2024*b*). Some countries build these competencies through a specific curriculum area dedicated to health and well-being, while in other cases they are incorporated across other subjects and learning opportunities or developed through extracurricular activities.
4. **School health and nutrition services:** simple, safe and effective interventions, including but not limited to:
    - Screening that leads to care or referral and support, such as,
        - malaria diagnosis, leading to clinical treatment
        - growth and weight monitoring, leading to nutritional interventions
        - vision screening, leading to referral for glasses or other support

- identification of learners who have experienced violence either at school or in other spaces, with support and referral to child protection services
- counselling, referral and support on sexual and reproductive health
- screening for developmental disabilities, leading to referral for assessment and coordinated provision of necessary services

- Immunization and preventive medicine, such as deworming and other mass drug administration
- Health promotion, including promotion of insecticide-treated bed nets, oral health promotion, personal hygiene and menstrual health and hygiene (WHO and UNESCO, 2021*b*)
- Provision of safe and nutritious school meals and micronutrient supplementation including iron and folic acid for the treatment of anaemia

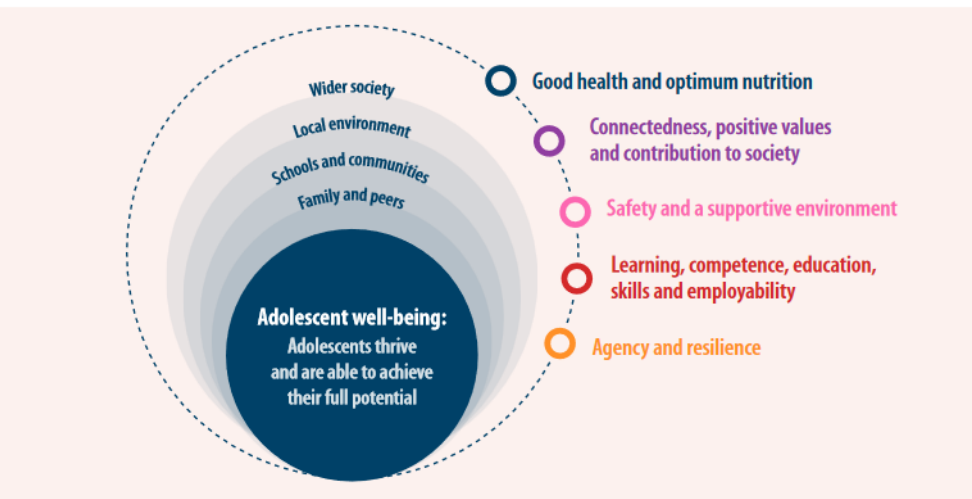
Tools for analysing each of these four areas are examined in Chapter 3.

Box 1. Key frameworks for understanding health and well-being in education

Several frameworks have been developed that help conceptualize the scope of health and well-being in education in order to understand the links between different aspects.

Child well-being is conceptualized as including five broad domains: (1) surviving and thriving; (2) learning; (3) protection from harm; (4) safe and clean environment; and (5) a life free of poverty (UNICEF, 2023*d*). Policy for child well-being means 'thinking about multiple aspects of children's lives and their interconnectedness, and of the cumulative effects of childhood experiences on children's development and their future life course' (Dirwan and Thévenon, 2023, p. 7). Education for well-being means thinking about the full range of ways that education can support children and adolescents to thrive, now and in their futures.

For **adolescents**, a comprehensive conceptual framework proposes that well-being means that adolescents 'have the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights' (Ross et al., 2020, p. 473). Similar to child-well-being, adolescent well-being involves five interconnected domains: (1) good health and nutrition;(2) social connectedness and positive values;(3) safety and a supportive environment; (4) education, skills and employability; and (5) agency and resilience (see figure).



Source: Ross et al. (2020); UNESCO et al. (2023)

Some key resources that set out frameworks on health and well-being in education include:

- Ready to Learn and Thrive: School Health and Nutrition around the World provides an overview of global school health and nutrition policies and programmes, with a focus on scalability and sustainability (UNESCO UNICEF and WFP, 2023).
- FRESH: A Comprehensive School Health Approach to Achieve Education for All outlines an intersectoral framework and partnership launched by UNESCO, UNICEF, WHO and the World Bank during the World Education Forum in Dakar in 2000 (Joerger and Hoffmann, 2002). The FRESH website has guidance on how to use this framework in practice (FRESH, n.d.*b*).
- Adolescent well-being: a definition and conceptual framework presents an agreed framework for defining, programming and measuring adolescent well-being (Ross et al., 2020).
- Stepping Up Effective School Health and Nutrition describes a new partnership among the United Nations and multilateral agencies formed in 2020 to advance the health of school-aged children and adolescents (UNESCO et al., 2020).
- Making Every School a Health-Promoting School: Global Standards and Indicators defines the health-promoting school as one 'that constantly strengthens its capacity as a safe and healthy setting for living, learning and working' (WHO and UNESCO, 2021, p. 2).
- WHO Guideline on School Health Services provides a menu of interventions that can be provided by health workers to students in primary or secondary education, and guidance on prioritization for national governments (WHO and UNESCO, 2021*b*).
- Building Strong Foundations: What Is Foundational Education for Health and Well-Being? describes the building blocks of knowledge alongside attitudes and skills that enable younger learners to navigate their current and future health and well-being needs (UNESCO and UNICEF, 2024*a*).

1.5. Intended audience

Health and well-being in education requires collaboration between authorities and stakeholders from central to local levels, and intersectoral approaches, between education, health, food and agriculture, water and sanitation, local development, finance, child protection, social welfare, law enforcement, and other relevant sectors.

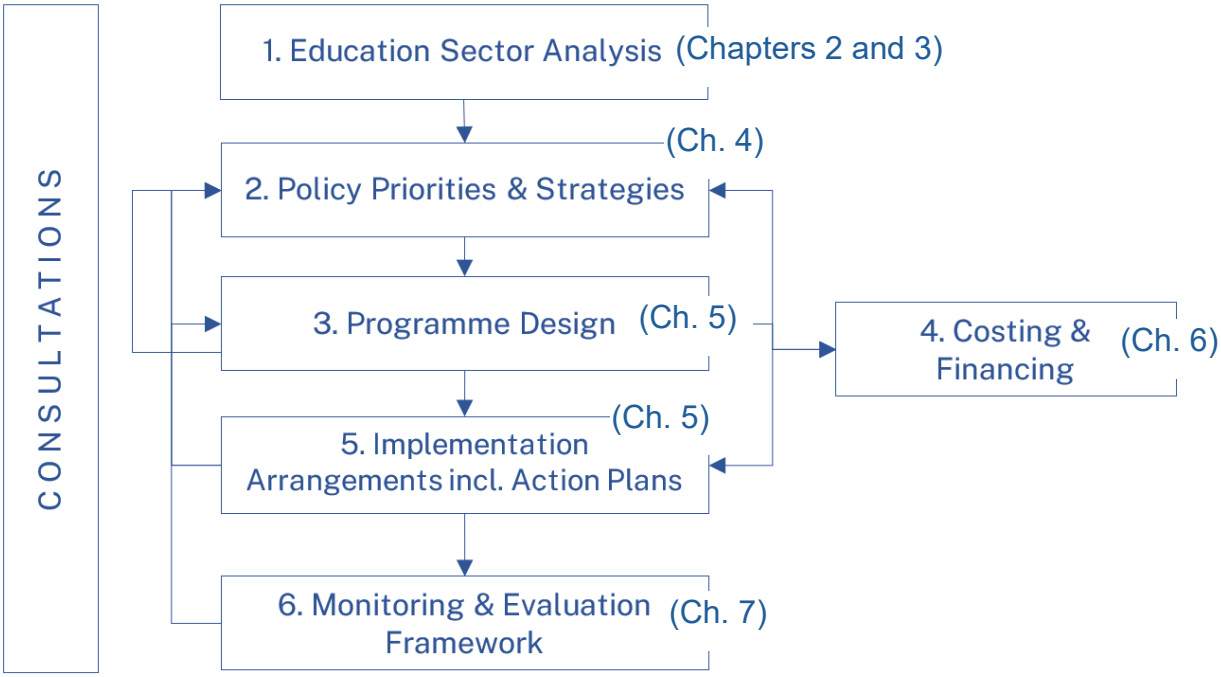
However, the education sector has to lead and take overall responsibility for the development and implementation of school health policies (Joerger and Hoffmann, 2002). The primary audience for this handbook is, therefore, the technical staff of ministries of education who carry responsibilities around sectoral analysis, policy development, planning, management, implementation and monitoring and evaluation. It is geared towards building or strengthening their capacity to integrate health and well-being into education sector planning. The handbook focuses on the task facing education sector planners and guides the reader through the process of drawing in other sectors and partners as needed.

The handbook may also be useful and relevant for staff of other ministries and departments (finance, health, youth, social development, community development, gender, family, social protection, etc.) to understand their responsibilities in relation to the education sector. It is also relevant to the work of development partners, NGOs and other stakeholders providing support with education sector planning processes.

1.6. What's in this handbook

The remaining chapters will take the reader through the stages of education sector analysis and planning (Figure 1) and illustrate what tools are available to support planners and how to integrate health and well-being at each stage.

Figure 1. Main components of the education sector planning and development process



Source: UNESCO-IIEP and GPE (2015)

Chapters 2 and 3 guide readers through **education sector analysis** and consider how this analysis can take stock of the health and well-being of diverse school-age children and adolescents and assess current policies, provisions and institutional capacity. Analyses specific to health and well-being that would be useful to present in education sector analyses include:

- The **health and well-being status and behaviour** of children and adolescents
- The **current policy** on health and well-being in education
- The **current provision** of health and well-being in education – including the school environment, curriculum design, teaching and learning of health and well-being related topics, and school health and nutrition services
- The **institutional capacity** to provide health and well-being in education.

(UNESCO-IIEP, World Bank and UNICEF, 2014*a*; UNGEI and GPE, 2017)

Chapter 5 focuses on **formulating priorities and key strategies** for integrating health and well-being into education, with guidance on using evidence and dialogue to choose among competing priorities.

Chapter 6 describes how specific **programmes** on school health and nutrition can be designed, considering the global and national evidence on what works. It also describes the development of an **implementation** plan, taking into account current implementation capacities at national, subnational and school levels and across the education, health and other sectors, and with provisions for synergy, scaling up and sustainability.

Chapter 7 looks at the evidence on **costs and cost-effectiveness** for health and well-being programmes in education and guides the reader through the process of costing new programmes, assessing what funding is available from both domestic and external sources and filling funding gaps.

Chapter 8 describes how health and well-being concerns can be brought into **monitoring, evaluation and learning** systems in the education sector, including in EMIS, surveys and diagnostic tools that can be used for this process.

Chapter 9 concludes the handbook by noting that the process of planning for health and well-being in education may be cyclical, complex and non-linear.

2. Analysing the **status of health and well-being** of children, adolescents and young people

This chapter addresses the following questions:

- What are the major health and well-being issues for children, adolescents and young people?
- Why is this relevant to education?
- Which indicators of child and adolescent health and well-being are available to use in education planning? What are the data sources?
- Why is disaggregation of health and well-being data by factors such as age, sex, socio-economic status and urban/rural location important?

The preparation of an ESP begins with a full analysis of the current situation of the education sector, based on research and existing data and indicators. This includes analysis of the economic, social, demographic and political context; existing policies; cost and finance; education system performance; and system capacity (UNESCO-IIEP and GPE, 2015). An analysis of the current situation of health and well-being in education is also a vital source of information for an ESP, but in the past, this has been done briefly, if at all, in many countries. This chapter argues for the inclusion of a more comprehensive health and well-being analysis as part of ESP planning and guides the reader on how to use a number of tools to do this.

An analysis of the major health issues among a country's children, adolescents and young people will form a starting point for planning health and well-being activities in education. The analysis should pay attention to regional specificities, and include:

- **Causes and patterns of ill health among children, adolescents and young people.** For example:
    - Poor nutrition that can lead to stunted growth, lack of concentration and poor academic performance
    - Lack of clean drinking water, toilets and handwashing facilities in rural schools that can lead to diarrhoea and absenteeism
    - High rates of physical inactivity that can occur due to limited access to playgrounds.
- An examination of the effects of health issues on children's school attendance and learning, such as impaired cognitive development and lower educational achievement associated with malnutrition, worm infections and malaria.
- Social, cultural, economic, educational and environmental **health determinants**, and **health disparities** by sex, wealth, location and other factors. For example:
    - Gender discrimination and gaps in addressing girls' menstrual health and hygiene needs, affecting their access to education and dropout rates
    - Economic challenges limiting access to medical services

    - Urban pollution impacting respiratory health in children.
- The prevalence of **protective and risk factors** in and around schools, including behavioural factors such as violence, bullying, lack of physical activity, poor hygiene and the sales and marketing of unhealthy foods and beverages directed at children, as well as environmental factors such as the school climate and peer support that influence health and well-being. Children's and adolescents' knowledge, attitudes and practices can also affect their risks of ill health now and in later life (e.g. attitudes towards harmful behaviours and knowledge of health services) as lifelong behaviours and practices are shaped during these formative years.
- **Health and well-being issues affecting the population more broadly**, which can be addressed through improving education about health and well-being (WHO, 2024*a*), for example, by teaching proper hygiene and handwashing practices that help slow the spread of communicable diseases.

There are a number of globally supported data-collection initiatives that incorporate measurement of different aspects of the health and well-being of children and adolescents (Table 1). These can be used to the extent that they are already available and should be complemented with other national sources. This analysis will not necessarily require new data collection and can, in most cases, be done using secondary analysis in existing survey reports and research. In many countries, there are existing studies on child health and child development.

In some countries, data and evidence may be lacking on some or all of these areas. If that is the case, it will be important to consider how the monitoring, evaluation and learning system in the education sector can better support future rounds of planning for health and well-being in education (see Chapter 7).

The following sections in this chapter first examine how to analyse the status of health and well-being among children and adolescents in order to assess their needs for different types of support (Section 2.1); second, discuss how to deepen our understanding of the determinants and causes of health and well-being issues, including knowledge, attitudes and practices (Section 2.2); and third, consider the ways that health problems can affect educational processes and outcomes, and how these can be analysed (Section 2.3).

Table 1. Globally supported data sources on the health and well-being of children and adolescents

Source	Global coordination / support	Geographic reach and timeframe	Target populations and focus	Health outcomes	Knowledge, attitudes and practices	Broader well-being
Household surveys						
Demographic and Health Surveys (DHS) (DHS Program, n.d.)	DHS Program, Inner City Fund / USAID	Global: >90 countries (since the mid-1980s)	Household population: women and men (aged 15–49); children (<5)	✓	✓	✓
Multiple Indicator Cluster Surveys (MICS) (UNICEF, n.d.*b*)	UNICEF	Global:120 countries (since the mid-1990s)	Household population: women and men (aged 15–49); children (<5; 7–14)	✓	✓	✓
Living Standards Measurement Study (World Bank, n.d.*b*)	World Bank	Global: >40 countries (since the mid-1980s)	Household population: all ages Focus: income, education, health, other living standards indicators	✓	✓	✓
World Health Survey Plus (WHO, n.d.*k*)	WHO	Global: >100 countries	Household population: adults (18+) Focus: health and well-being	✓	✓	✓
Violence Against Children and Youth Surveys (VACS) (Together for Girls, n.d.)	Together for Girls / Centers for Disease Control and Prevention	Global: 26 countries	Adolescents and young people: (aged 13–24) Focus: experiences of violence	✓	✓	–
Gender and Adolescence: Global Evidence (GAGE) (Overseas Development Institute, n.d.)	Overseas Development Institute	6 countries	Adolescents (aged 10–12 and 15–17), caregivers, community leaders and school personnel Focus: gender and adolescence	✓	✓	✓
Global Flourishing Study (Harvard University, n.d.)	Harvard University	Global: 22 countries	General adult population Focus: well-being and flourishing	✓	✓	✓
School-based assessments and surveys						

Programme for International Student Assessment (PISA) / PISA for Development (PISA-D) (OECD, n.d.*a*)	OECD	Global: >100 countries/economies (since 2000)	Students (aged 15) and (in PISA-D) out-of-school adolescents (aged 14-16,) Focus: reading, mathematics, and science literacy	–	✓	✓
Progress in International Reading Literacy Study (PIRLS) (IEA, n.d.)	IEA	Global: >50 countries across 5 continents (in 2021)	Students (4th grade) Focus: reading comprehension	–	✓	✓
Survey on Social and Emotional Skills (OECD, n.d.*b*)	OECD	9 countries across 4 continents (in 2019)	Students (aged 10 and 15) Focus: social and emotional skills	–	✓	✓
Trends in International Mathematics and Science Study (TIMSS) (TIMSS & PIRLS, n.d.)	IEA	Global: >60 countries (in 2019)	Students (4th and 8th grade) Focus: mathematics and science achievement	–	✓	✓
Estudio Regional Comparativo y Explicativo (ERCE) (UNESCO, 2023*b*)	UNESCO	Latin America and Caribbean: 16 countries	Students (3rd and 6th grade) Focus: reading, writing, mathematics and science	–	✓	✓
Global School-Based Student Health Survey (GSHS) (WHO, n.d.*e*)	WHO	Global: >90 countries	Students (aged 13–17) Focus: health behaviours and protective factors	✓	✓	✓
Health Behaviour in School-aged Children (HBSC) (HBSC, n.d.)	HSBC, WHO Regional Office for Europe	Europe and North America: >50 countries	Students (aged 11, 13 and 15) Focus: health behaviours, well-being and social contexts	✓	✓	✓
Global Youth Tobacco Survey (WHO, n.d.*f*)	WHO	Global: >180 countries	Students (aged 13–15) Focus: tobacco use and related behaviours	✓	✓	✓
International Survey of Children's Well-Being (ISCWeB) (ISCWeB, n.d.)	Children's Worlds, Jacobs Foundation	Global: 20 countries (in 2021)	Students (aged 7–14) Focus: well-being	–	✓	✓
Global Early Adolescent Survey (GEAS) (Johns Hopkins and WHO, n.d.)	Johns Hopkins / WHO	11 sites in 5 continents	Adolescents (aged 10–14)	✓	✓	✓

			Focus: gender norms, health behaviours and well-being			
Search Institute Developmental Assets Profile (Search Institute, n.d.)	Search Institute	Selected sites	Students (4–12th grade) Focus: assessing developmental assets and their relation to various outcomes	–	✓	✓

2.1. Basic indicators of child and adolescent health and well-being

Incorporating health sector data into education planning helps design targeted policies, allocate resources effectively and integrate supportive services. An analysis of the data can reveal basic indicators of child and adolescent health and well-being, with trends over time, and show disaggregation, for example, by socio-economic status, rural / urban location, disability and sex. This data can come from EMIS; health management information systems (HMIS); administrative records, such as civil registration and vital statistics (CRVS) and population registers; databases of national statistical offices; school-based surveys and assessments, and the household surveys listed in Table 1. It is useful to establish which of these data sources are accessible and the recency of the data as this will determine which indicators will be available.

Countries need to decide which indicators should be prioritized for analysis, based on their own national contexts. However, a number of indicators are thought to be relevant across a wide range of countries. For **children** aged under 10, the CHAT technical advisory group has recommended a set of core and optional indicators following extensive consultations in regional and national contexts. These indicators capture information on the following topics: acute conditions and prevention; health promotion and child development; and chronic conditions, disabilities, injuries and violence against children (Requejo et al., 2022).

For **adolescents** (aged 10–19), the GAMA advisory group provides guidance on priority adolescent health indicators for the purpose of harmonizing efforts around adolescent health measurement and reporting and supports national efforts to collect useful data to track progress in the improvement of adolescent health. GAMA recommended indicators are, for the most part, not new, but derived from existing initiatives such as the SDGs. The core recommended indicators relating to health behaviours and risks, subjective well-being, and health outcomes and conditions are listed below. In addition to these indicators, GAMA recommends collecting data on policies, programmes and laws; systems performance and interventions; and social, cultural, economic, educational and environmental health determinants.

Tool: Assessing adolescent health and well-being: guidance for countries (WHO, 2025)
Focus: Data for adolescent health and well-being
How to use: To select, compile and visualize indicators

A **guidance tool** (WHO, 2025) guides planners through the process of selecting indicators from GAMA domains and creates rapid graphs of the results (Abduvahobov et al., 2024; Marsh et al., 2024; WHO, 2024*a*). This functionality allows countries to compile and visualize data for GAMA indicators, compile additional data relating to

prioritized concepts across the five domains of adolescent well-being (Ross et al, 2020; see Box 1) and assess relevant government actions to improve data availability and use.

Table 2 lists health outcome indicators from CHAT (for children) and GAMA (for adolescents). The CHAT and GAMA initiatives recommend additional indicators on HIV and malaria in countries where those diseases are prevalent. Many of the core CHAT indicators focus on young children; education analysts can adjust age ranges to focus on school-age children and consider additional indicators relevant to the school-age children in their national contexts.

Table 2. Core indicators of child and adolescent health and well-being outcomes from CHAT and GAMA

Indicator	**Age range**				**Data source(s)**
	<5	5–9	10–14	15–19	
Mortality rate	✓	✓	✓	✓	CRVS; National surveillance system; Household survey; HMIS
Causes of death		✓	✓	✓	CRVS; National surveillance system; Household survey; HMIS
Wasting prevalence	✓				Household survey
Stunting prevalence	✓				Household survey
Vitamin A supplementation (full coverage)	✓				Household survey
Full vaccination coverage	✓				National surveillance system; Household survey
Measles vaccination	✓				National surveillance system; Household survey; HMIS
Care-seeking for children with symptoms of acute respiratory infection	✓				Household survey; HMIS
Diarrhoea treatment (oral rehydration solution and zinc)	✓				Household survey; HMIS
Prevalence of overweight markers among children	✓	✓			Household survey
Uncorrected refractive errors (prevalence)*		✓			National surveillance system; Household survey; HMIS
Asthma (prevalence)*	✓	✓			National surveillance system; HMIS
Road traffic accidents (years lived with disability owing to road traffic accidents)*	✓	✓			National surveillance system; HMIS
Anaemia prevalence*	✓	✓	✓	✓	National surveillance system; Household survey; HMIS
Tuberculosis incidence†	✓	✓			National surveillance system
Thalassemia prevalence†	✓	✓			National surveillance system
Adolescent birth rate			✓	✓	CRVS; Household survey
HIV prevalence			✓	✓	Household survey; HMIS
Sexually transmitted infections prevalence			✓	✓	Household survey; HMIS
Injury hospitalization rate (cause-specific)			✓	✓	HMIS
Suicide attempts			✓	✓	Household survey
Depression/anxiety symptoms			✓	✓	Household survey
Prevalence of overweight and obesity markers among adolescents			✓	✓	Household survey
Prevalence of underweight markers among adolescents			✓	✓	Household survey
Sexual and reproductive health decision-making among older female adolescents				✓	Household survey

Sources: WHO, 2025, n.d.*b*)

*Relevant for preschool-age and school-age children but classified in CHAT as aspirational indicators

†CHAT recommended in countries with a high burden of each illness

Note: The remaining indicators are classed as core indicators by CHAT and GAMA. Although the primary focus of this handbook is school-age children and adolescents, the inclusion of key indicators for under-5s (e.g. stunting, wasting and measles vaccination) is intentional. These early-life indicators provide critical baseline data that inform subsequent developmental outcomes and overall health trajectories, underscoring the continuum of care from early childhood through adolescence.

Health is central to well-being, but well-being is a broader concept than health. As noted in Section 1.3, well-being for children and adolescents means that they are able to thrive and achieve their full potential; it concerns the individual, the school environment and the living environment outside of the school, and it can be measured with both objective and subjective indicators. An expert consultative group convened by WHO and the Partnership for Maternal, Newborn and Child Health identified a set of priority concepts for measuring the five interconnected domains of adolescent well-being as described in Box 1 (Ross et al., 2020; WHO, 2025). These concepts are listed in Table 3, together with global surveys in which these concepts (or similar ones) are measured.

Table 3. Priority concepts for measuring adolescent well-being, and global surveys that measure them

	Children's Worlds	GEAS	GSHS	GFS	HBSC	PIRLS	TIMSS	MICS	DHS	PISA	SSES
Domain 1: Good health and optimum nutrition											
Healthy diet			✓		✓	✓	✓	✓	✓		
Adequate physical activity	✓		✓		✓			✓			✓
Good sleep	✓		✓					✓			✓
Healthy sexuality		✓	✓		✓			✓	✓		
Life satisfaction	✓			✓	✓			✓		✓	✓
Overall health (self-assessment)	✓		✓		✓					✓	✓
Overall mental health (self-assessment)		✓	✓	✓				✓	✓	✓	✓
Overall physical health (self-assessment)				✓	✓	✓	✓				✓
Domain 2: Connectedness, positive values and contribution to society											
Civically and socially active	✓	✓						✓			
Having at least one trusted person	✓	✓	✓	✓				✓			
Positive relationships in general	✓	✓		✓							
Positive relationships with parents/family	✓	✓	✓		✓			✓		✓	✓
Positive relationships with peers	✓	✓	✓	✓	✓	✓					✓
Sense of belonging, feeling accepted, respected and valued by others			✓	✓							✓
Positive values				✓							
Domain 3: Safety and a supportive environment											
Freedom from all types of violence	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Sense of safety in day-to-day life	✓	✓				✓	✓	✓			✓

Sense of being treated equitably/free from discrimination								✓			
Supportive environment	✓	✓		✓	✓						✓
Domain 4: Learning, competence, education, skills and employability											
Belief in their ability to reach learning goals (self-efficacy)	✓	✓					✓			✓	✓
Social and interpersonal skills				✓							✓
Sense of belonging to school/work	✓		✓		✓	✓	✓			✓	✓
Confidence in their skills and ability to earn a living when time comes											
Additional concepts related to learning and skills	✓	✓				✓				✓	
Domain 5: Agency and resilience											
Hope/optimism/confidence about the future	✓			✓				✓			
Self-esteem/self-worth	✓	✓									
Sense of agency and self-efficacy	✓									✓	
Sense of purpose/meaning				✓						✓	✓
Adaptive capacity/resourcefulness				✓						✓	

Source: Adapted from WHO (2025)

Box 2. Collecting and using population-level data on child and adolescent health, including mental health

Population health data are crucial for understanding how student health affects learning ability, school attendance and overall well-being. Health conditions among children and adolescents such as malnutrition and chronic illnesses, as well as poor mental health, can negatively impact educational outcomes. To asses the impact of these factors, countries collect data through population-level household surveys using indicators from the CHAT and GAMA frameworks (Table 2). UNICEF's **Multiple Indicator Cluster Surveys (MICS)** are one valuable source of population-level data on child-related indicators such as child mortality, immunization coverage, nutritional status and access to water and sanitation, as well as on mental health and well-being indicators.

There are several indicators recommended by GAMA relating to **mental health.** While mental health has a significant impact on child and adolescent well-being, it is challenging to measure because symptoms can be subjective, culturally specific and influenced by social stigma.

UNICEF's Measuring Mental Health Among Adolescents and Young People at the Population Level (MMAPP) initiative, integrated into MICS since 2023, addresses this challenge by offering a comprehensive approach to assessing adolescent mental health. Developed with global academic and technical partners, MMAPP uses culturally adaptable and clinically validated tools to measure key mental health domains, including symptoms of anxiety and depression, functional limitations, suicidal ideation, care-seeking and connectedness. MMAPP also supports countries in adapting mental health measurement tools to their cultural contexts and promotes the establishment of global indicators for standardized data collection and reporting.

In addition to household surveys such as MICS and others, information about routine health services in systems maintained by the health sector offer timely, detailed data on health service delivery. These systems often capture data unavailable through household surveys, including health service utilization, quality of care and characteristics of the care-seeking population. Analysis of this data can help assess disease burdens, identify service gaps and reveal inequities affecting marginalized populations, supporting data-driven interventions. By combining survey-based data and routine health service data,

education planners can gain a more comprehensive understanding of health challenges, including mental health challenges, enabling targeted interventions and equitable resource allocation.

Population-level data resources:

- UNICEF MICS: Data sets and reports (UNICEF, n.d.*b*)
- Child Health Accountability Tracking technical advisory group (CHAT) (WHO, n.d.*b*)
- UNICEF: Adolescent health profiles (UNICEF, 2023*a*)
- UNICEF: Mental health (UNICEF, 2021*b*)

For more information:

- On adolescent health indicators recommended by GAMA, see Abduvahobov et al. (2024); Marsh et al. (2024); and WHO (2024*a*, n.d.*h*).
- About CHAT and SDGs, see Requejo et al. (2022).
- On UNICEF's monitoring of progress towards universal health coverage for women, children and adolescents, see UNICEF (2023*b*).

Author: Tashrik Ahmed, Maternal, Neonatal, Child, Adolescent Health Data Lead, UNICEF

2.2. Determinants of health for children and adolescents

Human biology, personal behaviour, psychological and social environments, and physical surroundings all affect people's health and well-being (Hancock, 1985). Social determinants are considered particularly important in shaping inequalities in child health (Likhar, Baghel and Patil, 2022; Pickett et al., 2022). Analysing these determinants means disaggregating data on health outcomes and using evidence to understand the causes of ill health. One important determinant of health for children and adolescents is the school environment, where they spend a great deal of time; health-promoting school environments are considered in more depth in Section 3.2.

Most household surveys with health and well-being indicators (see Table 1) allow for disaggregation by sex, location and other social and economic variables. This makes it possible to analyse the prevalence of health issues among different groups. Disaggregation by sex is needed at minimum for all indicators, and where possible socio-economic status and location differences are important too. Increasingly, surveys include information on children's disability status (Tiberti and Costa, 2020; GPE, 2022*a*), making it possible to examine health issues disproportionately affecting children with disabilities.

Analysis of child and adolescent health should consider ways in which health disparities may reinforce **marginalization in education**. Marginalization refers to an acute and persistent inequality in the extent to which different groups can claim their rights, such as the right to education (Kabeer, 2005; UNESCO, 2010). Statistical analysis that disaggregates by sex, socio-economic status and disability, among other dimensions, allows us to identify these groups and describe their situation. Marginalized groups commonly include people from the poorest households; people from remote, rural areas or from historically neglected regions; people from disenfranchised ethnic and linguistic groups; indigenous peoples; pastoralists; internally displaced persons and refugees;

people who live in slum settings or institutions; people experiencing homelessness; and people with disabilities. The groups that are marginalized differ between countries, and the situation of different marginalized groups varies greatly within and across each context.

Analyses of data related to marginalization needs to consider **intersectionality:** the complex and cumulative ways in which multiple forms of discrimination 'combine, overlap, or intersect especially in the experiences of marginalized individuals or groups' (Crenshaw, 1989). Dimensions of inequality such as gender, race, class or disability, are not independent and mutually exclusive. Instead, an individual may belong to multiple groups that are excluded or treated unfairly in education in different ways that build on each other and work together to create new forms of marginalization with unique challenges and forms of discrimination (Unterhalter, Robinson and Balsera, 2020). Analyses, diagnostics, monitoring and evaluation need to use disaggregated data to understand how overlapping group membership affects outcomes.

Knowledge, attitudes and practices are important determinants shaping the health and well-being of children, adolescents and young people, and important entry points for improving health promotion and health education. A number of surveys and learning assessments include questions on these indicators, such as the Demographic and Health Surveys (DHS) Program, Violence Against Children and Youth Surveys (VACS) and Programme for International Student Assessment (PISA) (Table 4). The Global School-based Student Health Survey (GSHS) and the cross-national study of adolescent health and well-being, Health Behaviour in School-aged Children (HBSC), provide particularly rich information on health behaviours and protective factors among children and adolescents The GSHS samples students aged 13–17, and the HBSC uses cluster sampling at ages 11, 13, and 15.

Combined with other qualitative and quantitative evidence, analysis of these data can help us to understand the reasons why some health problems are more prevalent among some groups than others. Such analysis is commonly conducted as part of the reports of major household surveys and can be included in education sector analyses that seek to understand which groups of students are worst affected, the particular challenges they face and how these can be addressed.

Table 4. Surveys with indicators on knowledge, attitudes and practices

Indicators on knowledge, attitudes and practices	**Source**
Knowledge and behaviour on HIV and AIDS among young people	DHS
Attitudes towards violence among children, adolescents and young people	VACS
Adolescents' knowledge, attitudes and practices on alcohol use, diet, drug use, hygiene, mental health, physical activity, protective factors, sexual behaviour, tobacco use, violence and unintentional injury	GSHS
Adolescents' physical activity; eating habits; oral health; smoking, alcohol and drug use; engagement, pressure and support at school;	HBSC

bullying; peer and family support; online behaviour; sexual health and contraception	
Adolescents' persistence, motivation, anxiety, stress, mood, impulsiveness, interactions with others, empathy (OECD, 2021*b*)	PISA

Box 3. Using GSHS data to analyse health issues among children, adolescents and young people in schools

The GSHS is a surveillance system developed by WHO and designed to help countries measure and assess health behaviours and protective factors among students aged 13–17 in school settings. The GSHS focuses on key areas affecting adolescent health, including physical activity, dietary behaviours, hygiene, substance use (tobacco, alcohol, drugs), sexual behaviours and mental health, as well as violence and injury.

Through self-administered questionnaires, the GSHS gathers data on students' **knowledge, attitudes and practices** related to these health-related behaviours. This information is vital for understanding risk factors for noncommunicable diseases, mental health issues and other conditions that affect children and young people. By capturing a comprehensive picture of adolescent health behaviours and protective factors, the GSHS helps governments identify key health challenges facing young people and informs evidence-based interventions.

An example of GSHS analysis in action can be seen in **Kenya**, where the 2017 survey highlighted significant rates of physical inactivity, high levels of alcohol consumption and widespread mental health concerns among adolescents (GSHS, 2017). The analysis revealed that only 17 per cent of students met the recommended guidelines for daily physical activity, and 23 per cent had consumed alcohol in the past 30 days. The data further indicated alarming trends in suicidal ideation, with 14 per cent of students reporting having considered suicide in the past year. These findings played a critical role in shaping education sector planning. For example, in response to the mental health data, Kenya's Ministry of Health and Education prioritized mental health education in schools, introducing awareness campaigns, training for teachers on identifying signs of mental distress and expanding school-based counselling services. Similarly, the physical activity data led to the inclusion of more structured physical education sessions in school curricula to encourage healthier lifestyles among students.

Several other countries have also implemented **specific interventions** in response to GSHS data. For instance, Jordan introduced stricter regulations on the sale of unhealthy snacks and sugary beverages in school canteens after GSHS findings indicated high consumption of unhealthy foods by students (GSHS, n.d.*b*). Additionally, Bhutan used GSHS data to launch a national programme promoting school-based mental health services to address the growing concern over suicide rates and mental health issues among its youth (GSHS, n.d.*a*).

For more information:

- Noncommunicable Disease Surveillance, Monitoring and Reporting (WHO, n.d.*e*)
- NCD Microdata Repository (WHO, n.d.*i*)

Author: Leanne Riley, Surveillance, Monitoring and Reporting Unit Head, WHO

2.3. Effects of health on education

Health affects education through several channels, including:

- **Attendance**: Children suffering from preventable illnesses, such as malaria or worm infections, often miss school. Health-related aspects of the school environment can also cause children to miss school; for example, a lack of

facilities for menstrual hygiene may cause girls to miss school during their periods (UNESCO, 2014).

- **Cognitive impairment and ability to learn while in school**: Illness and poor nutrition can directly affect children's cognitive abilities and ability to focus. Anaemia, for instance, can negatively affect cognition, attention span and learning (see Box 4). Pain associated with tooth decay can affect both attendance and learning. Persistent worm infections and malaria are also linked to impaired cognitive development and lower educational achievement (Bundy et al., 2018).
- **Safety and well-being**: Children who do not feel safe in school, who are exposed to violence or discrimination (see Section 3.2), or who lack a sense of agency and resilience (see Table 3), may struggle to focus on learning.
- **Health in the family and community:** Children whose families or communities are affected by illness may have caring responsibilities, lack parental support for their education, need to work or be in need of psychosocial support.
- **Health and well-being of teachers:** Teachers' attendance and ability to teach are also affected by their health and well-being, which in turn affects children's educational outcomes.

Analyses of these impacts is vital (1) for planning how health events, such as a disease outbreak, will affect the education sector and (2) for designing educational interventions that can either prevent illness or reduce the negative impacts of illnesses and disease. Analyses can use the indicators discussed in section 2.1 to understand the prevalence of different illnesses among children and their communities. Analysts should then draw on the national and global evidence to consider the likely impacts on education, including global reviews such as Bundy et al. (2018), Glewwe and Miguel (2007) and Vogl (2014).

Many of the surveys listed in Table 1 contain both health and education indicators, which can be used to estimate correlations between, for example, a child having had an acute respiratory infection and their attendance in school.

This type of analysis can also examine how health interacts with other social determinants of learning, such as poverty, gender and disability, as well as with school environments. Children and adolescents from different backgrounds or of different genders are affected by different health issues, with different effects on their school attendance and learning. Childhood behavioural disorders, for example, disproportionately affect adolescent boys, while anxiety disorders disproportionately affect adolescent girls (UNESCO, UNICEF and WFP, 2023), who on average suffer worse mental health across most countries (Campbell, Bann and Patalay, 2021). Adolescent girls who become pregnant may not be allowed to attend school, and girls and boys experience different forms of violence in and around school, with specific effects on school attendance and learning.

Box 4. Analysing the effects of anaemia on education

Anaemia, a condition marked by a deficiency of red blood cells or haemoglobin (a protein found in red blood cells that carries oxygen), can significantly impact the educational outcomes of adolescents. In low-income countries, anaemia is often caused by a lack of iron and other nutrients in the diet (Salam et al., 2023) or by parasitic worm infections (WHO, 2021*b*).

Physiological symptoms of anaemia, including decreased oxygen circulation in the body, can directly impair cognitive function, attention span and school attendance. Consequently, anaemic adolescents may experience developmental delays, reduced learning capabilities and, ultimately, lower educational attainment (De Neve et al., 2024). Worldwide, around 40 per cent of children aged 6-59 months have anaemia; among adolescents, almost 1 in 5 have anaemia, with a higher prevalence in girls than boys (Azzopardi et al., 2019; WHO, n.d.*a*).

The relationships between anaemia and educational outcomes can be analysed using data from large-scale surveys that include measurements of haemoglobin and allow adjustments for demographic and regional variations (De Neve et al., 2024; Hu, Mao and Wang, 2024). Analysis by gender and age group is essential: anaemia prevalence is typically highest in the early years (under 5), decreases until about 11 years of age, and then increases again during adolescence, particularly in girls as a side effect of menstruation (Salam et al., 2023). Providing weekly iron and folic acid supplementation, deworming, appropriate WASH, school meals and education to raise leaners' awareness of good nutrition are among the interventions in schools that can reduce anaemia (Salam et al., 2023; UNESCO, UNICEF and WFP, 2023).

Key takeaways on analysing the status of health and well-being of children, adolescents and young people

- Education sector analyses need to include an analysis of key health and well-being issues facing children, adolescents and young people.
- This analysis should include:
    - The types of health conditions that are prevalent
    - The causes and/or social determinants of illness
    - Inequalities in health and well-being and what causes them
    - The effects of the school environment
    - Knowledge, attitudes and practices supporting or hindering good health and well-being
- Indicators need to be chosen based on local needs and available data, following international guidelines for the most commonly relevant types of data.
- In many countries, such analyses are already available from secondary sources.

3. Analysing policy and provision in health and well-being in education

This chapter addresses the following questions:

- How can we ensure policy on health and well-being in education is comprehensive and coherent?
- How can we review policies and provisions against international benchmarks of good practice?
- How can global standards for health-promoting schools contribute to this review of policies and provisions?
- Are there specific priorities within government that link to a review of policies and provisions, such as safety in schools, comprehensive sexuality education?
- Who could be involved in a review of policies and provisions from sectors beyond education?
- Does the education system – and the interlinked systems in health and other sectors – have the capacity it needs to implement current policy and plans on health and well-being in education?
- Do we have the capacity to formulate new policy, coordinate across sectors, implement programmes, assess how well they are working and course-correct accordingly?
- How can we analyse our system capacity to assess which data should be included and what information will we need from other sectors?

The following sections consider five types of analysis relevant to assessing policy and provision in education sector analyses of health and well-being in education (UNESCO-IIEP, World Bank and UNICEF, 2014*a*; UNGEI and GPE, 2017):

- **Current policy** on health and well-being in education
- Current provision of **health-promoting school environments**
- Current provision of **skills-based education about health and well-being**
- Current provision of school **health and nutrition services**
- The **institutional capacity** to provide health and well-being in education, including the capacity of the education system to collect, process and use data to monitor and evaluate progress.

Monitoring, evaluation and learning systems in the education sector play an essential role in supporting these analyses, and in turn the analyses will reveal areas where monitoring, evaluation and learning systems may need to be strengthened to support future rounds of planning (see Chapter 7).

3.1. Analysing policy

Most countries have a policy framework of some kind related to school health and nutrition, sometimes as a stand-alone policy and sometimes integrated within broader education and health policy frameworks. However, these frameworks are often not based on a comprehensive and transformative vision of how education can support learners' health and well-being. This section sets out how current policy can be analysed in order to improve it.

Analysis of overall policy on health and well-being in education should consider the following questions (World Bank, 2012; WHO and UNESCO, 2021*a*):

- ☑ Is there an **existing policy** on health and well-being in education? Is this policy consolidated in a comprehensive document or are different elements present across several policy documents (e.g. aspects of health and well-being in education may be split across policies on the school environment, curriculum or gender)?

- ☑ Is health and well-being in education reflected in the current national development policies and overall strategies?

- ☑ Does the policy state its **goals and objectives**? These may include goals related to both health and education, as well as wider goals such as gender equality, poverty reduction or a productive and happy population.

- ☑ Is the current policy **comprehensive** insofar as it cover all aspects of health and well-being in education? Does it consider (1) health-promoting school environments, (2) skills-based education about health and well-being and (3) school health and nutrition services? Does it align with key frameworks on health and well-being (see Box 1)? For example, does it align with the eight global standards on health-promoting schools, discussed below (WHO et al., 2021*b*) (Tool Case Study 1)?

- ☑ Is the current policy **multisectoral**? Does it state the **roles and responsibilities** of different sectors? Ministries of education are often the lead implementing agency, but ministries of health have ultimate responsibility for the health of children and adolescents, and any education sector actions require explicit agreement of the health sector (Jukes, Drake and Bundy, 2008; World Bank, 2012) (see Table 6). Other ministries and departments, including those related to social protection, family, gender and social affairs are also closely involved in aspects of health and well-being.

- ☑ Does the policy include (or refer to) a plan for continuous resource allocation (human, information, financial), capacity development, implementation, monitoring and evaluation at national, subnational and local levels, including schools?

- ☑ Does the policy articulate **inclusivity**, **equity** and **evidence-informed** approaches for policy at all levels?

- ☑ If there is an overall policy, is it aligned and integrated with existing policies on single issues (e.g. adolescent pregnancy, violence against children or nutrition), and does it promote **integration** among policies?

- ☑ Does the policy ensure the continuity of learning and health promotion, and are there processes to identify and monitor students at risk when distance or virtual learning is required? Does it consider emergency preparedness and response?

A number of diagnostic tools are available to help carry out this analysis (Table 5). Section 3.6 presents case studies on how these tools can be used in practice.

Analysts should map out all of the different policy, legal framework and strategy documents that relate to health and well-being in education in order to analyse the extent to which these documents mutually reinforce each other and reflect a single, coherent approach. Tools such as the SABER policy-assessment tool (Tool Case Study 2) and the Assessment of National Education Systems for Health (ANESH) (Tool Case Study 10) provide valuable guidance through this process.

Over the past decade, SABER has been adopted worldwide, particularly in low- and lower-middle-income countries and in Africa, and today it is part of the political economy of nations and an institutionalized mechanism for governments to self-assess and strengthen their national school meals programmes. Several countries found the tool useful enough to complete it multiple times, revealing a potential secondary role of tracking policy progress over time if administered routinely (Schultz et al., 2024).

In addition to overall analyses of policies related to health and well-being in education, analysts may need to go into more depth in specific areas that are considered priorities by governments and other stakeholders, such as safety from violence in schools or sexuality education. Tools in these areas guide policy-makers through the process of understanding the strengths and shortfalls of current policy (UNESCO, 2020; Safe to Learn, 2021*b*). For example, for school meals and other nutrition services, the FAO's *Legal Guide on School Food and Nutrition* guide to the wide range of public policies that may need to be reviewed as part of a targeted policy and legal assessment (Cruz, 2020).

Analysis and planning processes need to draw in stakeholders from multiple ministries, reflecting a clear, shared understanding of roles and responsibilities. Table 6 sets out typical sectoral roles and responsibilities for health and well-being in education. However, the precise roles and responsibilities depend on the structure of individual governments and the overall remit of each ministry or government body, and so need to be agreed upon among government ministries and stakeholders in each country rather than following a global template.

*Table 5. Diagnostic tools for assessing **policy** on health and well-being in education*

Tool	Area	Key responders	Work and resources needed	How it can be used
Systems Approach for Better Education Results (SABER) School Health and School Feeding tools. A forthcoming Healthy-SABER will combine elements of these two tools (Schultz et al., 2024).	Whole system	National authorities for education, health, social protection, agriculture, finance and planning, aided by organizations such as the WFP, World Bank, and Research Consortium for School Health and Nutrition, and researchers utilizing information from key informants, documents, consultations and other sources	Experienced facilitators of multisectoral policy and programmatic dialogue and assessment processes; time for stakeholder engagement and interviews in the sectors engaged; report preparation WFP, World Bank, and Research Consortium for School Health and Nutrition provide technical support, including data-collection guides, policy frameworks, and capacity-building trainings	SABER serves as a guiding framework for countries to systematically collect information about the quality of their school meals and school health policies and to identify actionable priorities using a framework to benchmark current policies against good practice. This approach helps to achieve a consensus view on ambitious but realistic national commitments to strengthen current school health and school meals programmes. An updated version, Healthy-SABER, is currently being deployed. See **Tool Case Study 2**
Assessment of National Education Systems for Health (ANESH) 2023 (ANESH, 2023)	Whole system	National school health and education authorities	A knowledgeable government representative (e.g. from a ministry of education or health) completes a concise, self-explanatory questionnaire in consultation with other stakeholders	ANESH can be used to assess national policy frameworks for school health, as well as coordination mechanisms, monitoring and evaluation systems, curricula and school health services. It is most effective when combined with the Global School Health Policies and Practices Survey (G-SHPPS) (see Box 5). See **Tool Case Study 10**
Sexuality Education Review and Assessment Tool (SERAT) (UNESCO, 2020)	Sexuality education	Key informants at national levels through a multistakeholder participatory process *or* independent expert analysis	Desk review; approximately 10 key informant interviews; participatory process and validation meetings to complete the tool UNESCO can provide technical support, including facilitating multistakeholder discussions	SERAT collects data on school-based sexuality education programmes to generate reflection and discussion about the strengths and areas of improvement of programmes. It covers the country context, national policy, curriculum content and programme characteristics. See **Tool Case Study 6**

Tool	Area	Key responders	Work and resources needed	How it can be used
Comprehensive School Safety Policy Survey (GADRRRES, 2017)	Safety	School safety stakeholders and advocates from government, humanitarian and development agencies (via a facilitated questionnaire)	Coordinated stakeholder engagement across different sectors involved in school safety. 4 to 5 working days) Survey is conducted every 4 to 5 years, with guidance provided throughout the process	This survey collects data on risks and impacts from disasters affecting the education sector, including natural disasters, climate change impacts, conflict, bullying and violence; and assess the extent to which these risks are addressed in policies and legal frameworks. See **Tool Case Study 4**
Safe to Learn diagnostic tool (Safe to Learn, 2021*b*)	Safety from violence	Key informants including students, teachers, head teachers, district officers, ministry of education officials and other government stakeholders UN development partners and civil society (via a national dialogue)	Research team to conduct approximately 200–300 interviews with stakeholders. Safe to Learn Secretariat provides technical support, including training for facilitators, interview guides, and guidance on organizing national dialogues.	Safe to Learn measures the quality of national efforts to prevent and respond to violence in and around schools against its *Global Programmatic Framework and Benchmarking Tool* (Safe to Learn, 2021*a*). Each benchmark is assessed at national, subnational and school levels using a series of checkpoints. The *Global Programmatic Frameworkand Benchmarking Tool* provides background on each benchmark. See **Tool Case Study 3**
Analysis and Imagery of Education Response to School-Related Gender Based Violence (AnImRS, n.d.)	Safety from violence	Key informants at national levels (via a multistakeholder participatory process *or* via independent expert analysis)	Desk review; approximately 10 key informant interviews; participatory tool completion and validation meetings Technical support includes templates for desk reviews, interview guides and automated Excel tools for data analysis and visualization	This Excel-based tool collates data on education sector responses to school-related gender based violence and automatically generates charts to generate reflection and discussion about the strengths and areas of improvement of programmes and responses. It covers national laws and policies, rules and regulations, curriculum content, teacher training, school environments, links with services, partnerships, monitoring, evaluation and learning and research.

Tool	Area	Key responders	Work and resources needed	How it can be used
RAMES: Review and Assessment of MHPSS in Education Systems) (UNESCO, 2024*a*)	Mental health and psychosocial support	Education sector personnel at all levels, including from government and civil society (facilitator-led)	Desk reviews; qualitative data collection; multisectoral consultation workshop; follow-up validation; final assessment report	RAMES reviews and assesses education systems' readiness for providing mental health and psychosocial support.

Table 6. Typical sectoral roles and responsibilities for health and well-being in education

Ministry / government body	**Roles and responsibilities**
Education	Has overall responsibility for policy and planning within the education sector Often (but not always) has overall coordination role for health and well-being in education Removes barriers to access and inclusion so that all children can benefit from health and well-being policies Protects children from harm and violence while they are in school Ensures pedagogy and curricula prepare children to be healthy, productive and happy Builds and maintains school infrastructure, including WASH May be responsible for school meals and nutrition programmes Issues guidelines and standards for schools and education staff Oversees capacity-building and training, ensuring that educators and school administrators are equipped with the necessary skills to support students' physical and mental health Supports the health and well-being of educators Collaborates with the health sector to facilitate the integration of mental health services within schools
Health	Often has the overall coordination role on health and well-being in education (UNESCO, UNICEF and WFP, 2023) Partners with the education ministry on school health Delivers of health services in schools (or where these services are delivered by the education or other ministries, provides technical guidance and/or financing) Provides technical advice on health-related matters to education ministries (e.g. WASH, menstrual health and hygiene, health education, screening processes, sexual and reproductive health, health sector response to violence, ensuring food safety and quality, and nutrition guidelines and standards for school food)
Finance	Sets budget envelope for health and well-being in education activities Identifies new sources of funding and planning for sustainable financing of services
Central planning and coordinating body (e.g. president's or prime minister's office)	May play a coordinating role in multisectoral programmes
Social development, social welfare/protection, agriculture, rural development	Often play an important role in coordinating (and sometimes lead) school meals programmes (World Bank, 2012; WFP, 2023)
Gender, social affairs, women's empowerment, child protection, family	May play an important role depending on the country, for example, in prevention of violence interventions, enforcement of child marriage policies, delivery of girls' education and gender equality strategies

Parliamentary bodies (e.g. education or health committees)	May play a role in legislating, financing and overseeing programmes

Having a robust and comprehensive policy in place does not by itself ensure that services are being delivered or that children's and adolescent's health and well-being needs are being met. The following sections in this chapter explain how to analyse the current provision of health and well-being in education – with a focus on what is actually happening in schools – and outline the challenges in implementation and reaching scale. Key data sources for this analysis include annual school censuses, school-level and learner-level surveys (Box 5). This approach considers three key areas of health and well-being in education: (1) health-promoting school environments, (2) skills-based education about health and well-being, and (3) school health and nutrition services.

Box 5. Key sources of information on the implementation of programmes on health and well-being in education

Three key sources provide quantitative data on the **implementation** of health and well-being in education at the school level:

- **Annual school censuses**, commonly the basis of national EMIS), can incorporate extensive information on school environments, the provision of school health and nutrition services, and health and well-being metrics in schools (see Chapter 7).
- The Global School Health Policies and Practices Survey(G-SHPPS) (WHO, n.d.*d*) is a comprehensive assessment of school health policies and practices. Aligned with the global standards for health-promoting schools (WHO and UNESCO, 2021), G-SHPPS measures five key elements of health and well-being in education at primary and secondary levels through interviews with school principals or head teachers: (1) the health and safety of the school environment, (2) health services, (3) nutrition services, (4) health education and (5) physical education (see Tool Case Study 10, p. 88).
- **School-based surveys and learning assessments** that survey learners directly about various aspects of their educational environment; these include GSHS, PISA and HBSC (see Table 1 for a full list of globally supported tools).

3.2. Provision of health-promoting school environments

To what extent do school environments promote children's and adolescents' health and well-being? Understanding the answer to this question is vital, both as an end in itself and because school environments that are not conducive to health and well-being are likely to lead to poor learning outcomes. Children and adolescents spend a considerable amount of time in schools, and the school environment is, therefore, an important social determinant of their health outcomes (Huang, Cheng and Theise, 2013).

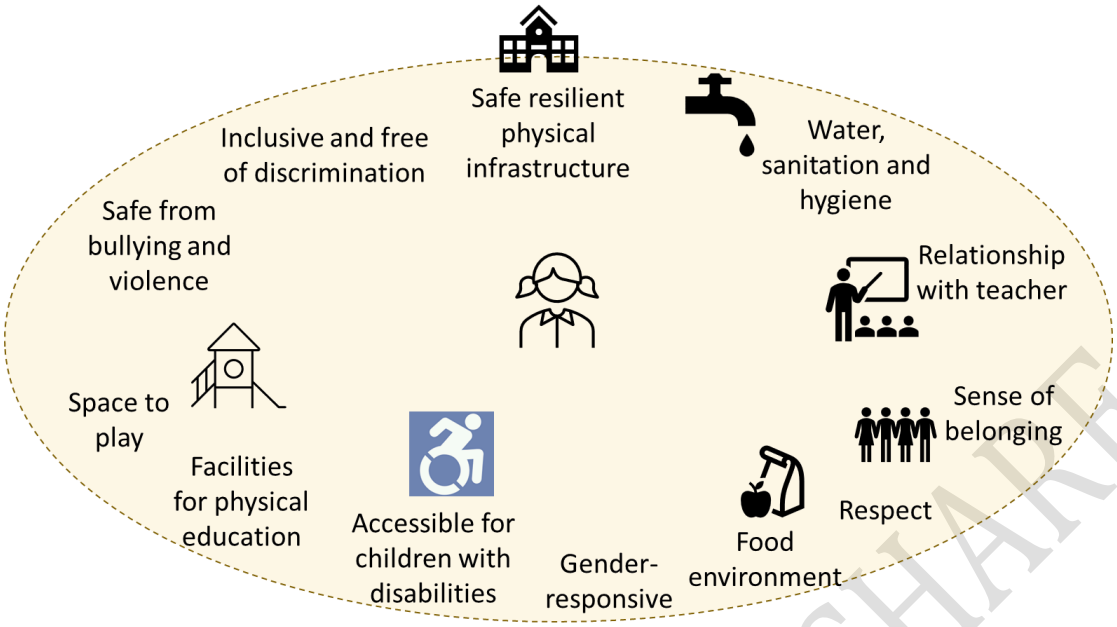
Analyses of school environments need to consider both the **physical** and **social** environment (Figure 2), including:

☑ Are there at least basic **WASH** services in schools suitable for both boys and girls: handwashing facilities with water and soap, usable single-sex toilets and safe

drinking water,? WASH facilities play an essential role in the prevention of outbreaks of diseases such as cholera (World Bank, 2024*c*), and poor sanitation has a significant impact on children's development, including through diarrhoea and intestinal inflammation (Guerrant et al., 2013). Inadequate toilet facilities lead children to miss classes and can lead to dropout, especially for girls (World Bank, 2022). School meals programmes (see Section 3.4) also rely on clean water for cooking, washing food and maintaining kitchen hygiene to prevent contamination and the spread of foodborne illnesses. Ensuring reliable water access enhances food safety, supports student health and maximizes the nutritional benefits of school meal programmes.

- ☑ Do the WASH facilities include **menstrual health and hygiene** services such as the provision of sanitary towels and hygienic places to dispose of them? These facilities are important in increasing adolescent girls' retention and participation in school (Joshi and Gaddis, 2015; World Bank, 2022, 2024*a*).
- ☑ Does the **school food environment** (see Tool Case Study 5) have a positive influence on the diet of children and adolescents? Ensuring accessible drinking water in schools can help reduce the consumption of sugary drinks and supports better hydration, overall health and long-term obesity prevention among students (Olvera et al., 2024).
- ☑ Is the physical infrastructure **safe** and conducive to health and well-being (e.g. low chance of injury, adaptable for different forms of physical activity)? Physical infrastructure also needs to be safe and resilient in the face of **climate emergencies and disasters** (see Tool Case Study 4). The RIGHT+ Framework for Physical Learning Environments provides guidance for building resilient, inclusive, green and healthy physical environments that are conducive to teaching and learning (World Bank, 2025).
- ☑ Does the physical space adhere to regulations banning the **marketing and sales of alcohol, tobacco, unhealthy food and sugar-sweetened beverages** (see Tool Case Study 5)?
- ☑ Is there adequate **space for play** and are there facilities for **physical education**?
- ☑ Is the infrastructure **accessible** for and adapted to the needs of all individuals, including learners with disabilities? Does the teaching and learning environment cater to the needs of learners with disabilities?
- ☑ Are children affected by **violence in and around schools**, including corporal punishment, sexual abuse or assault, bullying or cyberbullying, sexual comments, physical fighting or psychological violence by peers or adults, such as harmful taunting, insults and exclusion or denial of resources (see Box 6)?
- ☑ Can children safely travel to and from their school without risk of **injury, harassment or violence**?
- ☑ Do the **relationships** between teachers and students make learners feel safe and respected, and does the **school social environment** foster a sense of belonging? A healthy school climate – shared norms, expectations and beliefs – shapes the psychosocial environment in which students and staff feel physically, emotionally and socially safe. When students experience a strong sense of connectedness – feeling valued, included and attached to their school community – their psychosocial well-being is significantly enhanced (Aldridge and McChesney, 2018).

Figure 2. Health-promoting school environments



National data and evidence on the ways in which the school environment affects children's health and well-being remain scarce in many countries, but there are several cross-national data sources (Table 7). Analysts can check to what extent the questions listed above are addressed in EMIS, drawing on existing reports and, where appropriate, new analyses of EMIS data. Guidelines on how EMIS can collect data on health-promoting school environments have been developed by WHO and UNICEF, among others (UNICEF, 2016; WHO and UNICEF, 2021). Analysts can also use other surveys, such as G-SHPPS, PISA, school safety audits (Global Education Cluster and Education Cannot Wait, 2024) or Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector (GADRRRES) school safety self-assessments, if they have been carried out.

Where none of these are available, it may be useful to consider quantitative or qualitative research to fill the gaps in data, or to discuss with partners the possibility of implementing such surveys in the future or adding some of these elements to EMIS as part of a strengthened monitoring, evaluation and learning system (see Chapter 7).

Analyses of school environments should include an outline of the current plans, programmes and initiatives to improve school environments, such as improvements of WASH facilities, design changes, referral pathways for incidents of violence and bullying, advocacy campaigns and accountability measures.

It is important to consider the well-being of teachers as well as learners. In the Maldives, for example, the government sought to create a supportive and healthy working environment for teachers that recognized the mental health challenges they face. It extended a mental health helpline for students to also support teachers (Ministry of

Education [Republic of Maldives], 2024), and designated an additional non-working day each week for teachers (Public Service Media, 2024).

Table 7. Sources of data on health-promoting school environments

Topic	Source	Sample indicators
WASH in schools	• Data from EMIS or school surveys using WHO and UNICEF methodology (WHO and UNICEF, 2018, 2021) • G-SHPPS • PISA-D	• Percentage of schools with basic drinking water • Percentage of schools with usable single-sex toilets • Percentage of schools with handwashing facilities with water and soap • Percentage of schools providing menstrual supplies
School safety and measures to reduce risks	• GAGE (Jones, Baird and Lunin, 2018) • School Safety Self-Assessment Survey, • First Step and School Watch (child-focused apps) (GADRRRES, n.d.)	• Percentage of students who feel safe at school or when travelling to and from school • School safety / gender-based violence audits if they exist
Facilities for physical education / provision of breaks and space for physical activity	• G-SHPPS • Data from EMIS or school surveys	• Percentage of schools with a space for physical education • Percentage of schools that provide breaks for physical activity during the school day
Accessible environments for children with disabilities	• Data from EMIS using UNICEF guidance (UNICEF, 2016) • G-SHPPS	• Percentage of schools with a main entrance accessible to people with disabilities • Percentage of schools with adapted learning materials for children with disabilities (Braille books, audio aids etc.)
School social climate and student-teacher relations (sense of belonging, inclusivity , safety etc.)	• PISA and PISA-D • TIMSS • PIRLS • ERCE	• Percentage of students who feel like they belong at school • Percentage of schools with reports of bullying or harassment

One particular area of concern for children is violence in and around schools. Surveys, including GSHS, HBSC and VACS, and school-based learning assessments, including ERCE, PIRLS, TIMSS and PISA, all provide information on the extent to which different kinds of violence – including gender-based violence and sexual violence – happen in and around the school (USAID, 2020; UNESCO, 2021*a*; UNESCO and UNGEI, 2023). Data on school violence remains limited in many countries, and where it exists, it needs to be complemented by standardized government systems for reporting violence when it happens in schools (Evans et al., 2023). Violence has profound negative impacts on children's learning and well-being, and support is increasingly available for countries seeking to address it (Box 6).

Box 6. Analysing the effects of school violence, including gender-related violence, on well-being and education

According to global estimates, one billion children (2–17 year olds) experience violence, with a significant portion of violence occurring in and around schools (Hillis et al., 2016). School violence can take different forms, from bullying to corporal punishment, sexual exploitation to online violence. An estimated 793 million school-aged children live in countries where corporal punishment in school is not entirely prohibited (End Violence Against Children et al., 2023). One in 3 learners experience bullying every month (UNESCO, 2019). Up to 25 per cent of adolescents report experiencing sexual violence, and up to 40 per cent of these incidents are reported as having occurred in schools (Hares and Smarrelli, 2023). But data about school violence remains limited in many countries (Evans et al., 2023)

School violence is influenced by multiple factors, including a lack of awareness and information, a negative school climate, inadequate school policies and regulations, and a lack of teacher training. At a structural level, social and gender norms influence many types of violence in education. In particular, gender norms play a critical role in influencing both the prevalence and acceptance of violence within schools. The term 'school-related gender-based violence' refers to acts or threats of sexual, physical or psychological violence occurring in and around schools or through education systems, 'perpetrated as a result of gender norms and stereotypes, and enforced by unequal power dynamics' (UNESCO and UN Women, 2016, p. 20) . In this respect, gender, as well as learners' other identities or circumstances – ability, migrant or refugee status, or socio-economic background – deeply influences who experiences or uses what type of violence in and around schools.

Outcomes of school violence
Experiencing or witnessing violence in and around schools has profound adverse impacts on children's and adolescents' health and well-being, as well as on education outcomes and learning (Saggu, 2024; Smarelli et al., 2024):

- Exposure to violence can negatively affect children's cognitive development and social and emotional skills, with consequences throughout their lives.
- Different forms of violence in education – bullying, corporal punishment, sexual violence or discrimination – correlate with poor mental health outcomes, including increased anxiety, low self-esteem and depression. For example, in Indonesia, Laos, Philippines, Thailand and Timor-Leste, GSHS data show that bullying is associated with feelings of isolation and loneliness, as well as with anxiety, depression and suicidal ideation (Pengpid and Peltzer, 2019).
- Violence in schools adversely affects the overall school climate, thereby undermining children's ability to learn well. Growing evidence points to direct linkages between violent discipline in schools and diminished literacy and numeracy skills (Smarelli et al., 2024). Learners who experience frequent bullying are nearly three times more likely to feel alienated at school compared to their peers, leading to increased school absenteeism, with learners who experience bullying being about twice as likely to skip school as other students (UNESCO, 2019). An analysis of 43 studies from 21 countries found that girls who experience sexual violence are three times more at risk of missing school than their peers (Fry et al., 2018).
- On a macroeconomic level, an estimated US$11 trillion in lost lifetime earnings is a result of violence in school globally (Wodon et al., 2021).

Addressing violence in schools – violence that happens on school grounds, on the way to and from school, online and in activities connected to schools –is therefore crucial for maximizing education outcomes as well as for the human, social and economic development of populations. In addition, a gender and intersectional lens is critical to address root causes of many forms of violence in education and should be applied when integrating health and well-being into education sector planning.

For more information:

- School Violence: Why Gender Matters and How to Measure School-Related Gender-Based Violence (UNESCO and UNGEI, 2023)
- Safe to Learn and Thrive: Ending Violence in and through Education (UNESCO, 2024*b*)
- Policy Brief on Violence in and around Schools and Its Direct and Indirect Impacts on Educational Outcomes of Children (Saggu, 2024)
- Ending Violence in Schools: An Investment Case (Wodon et al., 2021)
- The Good School Toolkit (Raising Voices, 2011)

Tool Case Study 3 (p. 50) explains how the Safe to Learn diagnostic tool can be used to analyse policy on safety from violence in schools.

3.3. Provision of skills-based education about health and well-being

Equipping learners with the skills and knowledge to protect and strengthen their own health and well-being now and in the future is increasingly recognized as an important role for schools. Education sector analysis, therefore, needs to address the extent to which these skills and knowledge are included in school curricula, how they are taught in practice, and what areas remain where health and well-being education may need to be strengthened.

Education about health and well-being means learners understanding what can harm or benefit their health, knowing how to reduce risks and take action to improve their current and future health and well-being, and developing the social and emotional skills needed to take these steps. It may include learning about topics such as physical health and hygiene, food and nutrition, oral health, disease and injury prevention, puberty and development, menstrual health and hygiene, sexual and reproductive health and rights, mental health, preventing violence and staying safe, and relationships – among other subjects that may be considered important in the national context (UNESCO and UNICEF, 2024*b*).

Education that builds these competencies may be delivered through a specific subject area in the curriculum, such as health or lifestyles education. Some skills can be built through other subject areas and learning opportunities, and through extracurricular activities. Planners need to ensure that curriculum content responds to the real needs and experiences of learners based on health and behavioural data, and that learning approaches build skills and change behaviours. Adequate time in the curriculum and consistency across grades and levels is needed.

Physical education – already a core curricular subject in most countries – is also a vital part of building learners' capabilities to maintain good health and well-being. Engaging in physical activity or exercise is a widely accepted, low-risk intervention that carries minimal side effects. It is also perceived by young people as a beneficial approach to promoting well-being and addressing mental health challenges without stigma (Pascoe et al., 2020).

Global research recognizes a particular need for education on these topics to be *skills-based*: targeting the development of practical knowledge and skills that students can use in their current and later lives.

Analyses of education on health and well-being can address some or all of the following questions:

- ☑ What themes and skills related to health and well-being are currently part of the curriculum?

- Review **school curriculum** standards and guidelines to identify the expected health and well-being themes, skills and associated learning outcomes that are currently taught and the modalities through which they are delivered. The ANESH survey module on curriculum, teaching and learning can help to guide this review (WHO, 2023*a*).
- Review **teacher training guidelines and curricula** to understand how teachers learn about health and well-being themes and how they are supported to deliver them.
- Analyse to what extent the **process** of developing curricula and guidelines was participatory and multisectoral, drawing in, for example, expertise and perspectives from ministries of health and from academia, as well as from teachers and learners.

☑ To what extent and in what ways is health and well-being education currently delivered?

- Analyse **school-level data** (if available) from G-SHPPS (see Box 5) on whether schools teach health education, whether it is extracurricular or part of regular teaching, who provides health education and the content of the health education.
- Analyse data on **teachers' skills**, such as how many teachers graduate from training colleges with specialisms in health education and related fields, and the available opportunities (if any) for training once teachers are qualified.
- Review research on the **scope, appropriateness and effectiveness** of the current health and well-being education. Where gaps in the research are identified, consider new research if timelines allow, for example to investigate teachers' knowledge, attitudes and practices in relation to health and well-being education.

☑ What are existing and new initiatives doing to strengthen health and well-being education?

- Use project and programme documents to describe the **goals and design** of existing and new initiatives.
- Review evidence on the **appropriateness and effectiveness** of existing and new initiatives.
- Consider whether the initiatives adequately **address the identified gaps or issues** in health and well-being education, and what gaps and issues remain.

For topics of particular interest, a more in-depth investigation or curriculum audit may be useful to identify the current health problems the topic seeks to address, the legal and policy environment, the content of the course and skills it aims to develop, the process of developing the course and the resources available to implement it. The Sexuality Education Review and Assessment Tool (SERAT) guides analysts through this process in the case of sexuality education (see Tool Case Study 6).

3.4. Provision of school health and nutrition services

Schools are often the best places to reach children and adolescents with health and nutrition services. Most countries offer such services in some form, for example, through vaccinations and school meals. Services may be school-based – delivered directly in schools – or school-linked – provided outside of school premises by facilities or providers that have an agreement with the school administration to provide health services to their learners (Bundy, D.A.P. et al., 2017; WHO and UNESCO, 2021*b*). School-linked health services need to be able to refer children to health services outside the school (such as clinics and hospitals) where needed, as well as to other services such as social protection and legal services.

An analysis of school health and nutrition services can include:

- **Health promotion:** including care-seeking behaviour, sexual and reproductive health, appropriate use of electronic devices, adequate sleep, parenting skills, personal hygiene, menstrual health and hygiene, insecticide-treated bed nets, oral health care, reduced sugar, physical activity, strategies to promote mental health, and appropriate sun exposure.
- **Screening:** including routine preventive health check-ups, screening for infectious diseases, vision and hearing, oral health, nutrition problems, diabetes, signs of violence or abuse, and mental health concerns, including substance abuse and suicidal ideation. Screening processes may use innovative check-up and referral protocols such as those used in Y-Check interventions (Banati et al., 2024).
- **Mental health services:** encompassing promotional, preventive and care services implemented within educational settings (see Box 8).
- **Clinical assessment:** (leading to care or referral and support, as appropriate) including the provision of first aid, administration of medicine, identification of developmental disabilities, counselling and support to caregivers on children's and adolescents' development, and psychosocial interventions for well-being. Referral and support may be offered for pain, injury, burns, drowning, violence, HIV testing and prophylaxis, pregnancy, sexually transmitted infections, common infections, anaemia, weight issues, asthma, other chronic conditions, disability, behavioural and psychological disorders, stress, suicide risk, self-harm and substance use.
- **Immunization and preventive medicine:** including immunizations delivered to all children, immunizations that may be appropriate to deliver only to high-risk populations or in certain regions, and mass drug administration, such as deworming.
- **Nutritious and planet-friendly school meals and micronutrient supplementation:** including intermittent iron and folic acid supplementation for anaemia prevention.

Ministries of health, food and agriculture, and other ministries typically play a large role in the delivery of school health and nutrition services. It is therefore important for health sector stakeholders to contribute to or co-produce analyses of school health and nutrition.

Such analyses should include a review of existing school health programmes, policies, legislation, capacity and resources and how these relate to the rest of the health and education system within the country (WHO and UNESCO, 2021*b*). The review should include both school-based and school-linked health services, and those delivered through government, NGOs and the private sector. It should cover:

☑ **Scale**: What proportion of schools and learners benefit from school health and nutrition services?

☑ **Scope**: Do the services address the major challenges to child, adolescent and adult health? (See earlier analysis of the status of child and adolescent health in Section 2.1.)

☑ **Effectiveness**: What evidence is there that the services are effective? Have rates of specific childhood and adult illnesses dropped since services were introduced? Has food security and nutrition status improved in areas where school meals or micronutrient supplementation were introduced? Are there any impact evaluations of the services, and what did they find?

☑ What **challenges** do the services face? Some examples could be inadequate or irregular financing; difficulty in recruitment, training, payment or retention of staff; or challenges in rolling out services on a larger scale. Where evidence on these is lacking, it may be useful to carry out new studies where time allows.

☑ Are the services **integrated** within wider health and other services, for example, through a system of referral?

The following sources of data are especially useful to document the scale and scope of school health and nutrition services:

- HMIS and other health sector administrative records
- Data on immunization reported using the WHO/UNICEF Joint Reporting Process (WHO, n.d.*j*) and WHO/UNICEF estimates of national immunization coverage (WHO, 2024*b*) – usually based either on administrative sources or household surveys
- Data on school meals from the Global Survey of School Meal Programs (Global Child Nutrition Forum, 2024); the State of School Feeding Worldwide, produced every two years by WFP (2023); and WFP annual country reports (WFP, 2024); including data about school food nutrition guidelines and standards from the FAO's School food global hub (n.d.); annual school censuses; and national school meals information systems.

- School surveys, such as G-SHPPS, which provide details on the types of health services delivered in or linked to schools and school health workers.

GAMA (see Chapter 2) recommends several indicators of adolescents' access to health services, both in and outside of the school (Table 8). These include the proportion of schools offering comprehensive health services, which can be defined by the number of important areas of adolescent health they address (Box 7).

Table 8. Key indicators on adolescents' access to health services

Indicator	Description	Source
Health service user fee exemptions for adolescents	Whether there is a policy exempting adolescents from payment of any user fee for public sector health services	National policy survey
Legal restrictions for accessing health services	Whether there is a legal age limit to consent for health services (e.g. contraception)	National policy survey
Health service use	Percentage of adolescents who have received a health service in past 12 months	Population-based survey / HMIS
Human papillomavirus vaccine coverage	Percentage of target population covered by vaccine	HMIS / population-based survey
Comprehensive school health services	Percentage of schools that offer health services addressing at least four relevant health areas	School policy survey

Source: WHO (n.d.*h*)

Box 7. Defining comprehensive school health services for adolescents

WHO guidelines on school health services (WHO and UNESCO, 2021*b*) define school health services for adolescents as 'comprehensive' if the school addresses at least four of the following seven health areas:

- positive health and development
- unintentional injury
- violence
- sexual and reproductive health including HIV
- communicable disease
- noncommunicable disease, sensory functions, physical disability, oral health, nutrition and physical activity
- mental health, substance use and self-harm.

This definition has been followed by GAMA in its recommended indicator on school health services (WHO, n.d.*h*).

Box 8. The essential role of mental health services in schools

Schools play a pivotal role in fostering not only academic achievement but also the physical and mental well-being of children and young people. Positive mental health is integral to health and is a critical determinant of education outcomes and quality learning. For young people, mental health means being able to connect with others, effectively manage life's challenges, actively engage in school activities and realize their full potential.

Mental health conditions often emerge early in life, affecting around 8 per cent of children aged 5–9 years and 15 per cent of young people aged 10–19 years worldwide (WHO and UNICEF, 2024). Children and young people who are exposed to adversity such as poverty, inequality, violence,

exclusion, stigma and environmental crises are at much greater risk of experiencing mental health conditions. This underscores the importance and urgency of early intervention within educational settings. If these conditions are not addressed, they can obstruct learning and hinder developmental progress, increasing the risk of adverse long-term outcomes, including physical and mental health complications, substance use, stigma, discrimination and difficulties in education, employment and personal relationships (UNESCO, UNICEF and WHO, 2023).

Increasing evidence underscores the essential role that schools and other educational spaces play in promoting mental health, as well as in preventing and addressing mental health issues early on. Schools are uniquely positioned to support children and their families in tackling mental health challenges while facilitating ongoing learning (Dray et al., 2017). This is particularly important in underserved communities, where schools may be the primary point of access for mental health support. Positioned at the crossroads of home and community-based services, schools offer a unique opportunity to bridge these environments and provide essential services and support (Cappella et al., 2008).

A comprehensive, school-based mental health strategy – encompassing policy development, capacity-building and the integration of mental health services – can significantly enhance both academic performance and psychosocial well-being.

Transforming schools into health-promoting spaces
As part of the global standards for health-promoting schools (see Tool Case Study 1), WHO, UNESCO and UNICEF have defined five pillars for school-based programmes and encourage all governments to embed them in their education policies, plans and budgets:

1. Create an enabling learning environment for positive mental health and well-being
2. Guarantee access to early intervention and mental health services and support
3. Promote teacher well-being
4. Enhance mental health and psychosocial support capacity in the education workforce
5. Ensure meaningful collaboration between school, family and community to build a safe and nurturing learning environment.

What mental health services can be delivered in schools:
The scope of school-based mental health interventions encompasses a comprehensive range of promotional, preventive and care services integrated within schools. These services may be delivered or facilitated by school-based personnel – trained teachers, school counsellors, psychologists and nurses – as well as by community-based professionals such as mental health clinicians, social workers, external service providers and peer providers. Delivery methods may be in person or supported through digital platforms.

Interventions typically follow a tiered approach, ranging from universal programmes designed to improve the mental health of all students, prevention interventions for students identified as being at risk and targeted care and support given to students experiencing significant mental health challenges.

At the universal level, services and programmes are designed to support the well-being of all students, regardless of individual risk factors. This includes whole-school initiatives such as social-emotional learning programmes, mental health literacy campaigns and professional development for teachers to cultivate a supportive and inclusive learning environment. These foundational interventions help foster resilience, enhance emotional regulation and promote positive interpersonal skills across the student population.

For students at risk or those beginning to exhibit signs of distress, prevention and targeted interventions provide timely support. These measures address emerging mental health concerns before they escalate, enabling the early management of difficulties and reducing the likelihood of more severe conditions developing.

In accordance with WHO guidance, it is essential to establish a coordinated network of interconnected services to effectively respond to the diverse mental health needs of children and young people, spanning schools, community centres, primary care facilities and specialized programmes. To ensure effective and continuous care – particularly for children and adolescents with complex mental health

needs – services must be well coordinated and linked across sectors, facilitating a comprehensive and seamless response.

Investing in comprehensive, school-based mental health services is not only essential for safeguarding the well-being of children and young people but also fundamental to fostering inclusive, equitable and resilient education systems that empower every learner to thrive and reach their full potential.

Author: Patricia Landínez González, Mental Health and Psychosocial Support in Education Specialist, UNICEF.

3.5. Assessing capacity to address health and well-being in education

Does the education system – and interlinked systems in health and other sectors – have the capacity to implement current policy and plans on health and well-being in education? Do these systems have the capacity to formulate new policy, coordinate across sectors, implement programmes, assess how well they are working and course-correct accordingly? These are the questions that can guide an analysis of a country's **capacity** to address health and well-being in education. Capacity refers to the technical skills, organizational structure and systems, and institutional culture that can facilitate or hold back policy and programmes on health and well-being in education (McCall, 2007; UNESCO, 2013; UNGEI and GPE, 2017).

Analysis of system capacity for health and well-being in education needs to cover issues such as:

- ☑ **Effectiveness of education, health and related sectors:** Are ministries effectively organized? Do they have sufficient financial and human resources? Are they adequately prepared for crisis and disaster situations?

- ☑ **Effective coordination between units:** Are the roles and responsibilities of each ministry, department and unit clearly defined? Are there appropriate administrative structures in place in relation to the roles that each department has to play? How good is the communication and coordination between departments and ministries? Collaboration across ministries can harness knowledge across sectors and enhance cohesion, provided appropriate mechanisms are in place to facilitate this (Verguet et al., 2023);

- ☑ What **regulatory frameworks and administrative mechanisms** are in place to facilitate coordination and accountability among these units, such as cross-sectoral working groups?

- ☑ What are the **profiles of staff in local, regional and national governments**? This includes their qualifications, skills and training, as well as incentives; their knowledge and competencies in relation to key health issues among education staff in local, regional and national governments; their capacity to manage and deliver

school meals programmes; and their understanding of the ways that schools can contribute to learners' health and well-being.

- ☑ **Aid effectiveness**: Do external resources and implementation modalities support the development of national systems in a coordinated way in the health and education sectors?

- ☑ Are there **sufficient teachers and other school staff** with the knowledge and skills needed to teach about health and well-being, including on mental health and psychosocial support (WHO, UNESCO and UNICEF, 2022)? Are there staff in schools who can help operate school meals programmes?

- ☑ Are there **sufficient health care workers and school meal providers** to deliver school health and nutrition services, including community health workers, psychologists and counsellors?

- ☑ Do **teacher training colleges and curriculum authorities** have the **technical capacity** to integrate health and well-being into curricula and pedagogy?

- ☑ Do **NGOs** and **development partners** have a good knowledge and understanding of health and well-being in education (UNESCO-IIEP and GPE, 2015)?

Analysis should include descriptive data on the number of teachers and their subject specialisms and the number of health care workers other service providers whose work relates to school health and nutrition services. It may be useful to carry out key informant interviews or focus groups with teacher trainers, curriculum specialists and government planning colleagues to understand their capacity and needs. Government administrative and policy documents should be reviewed to describe how government units working on health and well-being in education are organized, how they are regulated, how they coordinate with each other and how they ensure mutual accountability.

Fortunately, several tools are available to assist in capacity analysis. Sections of Healthy-SABER focus on implementation fidelity of policies in this area (Tool Case Study 2). *Guidance for Developing Gender-Responsive Education Sector Plans* (UNGEI and GPE, 2017) uses a set of guiding questions to take analysts through issues of institutional capacity and mechanisms for the promotion of gender equality. It may also be useful to consider capacity needs, gaps and strengths in greater depth within specific focus areas. For example, a capacity needs assessment tool by FAO can be used to examine the capacity of a school system to integrate food and nutrition education (see Tool Case Study 7).

3.6. Tool case studies for analysing policy and provision

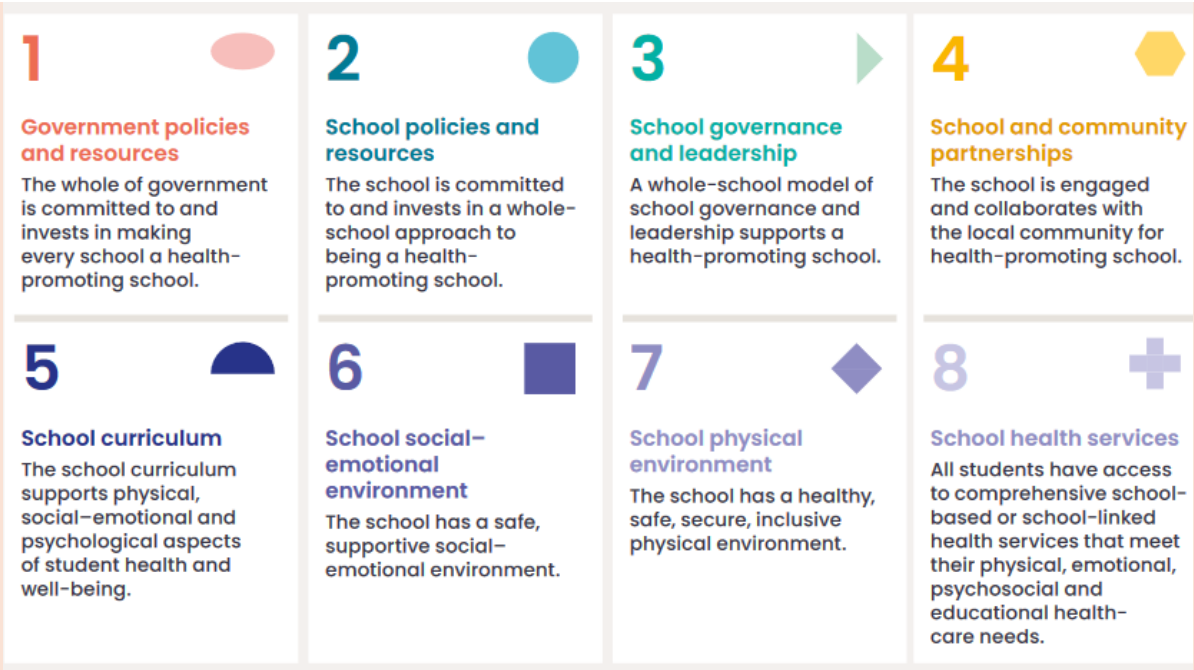
Tool Case Study 1. Making every school a health-promoting school

Tool: Making Every School a Health-Promoting School: **Global Standards and Indicators** (WHO and UNESCO, 2021*a*)
Focus: Government and school-level policies and resources
How to use: To understand what constitutes a health-promoting school and how to measure progress towards all schools being health-promoting schools

Tool: Making Every School a Health-Promoting School: **Implementation Guidance** (WHO, UNESCO, UNICEF and WFP, 2021*b*)
Focus: Government and school-level policies and resources
How to use: To identify the steps towards making every school a health-promoting school and to provide guidance on how to implement the steps and who should be involved

Health-promoting schools are institutions that consistently strive to create a safe and healthy environment for teaching, learning and working. They use a **whole-school approach**, which means incorporating health and well-being into every aspect of the school experience, including curriculum content, teaching methods, school governance, community partnerships and the physical and social environment.

Making Every School a Health-Promoting School: Global Standards and Indicators (WHO and UNESCO, 2021*a*) advocates for governments and schools to aim to meet eight global standards and provides a rationale and indicators for each (see figure).



Source: WHO and UNESCO (2021*a*, p.10)

Making Every School a Health-Promoting School: Implementation Guidance (WHO, UNESCO, UNICEF and WFP, 2021*b*) aims to assist national, subnational and local governments in developing, planning, funding and monitoring sustainable whole-school approaches to health promotion. It outlines **implementation areas**, such as using evidence-informed practices, ensuring access to training and involving students, with associated strategies and practical examples from countries already implementing whole-school approaches to health promotion. It encourages leadership in the education sector and intersectoral collaboration, advocating for health and well-being to be prioritized across all aspects of school operations. The guidance is based on an extensive review of global evidence, including barriers and enablers to implementation, and it serves as a practical resource for governments and stakeholders to understand: (1) the steps to build a health-promoting school, (2) how to implement the steps and (3) who should be involved.

Both these tools are part of a package developed in 2021 to support health-promoting schools The package also includes a volume of country case studies (WHO, UNESCO, UNICEF and WFP, 2021*a*), and a guideline on school health services (WHO and UNESCO, 2021*b*). Further implementation guidance specifically on school health services is available (WHO and UNESCO, 2025).

An evaluation of health-promoting schools (Baltag and Kettaneh, 2023) offers examples of how several countries have achieved success in transforming their schools:

- **Egypt** underwent a comprehensive process evaluation. It formed a technical working group and conducted a situation analysis focusing on national and subnational levels. The analysis helped identify challenges and opportunities related to infrastructure, funding, cultural factors, communication and collaboration. This analysis informed the development and validation of an implementation plan. Thirty-six schools were selected for implementation, and local focal points were trained. All of the selected schools established committees to promote and implement health-promoting school principles.
- **Kenya** used the Health-Promoting School **Global Standards and Indicators** tool to review school health policies and to conduct a situation analysis before drafting an implementation plan and framework. Three pilot schools developed and implemented individual action plans based on the eight standards.
- **Paraguay** built on an existing healthy school strategy (Estrategia Escuela Saludable), holding adaptation workshops in four regions to develop a national integration plan.

Some lessons from the countries that have adopted a systems-based approach include:

- **Political will** is the main enabler of change; health-promoting school champions, from the school to the national level, are key to success.
- Stakeholders need to understand the shift from a time-limited programme to a sustained and holistic **systems-based approach**, in which health-promoting schools are an integral part of building education and health systems.
- **Multisectoral collaboration and coordination** are essential, both at national and subnational levels.
- **Teachers** are overburdened with competing priorities, and scarcity in human resources affects implementation. Administration and support staff are needed to successfully transform schools into health-promoting schools.

Resources

- Making Every School a Health-Promoting School: Global Standards and Indicators (WHO and UNESCO, 2021*a*)
- Making Every School a Health-Promoting School: Country Case Studies (WHO, UNESCO, UNICEF and WFP, 2021*a*)
- Making Every School a Health-Promoting School: Implementation Guidance (WHO, UNESCO, UNICEF and WFP, 2021*b*)
- WHO Guideline on School Health Services (WHO and UNESCO, 2021*b*)
- Making Every School a Health-Promoting School: Implementation Guidance for School Health Services (WHO and UNESCO, 2025)

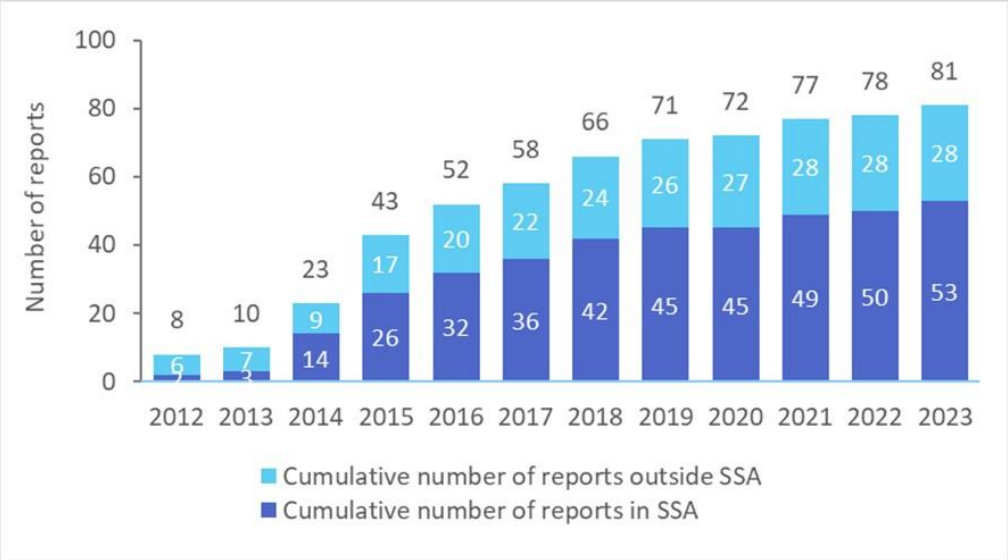
Tool Case Study 2. Using the Healthy-SABER policy tool to self-assess and benchmark national school health and school meals programmes

Tool: Healthy-SABER (World Bank, n.d.*b*)
Focus: Whole system
How to use: To analyse policies related to school health and nutrition and their implementation fidelity

SABER is an initiative developed by the World Bank in 2011 to support education systems by providing evidence-based analysis of key policies to support the development of sound policy frameworks with the aim of improving learning outcomes. Subsequently, in 2012, the multi-agency team that authored *Rethinking School Feeding* (Bundy et al., 2009) created two additional frameworks to link child well-being with education outcomes, firstly through school-based health interventions (SABER School Health), and secondly through the provision of school meals (SABER School Feeding) (World Bank, 2016).

A review by Schultz et al. (2024) documented the uptake of the relevant SABER policy tools over the last decade and found that they have been adopted worldwide, particularly in low- and lower-middle-income countries and in Africa. Today SABER is part of the political economy of nations and an institutionalized mechanism for governments to self-assess and strengthen their national school meals programmes. The tool has been conducted at least 81 times in 59 countries across all income classifications, with two-thirds of all applications conducted in sub-Saharan Africa. This broad uptake shows that SABER has become an institutionalized mechanism for governments to self-assess and strengthen their national school meals programmes.

Figure X. Cumulative number of SABER School Health and School Feeding reports completed since 2012 in and outside of sub-Saharan Africa (SSA).



Source: Schultz et al. (2024)

Using Healthy-SABER to assess comprehensive school health and nutrition policies and implementation fidelity

Given the complementarities between school meals and other school-based health interventions, the World Bank, WFP and Research Consortium for School Health and Nutrition have combined key elements of the SABER School Feeding and SABER School Health framework into a single policy tool: Healthy-SABER.

Healthy-SABER retains the original SABER's participatory and multisectoral approach, but with adaptations for varying national contexts, including decentralized systems. It introduces a new mandatory core module and indicators to assess essential school health and school meals policies and services, including their implementation fidelity, and to identify areas where reform is needed.

Healthy-SABER provides governments with data to support targeted, cost-effective and sustainable policies. It can inform decisions like adopting home-grown school feeding or taxing unhealthy foods to fund nutrition programmes. Repeated use of the tool tracks progress on key benchmarks such as budget lines, nutrition standards and integrated health services. Additionally, conducting repeat exercises can show progress towards the presence of a costed policy and budget line, national standards for school food, local procurement in school meals menus and whether school meals are part of a complementary package of school health and nutrition services.

Healthy-SABER was first introduced in Togo as part of the World Bank's Quality and Equity of Basic Education Project with the support of the World Bank's Deworming Africa Initiative (financed by the Bill and Melinda Gates Foundation). The finalized tool is based on the learning from the pilot experience and the technical expertise of peer reviewers and thought leaders in school health and nutrition including the World Bank, WHO, FAO, UNICEF, UNESCO, GPE and the Research Consortium for School Health and Nutrition.

For more information:

- What Matters Most for School Health and School Feeding (World Bank, 2012)
- SABER School Health and School Feeding (World Bank, 2016)
- The SABER School Feeding policy tool (Schultz, L. et al., 2024)
- *State of School Feeding Worldwide 2024*. (WFP, forthcoming)
- Rethinking School Feeding (Bundy, D. et al., 2009)

Authors: Fatima Barry, Mouhamadou Moustapha Lo, Nashira Calvo Cardenas, Eva Brocard Health and Alice Renauld (World Bank); Linda Schultz (Research Consortium for School Health and Nutrition); Soha Haky (WFP); and Lesley Drake (Partnership for Child Development)

Tool Case Study 3. Using the Safe to Learn diagnostic tool to analyse policy on safety from violence in and around schools

Tool: Safe to Learn diagnostic tool (Safe to Learn, 2021*b*)
Focus: Safety from violence
How to use: To measure the quality of national efforts to prevent and respond to violence in and around schools

Safe to Learn is a global initiative dedicated to ending violence in, around and through schools, ensuring that every child can learn in a safe and supportive environment. Launched in 2019 in response to youth demands for change, Safe to Learn is driven by a diverse coalition of 16 cross-sectoral partners. It unites organizations from civil society, United Nations agencies, donors, global partnerships and the private sector, bringing together global leaders from various fields, including education, child protection, health, gender and social and behavioural change. Safe to Learn engages with and supports countries to ensure safe learning environments for all students and advocates for ending school-based violence globally (Safe to Learn, n.d.).

Safe to Learn members, with support from the UK Foreign, Commonwealth and Development Office and under the technical leadership of UNICEF, have developed a comprehensive technical package to help countries eliminate violence in and through schools. The package includes a **programmatic framework**, a **benchmarking tool** and a **diagnostic tool.** Countries can use these resources to support their programming and policy-making, assess national efforts against benchmarks, inform country-level collective dialogue and ensure targeted investments and evidence-based actions. This package supports the integration of violence prevention strategies into education sector planning, policies and budgets, among other things.

In 2019, **Uganda** was one of the first countries to undertake a comprehensive Safe to Learn diagnostic exercise and, in doing so, was able to assess the extent to which it met the Safe to Learn benchmarks, identify good practices and gaps, and establish a baseline for measuring future progress. The process highlighted specific recommendations for improvement in key areas, such as policy gaps and implementation challenges.

While the uptake of research findings into policy-making is neither simple nor linear, the diagnostic findings informed the development of specific reforms. They bolstered advocacy efforts towards integrating violence prevention in schools into Uganda's new Education and Sports Sector Strategic Plan (2020/21–2024/25) and supported revisions of the Ministry of Education's Reporting, Tracking, Referral and Response Guidelines (Flagothier, 2021). These guidelines help schools establish mechanisms for reporting, tracking, referring and responding to child protection concerns. The findings also provided valuable insights for revising the National Strategic Plan on Violence against Children in Schools (Flagothier, 2021). Uganda has since used the Safe to Learn framework to assess progress and nurture national dialogue; in 2022, a Safe to Learn national symposium assessed the country's progress since the diagnostic exercise and identified key actions to scale up and fast-track the implementation of the findings (Ministry of Education and Sports [Uganda], 2022).

In 2024, Safe to Learn and GPE partnered to create a Technical Assistance Initiative on Safe Learning (GPE, n.d.), which is currently supporting efforts in Nepal and Sierra Leone. The initiative is designed around the five components of the *Safe to Learn Call to Action* (Safe to Learn, 2023), and aims to build country capacity to prevent and respond to violence in and around schools (GPE, n.d.). The five components of the call to action highlight steps needed to end violence in, around and through schools: (1) implement policy and legislation; (2) strengthen prevention, risk mitigation and response in education systems and schools; (3) shift social and gender norms and promote behaviour change; (4) invest resources effectively; and (5) generate and use evidence.

For more information

- Safe to Learn Call to Action (Safe to Learn, 2023)
- Global Programmatic Framework and Benchmarking Tool (Safe to Learn, 2021a)
- What we Learnt from the Safe to Learn Diagnostic Processes in Two Countries: Uganda and South Sudan (Flagothier, 2021)
- Safe to Learn Diagnostic Exercises in Nepal, Pakistan, South Sudan and Uganda. Synthesis Report (Safe to Learn, 2020*a*)
- Safe to Learn Uganda Diagnostic Exercise (Safe to Learn, 2020*b*)
- Safe to Learn: About us (Safe to Learn, n.d.)
- Technical Assistance Initiatives: Safe Learning Initiative (GPE, n.d.)

Author: Catherine Flagothier, Safe and Inclusive Schools Specialist, Safe to Learn

Tool Case Study 4. Integrating health hazards in school safety in Brazil using a Comprehensive School Safety Framework

Tool: Comprehensive School Safety Framework and Policy Survey (GADRRRES, 2017)
Focus: Safety during disasters
How to use: To approach disasters in a holistic and cross-sectoral way by identifying where countries stand in terms of school safety, including health hazards, providing a baseline for improvement

In 2024, Rio Grande do Sul in southern Brazil experienced catastrophic floods and extreme weather, affecting 460 municipalities and displacing over 600,000 people. With over 2 million affected and 40

per cent of schools impacted, the government was taken by surprise at the scale of the disaster and its effect on the education system. Severe social and emotional distress was reported among students and educators, prompting urgent requests for technical support.

When responding to disasters such as this one, with massive impacts on school safety, it is essential to consider health hazards. Natural and climate change–induced disasters are often followed by health emergencies. For example, a flood may lead to a sharp increase in diseases such as leptospirosis. Governments need to take a comprehensive approach, preparing schools to manage these health risks. The health and education sectors need to collaborate to take steps such as disseminating disease prevention messages in schools and adapting and prioritizing curriculum content that focuses on life skills relevant to the ongoing emergency.

The **Comprehensive School Safety Framework (CSSF)** (GADRRRES, 2022) helps governments and their partners to approach disasters in a holistic and cross-sectoral way. It explains three pillars – (1) safe learning facilities, (2) school disaster management and (3) risk reduction and resilience education – and uses an enabling system that helps actors think through how they are addressing these elements to promote school safety. Together, the pillars provide a structured approach to ensure that all aspects of school safety, including health, are effectively managed during and after emergencies.

In Brazil, the CSSF has facilitated dialogue among departments within local education authorities, mapping actions related to teacher training, school reconstruction, preparedness plans, curriculum adaptation and other initiatives. This type of facilitated coordination is designed to reduce teachers and educational personnel feeling overwhelmed during emergency response and recovery.

The CSSF was also used to fosters partnerships with sectors like health, child protection, civil protection and emergency response to develop a comprehensive approach to addressing school safety and resilience. Mental health and psychosocial support are integrated as key elements of CSSF, to ensure the well-being of students and educators, which is critical for the recovery and learning process.

As a result of this intervention, UNESCO produced a set of activities designed to support teachers in emergency situations. These activities are aimed at listening to teachers, providing emotional and professional support, and equipping teachers with tools they can incorporate into their pedagogical approach. This initiative plays a crucial role in fostering teacher resilience, contributing to both their personal well-being and their ability to effectively support students in post-disaster recovery. This case demonstrates how CSSF can help actors to effectively coordinate disaster recovery efforts and integrate health considerations, including mental health, as key components of school safety.

For more information

- Five essential pillars for promoting and protecting mental health and psychosocial well-being in schools and learning environments (WHO, UNESCO and UNICEF, 2022): This document is instrumental in guiding government preparedness, response and recovery interventions.
- GADRRRES Guidance Tool (GADRRRES, 2023): Available in multiple languages, this tool provides key resources for implementing school safety measures, supporting efforts at every stage.
- Global Program for Safer Schools: Library (World Bank, n.d.*a*): Global repository of evidence-based knowledge and data about school infrastructure.

Author: Janaina Hatsue Barrozo Hirata, Section for Migration, Displacement, Emergencies and Education Consultant UNESCO

Tool Case Study 5. Promoting healthy school food environments for healthier students

Tool: Nutrition Environment Assessment Toolkit for Schools (UNICEF, 2024b)
Focus: School food environments
How to use: To assess school food environments and generate data to inform policy and programme development and implementation

School food environments are one of the strongest influences in the diets of school-aged children and adolescents. Children consume much of their daily food and beverages during the school day (Briefel et al., 2009; Pineda, Bascunan and Sassi, 2021), and their food practices and dietary habits are influenced by the food that is available and marketed in and around schools, as well as by peer attitudes towards food (FAO, 2020). As such, school food environments are key settings to encourage and support healthy dietary habits.

At the same time, they can also pose a threat to children's diet quality, as many schools, including in low- and middle-income countries, expose children to the sale and marketing of unhealthy foods and beverages (defined as foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt.) (Perry et al., 2024). In addition, more than half (51 per cent) of schools in low- and middle-income countries lack basic drinking water services (UNICEF and WHO, 2024), meaning that water is not available at all or not safe to drink in those schools. Schools are also prime targets of food industry marketing and sponsorship, which infiltrate various aspects of school life, from sports to extracurricular activities, to textbooks and even kitchen facilities. A UNICEF study of adolescents' experience of nutrition across 18 countries (of all income levels) found that a major barrier for young people to eat healthily was lack of access to nutritious foods at schools and that, if available, it is expensive (Fleming et al., 2020).

Creating and safeguarding healthy school food environments is a fundamental part of children's rights and thus nations have obligations to shape school food environments to be more supportive of healthy diets and good nutrition (UNICEF and United Nations Special Rapporteur on the Right to Food, 2019). Policy-makers are increasingly prioritizing the regulation of school food environments as a response to global increases in child and adolescent overweight and obesity. In 2022, about 390 million children aged 5–19 were estimated to be overweight or living with obesity – an increase of approximately 2.5 per cent since 2000 (WHO, n.d.*g*).

Key evidence-based measures to promote healthy school food environments include: (1)**enforcing nutrition guidelines and standards** to ensure that foods and meals provided and sold to students are aligned with their dietary needs; (2) **restricting the sale, marketing and sponsorship of unhealthy foods and beverages** within and around schools; and (3) **ensuring access to safe drinking water** in schools to promote hydration (FAO, 2019; WHO, 2021*a*; UNICEF, 2022; UNICEF and WHO, 2023).

Adequate implementation of such measures has been shown to lower the consumption of sugar-sweetened beverages and unhealthy snacks and meals, while promoting a higher consumption of nutritious foods, such as fruit (Micha et al., 2018). A recent global review found that worldwide, only 28 per cent of countries have any national-level policy restricting food marketing or sales in schools (Perry et al., 2024). Notably, over half of the policies that exist are found in high-income countries, while no low-income countries have implemented such policies.

To be effective, restrictions on unhealthy food sales, marketing and sponsorship must be legally mandated, with clear monitoring and enforcement guidelines. As ministries of education often have jurisdiction only over school spaces, collaboration with other government agencies – such as those overseeing food and agriculture, health and local governance – is essential for regulating food environments beyond school grounds.

For more information:

- FAO's School food global hub serves as a platform to get in-depth information about school food environment policies and legislation currently being implemented in countries around the world. It also hosts further specialized guidance on school food environment intervention options (FAO, n.d.).

Authors: Cristina Álvarez Sánchez, Nutrition Specialist, UNICEF; Progress Kateke, Programme Specialist, UNICEF; Marije Broekhuijsen, WASH Specialist, UNICEF; Katherine Shats, Legal Specialist, UNICEF; and Melissa Vargas, Nutrition Guidelines and Standards Technical Adviser, FAO.

Tool Case Study 6. Using SERAT

Tool: Sexuality Education Review and Assessment Tool (SERAT) (UNESCO, 2020)
Focus: Sexuality education
How to use: To collect data on school-based sexuality education programmes in order to generate reflection and discussion about the strengths and areas of improvement of programmes

Why comprehensive sexuality education is important
All parents, teachers and communities want children to thrive in their education, their health and their futures. Yet, too many young people receive confusing, conflicting or incomplete information about puberty, relationships, love and sex as they make the transition from childhood to adulthood. A growing number of studies show that young people are increasingly turning to the digital environment as a key source of information about sexuality.

Comprehensive sexuality education (CSE) is widely recognized as a key intervention to advance gender equality, healthy relationships and sexual and reproductive health, all of which have been shown to positively improve education and health outcomes (UNESCO, 2018). CSE is adapted to the age and developmental stage of learners and uses a learner-centred approach. Learners in lower grades are introduced to simple concepts such as family, respect and kindness, while older learners tackle more complex concepts such as gender-based violence, sexual consent, HIV testing and pregnancy.

When delivered well and combined with access to necessary sexual and reproductive health services, CSE empowers young people to make informed decisions about relationships and sexuality and navigate a world where gender-based violence, gender inequality, early and unintended pregnancies, HIV and other sexually transmitted infections still pose serious risks to their health and well-being. It also helps to keep children safe from abuse by teaching them about their bodies and how to change practices that lead girls to become pregnant before they are ready and thus drop-out of school.

A lack of high-quality, age-appropriate sexuality and relationships education may leave children and young people vulnerable to harmful sexual behaviours and sexual exploitation, including online violence, bullying and misinformation.

The *International Technical Guidance on Sexuality Education* and how it can be used
The *International Technical Guidance on Sexuality Education* (UNESCO *et al.*, 2018) was developed to assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school CSE programmes and materials. It is immediately relevant for government education ministers and their professional staff, including curriculum developers, school principals and teachers. It is also useful for anyone involved in the design, delivery and evaluation of sexuality education programmes both in and out of school.

In addition to being informed by the latest evidence, the guidance is firmly grounded in numerous international human rights conventions that stress the right of every individual to education and to the highest attainable standard of health and well-being. It is not a curriculum, nor does it provide detailed recommendations for operationalizing CSE at country level. Rather, it is a framework based on international best practices and is intended to support curriculum developers to create and adapt curricula appropriate to their context and to guide programme developers in the design, implementation and monitoring of good quality sexuality education.

How SERAT can be used to analyse current policy and programmes on sexuality education
SERAT is a spreadsheet-based tool, designed to help countries collect data and analyse the strengths and gaps in their HIV prevention and sexuality education programmes at primary and secondary school levels. It reflects and complements the *International Technical Guidance on Sexuality Education* and its purpose is to

- review school-based HIV prevention and sexuality education programmes based on international evidence and good practice
- provide data to inform the improvement or reform of programmes
- assess programme effectiveness by focusing on health data and other social criteria (notably gender) when looking at strengths and weaknesses
- inform debate and advocacy by making available data on sexuality education that is understandable, easy to analyse and accessible to different audiences.

Results are presented in automatically generated bar charts that enable an immediate analysis of the strengths and weaknesses of a programme. SERAT enables analysis of programme objectives and principles, curriculum content across four different age groups, integration with the national curriculum teaching and learning approaches and environment, and teacher training and support. It also allows users to compile relevant health and education data, as well as the legal and policy context, in order to inform programme improvement and prioritization through holistic national evidence.

SERAT analysis has been used in several countries to guide changes to curriculum, to the mechanisms for intersectoral collaboration around sexuality education, and to the legal and policy frameworks supporting it.

In **Sierra Leone**, a review using SERAT found that CSE content had been integrated into the national curriculum framework across a number of subjects. But several key concepts relating, for example, to values, culture, violence and interpersonal communications, were recommended to be strengthened, especially given continued high rates of adolescent pregnancy. The review also revealed that CSE topics in the new curriculum had not yet been included in teacher training programmes, indicating that further work was needed for the new content to reach learners (UNFPA Sierra Leone, 2020).

A review of sexuality education in **Eastern Europe and Central Asia** (Georgia, Kyrgyzstan, the Republic of Moldova and Tajikistan) found that all four countries teach learners about sexuality as part of a programme of healthy lifestyles education, and that they have adequate legal and policy frameworks; however, gaps remain in teacher training, monitoring and evaluation, as well as the comprehensiveness of the material (UNFPA, 2024). In Georgia, the Ministry of Education and Science responded to the SERAT review by revising biology and civic education subject standards to cover more topics and starting a new project with school doctors for children in elementary education; civil society organizations used the findings for advocacy and in project design (Bandzeladze, 2023).

For more information:

- International technical guidance on sexuality education: an evidence-informed approach (UNESCO, 2018)
- Overview of Comprehensive Sexuality Education in Georgia, Kyrgyzstan, the Republic of Moldova and Tajikistan (UNFPA, 2024)

Author: Arushi Singh, Senior Programme Specialist, UNESCO Section for Health and Education

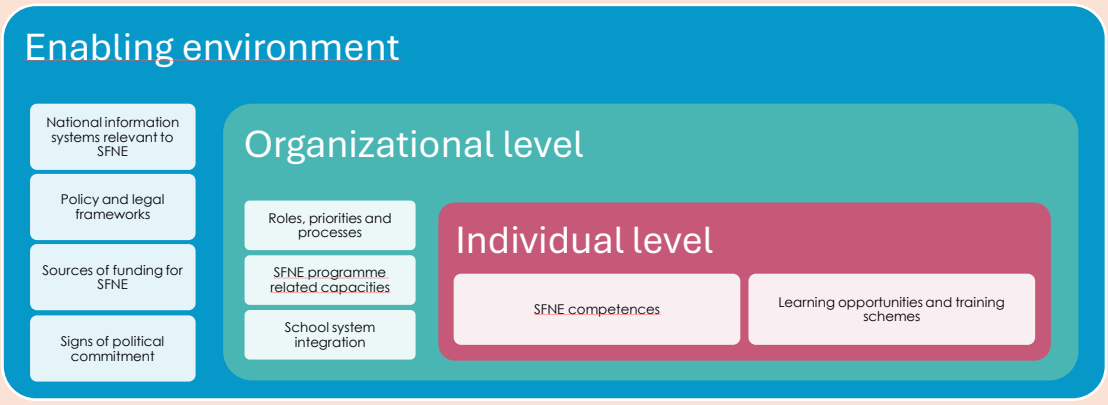
Tool: Capacity needs assessment tool – School-based food and nutrition education (FAO, 2021*a*)
Focus: Food and nutrition education
How to use: To identify key strengths, capacity gaps, and recommendations for addressing these gaps in relation to school-based food and nutrition education

Integrating holistic, action-oriented food and nutrition education into schools can help children and their families develop essential life skills and core competences to adopt healthier and more sustainable food practices and to become agents of positive change. This is especially effective when children are surrounded by enabling food environments.

To unlock the full potential of school-based food and nutrition education (SFNE), it is essential to implement well-designed, cost-effective learning programmes that are executed with fidelity and monitored regularly. This in turn requires capable front-line educators, who can facilitate hands-on activities that resonate with children's lives; motivate and support students to set their own goals and check their progress; and act as a role model for sustainable food practices, among various other objectives.

However, while competent teachers are essential, they cannot ensure the success of SFNE on their own, nor should they bear the entire responsibility. A capable system is necessary – one where SFNE has sufficient, mandated time in the curriculum across all grades; where teachers have access to high-quality, context-specific learning materials and regular training; and where food education is valued as much as core subjects. Moreover, fostering a healthy and sustainable food culture must be a shared responsibility across the school community.

A good picture of the school system, along with an analysis of capacity needs at different levels, is the recommended first step towards achieving steady and practical improvements in SFNE systemic capacity. To support this, FAO has developed a tool building on decades of experience working with Member Countries and grounded in evidence-based SFNE principles. Designed for use by multilevel stakeholders from education, health, food, civil society and other relevant sectors, this tool helps identify key strengths and capacity gaps and makes recommendations for addressing these gaps. Figure 1 showcases the main assessment dimensions and constructs of the SFNE capacity needs assessment tool.



The SFNE capacity needs assessment tool has been used in **Ghana**, the **Dominican Republic** (López Hernández, Hernández Garbanzo and Vargas, 2021), **El Salvador** (López Hernández, Hernández

Garbanzo and Vargas, 2022) and **Ecuador** (FAO, 2022). In Ghana, UNICEF supported the application of the tool in partnership with FAO, which led to the crafting of a national SFNE capacity development strategy with priority actions. There are plans by a multisectoral group to work progressively on each of these actions during the upcoming two years.

Beyond guiding institutional capacity development, the findings of the tool can be valuable when developing or updating school food and nutrition–relevant policies and legislation. They help identify the policy level requirements needed to support and enable successful SFNE programmes, many of which apply more broadly to education about health and well-being.

For more information:

- School-Based Food and Nutrition Education – A white paper on the current state, principles, challenges and recommendations for low- and middle-income countries (FAO, 2020)

Author: Melissa Vargas, Nutrition Guidelines And Standards Technical Adviser, FAO

Key takeaways on analysing policy and provision

- Education sector analyses should include:
  - **Current policy** on health and well-being in education
  - Current provision of **health-promoting school environments**
  - Current provision of **skills-based education about health and well-being**
  - Current provision of school **health and nutrition services**
  - The **institutional capacity** to provide health and well-being in education
- There are many tools that can support these analyses, including high-level tools such as ANESH and Healthy-SABER, as well as tools for specific areas such as SERAT for sexuality education, RAMES for mental health and the SFNE capacity needs assessment for school-based food and nutrition education.

4. Formulating priorities and key strategies

This chapter addresses the following questions:

- What are high-level priorities within government education sector planning?
- How are these priorities consistent with broader national visions for the education sector?
- Which tools exist that could better position these priorities?
- Which factors can affect the implementation of health and well-being in education?
- How can we use these factors to advocate for interventions?
- Which stakeholder groups can help do this? How can we meaningfully involve key stakeholder groups in these processes?

4.1. Guidance for setting priorities

Having analysed current policy and provision for health and well-being in education, planners can begin to clarify high-level priorities – in the form of intended goals – and formulate specific priorities and strategies. Where possible, this should be part of the larger process of setting priorities and strategies within the broader vision for the education sector and not separate from them.

The priorities and strategies should reflect a long-term vision for education, health and social development, but also addressing the challenges identified in the analysis of the sector. This formulation of priorities and strategies then provides a framework for the detailed design of a set of programmes or interventions (Section 5).

As in ESP preparation more generally (UNESCO-IIEP and GPE, 2015), the identification of priorities and strategies for health and well-being in education involves the following steps:

- ⇨ **Identify which health and well-being issues are the most important** for children and adolescents – which issues have the greatest impact on their learning experience and outcomes and on their current and future lives more broadly?
- ⇨ **Pinpoint which of these issues are not being effectively and comprehensively addressed in current policy** or those that are amenable to an intervention or policy change that would improve matters.
- ⇨ **Develop a theory of change** (UK Aid Connect, 2017) to define the expected outcomes and strategies to address the issues identified The theory of change needs to be plausible given the national and global evidence, and it needs to reflect knowledge and understanding from all relevant sectors.
- ⇨ **Form one or more working groups** with representatives from relevant ministries, development partners and NGOs, teachers' and parents' representatives, and other stakeholders such as representatives of families of

children with disabilities. Such groups are important for understanding key stakeholder views on the selection of priorities, for engagement with decision-making processes and for ensuring that priorities have broad support.

⇨ **Engage decision-makers and technicians** in a dialogue leading to political trade-offs on priorities.

In GPE-partner countries, local education groups, as well as other cross-sectoral coordination bodies, may play a key role in this dialogue. Multistakeholder policy dialogue mechanisms like local education groups are recognized as a crucial component of government dynamics in driving national development (GPE, 2019), including in ensuring that a programme or reform has broad support, mobilizing financial resources, overcoming implementation challenges, sharing knowledge and identifying opportunities for collaboration.

The priorities and strategies should

- Be **coherent and consistent**, reinforcing each other rather than undermining each other. Particularly for child and adolescent well-being, effective policy-making involves thinking about multiple aspects of children's and adolescents' lives and the interconnectedness and of the cumulative effects of childhood experiences on children's development and their future life course (Dirwan and Thévenon, 2023).
- Acknowledge **broader legal and policy frameworks**. For example, strategies to improve children's safety from violence in schools should be consistent with existing national policy frameworks on child protection (Safe to Learn, 2021*b*). However, the planning process may also highlight the need for changes to legal or policy frameworks if the sector analysis suggests that these are insufficient in scope, contradictory or do not support the government's overall vision (see Chapter 3).
- **Align** with broader sectoral and cross-sectoral plans such as in health, nutrition, social protection and child protection. Integrated action across sectors can amplify impact on children and adolescents' overall well-being. Support from external donors should be aligned on a sector-wide approach set out in the ESP and other policy documents (Boak and Ndaruhutse, 2011).
- Reflect the government's stated **commitments** in national and international forums – such as Safe to Learn's call to action, SDGs, commitments made at the Transforming Education Summit and commitments to the School Meals Coalition.
- Be consistent with **regional strategies and frameworks**, such as the African Union's strategy for Education for Health and Well-being and its guidelines on school meals (UNESCO, UNICEF and WFP, 2023).
- Be **feasible** and attainable given constraints on human, physical and financial resources. This means linking the priorities to current and prospective budgets, capacity (e.g. teacher workforce and the capacity of teacher training institutes) and timelines.

- Reflect the views of **key stakeholders** through a participatory process of stakeholder engagement (see Section 4.2).
- Emphasize **gender equality, equity and inclusiveness**, ensuring that no group of children or adolescents is left behind, in line with countries' international commitments including the SDGs (GPE, 2023). In doing so, they should adopt a **twin-track approach** to respond to the needs of marginalized children: **mainstreaming** disability, gender or linguistic considerations while at the same time developing **targeted** policies, services and programmes to meet their specific needs.
- Build on **accountability mechanisms** so that the policies and strategies can be adjusted over time (see Chapter 7 on monitoring, evaluation and learning).

The tools listed in Chapter 3 for analysing policy and provision can help guide planners through the technical discussions in formulating new policy. For example, Health-SABER can help craft policies that are well-targeted and financially sustainable (Tool Case Study 2). Subject-specific diagnostics such as SERAT highlight the key gaps which need to be prioritized to make progress in domains like sexuality education (Tool Case Study 6).

4.2. Active and meaningful involvement of stakeholders

Health and well-being in education requires effective collaboration between authorities and stakeholders from central to local levels, including local communities and parents. It also involves intersectoral approaches, not just between the education and health sectors, but also food and agriculture, water and sanitation, local development, finance, child protection, social welfare, law enforcement and other relevant sectors.

Often such dialogue happens through a local education group – a collaborative forum of education stakeholders, including development partners for education sector policy dialogue under government leadership (GPE, 2019) – and through similar groups with more specific mandates, such as school health and nutrition multistakeholder working groups. Annual joint sector reviews are important points in the planning cycle, during which stakeholders and partners monitor the status of implementation in both the education and health sectors and discuss possible course corrections (GPE, 2018).

As noted above, priorities need to reflect the views of relevant stakeholders through a participatory process of stakeholder engagement. Participation throughout the analysis and planning cycle, including in prioritization exercises, through the local education group or by other mechanisms is essential to help improve the relevance, buy-in and sustainability of interventions (Ginsburg et al., 2018; GPE, 2019).

There are a number of relevant stakeholder groups that have been identified in this handbook with regard to the health and well-being of children and adolescents, including:

- Children, adolescents and young adult learners

- School principals and teachers
- Other school staff
- Parents and caregivers
- School governance, management and leadership teams
- Educators, professional bodies and unions for school staff
- Local health professionals
- Local and national policy-makers
- Local public health teams
- Staff from other sectors (e.g. social welfare, transport, child protection)
- Local communities

In order to have priorities and strategies grounded in the real-life experience and perspectives of this diverse group of stakeholders, different types of engagement processes can be used.

It is challenging to achieve genuine participation, especially for young learners, and it is necessary to invest a significant amount of resource to this activity. But the reward to be gained from this initial investment is likely to reduce future barriers to policy implementation. Moreover, developing strongly supported priorities, as well as acceptable and feasible strategies for improving learners' health and well-being, represents a gain to the population for years to come.

The types of resources needed include:

- Good facilitation at events by appropriately trained people
- Effective support to stakeholders in terms of briefing and debriefing
- Support for transport/accommodation costs for stakeholders travelling to events
- Reward and recognition for stakeholder contributions
- Development of engaging online surveys or webinars

A number of resources exist to help with the planning and execution of stakeholder engagement (Box 9). Creating a small, focused steering group – including some stakeholder representatives – is a good starting point for this activity. Initiatives can take place at national or local levels.

Box 9. Examples of resources to assist stakeholder engagement

- A Handbook of Children and Young People's Participation: Conversations for Transformational Change (Percy-Smith et al., 2023)
- Stakeholder Engagement: Improving Education through Multi-Level Community Relations (Tran, 2019)
- Engaging stakeholders and target groups in prioritising a public health intervention: The Creating Active School Environments (CASE) online Delphi study (Morton et al., 2017)
- SBHC Community and Stakeholder Engagement (Washington School-Based Health Alliance, 2022)

- Protocol for assessing stakeholder engagement in the development and evaluation of the Informed Health Choices resources teaching secondary school students to think critically about health claims and choices (Nsangi et al., 2020)
- Stakeholder engagement for improved school policy: development and implementation (Pan Canadian Joint Consortium for School Health, 2010)
- Enhancing Stakeholder Engagement, Collaboration, and Family–School–Community Partnerships in School Mental Health (Weist, Domlyn and Collins, 2023)

Key takeaways on formulating priorities and strategies

- Priorities should be based on the analysis of:
  - which health and well-being issues are having the most serious effects on children and adolescents
  - which of these are not adequately addressed in current policies and provision
  - which of these can feasibly be addressed in a new planning cycle, given the national and global evidence.
- The strategies should:
  - be coherent and consistent with each other
  - work within existing policy and legal frameworks
  - align with broader plans in education and other sectors
  - reflect the government's stated commitments
  - be consistent with regional strategies and frameworks
  - be feasible given financial, human and infrastructural resource
  - emphasize gender equality, equity and inclusiveness
  - build in accountability mechanisms.
- Priorities and strategies should also reflect the views of key stakeholders through a participatory process, including children, adolescents, parents, teachers, health workers, officials at all levels of government and others.

5. Programme design and implementation

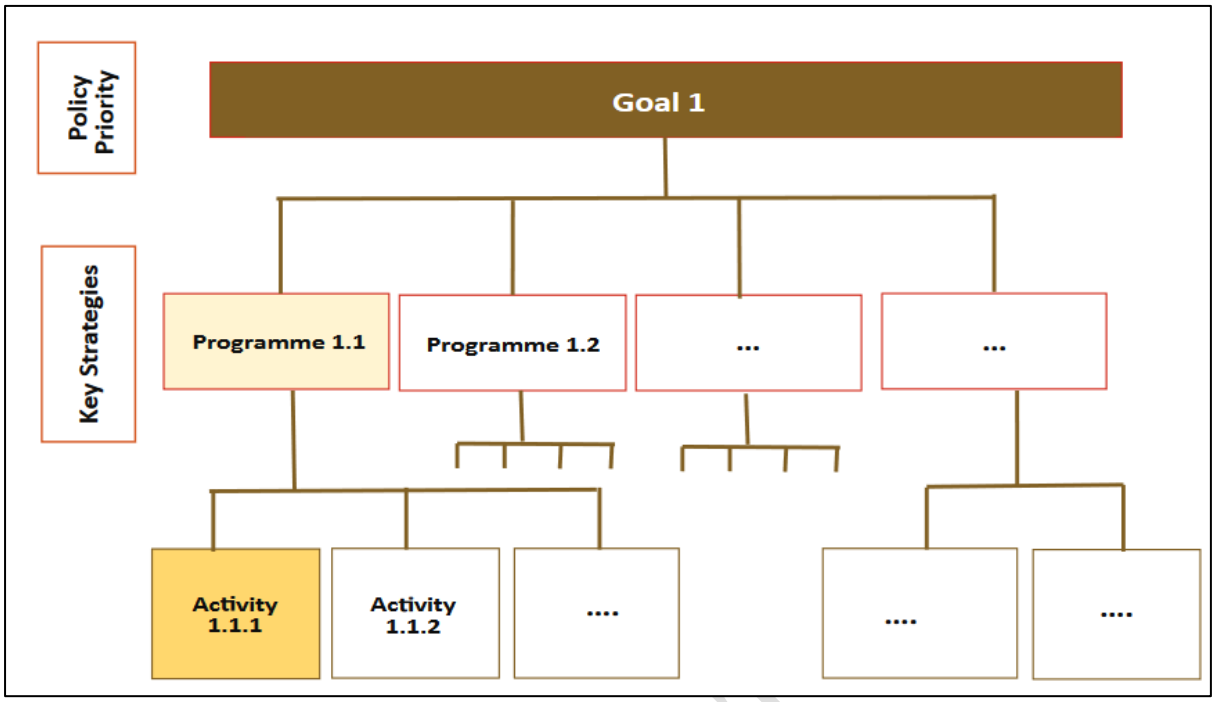
This chapter addresses the following questions:

- How can high-level priorities be broken down into lower-level goals and activities?
- How can evidence be used to design effective programmes?
- What can we learn from past interventions and programmes in the same country and other countries?
- How can programme design reflect the global and national evidence based on effectiveness, cost-effectiveness and adaptation to national contexts?
- What are strategies for **implementing** planned activities on health and well-being in education?
- How can we assess our capacity to implement the programme?
- Which resources are available to help with this work?
- How have other countries approached programme design and implementation?

5.1. From strategy to programme activities

Having formulated overall priorities and strategies and ensured that there is political agreement on these, education sector planners need to design a programme of specific activities and reforms to work towards the high-level goals set out by the strategy (Figure 3). The ESP needs to develop a causal theory for how specific activities can address the underlying challenges identified in the sector analysis (UNESCO-IIEP and GPE, 2015), and this theory will usually be further elaborated in programme design documents that describe the activities in greater detail The programme design process needs to engage stakeholders from different sectors, often through technical working groups. Planners, both in government and in development partners, need to ensure that interventions funded by different donors are coherent with each other and with the government's overall aims.

Figure 3. From priorities to strategies to programmes and activities: structure of education sector planning



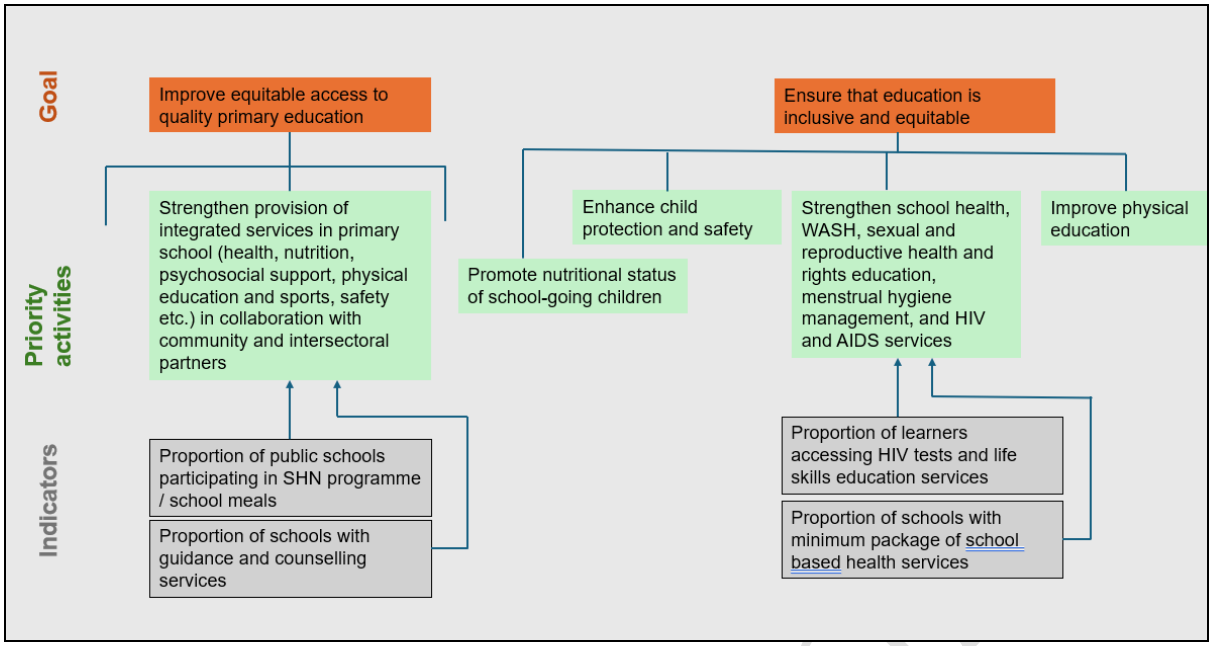
Source: UNESCO-IIEP and GPE (2015)

Improving health and well-being in education could be a single goal in an ESP, or it could involve a set of activities across multiple goals. In Malawi, for example, health and well-being actions appear both under a high-level goal to make education inclusive, a goal that groups together health and nutrition with other cross-cutting issues such as gender, and also under another high-level goal to improve access to quality primary education (Box 10).

Box 10. An example of high-level goal setting and activities on health and well-being in education

Malawi's National Education Sector Investment Plan (2020–2030) includes the high-level goal of assuring that education is inclusive and equitable. This involves ensuring that gender, school health and nutrition, HIV and AIDS, and other cross-cutting issues are integrated across all levels of the education system (Ministry of Education [Malawi], 2020). In addition, health and well-being activities are included under a high-level goal to improve access to quality primary education.

Health and well-being can appear in education sector planning both as a means to an end – improving access, equity or learning outcomes – and as an end in itself. Malawi's investment plan employs a number of specific indicators to measure progress in these priority activities, including the proportion of schools that offer a minimum package of school health services and the proportion of learners accessing testing for HIV and life skills education.



In other cases, activities relating to health and well-being may be included in a programme designed to support other goals, such as inclusion, preventing student dropout, gender equality or improving learning outcomes. Where an ESP contains several activities related to health and well-being, it may be useful to develop a separate document about these components for use in cross-ministerial discussions, so that political decisions are made in a coherent way, and different ministries' roles and responsibilities are clear. The goals and activities specific to each ministry can then be reflected in the sectoral plans to ensure they are part of the mainstream planning and decision-making within each sector.

Providing **education about health and well-being** is likely to involve activities at the level of national curricula and teacher training, as well as practical changes at the school level. Step-by-step guidance from the UNESCO International Bureau of Education (UNESCO-IBE, 2025*a*, 2025*c*, 2025*b*) sets out how to make these curriculum reforms and build teacher competencies.

In Somalia, a programme on **gender-based violence** illustrates how countries can go from analysis of data through to selecting appropriate and evidence-based programme activities (Table 9; Box 11). The analysis showed that gender disparities in educational outcomes were partly attributable to the experience of girls' being harassed and exposed to violence on the way to and from school, and that services focusing on violence in and around schools were extremely limited. Once addressing gender disparities was chosen as a high-level priority, the programme design incorporated activities to prevent gender-based violence and improve safeguarding, among other responses.

For **sexuality education**, the SERAT (UNESCO, 2020) guides programme planners through a process of reviewing high-level objectives and principles around

comprehensive sexuality education, to integrating sexuality education topics into the curriculum, including recommending appropriate teaching and learning approaches and training, and monitoring and evaluation. For example, in Sierra Leone, SERAT revealed that some aspects of sexuality education were well-integrated the curriculum, while others were lacking, and identified a previous curriculum change related sexuality education that had yet to be translated into teacher training (see Tool Case Study 8, p. 72).

Home-grown school feeding provides another example of multisectoral programming, spanning not just education and health but agriculture, environment and community development. A global resource framework and regional guidelines are available to support programme development in this area (Box 12).

Table 9. From analysis to programme design – addressing gender disparities in education outcomes in Somalia

Step	Finding / Outcome
Analysis of health and well-being in education data	• Significant gender disparities in education outcomes
Analysis of which issues are contributing factors	• Harassment and violence on the way to school • Corporal punishment • Menstrual hygiene management
Analysis of existing policy and provision	• Limited services focused on gender-based violence • Weak accountability systems for ensuring gender-inclusion practices are delivered in schools
Selection of high-level priorities	• Addressing gender inequalities and supporting girls' health needs
Selection of activities	• Increase awareness of gender-based violence and safeguarding • Provide support for menstrual hygiene in schools • Facilitate community health worker visits • Train regional education officers and gender units

Box 11. Gender-based violence and health and hygiene support for girls in Somalia

An intersectional gender lens is crucial when assessing the role of health on education outcomes. Considering gender alongside other characteristics such as ethnicity, disability or refugee status will indicate differentiated patterns of education engagement that are impacted by health. Understanding and supporting girls' and boys' differentiated needs in contexts where violence or harmful cultural practices are prevalent, such as child marriage or female genital mutilation, is vital for effective education planning.

Somalia's 2022 education sector analysis, aligned with priorities agreed between the national government and development partners, revealed significant gender disparities in education outcomes and found that violence in and around schools impacted girls and boys' feeling of safety in school.

A programme funded by GPE through its Girls' Education Accelerator, an initiative providing resources to support gender equality in girls' education, aimed to tackle these issues (GPE, 2022b). The programme drew from evidence related to two key health and well-being issues that can impact school attendance and education outcomes for boys and girls: gender-based violence and menstrual hygiene management. A third issue, corporal punishment, was also examined, with the evidence showing that although corporal punishment is declining in Somalia (as a result of concerted efforts around teacher training and monitoring), the use of corporal punishment is disproportionately high among boys,

minority girls, girls with disabilities, and low performing students (Machova, Miettunun and Peterson, 2020).

Risk mapping showed that girls regularly experience harassment and violence on the way to and from school, although incidents of gender-based violence are likely under-reported due to stigmatization (UNFPA Somalia, 2021). Currently in Somalia, services to respond to gender-based violence remain extremely limited, particularly in conflict-affected areas.

The GPE-funded programme plans to support the Federal Government of Somalia to increase awareness about gender-based violence and safeguarding responsibilities with key education stakeholders. Safeguarding guidelines for head teachers and school mentors will be developed to strengthen school-level networks. The programme will help the Ministry of Education institutionalize safeguarding practices in schools through creating regional referral maps for protection and response services, including links to health support and resources for head teachers and students.

Health and hygiene support will also be offered, specifically for girls managing menstrual hygiene at school, in collaboration with the Ministry of Health, which will also facilitate community health worker visits to provide guidance on menstrual health management to teachers and students, with consideration for the specific needs of girls who have experienced female genital mutilation and girls with disabilities.

The programme aims to reinforce system-level accountability structures through the training of gender and inclusion focal points in the Ministry of Education and Federal Member States' Ministries of Education. This will include the development of guidelines and training for regional education officers, gender units and quality assurance officers responsible for monitoring education practices and the effectiveness of gender and inclusion measures at the school level.

Through this combination of activities at the school, regional and national level, the programme hopes to make sustained and system-wide progress towards the goal of gender equality in education in Somalia.

Author: Rachel Booth, Gender Hub Strategic and Technical Adviser, GPE

Box 12. Linking school meals to agriculture through home-grown school feeding

Home-grown school feeding (HGSF) initiatives are multisectoral programmes that provide nutritious meals to students while simultaneously supporting local agriculture. HGSF programmes can influence the ways in which food is produced, processed, stored and consumed on a large scale. By sourcing food from nearby smallholder farmers, these programmes not only enhance children's health and academic performance but also strengthen local food systems and stimulate local economies.

School meals programmes are a sound investment, generating economic returns of US$7 to US$35 for every dollar invested, with benefits in a range of different sectors. Students receiving school meals often show increased dietary diversity, leading to better overall health and reduced malnutrition rates. Access to nutritious meals in schools correlates with improved attendance, concentration and academic achievement among students. Local farmers benefit from stable markets, which increases their incomes, boosts community economies, creates jobs and supports agricultural sustainability. HGSF programmes also promote increased community engagement and civic responsibility by fostering stronger connections between schools and local communities. Finally, HGSF projects can be a powerful platform to promote gender equality and female empowerment, including by creating employment opportunities and increased participation in decision-making processes at different points along the value chain.

In **Cambodia**, WFP has worked closely with the government to design and pilot a home-grown school meals model to support the existing national school meals programme that aims to link the provision of school meals to local food production. This model benefits both school children and local food suppliers/smallholder farmers. Through the programme, cash transfers are distributed to provincial

education offices, which then allocate the funds to individual schools for procurement from local suppliers.

Tool: Home-Grown School Feeding Resource Framework (FAO and WFP, 2018)
Focus: School feeding
How to use: To understand home-grown school feeding (HGSF) and design and implement HGSF programmes

Due to their multisectoral nature, HGSF programmes are complex initiatives that can be designed and implemented in a variety of ways depending on the local context. The HGSF Resource Framework provides a comprehensive guide that clarifies the main concepts, scope and goals of HGSF programmes. This framework also provides a sound technical reference for governments in order to support the design, implementation, scaling-up and monitoring of effective, efficient and sustainable HGSF programmes. The framework also aims to foster the development of a community of practice to support mutual learning for the adaptation and expansion of successful HGSF programmes.

For more information:

- AUDA-NEPAD Guidelines for the Design and Implementation of Home-Grown School Feeding Programmes in Africa (AUDA-NEPAD, 2022)

Author: Damien Fontaine, School Meals, Food Systems And Nutrition Team Leader, WFP

5.2. Using evidence to design programmes

Programme design needs to reflect the global and national evidence base on effectiveness, cost-effectiveness and adaptation to national contexts. Because rigorous evidence for many types of intervention continues to be lacking, this is not a straightforward process. Even where activities have been shown to be effective across diverse contexts, there is often a lack of evidence within a particular national context, and there may be relatively little evidence to inform the details of programme design.

There are a number of analytical reviews of the international evidence base that can inform programme design (Table 10). These include reviews on school health, reviews on specific areas such as food and nutrition education or sexuality education, and broader systematic reviews of education programmes. The implementation guidance on health-promoting schools from WHO, UNESCO, UNICEF and WFP (2021*b*) presents evidence on various areas of work and strategies for making every school a health-promoting school (Tool Case Study 1). Within the health sector, *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation* (WHO, 2023) provides a logical framework showing the types of programme elements that can be considered in order to improve adolescent health and well-being and details the evidence on the different interventions that can support this goal.

Table 10. Sources of evidence to guide programme design on health and well-being in education

Source	Topic	How to use

Ready to Learn and Thrive (UNESCO, UNICEF and WFP, 2023)	Status of school health and nutrition policies and programmes	Read section 4: 'Status of school health and nutrition in practice'.
Optimizing Education Outcomes: High-Return Investments in School Health for Increased Participation and Learning (Bundy et al., 2018)	Essential school health interventions	Read chapters 25 and 26 on the essential packages of interventions for school-age children and adolescents and the evidence for these. Consult chapters on specific elements including school feeding, deworming, malaria and vaccines.
Cross-national experiences on child health and development during school age and adolescence: the next 7,000 days (Schultz et al., 2025)	Essential school health interventions	Read this chapter for more recent evidence on the essential package of interventions, policy implications and practical consequences.
School-Based Food and Nutrition Education – A white paper on the current state, principles, challenges and recommendations for low- and middle-income countries (FAO, 2020)	Food and nutrition education	Read themes 4 and 6, in particular, on designing curriculum and activities for school-based food and nutrition education.
Education and Nutrition: Learn to eat well (UNESCO and Research Consortium for School Health and Nutrition, 2025)	Food and nutrition education; school meals	Browse resources to understand the linkages between education and nutrition.
Reviews on comprehensive sexuality education (UNESCO, 2018, 2021*c*, 2023)	Sexuality Education	Review the best practices presented in the international technical guidance on sexuality education (UNESCO, 2018), and the evidence on effectiveness in the overview of the international systematic review evidence (UNESCO, 2023*a*).
Reviews on preventing violence, including gender-based violence (UNESCO and UN Women, 2016; WHO, 2016)	Preventing school-related violence	Review evidence on best practices for preventing violence against children, including school-related gender-based violence.
Systematic reviews on programmes to improve education participation and learning broadly (Krishnaratne and White, 2013; Snilstveit et al., 2015; Conn, 2017; GEEAP, 2023)	Education participation and learning outcomes	Read sections on how effective health and well-being programmes have been in improving school attendance and learning globally, and how they compare to other types of intervention.
Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation (WHO, 2023a)	Adolescent health interventions	Review evidence for effectiveness of adolescent health interventions, including in fragile and conflict-affected settings.
Making Every School a Health-Promoting School: Implementation Guidance (WHO, UNESCO, UNICEF and WFP, 2021*b*)	Strategies and areas of work for making every school a health-promoting schools	Understand the evidence on coordination, policy, school leadership, school governance, resource allocation, using evidence-informed practices, school and community partnerships, school infrastructure, curricula, teacher training, school health services and monitoring and evaluation.
Five essential pillars for promoting and protecting mental health and psychosocial well-being in schools	Mental health and psychosocial well-being	Review the evidence on the five pillars that can support mental health and psychosocial well-being,

and learning environments (WHO, UNESCO and UNICEF, 2022)		and browse the accompanying compendium of selected resources.

Evaluating the strength of evidence involves careful consideration of how the research design and methods fit the research question. Typically, a strong body of evidence involves the use of several qualitative and quantitative research designs and methods, both to evaluate the effectiveness of a type of intervention, and also to understand how and in what contexts it works (DFID, 2014). This evidence then needs to be carefully assessed in relation to the context of interest.

For programmes on health and well-being in education, there is often a substantial body of evidence to attest to their overall potential, but limited evidence on the specifics of programme design. Notably, some types of intervention have had impacts in some contexts but not in others. Seven key points can help inform the use of evidence in programme design in this area:

1. **Target interventions to the needs of the population.** For example, malaria or helminth treatment programmes may be important for those children who are infected, yet have limited impact on the population as a whole in areas where prevalence of these infections is relatively low (Conn, 2017). Some interventions may be relevant for a relatively small part of the population, and yet have a big effect on that group. Some programmes, such as anaemia treatment, address gender disparities in health and need to be targeted accordingly. Programmes also need to consider intersectional effects – for example different impact on girls and boys with disabilities, children living in wealthy and poor areas – and the diversity of experiences among these groups.
2. **Design interventions that address key bottlenecks.** For example, providing menstrual cups to girls in Nepal had a relatively small effect on school attendance, reportedly because the intervention did not address other issues, such as cramps, that were preventing girls from attending school during their periods (Oster and Thornton, 2009; Krishnaratne and White, 2013). In Sri Lanka, vitamin A supplements caused children to lose fewer days of school to coughs and colds, but had no impact on dropout rates, because the main reason children missed school in this area was to help parents with agricultural activities, which was unaffected by the intervention (Mahawithanage et al., 2007; Krishnaratne and White, 2013).
3. **Prepare for side effects.** Interventions on health and well-being in education have consequences on the wider educational environment. For example, programmes that encourage attendance may make class sizes larger and change the profile of learners present in the classroom, such that it becomes harder for teachers to raise learning outcomes than it would have been if their classes had remained relatively small and homogeneous (Krishnaratne and White, 2013). School meals may take away time for teaching if teachers are expected to

implement them (Conn, 2017)**.** Similarly, malaria prevention programmes had less effect where teachers were asked to deliver malaria medicine and found the programme disruptive to their teaching (Brooker and Halliday, 2015; Snilstveit et al., 2015).

4. Consider how **multiple bottlenecks** can get in the way of impact. If the quality of instruction is weak, then a health and well-being intervention that improves attendance in school or cognitive ability may be worthwhile in itself but will not necessarily translate into better learning outcomes (Conn, 2017)**.**
5. Set **holistic goals**. Higher level goals can cover, for example, the health, well-being and ability to learn of all children, including those in school and those who are currently out of school. Goals that only focus on some groups of children, or on learning with no attention to well-being, for example, risk exacerbating inequalities or harming children's broader outcomes.
6. Be aware of **implementation issues** that may have prevented past interventions from working, despite being otherwise appropriate and well-designed (Snilstveit et al., 2015) (see Section 5.3).
7. Consider a **design-implement-evaluate-adapt cycle** so that lessons learned from programme implementation can be incorporated back into the programme design. This involves setting up a strong monitoring, evaluation and learning component for new programmes and interventions (see Chapter 7), and ensuring the capacity is in place for programmes to be adapted in real-time.

Diagnostic tools within specific areas also provide guidance on programme design. For **school health services**, a WHO guideline provides a menu of interventions, evidence on how each works and information on how the interventions can be implemented (see Tool Case Study 8). Implementation guidelines are also available that set out the implications of the different organizational models through which school health services can be delivered – for example, by dedicated personnel based in the school or by visiting personnel; in on-site or off-site health centres (WHO and UNESCO, 2025). Similarly, an interactive decision tree developed by the Global Financing Facility presents the types of questions a practitioner might explore to strengthen each dimension of school health and nutrition (Global Financing Facility, 2022).

Tool Case Study 8. Using the WHO Guideline on School Health Services to design programmes

Tool: WHO Guideline on School Health Services (WHO and UNESCO, 2021*b*)
Focus: School health services
How to use: To select interventions and implement them using a menu of interventions and evidence compendium

Evidence suggests that if school health services are implemented well, they have lasting benefits for students. Despite all the advantages they bring, school health services have long been overlooked and have not received the attention they deserve by researchers and policy-makers. The WHO Guideline on School Health Services helps to fill that gap (WHO and UNESCO, 2021*b*). It provides national governments and other stakeholders invested developing and improving policies and programmes with detailed guidance on the effectiveness, acceptability and content of comprehensive school health services involving health workers.

How to use:

- ⇨ **Consider the recommendation that comprehensive school health services should be implemented**. Review the rigorous evidence base supporting this recommendation (Chapter 4) and the evidence providing a rationale for creating or extending school health services (Web Annexes D–F).
- ⇨ **Select school health services interventions** using the menu of interventions and the evidence base in its supporting compendium. National stakeholders can review the menu of interventions (Table 6 and Web Annex H), which provides an overview of 87 interventions organized by health area, type of health activity, the source of the evidence, and categorization ('essential' or 'suitable') in school health services, by location. The supporting compendium (Web Annex A) details the published evidence base related to each of these interventions. Policy-makers can compare the menu with what is already being provided in their countries, identify gaps or interventions that are not evidence-based and align better with WHO recommendations.
- ⇨ **Prioritize and implement interventions** within national school health services policy and programming. Countries will have different capacities to implement the full menu of interventions, so prioritization is necessary based on local contexts. National stakeholders can draw on the guideline to integrate school health services in broader national health strategies and decide what kind of organizational model of school health services to implement (Chapter 6).

Author: Valentina Baltag, Adolescent and Young Adult Health Unit Head, WHO

5.3. Implementation and scaling up

A well-planned programme is not sufficient in itself to ensure that the planned activities or reforms have a positive impact on health and well-being in education. Often, unforeseen implementation problems prevent well-designed programmes from having the expected impact (Snilstveit et al., 2015). Insufficient attention is paid to these issues (Angrist and Dercon, 2024), and SABER reviews have consistently identified weaknesses relating to implementation (Schultz et al., 2024). Furthermore, many interventions do not reach national scale, the most challenging areas or disadvantaged social groups due, for example, to funding deficits, system capacity or service delivery constraints (Mangham and Hanson, 2010).

Programme planners, therefore, need to plan explicitly for implementation: ensure that capacity is in place to implement the programme, plan for reaching all schools and all learners from the start, embed programmes in national systems with sustainable funding, and agree responsibilities and accountability among the different partners involved in the programme.

A robust **action plan** or **implementation plan** should be drawn up (UNESCO-IIEP and GPE, 2015), setting out a clear statement of the programme activities; the duration of the programme; the financial, human and material resources that will be needed for implementation; the funding mechanisms; and the entities responsible for implementation.

In particular, the action plan will need to clearly set out the **responsibilities** of education, health and other ministries and their related institutions (e.g. teacher training institutions, community health centres and local authorities). **Accountability mechanisms** need to be clearly defined; it may be necessary to set up new structures such as joint steering committees to oversee work that involves different ministries or departments in a complicated way. **Joint sector reviews** play an important role in monitoring the status of implementation in both the education and health sectors (GPE, 2018) (see Section 7). Joint sector reviews in the education sector should therefore include health ministry representatives, and vice versa.

Planners should assess the country's **capacity to implement** the programme (see Section 3.5). It may be necessary to rethink parts of the programme where capacity is currently insufficient. But where possible, capacity development should itself be a core part of a programme's activities, with budget made available based on a capacity needs assessment. While interventions on health and well-being in education may start at a small scale, it is important to keep the potential for scaling up in mind from the outset, so that they can ultimately benefit all learners. This means assessing the scope, complexity and transferability of the intervention, and the capacity to implement it at a large scale, in different geographical areas of the country, and among different kinds of communities, schools or learners (McCall, 2019).

A number of resources can also help guide planners through the process of programme implementation and scaling up. The implementation guidance on health-promoting schools emphasizes that a sustainable system of health promotion depends on a whole-school approach. This involves a school system of governance; flexible and locally specific funding mechanisms; school and community partnerships; formal agreement between schools and health service providers; the involvement of students, parents, caregivers and the community; and monitoring of implementation (WHO, UNESCO, UNICEF and WFP, 2021*b*) (see Tool Case Study 1, p. 44).

Other resources range from broad guidance on scaling up and ensuring projects are sustainable (McCall, 2019; Centre for Epidemiology and Evidence, 2023; FRESH, n.d.*a*), to guides to implementation in specific areas including safety from violence (UNESCO and UN Women, 2016; WHO, 2018; INSPIRE Working Group, 2021) (Table 11). Multiple frameworks and guidelines are available to support the improvement of WASH infrastructure in schools and to ensure that it is resilient to climate change and extreme weather (Tool Case Study 9). There are also several frameworks and approaches to implementation and scaling up in the health sector that can be applied to health and

well-being in education (Mangham and Hanson, 2010; Paina and Peters, 2012; Barker, Reid and Schall, 2016; Milat et al., 2016; Ramaswamy, Shidhaye and Nanda, 2018; Escoffery et al., 2019).

Table 11. Resources on implementing and scaling up health and well-being in education

Resource	Area	How it can be used
Increasing the Scale of Population Health Interventions: A Guide (Centre for Epidemiology and Evidence, 2023)	Scaling up and sustainability	Follow this guide as a first step to scaling up existing interventions.
FRESH – Implementing, Maintaining, Scaling Up and Sustaining (IMSS) Approaches, Programs and Interventions (FRESH, n.d.*a*) Implementation, Maintenance, Scaling Up, Sustainability (IMSS) of Interventions, Multi-Intervention Programs and Multi-Component Approaches (McCall, 2019)	Scaling up and sustainability	Learn how to implement, maintain, scale up and sustain programmes.
INSPIRE Handbook: action for implementing the seven strategies for ending violence against children (WHO, 2018)	Safety from violence	Read specific recommended steps to implement strategies for violence prevention, and learn from case studies.
INSPIRE Guide to Adaptation and Scale Up (INSPIRE Working Group, 2021)	Safety from violence; scaling up and sustainability	Consider guidance on adapting and scaling up violence prevention programmes so that they are aligned with evidence and national action plans.
School Health for All (School Health Integrated Programming, 2018)	School health and nutrition services	Understand how an integrated approach to implementing vision screening and deworming in schools can work, based on case studies in Cambodia, Ethiopia, Ghana and Senegal.
Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation (WHO, 2023)	School health and nutrition services (for adolescents)	Gain insights into the implementation of national programmes for adolescent health.
Adolescent School Health and Nutrition: Interactive Decision Trees (Global Financing Facility, 2022)	School health and nutrition services (for adolescents)	Use the decision tree on implementing the package of services to guide the delivery of school health and nutrition services, particularly for adolescents.
International Technical Guidance on Sexuality Education: An Evidence-Informed Approach (UNESCO, 2018)	Sexuality education	Understand the global recommendations on implementing school-based and out-of-school comprehensive sexuality education programmes and materials.
Global Guidance on Addressing School-Related Gender-Based Violence (UNESCO and UN Women, 2016)	Safety from violence	Learn from case studies of promising practices and identify recommended tools for the education sector to eliminate gender-based violence.
Building Strong Foundations: What to Teach for Foundational Education for Health and Well-Being (UNESCO and UNICEF, 2024*b*)	Education about health and well-being	Obtain practical tips on how to integrate core thematic concepts for health and well-being into primary school curricula.
Guidelines on Mental Health Promotive and Preventive	Mental health	Understand how to implement evidence-informed strategies to promote and protect adolescent mental health, including through the

Interventions for Adolescents (WHO, 2020)		implementation and enforcement of laws and policies; environments to promote and protect adolescent mental health; support to parents and other caregivers; and psychosocial interventions for adolescents.
Home-grown School Feeding Resource Framework (FAO and WFP, 2018)	HGSF	Read for help in designing, implementing and scaling up HGSF programmes.
AUDA-NEPAD Guidelines for the Design and Implementation of Home-Grown School Feeding Programmes in Africa (AUDA-NEPAD, 2022)	HGSF	Use to establish or improve home-grown school feeding, expand linkages with smallholder farmers, and address learners' nutrition more adequately.
Minimum Standards and Guidelines for the ASEAN School Nutrition Package (ASEAN Secretariat, 2024)	School feeding	Understand the rationale, framework and thematic areas for a comprehensive school nutrition package, and Association of Southeast Asian Nations minimum standards for implementing, monitoring and enforcing this package.
Regional School Nutrition Guidelines for SADC Member States (Southern African Development Community, 2021)	School feeding	Understand the basic minimum principles for Southern African Development Community member states that can be used when revisiting or updating their school feeding programmes.
Considerations for Programming School Feeding Programmes in Refugee Settings (UNHCR and WFP, 2022)	School feeding, refugees	Know the findings, best practices, key design features, and coordination needs for refugee school feeding programmes
WASH in Educational Settings (World Bank, 2024*d*)	WASH	Use annotated outlines to develop terms of reference for procurement of different aspects of WASH implementation, and guidelines to help budget for WASH in schools.
RIGHT+ Framework for Physical Learning Environments (World Bank, 2025)	Physical learning environment	Create an education infrastructure management system to ensure that investments in health-promoting physical learning environments are effective.

Tool Case Study 9. Tools for implementation and scaling up of WASH in schools

Safe WASH demonstrably contributes to positive health outcomes that lead to improved school attendance and ultimately to improved academic performance. A study on the impact of school-based WASH in Kenya found that interventions to improve water quality, hygiene behaviours and sanitation in schools reduced absences among primary school students (Freeman et al., 2012). Yet, the latest data from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene show that, globally, 23 per cent of schools still lack basic drinking water services, 22 per cent of schools still lack basic sanitation services and 33 per cent of schools still do not have basic hygiene services. The situation is worse for low-income countries, where 51 per cent of schools lack access to basic water and sanitation, and 62 per cent lack access to basic hygiene services (UNICEF and WHO, 2024).

Despite awareness of the benefits of providing WASH services in schools, there remains a range of programming challenges in implementation, including the difficult financing landscape, rapidly accelerating climate change, increasing humanitarian and developmental needs, inadequate capacities of some governments, poor monitoring and lack of data to inform policies and strategies.

Tool: An Acceleration Framework for WASH in Schools (UNICEF, 2024a)
Focus: WASH in Schools
How to use: To understand systems-level results and interventions needed to reach targets on WASH

To make progress against these challenges and move towards achieving SDG 4a, UNICEF and partners have produced An Acceleration Framework for WASH in Schools, the first framework of its kind to focus on systems-level results and interventions needed to reach WASH-related SDG targets. It is in line with the SDG 6 Global Acceleration Framework, which focuses on five areas of interrelated action: governance, financing, data and information, capacity development and innovation towards the goal of sustainable water and sanitation management by 2030 (UN Water, n.d.). The framework targets ministries of education, planning and finance, , other relevant ministries, national partners, NGOs, the United Nations, donors and academia.

Tool: Climate-resilient WASH in schools framework (UNICEF, 2025)
Focus: WASH in Schools
How to use: To follow the guidance on actions for climate-resilient programmes

Climate change has increased the frequency and intensity of extreme weather events across the world. These events make WASH infrastructure vulnerable to damage, thereby impacting the access to and functionality of WASH infrastructure and services in schools. UNICEF has, therefore, developed a **Climate-Resilient WASH in Schools Framework** to galvanize governments to include WASH in schools in their national adaptation plans and nationally determined contributions towards meeting the goals of the Paris Agreement and to advocate for adaptation and mitigation measures to combat the impacts of climate change. The framework aims to stimulate and mobilize collaborative partnerships around climate-resilient WASH in schools and provides guidance on actions for climate-resilient programming.

Tool: Three Star Approach for WASH in Schools
Focus: WASH in Schools
How to use: To apply WASH at the school level, measure progress and create priorities

Complementing the WASH in Schools Acceleration Framework and the Climate-Resilient WASH in Schools Framework is the Three Star Approach for WASH in Schools, a school level tool, which helps schools meet the essential criteria for a healthy and protective learning environment through a step-by-step approach. It helps to prioritize actions, encourages local action and involvement and promotes low-cost improvements. Once minimum standards are achieved, schools can move from one to three stars by expanding hygiene promotion activities and improving infrastructure, with a focus on the needs of girls,, ultimately meeting national standards for WASH in Schools.

In recent years, a body of evidence has revealed the discriminatory nature of many school environments, with adolescent girls frequently unable to adequately manage their periods with safety, dignity and privacy. Menstrual health and dignity is a key target of the SDGs and an important aspect of ensuring women and girls' access to their rights. Access to menstrual health and hygiene services is a component of gender-responsive WASH services in schools, and programmes should incorporate all

pillars of menstrual health and hygiene, including social support, knowledge and skills, facilities and services, and access to menstrual hygiene products.

Since the emergency response to Typhoon Haiyan in the **Philippines** in 2013, addressing WASH infrastructure in schools has been a priority for education officials and school principals. With support from development partners, the government has implemented coordinated interventions to improve WASH in schools. These includes extending WASH in school services to the community, and at divisional and regional levels; establishing a WASH in Schools Technical Working Group, comprised of WASH specialists with long-standing field experience and technical knowledge; adopting the Three Star Approach to improve WASH access in schools; and establishing a WASH in Schools Monitoring System to provide quality data on programme planning, implementation and monitoring (UNICEF, 2021*a*).

For more information:

- Menstrual hygiene (an overview of menstrual health and hygiene resources) (UNICEF, n.d.*a*)
- Guidance on Menstrual Health and Hygiene (UNICEF, 2019)

Author: Marije Broekhuijsen, WASH Specialist, UNICEF

Key takeaways on programme design and implementation

- Programme design involves breaking down high-level priorities into more concrete goals and activities, and devising indicators to measure the progress of each
- Health and well-being of learners may be a goal in itself, but health and well-being activities may also be considered as activities to support other goals, such as school attendance and learning
- Programme design needs to reflect the global and national evidence base on effectiveness, cost-effectiveness and adaptation to national contexts.
- Programme designers should:
    - Target interventions to the needs of the population
    - Design interventions that address important bottlenecks
    - Consider how multiple bottlenecks can impede programmes from achieving their intended outcomes
    - Prepare for unintended side effects on the wider educational environment and implementation issues
    - Set holistic goals, for example, addressing the needs of children who are outside of school as well as those in school
    - Consider a design-implement-evaluate-adapt cycle to improve programmes by incorporating learning back into their design.
- Diagnostic tools, including SERAT and the *WHO Guideline on School Health Services*, as well as evidence reviews, can support programme design.
- Implementation problems often prevent well-designed programmes from having the expected impact.
- A robust **action plan** or **implementation plan** should be drawn up, setting out the activities; the duration of the programme; the financial, human and material resources that will be needed; the funding mechanisms; the entities responsible for implementation; and any plans for **scaling up** the programme and ensuring its sustainability.

- The action plan needs to set out the **responsibilities** of education, health and other ministries and institutions.
- **Accountability mechanisms**, such as joint steering committees, need to be defined, especially for work that involves different ministries or departments in a complicated way
- **Joint sector reviews** play an important role in monitoring the status of implementation in both the education and health sectors
- Several tools exist that can support implementation planning, both for health and well-being in education as a whole, and for specific areas of work such as WASH and safety from violence.

6. Costing and financing

This chapter addresses the following questions:

- How can we estimate the costs of health and well-being in education? What tools exist to help with this activity?
- How can simulation models help in estimating the financial requirements for the integration of health and well-being into ESPs?
- How can we identify possible funding gaps for health and well-being in education?
- What sources of funding beyond the ministry of education might be available?
- How have other countries approached cost and financing?

Not only is health and well-being in education a good investment in itself, it is increasingly recognised that it also increases the effectiveness of other education investments (Gray et al., 2022). To ensure that funds are available to make health and well-being investments in education, a credible cost plan needs to be worked out, based on an analysis of both the financial requirements and the resources likely to be made available. This is an important step in managing potential trade-offs between the wide range of activities in health and well-being in education. This chapter considers how the costs of health and well-being activities in education can be estimated, and how funding gaps can be identified and filled.

6.1. Estimating the costs of health and well-being in education

It is important to have rigorous estimates of the costs of activities on health and well-being in education so that plans can be rolled out sustainably and at scale. This involves the following steps:

- ⇨ **Estimate the human and physical resources** required to implement the programmes and activities. This may involve analysing the cost structure, estimating unit costs (especially baseline) – per child or per school – applying policy assumptions and linking the costs of different components in a coherent manner.
- ⇨ **Analyse how cost projections vary** with changes in enrolment, school size, education personnel and quality improvement measures over time. For example, if the child population or enrolment increases, the costs of a school-based immunization programme is likely to increase over time, in addition to the additional costs incurred to improve the quality of intervention and reflect inflation.

- ⇨ **Create scenarios** showing the likely total costs based on different options or assumptions (expectations) about policy, enrolment or population coverage, and differential packages of interventions.

Baseline cost analyses such as those presented in *Optimizing Education Outcomes* (Bundy et al., 2018) can be used as a starting point for this costing exercise. For example, a package of cost-effective interventions for school-age children could include school meals, deworming, vision screening, education for oral health, vaccines and the use of insecticide-treated nets to prevent malaria (Watkins et al., 2017; Fernandes and Aurino, 2018). The estimated average costs of these interventions in a low-income country, per child per year, ranges from under US$1 for vaccines to over US$8 for school meals. Some interventions are recommended for national roll-out, while others, such as tetanus vaccines, can be targeted to highest-prevalence areas, reducing the total cost (Fernandes and Aurino, 2018).

Similar reviews of costs and cost-effectiveness globally exist for WASH in schools (McGinnis et al., 2017); gender-responsive interventions for HIV (Remme et al., 2014); mental health and psychosocial support (UNICEF, 2023c); and school-based sexuality education (Kivela, Ketting and Baltussen, 2011).

Where possible, accurate cost estimates need to be made based on the national context, using data from existing programmes to inform detailed simulations of the resources that are needed. Where data on the impact or effectiveness of interventions are available, the cost-benefit analysis can help to make the case for fully funding a package of health and well-being in education programmes. Some effective activities on health and well-being in education can be delivered at a cost per child lower than other education interventions, and demonstrating this rigorously can make a compelling case for funding them.

Simulation models are widely used to project the overall costs required over time and trade-offs across different policy options in education systems. These can also be applied to health and well-being in education (UNGEI and GPE, 2017). Simulation models draw on baseline data on enrolments and the coverage of services; assumptions related to the policy options, their potential scale and impacts; and the timeline for reaching goals in order to estimate the resources needed for different programme activities. The simulation model may also extend its use to calculate the costs of different scenarios, which can then be used to facilitate policy dialogue and advocacy, and to make the case for allocating greater funding.

Understanding the costs of **scaling up** interventions involves identifying potential economies of scale, the capacity of human resources to manage the intervention at a larger scale, and clarifying unit costs for different parts of the country (for example, rural and urban areas) (McCall, 2019).

For **school meals** programmes, the Research Consortium on School Health and Nutrition has developed economic models to estimate the full multisectoral costs and

benefits of school meals across multiple sectors (Box 13). The Sustainable Finance Initiative for School Health and Nutrition provides guidance to countries that can help them cost national school meal programmes and offers technical support to interested countries(Sustainable Financing Initiative for School Health and Nutrition, 2023). Nearly all the costs of school meals programmes are funded by domestic financing from national governments rather than donor support, often motivated by the high returns to such investments across multiple sectors (International Parliamentary Network for Education, 2024).

Box 13. Value for money of national school feeding programmes

School feeding programmes operate across multiple sectors (Burbano, C. et al., 2018; Verguet et al., 2023) and have many advantages. First, they can yield benefits in the health and nutrition sector. Second, they can increase attendance at schools, having a positive impact on educational attainment and potentially leading to higher future wages in working adult lives. Third, by directly transferring food, hence income, to schoolchildren, they present a social protection component. Fourth, they can be instrumental in developing local agricultural markets where they are interpreted within the environment of local food systems (Verguet et al., 2023).

To fully understand investments in school feeding programmes and their returns, their comprehensive costs and benefits must be assessed. Benefit-cost analysis methods can be used to evaluate school feeding programmes and inform evidence-based policy decisions related to cost-effective financial investments towards national programmes. Such benefit-cost analyses can demonstrate how economic returns to national school feeding programmes can be realized, particularly vis-à-vis the returns to health and nutrition, education, social protection and local agriculture sectors, and highlight their high policy relevance by identifying major equity implications, especially for people with limited means and women (Verguet et al., 2023).

A preliminary benefit-cost analysis approach was first tested on a global selection of 14 low- and middle-income countries, for which input secondary data were readily available (Verguet et al., 2020). This high-level global model aimed at quantifying the total implementation costs associated with school feeding programmes in low- and middle-income countries; and it estimated four kinds of benefits: (1) health and nutrition gains, (2) education gains, (3) social protection gains and (4) local economy gains. Overall, it was estimated that the benefits would far exceed the costs, showing school feeding programmes could be substantially cost-beneficial (Verguet et al., 2020).

The Analytics & Metrics Community of Practice of the Research Consortium for School Health and Nutrition has developed pioneering economic models to estimate the full multisectoral costs and benefits of school meals across multiple sectors. The Analytics & Metrics Community of Practice aims to use these models to showcase the potentially large value for money from investing in school meals, with analyses conducted in dozens of countries across the globe where governments have expressed demand for this form of return on investment work (Analytics & Metrics Community of Practice, forthcoming).

For more information

- Investing in school systems: conceptualising returns on investment across the health, education and social protection sectors (Verguet et al., 2023)
- The broader economic value of school feeding programmes in low- and middle-income countries (Verguet et al., 2020)

Author: Stéphane Verguet, Analytics & Metrics Community of Practice Co-Chair, Research Consortium for School Health and Nutrition

6.2. Identifying the funding gaps for health and well-being in education

Having estimated the costs of a package of interventions on health and well-being in education, it is important to appraise the level and sources of funding available for existing and future activities. In addition to the ministry of education, substantial funding for activities may come from the ministry of health and other ministries, as well as from donors, NGOs and household expenditure. UNESCO's *Methodology of National Education Accounts* (2016) may be useful to identify the financial flows and track the actual amount of financial resources for the different activities in a consistent and clear way. The World Bank's *Education Public Expenditure Review Guidelines* (2017) is also useful to assess how public resources are allocated and used relative to education and other goals, especially if part of a multisectoral review that also includes health and other relevant sectors.

An assessment of financial resources needs to take into account the macroeconomy to review economic growth, fiscal space and budgetary allocations to various sectors, such as education and other related sectoral components (UNESCO-IIEP and GPE, 2015). **Funding gaps** are then calculated by identifying the difference between the projected overall costs of the plan and the domestic and external resources that are available for it. The specific funding gaps for health and well-being in education are calculated by deducting the resources likely available for health and well-being responses over time from projected budgetary allocations to education and other sectors' components on health and well-being in education.

Any funding gap will need to be filled by seeking additional funding, either in the form of grants or loans from development partners or by finding greater cost efficiencies and/or trade-offs in the planned activities. This process will involve dialogue and negotiation between the central ministries (such as finance, economy and planning) and the line ministries (such as education, health and other sectors involved in health and well-being in education) (see Table 6), other government bodies such as local educational authorities, and development partners.

An interactive **decision tree** created by the Global Financing Facility and World Bank for planning adolescent school health and nutrition benefits packages (2021) presents a useful guide for planners in all areas of work. Guiding questions include:

☑ Is there a **process** for planning and budgeting implementation?

☑ Is there a **clear flow** of funding from national to subnational entities?

☑ Is funding **sustainable**?

☑ Is funding **sufficient** to sustain the programme?

The tool presents sets of actions for planners to consider depending on the answers to these questions. For example, where funding flows are not clear, it will be useful to map them and to build consensus between stakeholders on how they should operate.

Key takeaways on plan costing and financing

- Planners need to estimate the human, physical and financial resource requirements of a planned intervention in order to appraise whether it is feasible and offers good value compared to other possible interventions.
- Several global resources, reviews and guidelines can help guide in making these estimates, although where possible they should be adapted to contexts based on national data.
- To scale up interventions, planners need to identify any economies of scale, the capacity of human resources to manage the intervention at a larger scale, and delineated unit costs for different parts of the programme.
- Simulation models can be used to estimate the overall costs of the sector plan and to explore trade-offs involved in different options.
- Funding gaps are calculated by identifying the difference between the projected overall costs of the plan or specific interventions and the domestic and external resources that are available for the plan or specific interventions.

7. Monitoring, evaluation and learning

This chapter addresses the following questions:

- How will we monitor progress?
- How can we develop a results framework?
- Which key health and well-being metrics should be embedded into EMIS architecture?
- Who will be accountable for progress?
- Which resources are available to help with this work? What can development partners do to support us?

7.1. Principles for monitoring, evaluation and learning in health and well-being in education

An effective monitoring, evaluation and learning system is essential to ensure that a programme on health and well-being in education is achieving its targets, and to provide insights that can help planners and implementers to course-correct where obstacles are encountered. EMIS are typically the engine of monitoring processes (UNESCO-IIEP and GPE, 2015), but for health and well-being programmes, monitoring is likely to require collaboration between health and education information systems. Management information systems can be linked across sectors, as happened, for example, as part of a school immunization campaign in Uganda (DHIS2, no date).

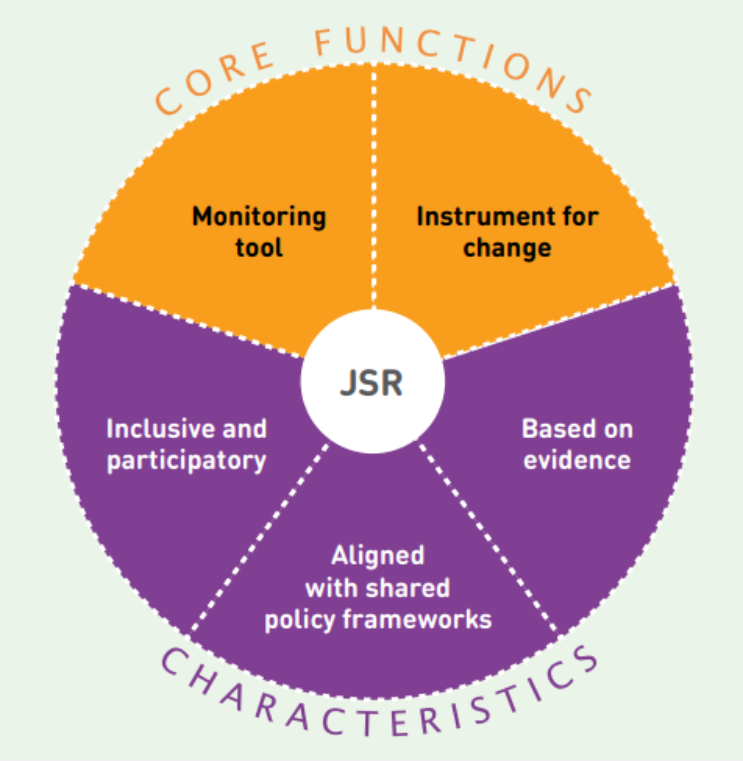
Monitoring includes routine check-ins by implementing units, periodic reviews, reporting on annual plans and budgets, and annual multisectoral reviews with stakeholders (UNESCO-IIEP and GPE, 2015). A set of indicators will be needed at different levels – input, process and output – with careful consideration to defining the target group for the interventions. Indicators may be programme-specific, or may be integrated into other sources of information (such as EMIS or HMIS) (Schultz and Ruel-Bergeron, 2021).

Evaluations can be carried out at mid-term and at the end of the plan period. Mid-term evaluations should feed back into the programme implementation and allow adjustments to be made. Final evaluations evaluate outcomes and impacts, as well as their relevance, cost-effectiveness and sustainability, including analysis of the reasons results have been achieved or not in order to derive lessons for future policy (HM Treasury, 2020; OECD, 2021a). **Learning** refers to the addition of explicit mechanisms to ensure that the lessons from monitoring and evaluation can be used in future implementation and policy-making.

In both the education and health sectors, **joint sector reviews** are often an important part of the policy cycle and monitoring, evaluation and learning system (WHO and World Bank, 2014; GPE, 2018). Joint sector reviews serve as the main instrument for 'assessing progress, resolving issues and reaching agreement on the sector policy, programmes and targets' (Holvoet and Inberg, 2009, p. 10). Effective evaluation of co-financed programme support, involving multiple external actors and different government sectors, is more difficult and complicated than for traditional projects supported by a single development partner. Joint sector reviews are therefore particularly important for health and well-being in education, which is multisectoral by nature and often involves multiple development partners.

Joint sector reviews should be seen as both a monitoring tool and as an instrument for change; in order to do this, the review should be 'participatory and inclusive, with the review of progress, achievements, and challenges aligned with shared policy frameworks and based upon robust and frequently reported evidence' (GPE, 2018, p. 12) (Figure 4). Joint sector reviews have important roles in relation to accountability, coordination, harmonization and learning. However, in practice the learning part is often neglected, and it may be useful for joint sector reviews to include an assessment of the current monitoring, evaluation and learning system and discussion of how to build capacity in it (Holvoet and Inberg, 2009).

Figure 4. Five dimensions of an effective joint sector review (JSR)



Source: GPE (2018, p. 12)

The development of a **results framework** with indicators relating to the goals, programmes and activities is an essential tool for monitoring, evaluation and learning.

Indicators should be measurable, preferably using current systems, against a baseline level developed at the start of the programme cycle, to gauge progress. They should be specific, measurable, achievable, relevant and timebound (SMART), and should provide disaggregated information, for example, on equity and gender equality.

The key indicators of child and adolescent health and well-being (Table 2) and other indicators that can be assessed through sector-specific surveys may be useful. However, for survey-based measures, careful consideration is needed of whether the survey schedule aligns with the timeline of the programme. The diagnostic tools for health and well-being in education (Table 5) can be used to derive indicators, especially at the process or outcome level. Lower-level indicators need to be linked to higher level ones by a theory of change that is explicit, evidenced based and tested, so that tracking of lower-level indicators can accurately gauge progress towards outcome- and impact-level indicators.

The guidance on health-promoting schools also proposes a list of key indicators for monitoring, evaluation and learning (WHO and UNESCO, 2021*a*). The ANESH survey can help monitor progress at the policy level, and the Global Platform to Monitor School Health (WHO, n.d.) uses inputs to monitor programmes and policies against global standards (see Tool Case Study 10).

Tool Case Study 10. Using ANESH, G-SHPPS and the Global Platform to Monitor School Health

Launched in 2024, the Global Platform to Monitor School Health is a data collection and monitoring tool jointly developed by WHO, UNESCO, UNICEF and WFP. It provides countries with comprehensive and standardized data on school health policies and practices, supporting efforts at school, district and national levels align with evidence-informed global standards for building and enhancing health-promoting education systems.

Tool: Assessment of National Education Systems for Health (ANESH) (WHO, 2023a)
Focus: National policies and systems
How to use: To assess the national policy framework for school health, coordination mechanisms, monitoring and evaluation systems, curricula and school health services

Tool: Global School Health Policies and Practices Survey (G-SHPPS) (WHO, n.d.*d*)
Focus: Implementation of policies at school level
How to use: To understand how policies are being put into practice in schools

The Global Platform to Monitor School Health leverages two key questionnaires to gather data: ANESH and G-SHPPS. ANESH focuses on national-level school health policies and systems, monitoring and

evaluation frameworks, curricula and school health services, while G-SHPPS assesses the implementation of these policies, delivery of health-promoting interventions, curricula and services at the school level.

While individual schools can use G-SHPPS to assess their alignment with health-promoting standards, national and subnational policy-makers and planners can obtain a broader perspective with data collected through ANESH and G-SHPPS, enabling them to track the status of school health policies and their implementation across the system. Additionally, the Global Platform to Monitor School Health allows for regional comparisons, helping countries monitor policy implementation in representative schools and compare progress across borders.

Specifically, education planners can use the platform in several practical ways:

- ⇨ **Policy review and development**: Data collected through ANESH can inform the creation or revision of national policies for promoting health and well-being in and through education. The platform helps identify strengths and gaps, ensuring that health-related initiatives and investments align with national educational goals.

- ⇨ **Programme implementation**: G-SHPPS provides insights into how policies are implemented at the school level, helping planners identify where additional resources or support may be needed to improve outcomes.

- ⇨ **Resource allocation and advocacy**: Data from the platform can be used to advocate for more targeted funding for health promotion programmes, services and infrastructure in schools. By demonstrating areas of need, education planners can make a strong case for investment.

- ⇨ **Monitoring and evaluation**: The platform's standardized data allows planners to monitor progress over time, assess the impact of programmes and adjust strategies as needed. This continuous cycle of monitoring and learning supports systemic improvement.

The Global Platform to Monitor School Healthoffers efficient, low-cost digital distribution of school health surveys. Its real-time data analytics provide instant, accurate insights, accelerating decision-making to inform timely policy and planning. Accessible on multiple devices, the platform reaches a broad audience while customizable features ensure flexibility for evolving needs. Built-in collaboration tools and integration with evidence-based strategies further enhance comprehensive and informed decision-making.

Since 2024, in East and Southern Africa, a number of countries have already begun integrating the platform into their school health monitoring processes.

For more information and support in applying the Global Platform to Monitor School Health:

- Global Platform to Monitor School health: Overview (WHO, n.d*c*)

Author: Liu Yongfeng, Programme Specialist, Section for Health and Education, UNESCO

7.2. Integrating health and well-being data into education management information systems

EMIS in their various functions (data collection, processing, management, storage, archiving and extraction for analysis) play a pivotal role in the strategic planning, management and monitoring of educational systems, enabling policy-makers, education administrators, school leaders and educators to make timely, data-driven decisions at every stage of the policy cycle, from situational analysis to policy formulation, implementation and evaluation. The elements included in EMIS need to respond to the needs of educational planners, managers and decision-makers at centralized,

decentralized and school levels so that they can perform their responsibilities, regardless of the educational subsector, programme orientations or administrative entity in which they work.

In recent years, there has been growing recognition that incorporating health and well-being data into these systems can offer a more holistic view of education services, better inform policy decisions and improve student outcomes. This shift reflects a growing understanding that students' academic success is inextricably linked to their overall health, nutrition and well-being. Schools are not isolated learning environments but ecosystems where physical, emotional and social factors significantly affect learning. Including these dimensions in EMIS paves the way for more responsive policies and interventions designed to promote holistic student development and well-being.

Typically, EMIS have components on students, schools, human resources (both teaching and non-teaching staff), infrastructure, material resources and financial resources. EMIS should capture both quantitative and qualitative information and can combine various sources of data, often linking with data from other sectors.

At minimum, EMIS should include a school census questionnaire, but it may also include human resources management records, inspection reports, test scores and assessment results, financial management, special surveys and geographic information, among other data sources. For EMIS to meaningfully support health and well-being in education, there are two critical considerations among others that need to be integrated: (1) unique identifiers that can track learners and teachers individually and (2) the possibility of interoperability or interfacing between EMIS and HMIS.

Many countries are modernizing their EMIS through the implementation of more integrated, sector-wide, transactional solutions enabling real-time tracking of individual learners, educators, personnel, educational infrastructure, materials and equipment, cross-referencing various data sources to foster a more comprehensive and accurate view of the education sector.

Embedding health and well-being data into EMIS offers substantial benefits for education planning and management at various levels. At the individual level, it enables teachers and school leadership, with early identification of health-related barriers, to develop tailored, learner-specific interventions that enhance student outcomes by addressing physical, mental and social challenges that may impede learning engagement and experience. By incorporating health-related indicators into EMIS, or by interfacing EMIS with HMIS, education managers can gain a clearer understanding of how these factors impact academic performance and school attendance (and dropout), facilitating decision-making that improves well-being and learning outcomes at the individual level.

At the school level, it helps identify trends within the broader learning environment and informs resource allocation towards critical areas such as mental health services, anti-bullying initiatives and school health programmes. By incorporating health-related indicators into EMIS – such as school climate, well-being and social-emotional learning surveys – school leadership can gain a deeper understanding of the school climate and overall learning experience. This empowers administrators to make informed decisions that improve student outcomes, retention and overall well-being, while fostering supportive learning environments. For example, in Australia, the Nationally Consistent

Collection of Data on School Students with Disability initiative is an annual collection of information about Australian students with disabilities, shedding light on how they are being supported in school, and how they could be better supported.

At the national level, aggregating health and well-being data across schools enhances national resource allocation and planning capacities, enabling policy-makers to address disparities in access to essential services such as mental health support, nutrition programmes and WASH conditions at school facilities. This data provides insights into nationwide health trends, including the need for health screenings, immunization efforts and nutrition programmes. These insights enable governments to design targeted interventions and allocate resources to regions where they are most needed. Additionally, it strengthens the monitoring and evaluation of large-scale programmes in order to track progress in student health, well-being and educational outcomes. For example, the Swedish National Agency for Education uses data from schools to monitor the implementation of sexual education and regularly assess and updates the sexual education component of the national curriculum.

The following health and well-being metrics can be embedded into EMIS architecture (or derived from HMIS):

1. **Physical health metrics**: By incorporating data and indicators on students' and educators' physical health, such as height, weight, medical condition, vision and hearing screenings, fitness levels, special needs and immunization records, schools can monitor the physical well-being of their students. This information can highlight trends like malnutrition or obesity, leading to policies that focus on improving school nutrition programmes or physical education curricula.
2. **Learner pregnancy rates:** Measures of the incidence of pregnancy among school-age learners, including the dropout and re-entry of pregnant learners, can help to ensure policies supporting pregnant learners to stay in school are implemented.
3. **Mental health and social well-being metrics**: Behavioural information such as data on instances of bullying and other forms of violence, teacher/counsellor reporting or survey results on student stress and anxiety levels can be captured and analysed, helping school administrators identify areas where students need support, potentially leading to better mental health services and anti-bullying campaigns in schools.
4. **Attendance metrics**: When coupled with information on reasons for teacher and student absenteeism, attendance information can shed light on the reasons behind learning or teaching difficulties, as well as he spread of infectious diseases or seasonal illnesses. This data can inform policies around student and teacher absence or encourage preventive health measures such as vaccination drives or health education programmes.
5. **School health and nutrition service metrics**: The inclusion of data on school WASH facilities, such as the availability of safe drinking water and usable, single-sex toilets with handwashing facilities (water and soap) and menstrual products, can provide insights into how basic needs are being met in schools. Data can also be provided on general hygiene practices, and on the presence of health services like counselling, school meals and nutrition programmes, and health screenings and check-ups. Schools that lack adequate resources for nutrition and hygiene

might show a correlation with lower academic performance, underscoring the need for policy-makers to prioritize investments in these critical areas.

Box 14 describes initiatives in several countries to embed EMIS indicators and improve the capacity of planners to collect and use the data.

Box 14. UNESCO support to embedding health and well-being in EMIS

Through its Sound Data for Good Governance in Education programme, UNESCO aims to offer Member States a one-stop shop of services, tools, reference materials and expertise to support strengthening and digitally transforming national education data systems, including through the inclusion of relevant health and well-being information into EMIS. For example, as part of its response to the COVID-19 pandemic, UNESCO contributed to the development of a dedicated health and vaccination module within the generic OpenEMIS system, allowing countries to accurately monitor epidemic peaks in schools as well as vaccination campaigns targeting educators and learners.

Tool: EMIS Progress Assessment Tool for Transformation (UNESCO, 2025)
Focus: EMIS / monitoring, evaluation and learning
How to use: To diagnose strengths and weaknesses in national EMIS capacities

One of the components of the Sound Data for Good Governance in Education programme is an EMIS Progress Assessment Tool for Transformation, which helps identify the strengths and weaknesses in national EMIS ecosystems and supports ways to improve the scope and depth of EMIS capabilities, including in health and well-being in education.

Since 2019, the Our Rights, Our Lives, Our Future programme (UNESCO, 2017) has partnered with UNESCO-IIEP to deliver a regional capacity-building programme that supports the integration of health and well-being indicators in EMIS in West and Central Africa. This initiative aligns with global commitments to ensure comprehensive, gender-transformative health education and safe, inclusive learning environments as per the SDGs. The programmes focuses on building capacity for data collection, analysis and utilization to inform health and well-being policy and programme implementation. Since its inception, the programme has expanded from 9 to 22 countries, driven by the endorsement of the West and Central Africa Commitment for Educated, Healthy and Thriving Adolescents and Young People, signed by 25 ministers of education and health in 2023 (Ministers of Education and Health of West and Central Africa, 2023).

The programme emphasizes four global core indicators critical to monitoring health and well-being progress: (1) the percentage of schools with policies addressing physical safety, stigma and harassment, (2) the percentage of schools delivering life skills–based sexuality and HIV education, (3) the percentage of schools conducting parent or guardian orientations on sexuality and HIV education, and (4) the percentage of schools where trained teachers deliver life skills–based sexuality and HIV education. These indicators, collected via annual school censuses, guide efforts in improving data quality and policy alignment. Participating countries have reported significant achievements, including integrating core indicators into EMIS, collecting disaggregated data and using standardized tools for reporting. As collection of data on the four indicators has become routine, countries are beginning to produce trend analyses and using these to inform the development of evidence-based recommendations for planning and policy within ministries of education. However, there is a need for these recommendations and the supporting data to be disseminated and considered more broadly within ministries of education in order to to ensure sector planning that is equitable and responsive to the realities of the school system on the ground.

Authors: Pierre Chapelet, Education Policies, Planning and Management Senior Project Officer, UNESCO; Sandisile Tshuma, Regional Project Officer, UNESCO.

Key takeaways on monitoring, evaluation and learning

- An effective monitoring, evaluation and learning system is essential to ensure that a programme on health and well-being in education is achieving its targets, and to provide insight that can help planners and implementers to course-correct where obstacles are encountered.
- **Joint sector reviews** are an important part of the policy cycle in which education authorities and partners assess progress, resolve issues and reach agreement on changes. They rely on the monitoring, evaluation and learning system, but also offer an opportunity to strengthen it where needed.
- The development of a **results framework** with indicators relating to the goals, programmes and activities is an essential tool for monitoring, evaluation and learning. Indicators should be SMART and should provide disaggregated information, for example on equity and gender equality.
- The results framework's indicators can include:
    - Key indicators of child and adolescent health and well-being (Table 2)
    - Other indicators from sector-specific surveys
    - Indicators derived from policy diagnostic tools for health and well-being in education at the process or outcome level
    - Indicators listed in the implementation guidance on health-promoting schools (WHO, UNESCO, UNICEF and WFP, 2021*a*)
    - Other indicators that are available and relevant to the national context and the programme.
- EMIS are typically the engine of the monitoring process, and it is important to embed health and well-being metrics into EMIS
- For health and well-being programmes, monitoring will also require collaboration between health and education information systems.

8. Conclusion

This handbook has provided guidance for integrating health and well-being into ESPs, encompassing all stages of the planning cycle: from initial analysis, through the formulation of priorities, costing, and programme design, to implementation, monitoring, evaluation and learning. It is crucial to recognize that this process is never linear. Often, various programmes and reforms may run concurrently, with overlapping timelines. Planners therefore need to adapt these guidelines to their specific needs and ongoing processes.

It is also important to remember that the planning process does not end with monitoring, evaluation and learning. The findings from monitoring and evaluation should be used to adapt programme designs and implementation strategies. This feedback loop ensures that programmes are evidence-based and responsive to the evolving needs of children and adolescents.

Children and adolescents who are healthy, well-nourished and safe learn better, and education can benefit a wide range of health outcomes. Governments are already doing much to advance the health and well-being of learners, but not always in a comprehensive, coordinated and evidence-informed way. The handbook has emphasized the following points for governments seeking to improve their work in this area:

- The importance of a holistic view of health and well-being that includes physical, mental and social aspects of health and well-being, not merely the absence of disease or impairment.
- The necessity of integrating health and well-being into all levels of education sector planning, including into policy, curricula and school environments.
- The need for data-driven decision-making using existing data sources and tools in order to analyse the current situation, formulate priorities and design effective programmes.
- The critical role of stakeholder engagement throughout the planning process, including from children, adolescents, parents, teachers and representatives from various sectors.
- The importance of evidence-informed programme design that draws on both global and national evidence to ensure programmes are effective, cost-effective and adapted to the local context.
- The requirement for robust costing and financing, identifying resources from various sources, including government, donors and the private sector.
- The importance of implementation planning with clearly defined roles and responsibilities and with built-in accountability mechanisms.
- The need to monitor implementation, evaluate the effects of interventions and learn from results so that programmes can be continuously improved.

- The role of joint sector reviews, or mid-term reviews, in monitoring implementation in both the education and health sectors, as well as mechanisms to include diverse stakeholders in steering the implementation of plans and policies.

This handbook is designed to be a practical guide, offering tools and outlining available frameworks to support education planners in their work. It complements and brings together, rather than replaces, existing guidance. By using the principles outlined here, education planners can integrate health and well-being into their sector plans, ultimately contributing to better learning outcomes and the overall well-being of children and adolescents. It is an iterative process, where the results from monitoring and evaluation inform future analysis and priority-setting, leading to continuous improvement.

References

Abduvahobov, P. et al. 2024. A united approach to enhance adolescent health measurement. *Journal of Adolescent Health*, 74, pp. S3–S5. https://doi.org/10.1016/j.jadohealth.2023.12.002.

AUDA-NEPAD. 2022. *AUDA-NEPAD Guidelines for the Design and Implementation of Home-Grown School Feeding Programmes in Africa*. African Union Development Agency – New Partnership For Africa's Development. https://www.nepad.org/sites/default/files/resourcefiles/Guidelines%20for%20HGSF%20Implementation_EN.pdf.

Aldridge, J.M. and McChesney, K. 2018. The relationships between school climate and adolescent mental health and wellbeing: a systematic literature review. *International Journal of Educational Research*, 88, pp. 121–45. https://doi.org/10.1016/j.ijer.2018.01.012.

Analytics & Metrics Community of Practice. (Forthcoming). Value for money of school meals programs in sub-Saharan Africa. Research Consortium for School Health and Nutrition.

Angrist, N. and Dercon, S. 2024. Mind the gap between education policy and practice. *Nature Human Behaviour*, 8, pp. 2261–63. https://doi.org/10.1038/s41562-024-02013-4.

AnImRS (no date). Analysis and Imagery of Education Response to School-Related Gender Based Violence (AnImRS).

ASEAN Secretariat. 2024. *Minimum Standards and Guidelines for the ASEAN School Nutrition Package*. Association of Southeast Asian Nations. https://asean.org/book/minimum-standards-and-guidelines-for-the-asean-school-nutrition-package/.

Azzopardi, P.S. et al. 2019. Progress in adolescent health and wellbeing: tracking 12 headline indicators for 195 countries and territories, 1990–2016. *The Lancet*, 393(10176), pp. 1101–18. https://doi.org/10.1016/S0140-6736(18)32427-9.

Baltag, V. and Kettaneh, A. 2023. Improving school health through a standard-driven approach. WHO policy brief. https://iris.who.int/bitstream/handle/10665/184035/WHO_FWC_MCA_15.06_eng.pdf.

Banati, P. et al. 2024. Adolescent health and well-being check-up programme in three African cities (Y-Check): protocol for a multimethod, prospective, hybrid implementation-effectiveness study. *BMJ Open*, 14(6). https://doi.org/10.1136/bmjopen-2023-077533.

Bandzeladze, M. 2023. Translation of SERAT findings into concrete steps to advance CSE in Georgia. *European Journal of Public Health*, 33. https://doi.org/10.1093/eurpub/ckad160.420.

Bantilan, J.C. et al. 2023. Strategic planning in education: a systematic review. *Asian Journal of Education and Social Studies*, 45(1), pp. 40–54. https://doi.org/10.9734/ajess/2023/v45i1976.

Barker, P.M., Reid, A. and Schall, M.W. 2016. A framework for scaling up health interventions: lessons from large-scale improvement initiatives in Africa. *Implementation Science*, 11(1), p. 12. https://doi.org/10.1186/s13012-016-0374-x.

Basch, C.E. 2011. Healthier students are better learners: a missing link in school reforms to close the achievement gap. *Journal of School Health*, 81(10), pp. 593–98. https://doi.org/10.1111/j.1746-1561.2011.00632.x.

Boak, E. and Ndaruhutse, S. 2011. *The Impact of Sector-Wide Approaches: Where from, Where Now and Where To?* Education Development Trust. https://www.edt.org/research-and-insights/the-impact-of-sector-wide-approaches-where-from-where-now-and-where-to/.

Briefel, R.R. et al. 2009. School food environments and practices affect dietary behaviors of US public school children. *Journal of the American Dietetic Association*, 109(2), pp. S91–S107. https://doi.org/10.1016/j.jada.2008.10.059.

Brooker, S. and Halliday, K. 2015. *Impact of Malaria Control and Enhanced Literacy Instruction on Educational Outcomes among School Children in Kenya: A Multisectoral, Prospective, Randomised Evaluation*. 3ieImpact Evaluation Report 18. New Delhi: International Initiative for Impact Evaluation (3ie). https://3ieimpact.org/sites/default/files/2017-11/ie18-kenya_malaria_literacy.pdf.

Bundy, D. et al. 2009. *Rethinking School Feeding: Social Safety Nets, Child Development and the Education Sector*. Washington, DC: World Bank. https://doi.org/10.1596/978-0-8213-7974-5.

Bundy, D.A.P. et al. (eds). 2018. *Disease Control Priorities, 3rd Edition: Optimizing Education Outcomes: High-Return Investments in School Health for Increased Participation and Learning*. Washington, DC: World Bank. https://www.globalpartnership.org/content/optimizing-education-outcomes-high-return-investments-school-health-increased-participation-and-learning.

Burbano, C. et al. 2018. Re-imagining school feeding: a high return investment in human capital and local economies. In D.A.P. Bundy et al. (eds). *Disease Control Priorities, 3rd Edition: Optimizing Education Outcomes: High-Return Investments in School Health for Increased Participation and Learning*. Washington, DC: World Bank. https://www.globalpartnership.org/content/optimizing-education-outcomes-high-return-investments-school-health-increased-participation-and-learning.

Campbell, O.L.K., Bann, D. and Patalay, P. 2021. The gender gap in adolescent mental health: A cross-national investigation of 566,829 adolescents across 73 countries. *SSM - Population Health*, 13. https://doi.org/10.1016/j.ssmph.2021.100742.

Cappella, E. et al. 2008. Enhancing schools' capacity to support children in poverty: an ecological model of school-based mental health services. *Administration and Policy in Mental Health*, 35(5), pp. 395–409. https://doi.org/10.1007/s10488-008-0182-y.

Together for Girls. n.d. About the Violence Against Children and Youth Surveys. Together for Girls. https://www.togetherforgirls.org/en/about-the-vacs.

Centre for Epidemiology and Evidence. 2023. *Increasing the Scale of Population Health Interventions: A Guide*. Evidence and Evaluation Guidance Series, Population and Public Health Division. Sydney: NSW Ministry of Health. https://www.health.nsw.gov.au/research/Pages/scalability-guide.aspx.

Conn, K.M. 2017. Identifying effective education interventions in Sub-Saharan Africa: a meta-analysis of impact evaluations. *Review of Educational Research*, 87(5), pp. 863–98. https://doi.org/10.3102/0034654317712025.

Crenshaw, K. 1989. Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1). https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8.

Cruz, L. 2020. *Legal Guide on School Food and nutrition - Legislating for a Healthy School Food Environment*. FAO Legal Guide No. 2. Rome: Food and Agriculture Organization of the United Nations. https://doi.org/10.4060/ca9730en.

De Neve, J.-W. et al. 2024. Relationship between adolescent anemia and school attendance observed during a nationally representative survey in India. *Communications Medicine*, 4(1), pp. 1–9. https://doi.org/10.1038/s43856-024-00533-8.

DFID. 2014. *How to Note (March 2014): Assessing the Strength of Evidence*. Departments for International Evidence (UK). https://assets.publishing.service.gov.uk/media/5a7c95eeed915d6969f45eb5/HTN-strength-evidence-march2014.pdf.

DHIS2 (no date) *Ugandan school immunisation campaign*. Available at: https://community.dhis2.org/t/information-for-action-dashboards/37340.

DHS Program. n.d. Country list. Demographic and Health Surveys Program. US Agency for International Development. https://dhsprogram.com/Countries/Country-List.cfm (Accessed: 18 September 2024).

Dirwan, G. and Thévenon, O. 2023. *Integrated Policy Making for Child Well-being: Common Approaches and Challenges Ahead*. Paris: Organisation for Economic Co-operation and Development. https://doi.org/10.1787/1a5202af-en.

Dray, J. et al. 2017. Systematic review of universal resilience-focused interventions targeting child and adolescent mental health in the school setting. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56(10), pp. 813–24. https://doi.org/10.1016/j.jaac.2017.07.780.

End Violence Against Children, End Corporal Punishment, Coalition for Good Schools, & Safe to Learn. (2023). *Ending corporal punishment in schools to transform education for all children*. https://endcorporalpunishment.org/wp-content/uploads/2023/05/Ending-corporal-punishment-in-schools-to-transform-education-for-all-children.pdf

Escoffery, C. et al. 2019. A scoping study of frameworks for adapting public health evidence-based interventions. *Translational Behavioral Medicine*, 9(1), pp. 1–10. https://doi.org/10.1093/tbm/ibx067.

Evans, D., Hares, S., Smarelli, G., & Wu, D. (2023). *When the Data You Have Aren't the Data You Need: School-Related Violence Data Availability in Low- and Middle-Income Countries*. Center for Global Development. https://www.cgdev.org/sites/default/files/school-related-violence-data-availability-low-middle-income-countries.pdf

FAO. 2019. *Nutrition Guidelines and Standards for School Meals. A Report from 33 Low and Middle-Income Countries*. Rome: Food and Agriculture Organization of the United Nations. https://www.fao.org/fsnforum/resources/reports-and-briefs/nutrition-guidelines-and-standards-school-meals-report-33-low-and.

FAO. 2020. *School-Based Food and Nutrition Education – A white paper on the current state, principles, challenges and recommendations for low- and middle-income countries.*. Rome: Food and Agriculture Organization of the United Nations. https://doi.org/10.4060/cb2064en.

FAO. 2021*a*. *Capacity Needs Assessment Tool: School-Based Food and Nutrition Education*. Rome: Food and Agriculture Organization of the United Nations. https://doi.org/10.4060/cb7584en.

FAO. 2021*b*. *State of School-Based Food and Nutrition Education in 30 Low- and Middle-Income Countries: Survey Report*. Rome: Food and Agriculture Organization of the United Nations. https://openknowledge.fao.org/handle/20.500.14283/cb2938en

FAO. 2022. *Análisis de capacidades de educación alimentaria y nutricional en las escuelas: Proceso multinivel y participativo de Ecuador*. Rome: Food and Agriculture Organization of the United Nations. https://doi.org/10.4060/cc1948es.

FAO. n.d. School food global hub. Food and Agriculture Organization of the United Nations. https://www.fao.org/platforms/school-food/en (Accessed: 24 February 2025).

FAO and WFP. 2018. *Home-Grown School Feeding Resource Framework - Technical Document*. Rome: Food and Agriculture Organization of the United Nations and World Food Programme. https://docs.wfp.org/api/documents/WFP-0000074274/download/

Fathi, B. et al. 2014. Challenges in developing health promoting schools' project: application of global traits in local realm. *Health Promotion Perspectives*, 4(1), pp. 9–17. https://doi.org/10.5681/hpp.2014.002.

Fernandes, M. and Aurino, E. 2018. Identifying an essential package for school-age child health: economic analysis. In D.A.P. Bundy et al. (eds). *Disease Control Priorities, 3rd Edition: Optimizing Education Outcomes: High-Return Investments in School Health for Increased Participation and Learning*. Washington, DC: World Bank. https://www.globalpartnership.org/content/optimizing-education-outcomes-high-return-investments-school-health-increased-participation-and-learning.

Fleming, C. et al. 2020. *Food and Me. How Adolescents Experience Nutrition Across the World. A Companion Report to The State of the World's Children 2019*. Sydney: Western Sydney University and United Nations Children's Fund. https://doi.org/10.26183/26f6-ec12.

Freeman, M.C. et al. 2012. Assessing the impact of a school-based water treatment, hygiene and sanitation programme on pupil absence in Nyanza Province, Kenya: a cluster-randomized trial. *Tropical Medicine & International Health*, 17(3), pp. 380–91. https://doi.org/10.1111/j.1365-3156.2011.02927.x.

FRESH. n.d.*a*. *Implementing, Maintaining, Scaling Up and Sustaining (IMSS) Approaches, Programs and interventions*, *www.fresh-partners.org*. Available at: https://www.fresh-partners.org/implement-maintain-scale-up-sustain-programs.html (Accessed: 24 January 2025).

FRESH. n.d.*b*. *The FRESH Framework and Partnership*, *www.fresh-partners.org*. Available at: https://www.fresh-partners.org (Accessed: 17 September 2024).

Fry, D. et al. 2018. The relationships between violence in childhood and educational outcomes: a global systematic review and meta-analysis. *Child Abuse & Neglect*, 75, pp. 6–28. https://doi.org/10.1016/j.chiabu.2017.06.021.

GADRRRES. 2017. *Comprehensive School Safety Policy Survey*. Available at: https://gadrrres.net/css-policy-survey (Accessed: 5 November 2024).

GADRRRES. (2022). *Comprehensive School Safety Framework 2022-2030 for Child Rights and Resilience in the Education Sector*. https://gadrrres.net/files/cssf_2022-2030_en.pdf

GADRRRES. 2023. *Comprehensive School Safety Framework Operational Guidance Catalogue*. Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector. https://gadrrres.net/files/cssf-operational-guidance-resource-catalogue-2023-eng.pdf.

GADRRRES. n.d. Non-Technical CSS Assessment Tools. Available at: https://gadrrres.net/css-assessment-suite/non-technical-assessment (Accessed: 19 April 2025).

GEEAP. 2023. *Cost-effective Approaches to Improve Global Learning - What does Recent Evidence Tell Us are "Smart Buys" for Improving Learning in Low- and Middle-income Countries?* Global Education Evidence Advisory Panel. http://documents.worldbank.org/curated/en/099420106132331608/IDU0977f73d7022b1047770980c0c5a14598eef8.

Ginsburg, M. et al. 2018. *Improving Teacher Support and Participation in Local Education Groups: Final Project Report*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000265152.

Glewwe, P. and Miguel, E.A. 2007. The impact of child health and nutrition on education in less developed countries. In T. P. Schultz and J.A. Strauss (eds). *Handbook of Development Economics. Volume 4.* Amsterdam: Elsevier. https://doi.org/10.1016/S1573-4471(07)04056-9.

Global Child Nutrition Forum. 2024. *Global Report of School Meal Programs Around the World*. Available at: https://gcnf.org/global-reports/ (Accessed: 18 January 2025).

Global Education Cluster and Education Cannot Wait. 2024. *Good Practices on Gender and Gender-Based Violence Risk Mitigation Integration by Education Clusters*. Learning Brief – March 2024. https://educationcluster.app.box.com/s/71qg51a0ew6wvozdb8yyfq00ftwqidhm.

Global Financing Facility. 2022. Adolescent School Health and Nutrition: Interactive Decision Trees. https://www.globalfinancingfacility.org/resource/adolescent-school-health-and-nutrition-interactive-decision-trees.

Global Financing Facility and World Bank. 2021. *Adolescent School Health and Nutrition: Interactive Decision Trees*. Washington, DC: World Bank Publications. https://www.globalfinancingfacility.org/sites/gff_new/files/Adolescent-School-Health-Nutrition-Interactive-Decision-Trees.pdf.

GPE. 2018. *Joint Sector Reviews in the Education Sector: September 2018*. Global Partnership for Education. https://www.globalpartnership.org/content/practical-guide-effective-joint-sector-reviews-education-sector.

GPE. 2019. *Principles Toward Effective Local Education Groups: October 2019*. Global Partnership for Education. https://www.globalpartnership.org/content/principles-toward-effective-local-education-groups.

GPE. 2022*a*. *Household Survey Data on Disability and Education in GPE Partner Countries: August 2022*. Global Partnership for Education. https://www.globalpartnership.org/content/household-survey-data-disability-and-education-gpe-partner-countries.

GPE. 2022*b*. *Operational framework for the Girls' Education Accelerator: September 2022*. Global Partnership for Education.

https://www.globalpartnership.org/content/operational-framework-girls-education-accelerator.

GPE. 2023. *Leaving No One Behind: Transforming Education Systems, Equitably and Inclusively: September 2022*. Global Partnership for Education. https://www.globalpartnership.org/content/leaving-no-one-behind-transforming-education-systems-equitably-and-inclusively.

GPE. n.d. Technical assistance initiatives. Global Partnership for Education. https://www.globalpartnership.org/what-we-do/technical-assistance-initiatives (Accessed: 30 September 2024).

GPE and UNESCO-IIEP. 2020. *Mainstreaming Early Childhood Education into Education Sector Planning*. Paris, New York and Washington, DC: IIEP-UNESCO, UNICEF and GPE. https://www.globalpartnership.org/content/rationale-investing-pre-primary.

Gray, N.J. et al. 2022. Breaking down silos between health and education to improve adolescent wellbeing. *BMJ*, 379. https://doi.org/10.1136/bmj-2021-067683.

GSHS. 2017. Kenya.

GSHS. n.d.*a*. Bhutan.

GSHS. n.d.*b*. Jordan.

Guerrant, R.L. et al. 2013. The impoverished gut—a triple burden of diarrhoea, stunting and chronic disease. *Nature Reviews. Gastroenterology & Hepatology*, 10(4), pp. 220–29. https://doi.org/10.1038/nrgastro.2012.239.

Hancock, T. 1985. The mandala of health: a model of the human ecosystem. *Family & Community Health: Journal of Health Promotion & Maintenance*, 8(3), pp. 1–10. https://doi.org/10.1097/00003727-198511000-00002.

Hares, S. and Smarrelli, G. 2023. *What We Know (and Don't Know) about Violence against Girls and Boys in School*. Center for Global Development. https://www.cgdev.org/publication/what-we-know-and-dont-know-about-violence-against-girls-and-boys-school.

Harvard University. n.d. Global Flourishing Study. https://hfh.fas.harvard.edu/global-flourishing-study (Accessed: 10 February 2025).

HBSC. n.d. Health Behaviour in School-aged Children. https://hbsc.org/ (Accessed: 10 February 2025).

Hillis, S. et al. 2016. Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics*, 137(3). https://doi.org/10.1542/peds.2015-4079.

HM Treasury. 2020. *Magenta book: Central Government Guidance on Evaluation*. London: UK Government.

https://assets.publishing.service.gov.uk/media/5e96cab9d3bf7f412b2264b1/HMT_Magenta_Book.pdf.

Holvoet, N. and Inberg, L. 2009. Monitoring and Evaluation at the sector level: experiences from Joint Sector Reviews in the education sectors of Burkina Faso, Mali and Niger. *IOB Discussion Papers*. University of Antwerpen: Institute of Development Policy (IOB). https://ideas.repec.org//p/iob/dpaper/2009001.html.

Hu, Y., Mao, Y. and Wang, W. 2024. Relationship between anemia and academic performance in Chinese primary school students: evidence from a large national survey. *Health & Social Care in the Community*, 2024(1). https://doi.org/10.1155/2024/1150608.

Huang, K.-Y., Cheng, S. and Theise, R. 2013. School contexts as social determinants of child health: current practices and implications for future public health practice. *Public Health Reports*, 128(6), pp. 21–28. https://doi.org/10.1177/00333549131286S304.

UNESCO-IBE. 2025*a*. A practical guide to integrating health and well-being education at school. UNESCO International Bureau of Education

UNESCO-IBE. 2025*b*. Pedagogical Guide for the development of competencies in health and wellbeing education for teacher training and teaching. UNESCO International Bureau of Education

UNESCO-IBE. 2025*c*. Step by step guide on how to integrate education for health and well-being in the curriculum. UNESCO International Bureau of Education

IEA. n.d.*a*. PIRLS: Progress in International Reading Literacy Study. International Association for the Evaluation of Educational Achievement. https://www.iea.nl/studies/iea/pirls (Accessed: 3 February 2025).

TIMSS & PIRLS n.d.. TIMSS and PIRLS International Study Center. https://timssandpirls.bc.edu/index.html (Accessed: 3 February 2025).

INSPIRE Working Group. 2021. *INSPIRE Guide to Adaptation and Scale Up*. New York: INSPIRE Working Group. https://cdn.who.int/media/docs/default-source/documents/child-maltreatment/inspire-guide-and-tools-for-adaptation-and-scale-up-final-pdf-1.pdf.

International Parliamentary Network for Education (2024) *School meals: a toolkit for parliamentarians*. Available at: https://static1.squarespace.com/static/5d1248941ad53b00019bd5b2/t/662fd3571118822b479cd6b9/1714410353132/School_Meals_A_Toolkit_For_Parliamentarians_Final.pdf (Accessed: 8 April 2025).

ISCWeB. n.d. Children's Worlds. International Survey of Children's Well-Being (ISCWeB). https://isciweb.org/ (Accessed: 3 February 2025).

Joerger, C. and Hoffmann, A.M. 2002. F*RESH: A Comprehensive School Health Approach to Achieve EFA*. UNESCO, UNICEF, WHO, World Bank and Education International. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000125537

Johns Hopkins and WHO. n.d. Global Early Adolescent Study. https://www.geastudy.org/ (Accessed: 3 February 2025).

Jones, N., Baird, S. and Lunin, L. 2018. *GAGE Research Design, Sample and Methodology*. Gender and Adolescence: Global Evidence (GAGE) programme. https://www.gage.odi.org/wp-content/uploads/2018/12/Research-Methods-revised-v9.pdf.

Joshi, A. R., & Gaddis, I. (2015). *Preparing the Next Generation in Tanzania*. World Bank. https://documents.worldbank.org/en/publication/documents-reports/documentdetail/531071468187781204

Jukes, M., Drake, L. and Bundy, D.A.P. 2008. *School Health, Nutrition and Education for All: Levelling the Playing Field*. Cambridge, MA: CABI Publishing. https://schoolsandhealth.net/Shared%20Documents/Downloads/School%20Health%2C%20Nutrition%20and%20Education%20for%20all%20-%20Levelling%20the%20Playing%20Field-2.pdf.

Kabeer, N. 2005. Social Exclusion: Concepts, Findings and Implications for the MDGs. Paper commissioned as background for the Social Exclusion Policy Paper, Department for International Development (DFID). https://gsdrc.org/document-library/social-exclusion-concepts-findings-and-implications-for-the-mdgs/

Kivela, J., Ketting, E. and Baltussen, R. 2011. *Cost and Cost-Effectiveness Analysis of School-Based Sexuality Education in Six Countries: Full Report.* Radboud University Nijmegen Medical Centre. https://unesdoc.unesco.org/ark:/48223/pf0000211604.

Krishnaratne, S. and White, H. 2013. Quality education for all children? What works in education in developing countries. International Initiative for Impact Evaluation (3ie). https://ideas.repec.org/p/ris/iiierp/0000_000.html.

Likhar, A., Baghel, P. and Patil, M. 2022. Early childhood development and social determinants. *Cureus*, 14(9).https://doi.org/10.7759/cureus.29500.

López Hernández, Hernández Garbanzo, Y. and Vargas, M. 2021. *Análisis de capacidades de educación alimentaria y nutricional en las escuelas: Proceso multinivel y participativo de República Dominicana*. Rome: Food and Agriculture Organization of the United Nations. https://doi.org/10.4060/cb7086es.

López Hernández, L.F., Hernández Garbanzo, Y. and Vargas, M. 2022. *Análisis de capacidades de educación alimentaria y nutricional en las escuelas: Proceso multinivel y participativo de El Salvador*. Rome: Food and Agriculture Organization of the United Nations. https://doi.org/10.4060/cb8672es.

Machova, Z., Miettunun, J. and Peterson, B.D. 2020. *Leave No Girl Behind: Adolescent Girls' Education in Somalia (AGES) – Baseline Evaluation*. CARE, Girls, Education Challenge and UK Aid Direct. https://girlseducationchallenge.org/media/gfacfhwb/ages-lngb-baseline-evaluation.pdf.

Mahawithanage, S.T.C. et al. 2007. Impact of vitamin A supplementation on health status and absenteeism of school children in Sri Lanka. *Asia Pacific Journal of Clinical Nutrition*, 16(1), pp. 94–102. https://apjcn.nhri.org.tw/server/apjcn/16/1/94.pdf.

Mangham, L.J. and Hanson, K. 2010. Scaling up in international health: what are the key issues? *Health Policy and Planning*, 25(2), pp. 85–96. https://doi.org/10.1093/heapol/czp066.

Marsh, A.D. et al. 2024. Indicators to measure adolescent health at the country, regional, and global levels: results of a five-year selection process by the global action for the measurement of adolescent health. *Journal of Adolescent Health*, 74(6), pp. S31–S46. https://doi.org/10.1016/j.jadohealth.2024.02.010.

McCall, D. 2007. *Operational Capacity and School Health Promotion*. School Health Research Network, Canadian Council on Learning. https://drive.google.com/file/d/0B76Y7Zl6A-eBWkFheFNFbnMyNlE/.

McCall, D. 2019. Implementation, Maintenance, Scaling Up, Sustainability (IMSS) of Interventions, Multi-Intervention Programs and Multi-Component Approaches. Working Paper. https://drive.google.com/file/d/1p0XVG_lh3A-Eww85_QUyfGBCw18L1S0o/.

McGinnis, S.M. et al. 2017. A systematic review: costing and financing of water, sanitation, and hygiene (WASH) in schools. *International Journal of Environmental Research and Public Health*, 14(4), p. 442: https://doi.org/10.3390/ijerph14040442.

Micha, R. et al. 2018. Effectiveness of school food environment policies on children's dietary behaviors: A systematic review and meta-analysis. *PloS One*, 13(3). https://doi.org/10.1371/journal.pone.0194555.

Milat, A.J. et al. 2016. A guide to scaling up population health interventions. *Public Health Research & Practice*, 26(1). https://doi.org/10.17061/phrp2611604.

Ministers of Education and Health of West and Central Africa. (2023). *West and Central Africa's Commitment for educated, healthy and thriving adolescents and young people « Listen, Understand, Act »*. https://commit4youngpeople.org/sites/default/files/2023-04/EN%20Engagement%20de%20l%27AOC%202023-06-04.pdf

Ministry of Education (Malawi). 2020. *National Education Sector Investment Plan 2020–2030*. Available at: https://www.unicef.org/malawi/media/4561/file/National%20education%20sector%20investment%20plan%20.pdf.

Ministry of Education (Republic of Maldives). 2024. MoE expands helpline 1484 to support teachers. 10 October. https://moe.gov.mv/en/news/219/moe-expands-helpline-1484-to-support-teachers.

Ministry of Education and Sports (Uganda). 2022. Proceedings Report for the Second Safe to Learn National Symposium 2022. Available at: https://www.safetolearncoalition.org/media/526/file/STL.

Morton, K.L. et al. 2017. Engaging stakeholders and target groups in prioritising a public health intervention: the Creating Active School Environments (CASE) online Delphi study. *BMJ Open*, 7(1). https://doi.org/10.1136/bmjopen-2016-013340.

Nsangi, A. et al. 2020. Protocol for assessing stakeholder engagement in the development and evaluation of the Informed Health Choices resources teaching secondary school students to think critically about health claims and choices. *PLOS ONE*, 15(10). https://doi.org/10.1371/journal.pone.0239985.

Overseas Development Institute. n.d. About us. Gender and Adolescence: Global Evidence. https://www.gage.odi.org/about-us/ (Accessed: 10 February 2025).

OECD. 2019. *PISA 2018 Assessment and Analytical Framework*. Paris: OECD Publishing. https://doi.org/10.1787/38a34353-en.

OECD. 2021*a*. *Applying Evaluation Criteria Thoughtfully*. Paris: OECD Publishing. https://doi.org/10.1787/543e84ed-en.

OECD. 2021*b*. Computer-Based Student Questionnaire PISA 2022. Main Survey Version. Available at: https://www.oecd.org/content/dam/oecd/en/data/datasets/pisa/pisa-2022-datasets/questionnaires/COMPUTER-BASED%20STUDENT%20questionnaire%20PISA%202022.pdf.

OECD. n.d.*a*. PISA: Programme for International Student Assessment. https://www.oecd.org/en/about/programmes/pisa.html (Accessed: 10 February 2025).

OECD. n.d.*b*. Survey on Social and Emotional Skills (SSES). https://www.oecd.org/en/about/programmes/oecd-survey-on-social-and-emotional-skills.html (Accessed: 10 February 2025).

Olvera, L.G.T. et al. 2024. Impact of a school-based intervention on sugar-sweetened beverage intake substitution by water in Mexican scholars. *Annals of Nutrition and Metabolism*, 80(3), pp. 136–42. https://doi.org/10.1159/000538142.

Oster, E. and Thornton, R. 2009. *Menstruation and Education in Nepal*. NBER Working Paper 14853. National Bureau of Economic Research (NBER). https://econpapers.repec.org/paper/nbrnberwo/14853.htm.

Paina, L. and Peters, D.H. 2012. Understanding pathways for scaling up health services through the lens of complex adaptive systems. *Health Policy and Planning*, 27(5), pp. 365–73. https://doi.org/10.1093/heapol/czr054.

Pan Canadian Joint Consortium for School Health. 2010. Stakeholder engagement for improved school policy: development and implementation. *Canadian Journal of Public Health / Revue Canadienne de Sante'e Publique*, 101, pp. S20–S23. https://doi.org/10.1007/BF03405621.

Pascoe, M. et al. 2020. Physical activity and exercise in youth mental health promotion: a scoping review. *BMJ Open Sport & Exercise Medicine*, 6(1). https://doi.org/10.1136/bmjsem-2019-000677.

Pengpid, S. and Peltzer, K. 2019. Bullying victimization and externalizing and internalizing symptoms among in-school adolescents from five ASEAN countries. *Children and Youth Services Review*, 106. https://doi.org/10.1016/j.childyouth.2019.104473.

Percy-Smith, B. et al. (eds). 2023. *A Handbook of Children and Young People's Participation: Conversations for Transformational Change*. *2nd Edition*. London, New York: Routledge, Taylor & Francis Group.

Perry, M. et al. 2024. National policies to limit food marketing and competitive food sales in schools: a global scoping review. *Advances in Nutrition*, 15(8). https://doi.org/10.1016/j.advnut.2024.100254.

Pickett, K.E. et al. 2022. The social determinants of child health and inequalities in child health. *Paediatrics and Child Health*, 32(3), pp. 88–94. https://doi.org/10.1016/j.paed.2021.12.003.

Pineda, E., Bascunan, J. and Sassi, F. 2021. Improving the school food environment for the prevention of childhood obesity: What works and what doesn't. *Obesity Reviews*, 22(2). https://doi.org/10.1111/obr.13176.

Public Service Media. 2024. Education Minister reveals measures to be taken for teacher mental health. 7 October. https://psmnews.mv/en/145362.

Raising Voices. 2011. The Good School Toolkit. Available at: https://www.unesco.org/sdg4education2030/en/knowledge-hub/good-school-toolkit.

Ramaswamy, R., Shidhaye, R. and Nanda, S. 2018. Making complex interventions work in low resource settings: developing and applying a design focused implementation approach to deliver mental health through primary care in India. *International Journal of Mental Health Systems*, 12, p. 5. https://doi.org/10.1186/s13033-018-0181-7.

Remme, M. et al. 2014. The cost and cost-effectiveness of gender-responsive interventions for HIV: a systematic review. *Journal of the International AIDS Society*, 17(1). https://doi.org/10.7448/IAS.17.1.19228.

Requejo, J. et al. 2022. Measuring and monitoring child health and wellbeing: recommendations for tracking progress with a core set of indicators in the Sustainable Development Goals era. *The Lancet: Child & Adolescent Health*, 6(5), pp. 345–52. https://doi.org/10.1016/S2352-4642(22)00039-6.

Ross, D.A. et al. 2020. Adolescent well-being: a definition and conceptual framework. *Journal of Adolescent Health*, 67(4), pp. 472–76. https://doi.org/10.1016/j.jadohealth.2020.06.042.

Southern African Development Community. . 2021) *Regional School Nutrition Guidelines for SADC Member States*. https://www.sadc.int/sites/default/files/2022-07/Regional_School_Nutrition_Guidelines_for_SADC_Member_States.pdf.

Safe to Learn. 2020*a*. *Safe to Learn Diagnostic Exercises in Nepal, Pakistan, South Sudan and Uganda. Synthesis Report*. New York: Safe to Learn. https://www.safetolearncoalition.org/media/306/file/STL-SynthesisReport.pdf.

Safe to Learn. 2020*b*. *Safe to Learn: Uganda Diagnostic Exercise*. https://www.safetolearncoalition.org/media/351/file/STL-Uganda-Diagnostic-Exercise-2020.pdf.

Safe to Learn. 2021*a*. *Global Programmatic Framework and Benchmarking Tool*. UNICEF and Safe to Learn. https://www.safetolearncoalition.org/reports/global-programmatic-framework-and-benchmarking-tool.

Safe to Learn. 2021*b*. *Safe to Learn Diagnostic Tool*. New York: Safe to Learn. https://www.safetolearncoalition.org/reports/safe-learn-diagnostic-tool.

Flagothier, C. 2021. *What We Learnt from the Safe to Learn Diagnostic Processes in Two Countries: Uganda and South Sudan*. New York: Safe to Learn. https://www.safetolearncoalition.org/media/311/file/STL.

Safe to Learn. 2023. Safe to Learn Call to Action: Ending violence against children in, around, and through schools. https://www.safetolearncoalition.org/reports/safe-learn-call-action.

Safe to Learn. n.d. Safe to learn: About us. https://www.safetolearncoalition.org/about-us (Accessed: 30 September 2024).

Saggu, A. 2024. *Policy Brief on Violence in and around Schools and Its Direct and Indirect Impacts on Educational Outcomes of Children*. Safe to Learn, What Works to Prevent Violence and UK Aid Direct. https://www.datocms-assets.com/112720/1730898500-policy-brief-violence-schools-v8.pdf.

Salam, S.S. et al. 2023. Impact of a school-based nutrition educational intervention on knowledge related to iron deficiency anaemia in rural Karnataka, India: a mixed methods pre–post interventional study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 130(S3), pp. 113–23. https://doi.org/10.1111/1471-0528.17619.

School Health Integrated Programming. 2018. *School Health for All: An Operational Manual for Integrating Inclusive School Health and Nutrition*. World Bank and Global Partnership for Education. https://www.globalpartnership.org/node/document/download?file=document/file/2018-07-gpe-school-health-for-all.pdf.

Schramme, T. 2023. Health as complete well-being: the WHO definition and beyond. *Public Health Ethics*, 16(3), pp. 210–18. https://doi.org/10.1093/phe/phad017.

Schultz, L. et al. 2024. The SABER School Feeding policy tool: a 10-year analysis of its use by countries in developing policies for their national school meals programs. *Frontiers in Public Health*, 12. https://doi.org/10.3389/fpubh.2024.1337600.

Schultz, L. et al. 2025. Cross-national experiences on child health and development during school age and adolescence: the next 7,000 days. In A. Alwan et al. (eds) *Disease Control Priorities. 4th ed.* Washington, DC: World Bank.

Schultz, L. and Ruel-Bergeron, J. 2021. Considerations for monitoring school health and nutrition programs. *Frontiers in Public Health*, 9. https://doi.org/10.3389/fpubh.2021.645711.

Search Institute. n.d. Developmental Assets Profile. Search Institute. https://searchinstitute.org/developmental-assets-profile (Accessed: 10 February 2025).

Shahraki-Sanavi, F. et al. 2018. A study on school health policies and programs in the southeast of Iran: a regression analysis. *Electronic Physician*, 10(7), pp. 7132–37. https://doi.org/10.19082/7132.

Smarelli, G., Wu, D., Baago-Rasmussen, L., Hares, S., & Naker, D. (2024). *Violence in Schools: Prevalence, Impact, and Interventions*. Center for Global Development. https://www.cgdev.org/sites/default/files/violence-in-schools.pdf

Snilstveit, B. et al. 2015. *Interventions for Improving Learning Outcomes and Access to Education in Low- and Middle-Income Countries: A Systematic Review, 3ie Final Review*. London: International Initiative for Impact Evaluation (3ie).

Sustainable Financing Initiative for School Health and Nutrition. 2023. *Developing Sustainable Financing Strategies for National School Feeding Programs – Offer of Support to Countries*. Sustainable Financing Initiative and School Meals Coalition. Available at: https://edc.org/resources/developing-sustainable-financing-strategies-for-national-school-feeding-programs-offer-of-support-to-countries/.

Tiberti, M. and Costa, V. 2020. *Disability Measurement in Household Surveys: A Guidebook for Designing Household Survey Questionnaires*. Washington, DC: World Bank. http://documents.worldbank.org/curated/en/456131578985058020.

Tran, H. 2019. *Stakeholder Engagement: Improving Education through Multi-Level Community Relations. 1st Edition*. Blue Ridge Summit, PA: Rowman & Littlefield.

UNESCO UIS. n.d. Country Diagrams. UNESCO Institute for Statistics. https://isced.uis.unesco.org/visualizations/ (Accessed: 21 February 2025).

UK Aid Connect. 2017. *Guidance Note: Developing a Theory of Change*. https://assets.publishing.service.gov.uk/media/5964b5dd40f0b60a4000015b/UK-Aid-Connect-Theory-of-Change-Guidance.pdf.

UNESCO. 2009. *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for Schools, Teachers and Health Educators*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000183281.

UNESCO. 2010. *Reaching the Marginalized: EFA Global Monitoring Report, 2010*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000186606.

UNESCO. 2013. *Towards Effective Capacity Development: Capacity Needs Assessment Methodology (CAPNAM) for Planning and Managing Education*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000226090.

UNESCO. 2014. *Puberty Education and Menstrual Hygiene Management*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000226792.

UNESCO. 2016. *Methodology of National Education Accounts*. Paris: UNESCO. https://www.iiep.unesco.org/en/publication/methodology-national-education-accounts.

UNESCO. (2017). *Introducing the Our Rights, Our Lives, Our Future (O3) Programme. 2018-2022*. https://unesdoc.unesco.org/ark:/48223/pf0000260503

UNESCO, UNAIDS, UN Population Fund, UNICEF, UN Women, & WHO. (2018). *International technical guidance on sexuality education: An evidence-informed approach*. https://unesdoc.unesco.org/ark:/48223/pf0000260770.

UNESCO. 2019. *Behind the Numbers: Ending School Violence and Bullying*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000366483.

UNESCO. 2020. Sexuality Education Review and Assessment Tool (SERAT). https://healtheducationresources.unesco.org/library/documents/sexuality-education-review-and-assessment-tool-serat.

UNESCO et al. 2020. *Stepping up Effective School Health and Nutrition: A Partnership for Healthy Learners and Brighter Futures*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000373431.

UNESCO. 2021*a*. *Definition of Sustainable Development Goal (SDG) Thematic Indicator 4.a.2: Percentage of students who experienced bullying in the past 12 months*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000378924.

UNESCO. 2021*b*. Five questions on transformative education. 26 November. https://www.unesco.org/en/articles/five-questions-transformative-education.

UNESCO. 2021*c*. *The Journey towards Comprehensive Sexuality Education: Global Status Report*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000379607.

UNESCO. 2022. Analysis of National Statements of Commitment, Transforming Education Summit. Available at: https://transformingeducationsummit.sdg4education2030.org/system/files/2022-12/Analysis%20of%20TES%20National%20Statements%20of%20Commitment_23.10.2022_FINAL.pdf.

UNESCO. 2023*a*. *Comprehensive Sexuality Education: An Overview of the International Systematic Review Evidence*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000385849.

UNESCO. 2024*a*. RAMES: Review and Assessment of MHPSS in Education Systems. https://healtheducationresources.unesco.org/library/documents/rames-review-and-assessment-mhpss-education-systems.

UNESCO. 2024*b*. *Safe to Learn and Thrive: Ending Violence in and through Education*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000391797.

UNESCO. 2025. EMIS Progress Assessment Tool for Transformation. https://www.unesco.org/en/education-management/emis-assessment.

UNESCO. n.d. Dashboard of Country Commitments and Actions to Transform Education. https://www.unesco.org/sdg4education2030/en/knowledge-hub/dashboard (Accessed: 13 September 2024).

UNESCO. 2023*b*. *Estudio Regional Comparativo y Explicativo (ERCE 2019)*. https://www.unesco.org/es/articles/estudio-regional-comparativo-y-explicativo-erce-2019.

UNESCO and Research Consortium for School Health and Nutrition. 2025. *Education and Nutrition: Learn to eat well*. Paris: UNESCO. https://www.unesco.org/gem-report/en/nutrition.

UNESCO and UN Women. 2016. *Global Guidance on Addressing School-Related Gender-Based Violence*. Paris: UNESCO. https://doi.org/10.54675/VFOP6248.

UNESCO and UNGEI. 2023. *School Violence: Why Gender Matters and How to Measure School-Related Gender-Based Violence*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000385788.

UNESCO and UNICEF. 2024*a*. *Building Strong Foundations: What Is Foundational Education for Health and Well-Being?* Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000389751.

UNESCO and UNICEF. 2024*b*. *Building Strong Foundations: What to Teach for Foundational Education for Health and Well-Being*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000389752.

UNESCO, UNICEF and WFP. 2023. *Ready to Learn and Thrive: School Health and Nutrition around the World*. Paris: UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000384421.

UNESCO, UNICEF and WHO. 2023. How school systems can improve health and well-being. Topic brief: mental health. https://iris.who.int/bitstream/handle/10665/367426/9789240064751-eng.pdf.

UNESCO-IIEP et al. 2021. *Education Sector Analysis: Methodological Guidelines. Volume 3: Thematic analyses.* Dakar: UNESCO International Institute for Educational Planning. https://www.iiep.unesco.org/en/publication/education-sector-analysis-methodological-guidelines-vol-3-thematic-analyses.

UNESCO-IIEP and GPE. 2015. Guidelines for Education Sector Plan Preparation. Paris: UNESCO International Institute for Educational Planning. https://unesdoc.unesco.org/ark:/48223/pf0000233767/PDF/233767eng.pdf.multi.

UNESCO-IIEP, World Bank and UNICEF. 2014*a*. *Education Sector Analysis: Methodological Guidelines. Volume 1: Sector-wide analysis, with emphasis on primary and secondary education*. Dakar: UNESCO International Institute for Educational Planning. Available at: https://unesdoc.unesco.org/ark:/48223/pf0000230532.

UNESCO-IIEP, World Bank and UNICEF. 2014*b*. *Education Sector Analysis Methodological Guidelines. Volume 2: Sub-sector specific analysis*. Dakar: UNESCO International Institute for Educational Planning. https://www.iiep.unesco.org/en/publication/education-sector-analysis-methodological-guidelines-vol-2-sub-sector-specific-analysis..

UNFPA Somalia. 2021. *Overview of Gender-Based Violence in Somalia: Advocacy Brief, 2021*. United Nations Population Fund. https://somalia.unfpa.org/en/publications/overview-gender-based-violence-somalia-advocacy-brief-2021.

UNFPA. 2024. *Overview of Comprehensive Sexuality Education Status in Georgia, Kyrgyzstan, the Republic of Moldova, and Tajikistan*. United Nations Population Fund. https://reliefweb.int/report/georgia/overview-comprehensive-sexuality-education-status-georgia-kyrgyzstan-republic-moldova-and-tajikistan.

UNFPA Sierra Leone. 2020. *Review of the National Curriculum Framework and Guidelines for Basic Education Using the Sexuality Review and Analysis Tool (SERAT)*. United Nations Population Fund. https://sierraleone.unfpa.org/en/publications/review-national-curriculum-framework-and-guidelines-basic-education-using-sexuality-1.

UNGEI and GPE. 2017. *Guidance for Developing Gender-Responsive Education Sector Plans*. New York and Washington, DC: United Nations Girls' Education Initiative and the

Global Partnership for Education. https://www.ungei.org/sites/default/files/Guidance-for-Developing-Gender-Responsive-Education-Sector-Plans-2018-eng.pdf.

UNHCR and WFP. 2022. *Technical Review: Considerations for Programming School Feeding Programmes in Refugee Settings*. United Nations High Commissioner for Refugees and the World Food Programme. https://www.wfp.org/publications/considerations-programming-school-feeding-programmes-refugee-settings-2022.

UNICEF. 2016. *Guide for Including Disability in Education Management Information Systems*. UNICEF Education Section. http://training.unicef.org/disability/emergencies/downloads/UNICEF_guide-for-including-disability-in-education-management-information-systems.pdf.

UNICEF. 2019. *Guidance on Menstrual Health and Hygiene*. New York: UNICEF. https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene.

UNICEF. 2021*a*. *Field note: WASH in Schools (WinS) Programme in the Philippines: Better Alignment of Policy and Management Changed the WinS Landscape.* https://knowledge.unicef.org/resource/field-note-wash-schools-wins-programme-philippines-better-alignment-policy-and-management.

UNICEF. 2022. *Effective Regulatory Approaches to Protect, Support and Promote Better Diets and Create Healthy Food Environments for Children.* UNICEF Technical Note. https://www.unicef.org/documents/effective-regulatory-approaches-food-environments.

UNICEF. 2023*a*. Adolescent health dashboards: Country dashboard. UNICEF Data. https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/.

UNICEF. 2023*b*. Countdown to 2030: Tracking progress towards universal coverage for women's, children's and adolescents' health. UNICEF Data. https://data.unicef.org/resources/countdown-2030-tracking-progress-towards-universal-coverage-womens-childrens-adolescents-health/.

UNICEF. 2023*c*. *Global Cost-Benefit Analysis on Mental Health and Psychosocial Support (MHPSS) Interventions in Education Settings Across the Humanitarian Development Nexus*. New York: UNICEF. https://www.unicef.org/media/145701/file/The%20benefits%20of%20investing%20in%20school-based%20mental%20health%20support.pdf.

UNICEF. 2023*d*. Progress on Children's Well-being: Centring child rights in the 2030 Agenda. UNICEF Data. https://data.unicef.org/resources/sdg-report-2023/.

UNICEF. 2024*a*. *An Acceleration Framework for WASH in Schools, 2024-2030*. New York: UNICEF. https://knowledge.unicef.org/wash/resource/acceleration-framework-wash-schools-2024-2030.

UNICEF. 2024*b*. *Nutrition Environment Assessment Toolkit for Schools (NEAT-S) for East Asia and Pacific*. New York: UNICEF. https://www.unicef.org/eap/reports/nutrition-environment-assessment-toolkit-schools.

UNICEF. 2025. Climate resilient WASH in schools framework.

UNICEF. 2021*b*. Mental health. UNICEF Data. https://data.unicef.org/topic/child-health/mental-health/.

UNICEF. n.d.*a*. Menstrual hygiene. https://www.unicef.org/wash/menstrual-hygiene (Accessed: 26 February 2025).

UNICEF. n.d.*b*. Multiple Indicator Cluster Survey (MICS) programme. UNICEF MICS. https://mics.unicef.org/surveys (Accessed: 18 September 2024).

UNICEF and United Nations Special Rapporteur on the Right to Food. 2019. *Protecting Children's Right to a Healthy Food Environment*. Geneva: UNICEF and United Nations Human Rights Council. https://www.unicef.org/media/96101/file/Protecting-Childrens-Right-Healthy-Food-Environment.pdf.

UNICEF and WHO. 2023. *Taking Action to Protect Children from the Harmful Impact of Food Marketing: A Child Rights-Based Approach*. Geneva: World Health Organization and the United Nations Children's Fund https://www.unicef.org/media/142621/file/UNICEF-WHO%20Toolkit%20to%20Protect%20Children%20from%20the%20Harmful%20Impact%20of%20Food%20Marketing.pdf.

UNICEF and WHO. 2024. *Progress on Drinking Water, Sanitation and Hygiene in Schools 2015-2023: Special Focus on Menstrual Health*. New York: United Nations Children's Fund and World Health Organization. https://washdata.org/reports/jmp-2024-wash-schools.

Unterhalter, E., Robinson, L. and Balsera, M.R. 2020. *The Politics, Policies and Practices of Intersectionality: Making Gender Equality Inclusive and Equitable in and through Education*. Paris UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000374495.

UN Water. N.d. SDG 6 Global Acceleration Framework. https://www.unwater.org/our-work/sdg-6-global-acceleration-framework.

USAID. 2020. *School-Related Gender-Based Violence Measurement Toolkit*. United States Agency for International Development https://www.ungei.org/sites/default/files/2021-03/SRGBV-Measurement-Toolkit-2020-eng.pdf.

Verguet, S. et al. 2020. The broader economic value of school feeding programs in low- and middle-income countries: estimating the multi-sectoral returns to public health, human capital, social protection, and the local economy. *Frontiers in Public Health*, 8. https://doi.org/10.3389/fpubh.2020.587046.

Verguet, S. et al. 2023. Investing in school systems: conceptualising returns on investment across the health, education and social protection sectors. *BMJ Global Health*, 8(12). https://doi.org/10.1136/bmjgh-2023-012545.

Vogl, T.S. 2014. Education and Health in Developing Economies. in *Encyclopedia of Health Economics*. Elsevier, pp. 246–49. https://doi.org/10.1016/B978-0-12-375678-7.00109-7.

Washington School-Based Health Alliance. 2022. SBHC Community and Stakeholder Engagement. https://wasbha.org/wp-content/uploads/2022/02/Toolkit-Community-Stakeholder-Engagement-.pdf.

Watkins, D.A. et al. 2017. Universal health coverage and essential packages of care. In D.T. Jamison et al. (eds) *Disease Control Priorities: Improving Health and Reducing Poverty*. *3rd Edition.* Washington, DC: International Bank for Reconstruction and Development and World Bank. http://www.ncbi.nlm.nih.gov/books/NBK525285/.

Weist, M.D., Domlyn, A.M. and Collins, D. 2023. Enhancing stakeholder engagement, collaboration, and family–school–community partnerships in school mental health. In S.W. Evans et al. (eds). *Handbook of School Mental Health: Innovations in Science and Practice*. Springer International Publishing. https://doi.org/10.1007/978-3-031-20006-9_10.

WFP. 2023. *State of School Feeding Worldwide 2022*. Rome: World Food Programme.. https://www.wfp.org/publications/state-school-feeding-worldwide-2022.

WFP. (2024). *Annual Country Reports 2024*. https://www.wfp.org/annual-country-reports-2024

WFP. (Forthcoming). *State of School Feeding Worldwide 2024*. Rome: World Food Programme.

WHO. 1948. Summary report on proceedings minutes and final acts of the International Health Conference held in New York from 19 June to 22 July 1946.

WHO. 2016. *INSPIRE: seven strategies for ending violence against children*. Geneva: World Health Organization. https://iris.who.int/handle/10665/207717.

WHO. 2018. *INSPIRE Handbook: Action for Implementing the Seven Strategies for Ending Violence against Children*. Geneva: World Health Organization. https://iris.who.int/handle/10665/272996.

WHO. 2020. *Guidelines on Mental Health Promotive and Preventive Interventions for Adolescents: Helping Adolescents Thrive*. Geneva: World Health Organization. https://www.who.int/publications/i/item/guidelines-on-mental-health-promotive-and-preventive-interventions-for-adolescents.

WHO. 2021*a*. *Implementing School Food and Nutrition Policies: A Review of Contextual Factors. 1st Edition*. Geneva: World Health Organization. https://www.who.int/publications/i/item/9789240035072.

WHO, UNESCO, UNICEF and WFP. 2021*a*. *Making Every School a Health-Promoting School – Country Case Studies*. Available at: https://www.who.int/publications/i/item/9789240025431.

WHO and UNESCO. 2021*a*. *Making Every School a Health-Promoting School – Global Standards and Indicators*. https://www.who.int/publications/i/item/9789240025059.

WHO, UNESCO, UNICEF and WFP. 2021 https://www.who.int/publications/i/item/who-wer9648-585-595. *Making Every School a Health-Promoting School – Implementation Guidance*. Available at: https://www.who.int/publications/i/item/9789240025073.

WHO. 2021*b*. Schistosomiasis and soil-transmitted helminthiases: progress report, 2020. https://www.who.int/publications/i/item/who-wer9648-585-595.

ANESH. 2023. Assessment of National Education Systems for Health (ANESH) 2023. https://cdn.who.int/media/docs/default-source/mca-documents/adolescents/anesh_uploaded-web_v2-27-june-2023-final.pdf?sfvrsn=8b75a8dc_3.

WHO. 2023. *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation*. *2nd Edition*. Geneva: World Health Organization. https://www.who.int/publications/i/item/9789240081765.

WHO. 2024*a*. *The Adolescent Health Indicators Recommended by the Global Action for Measurement of Adolescent health*. Geneva: World Health Organization. https://www.who.int/publications/i/item/9789240092198.

WHO. 2024b. WHO/UNICEF estimates of national immunization coverage. World Health Organization. https://www.who.int/news-room/questions-and-answers/item/who-unicef-estimates-of-national-immunization-coverage.

WHO. 2025. Assessing adolescent health and well-being: guidance for countries.

WHO. n.d.*a*. Anaemia in women and children. World Health Organization. https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children (Accessed: 2 November 2024).

WHO. n.d.*b*. Child Health Accountability Tracking Technical Advisory Group (CHAT). World Health Organization. https://www.who.int/groups/child-health-accountability-tracking-technical-advisory-group (Accessed: 17 January 2025).

WHO. n.d.*c*. Global Platform to monitor school health. World Health Organization. https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/adolescent-and-young-adult-health/school-health/global-platform-to-monitor-school-health (Accessed: 6 November 2024).

WHO. n.d.*d*. Global school health policies and practices survey (G-SHPPS). World Health Organization. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-health-policies-and-practices-survey (Accessed: 23 March 2024).

WHO. n.d.*e*. Global school-based student health survey (GSHS). World Health Organization. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey (Accessed: 23 March 2024).

WHO. n.d.*f*. Global Youth Tobacco Survey. World Health Organization. https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-youth-tobacco-survey (Accessed: 18 September 2024).

WHO. n.d.*g*. *Obesity and overweight.* World Health Organization. https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight (Accessed: 24 February 2025).

WHO. n.d.*h*. The Global Action for Measurement of Adolescent health (GAMA). World Health Organization. https://www.who.int/groups/the-global-action-for-measurement-of-adolescent-health (Accessed: 17 January 2025).

WHO. n.d.*i*. Global School-based Student Health Survey. NCD Microdata Repository. World Health Organization. https://extranet.who.int/ncdsmicrodata/index.php/catalog/GSHS/ (Accessed: 17 January 2025).

WHO. n.d.*j*. WHO/UNICEF Joint Reporting Process. World Health Organization. https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/who-unicef-joint-reporting-process (Accessed: 18 January 2025).

WHO. n.d.*k*. World Health Survey Plus. World Health Organization. https://www.who.int/data/data-collection-tools/world-health-survey-plus (Accessed: 18 September 2024).

WHO and UNESCO. 2021b. *WHO Guideline on School Health Services*. Geneva: World Health Organization. https://www.who.int/publications/i/item/9789240029392.

WHO and UNESCO. 2025. *Making Every School a Health-Promoting School: Implementation Guidance for School Health Services*. Geneva: World Health Organization. https://cdn.who.int/media/docs/default-source/mca-documents/adolescents/shs_draft_1_for-public-consultation_18.11.2024.pdf?sfvrsn=960686d9_3.

WHO, UNESCO and UNICEF. 2022. Five essential pillars for promoting and protecting mental health and psychosocial well-being in schools and learning environments. Briefing note for national governments.

https://www.unicef.org/media/126821/file/Promoting%20and%20protecting%20mental%20health%20in%20schools%20and%20learning%20environments.pdf.

WHO and UNICEF. 2018. *Core Questions and Indicators for Monitoring WASH in Schools in the Sustainable Development Goals*. World Health Organization and UNICEF. https://washdata.org/reports/jmp-2018-core-questions-and-indicators-wash-in-schools.

WHO and UNICEF. 2021. *JMP Methodology for WASH in Schools*. World Health Organization and UNICEF. https://washdata.org/reports/jmp-2021-methodology-wash-in-schools.

WHO and UNICEF. 2024. *Mental Health of Children and Young People: Service Guidance*. Geneva: World Health Organization and United Nations Children's Fund. https://www.who.int/publications/i/item/9789240100374.

WHO and World Bank. 2014. *Joint Annual Health Sector Reviews: Why and how to organize them*. Geneva: World Health Organization. https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Working_Groups/RHIS/A._Standards_and_Tools/2._RHIS_data_generation/2e._Data_demand_and_use/ihp_jar_oct2014_en_web.pdf.

Wodon, Q. et al. 2021. *Ending Violence in Schools: An Investment Case*. Washington, DC: World Bank and Global Partnership to End Violence Against Children. https://doi.org/10.1596/35969.

World Bank. 2012. *What Matters Most for School Health and School Feeding: A Framework Paper*. SABER Working Paper Series. No. 3. http://wbgfiles.worldbank.org/documents/hdn/ed/saber/supporting_doc/Background/SHN/Framework_SABER-School_Health.pdf.

World Bank. 2016. *SABER: School Health and School Feeding. Education Global Practice: Smarter Education Systems for Brighter Futures*. https://documents1.worldbank.org/curated/en/239141496301589942/pdf/Systems-Approach-for-Better-Education-Results-SABER-school-health-and-school-feeding.pdf.

World Bank. 2017. *Education Public Expenditure Review Guidelines*. Washington, DC: World Bank. https://documents1.worldbank.org/curated/en/155861497609568842/pdf/Education-public-expenditure-review-guidelines.pdf.

World Bank. 2022. School toilets in rural Tanzania: A performance game changer. 14 June. https://www.worldbank.org/en/news/feature/2022/06/14/school-toilets-in-rural-tanzania-a-performance-game-changer.

World Bank. 2024*a*. Building a period friendly world–one toilet at a time. 28 May. https://www.worldbank.org/en/news/feature/2024/05/28/building-a-period-friendly-world-one-toilet-at-a-time.

World Bank. 2024*b*. Healthy SABER.

World Bank. 2024*c*. Improving water and sanitation facilities in malawi's urban schools for better learning outcomes. 13 March. https://www.worldbank.org/en/news/feature/2024/03/13/improving-water-and-sanitation-facilities-in-afe-malawi-urban-schools-for-better-learning-outcomes.

World Bank. 2024*d*. WASH in Educational Settings - Toolkit Overview and Instructions. Available at: https://connect.newibnet.org/book-page/wash-educational-settings-toolkit-overview-and-instructions.

World Bank. 2025. *RIGHT+ Framework for Physical Learning Environments (PLES)*. https://openknowledge.worldbank.org/server/api/core/bitstreams/b0132704-a781-41b6-8f80-6ac9f87ac8e6/content.

World Bank. n.d.*a*. Global Program for Safer Schools (GPSS). https://gpss.worldbank.org/index.php/en/glosi/overview (Accessed: 26 March 2025).

World Bank. n.d.*b*. The Living Standards Measurement Study (LSMS). https://www.worldbank.org/en/programs/lsms (Accessed: 18 September 2024).