Schools for Health Project in Albania
Implementation phase, March 2021 to February 2023

Report Midterm Review

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Günter Ackermann, Qualität & Evaluation, international consultant
Aldo Shpuza, University of medicine, Tirana, national consultant
Claudia Kessler, Public Health Services, Public Health specialist

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2 Acronyms and abbreviations

ASCAP	Agency of Pre-University Quality Assurance
CSO	Civil Society Organizations
IPH	Institute of Public Health
LEO	Local Education Office
LHCU	Local Health Care Unit
MoES	Ministry of Education and Sport
MoHSP	Ministry of Health and Social Protection
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goals
TOR	Terms of Reference
ToT	Training of trainers (approach)
WHO	World Health Organization

3 Executive summary

Project Background: The Schools for Health Project in Albania, initiated in March 2021 and set to conclude in February 2025 (main project phase), is a pivotal initiative funded by the Swiss Agency for Development and Cooperation and implemented by Save the Children. This collaborative effort includes key stakeholders such as the Ministry of Health and Social Protection (MoHSP) and the Ministry of Education and Sport (MoES). The project aims to holistically improve the health and well-being of schoolchildren by integrating health education into the school curriculum, promoting healthy behaviours, and creating supportive, health-conscious school environments. This review highlights the project's adaptability to evolving health and education needs, aligning with national priorities, and integrating transversal themes like gender and governance.

Methodology and Approach: The comprehensive review of this project involved an in-depth analysis of around 40 documents comprising studies, project concepts, and management tools. Furthermore, the review team conducted extensive field visits, engaging in interviews with a wide range of stakeholders, including school staff, health coordinators, parents, and children. Field studies and interviews were instrumental in gauging the project's impact and understanding its challenges and opportunities. Despite thorough methodologies, the review faced limitations due to the brief duration of site visits, which restricted the scope of data collection and analysis.

Key Findings and Insights: The project boasts an extensive knowledge base, underpinned by a range of health promotion and prevention topics. The project's approach has successfully developed practice-oriented materials and effective training methodologies.

A significant achievement of the project has been the establishment of comprehensive training programs for teachers and health professionals, alongside the development of digital resources tailored for both education and community engagement. The project also successfully set up a network of school health coordinators, playing a pivotal role in the implementation of health promotion activities within schools.

Another key achievement has been its alignment with national health and education priorities, efficiently leveraging existing structures and resources. While achievements include raising awareness and mobilizing communities, challenges remain in structurally anchoring health promotion in education and managing limited resources. Capacity building, particularly in terms of raising awareness among school staff and students, has been commendable. However, the project confronts challenges in ensuring sustainability and structural integration, particularly in the broader national education curriculum.

Strategic Recommendations: To maximize the impact of the project and ensure its sustainability, it is recommended to continue the project beyond its current phase – under the condition, that the MoHSP and the MoES as lead ministries develop a clear plan for phasing in more national resources for a sustainable investment into health promotion in schools, allowing SDC to phasing out gradually the international resources for the implementation of this project. In the second project phase, the aim must be to further anchor the developed and proven intervention approaches in the existing national and local structures. We recommend that the project works closely with its responsible organisations, the MoHSP and the MoES, to support them in developing a concept for sustainable funding of health promotion activities in the education sector, with phasing out of international support. As far as technical expertise is concerned, the Institute for Public Health could be more closely involved at national level.

As this is a national project to which SDC is contributing, it is not up to the evaluation team to give concrete advice on institutionalisation. This is in the responsibility of the national authorities, who know and must deal with the possibilities, opportunities and constrains in the national context. From an external point of view, the following points seem to us to be central

elements to institutional anchoring and sustainability and their feasibility should therefore be considered jointly with the national counterparts and the project when developing a possible next phase for the project:

- Develop a plan for sustainable institutionalisation, financing, and quality assurance of the **training courses**.
- Further develop the **school health index** in the direction of a label, whereby the label should not primarily be awarded for the existence of infrastructure that is not the responsibility of the school itself, but for resource-efficient health promoting interventions, quality of interventions and contributions to multipliying the approaches to other schools in the region.
- **School health coordinators** are a proven success-factor for health promotion in schools, for coordination, communication, and quality development of interventions in schools. The role of school health coordinators is key for sustainable institutionalisation at the school level. It must be strengthened, and resources (especially human resources) must be allocated with the regular annual school budgets.
- As a core element, we recommend using the **school health coordinators as multipliers** for dissemination to other neighbouring schools. The local health care units in collaboration with the local education offices could be charged with the organisation of (online) regional meetings of existing and new coordinators for exchange of guidelines, experiences, good practices, challenges and how to overcome them.
- In the second phase, it should be considered to **systematically anchor health promotion and prevention topics in the curriculum** of primary and secondary school level. Across the age range from first to ninth grade, it should be possible to place the multitude of topics appropriately. As curriculum reform is always a lengthy development process, this is a long-term endeavour.
- We recommend that a national body, such as the National Agency for Pre-University Quality Assurance (ASCAP), which has educational expertise, in close collaboration with the national Institute of Public Health (IPH), which has the technical expertise, takes over the **maintenance and quality assurance of the thematic apps** for children. Supplementary to this, the project could in its second phase expand the range of topics and develop corresponding applications, if possible, with information and interactive elements for parents.
- While the focus of activities in the first phase was on innovative work in schools and communities (including corresponding capacity building), a second phase could build on this experience and **focus on institutionalisation and standardisation of good practices**. A promising approach would be to support local education offices and local health care units by complementing and improving their annual working plans regarding health promotion content (objectives regarding the number and content of school/community activities, but also regarding capacity building and progresses about the School Health Indicator).
- All these elements can only be implemented sustainably if the two ministries concerned make **adequate financial and human resources** available in the long term.

4 Background of the evaluation and applied methodology

4.1 Background

"Shkollat për Shëndetin" is a 4-year project (March 2021 – February 2025) of the Ministry of Health and Social Protection (MoHSP) and the Ministry of Education and Sport (MoES) supported by the Swiss Agency for Development and Cooperation (SDC) implemented in Albania by Save the Children. The **main characteristics of the project** are (extract from the terms of reference of the review):

- Improvement of schoolchildren's skills and knowledge about prevention of NCD risk factors extending to include Sexual and Reproductive Health, hygiene, environment and waste, emergency and COVID-19 prevention related topics shall be achieved through improvement of competency based curricula, school-based and digital health promotion activities including dedicated innovative campaigns for vulnerable children and parents in close cooperation with municipalities, parents and grandparents engagement in positive behavioural changes such as healthy food fairs, joint cleaning of parks with children, joint family time etc.
- Teachers and school authorities promote healthy behaviours and set enabling framework in schools shall be achieved through: training of teachers and school authorities including on topics like SRH, hygiene, environment and waste, emergency and COVID-19 prevention; delivery of effective digital health messages (including COVID 19 prevention measures) by using knowledge portals, applications, e-learning plat-forms; enabling of supportive environments in schools e.g gardens, playgrounds, organisation of sports competitions among schools through partnerships with municipalities and private sector.
- Central and local governments promote health in an inter-sectoral approach based on evidence, standards and guidelines shall be achieved through policy dialogue and technical support on policies for health promoting schools strengthening of inter-sectorial collaborations (bodies, processes) developing and implementing an enabling legal framework for advancing school health and strengthening municipalities to proactively engage in public health interventions. Gender and governance are integral part of the intervention as transversal themes.

The project has planned to implement in-depth interventions in all regions of Albania in the current project phase (on average 10 schools per region, 120 schools in total). After the first two years, it is active in 6 of the 12 regions and covers a total of about 60 schools.

This **review** is an assessment of the situation after the inception phase (March 2020 - February 2021) and two years of implementation (March 2021 - February 2023). The field visits were carried out at the end of November/beginning of December 2023 and therefore reflect the status at the end of 2023.

4.2 Methodology

The review is on one hand based on around **40 documents**: subordinate concepts, analyses/studies, project concepts and management instruments provided mainly by SDC and Save the Children (see the numbered list in the appendix 8.2). Most of the documents were already available and analysed before the field visit. During the field visit, additional documents were added on request. In this report, references to these reports are given in brackets, such as: (doc 20).

The second pillar consists of **interviews and observations on site** (during the in country visit 26.11. – 7.12.2023). In total, 23 interviews were conducted at both national and local level in order to shed light on the project, its concept, its implementation, its potential and its effectiveness from different perspectives (for the list of interviewees, see annex 8.3.): An initial interview with the project management (26.11.2023) was followed by two online interviews, one with 15 school health coordinators and one with representatives from 7 civil society organisations (27.11.). After briefing with SDC at the embassy, we interviewed representatives of the general directorate of Preuniversity Education, of the institute of Public Health and of the Ministry of Health and Social Protection (30.11.). Further interviews with representatives from the national level followed the next day: Ministry of Education and Sport, University of Medicine in Tirana, and General Directorate of Health Care Operators (1.12.). Each of these interviews lasted between one and one and a half hours.

The following three days were used for **interviews and observations in the project regions Elbasan, Korça and Peqin,** three regions that are already in their second year of implementation. In these regions, interviews were conducted with school management, school health coordinators,

teachers, parents and children of usually one school participating in the project[1]. Schools to be visited were selected by the project. The requirement was that one of the schools was a high-performance school in terms of project implementation (in Korça), one of the schools was a low-performance school (Elbasan) and the third was a medium-performance school (in Peqin). Interviews with representatives of the municipal authorities, the local health care units and the local education offices rounded off the regional visits. In all visited schools, it was possible to take part in a house and garden tour. In two of the schools, we were able to attend spontaneously a lesson, both times centred around the topic of healthy eating.

Interviews and visits were organised by the project team and the local consultant. Most of the interviews were conducted with the help of an English-Albanian translator.

The consultants would hereby like to express their gratitude to all partners and actors involved, making this review possible.

The relevant data from the documents, interviews and observations were compiled for the respective review questions. The main chapters on the respective results describe the basis on which the assessments were made.

4.3 Limitations

The review provided a good insight into the project, its realisation, and its potential. Despite the attempt to gather as many perspectives as possible in the short time available, there are still some clear limitations: The period of the country visit included three national holidays, leaving 5 working days to conduct interviews. Only three schools / communities out of 60 of this implementation phase could be analysed and it is not possible to assess the extent to which these three schools are representative of the project schools as a whole. Some interview partners had only limited knowledge of the subject matter. Some of the answers may have been interest-led due to financial dependence from the project and its donors. The review did not allow to gain insight into trainings, community activities or exchanges between schools.

5 Findings

In a first step, general findings from the documents, interviews and observations are described, followed by assessments based on the main objectives of the review (see ToR), structured according to: relevance, coherence and adequacy; efficiency; effectiveness and sustainability. The most important questions on which the review or the terms of reference are based are highlighted with a light red background.

5.1 General findings

5.1.1 Knowledge base

The project has a **broad knowledge base** and is very well founded. It is based on both epidemiological studies[2] and specific studies on context-relevant factors[3]. The knowledge base has been continuously expanded during the implementation phase.[4] In addition to the **scientific basis**, many **practice-oriented materials** have been developed, such as the various manuals for further training, for use in the classroom, for school health coordinators and for health promotion specialists.

Project planning and management are systematically structured and there is a clear alignment from along the categories of the programme logic[5]. However, the management tools (e.g. indicator table,

[1] 9-year school in Mengel (Elbasan municipality), 9-year school “Sevasti Qirjazi” in Korça, 9-year school “Bisqem” in Peqin. In Korça, an interview with parents and children (representing minority groups) together with the school director, was conducted in the 9-year school “Aldreni”.
[2] Chapter 2.1 in the ProDoc (doc 30)
[3] e.g. Health vulnerability study (2020, doc 13), Assessment report Data 9-year schools (2020, doc 16), Multisectoral coordination assessment (2020, doc 18), Situation of vulnerable groups (2020),
[4] e.g. Health literacy survey among schoolchildren in Albania (Sept. 2022, doc 14), Health behavioural characteristics among schoolchildren in Albania (October 2022, doc 15), Stakeholder analysis (October 2022, doc 19)
[5] Impact -> Outcome -> Output -> Activities

annual reports) are very comprehensive and detailed, so that it is not always easy to get a good overview and to identify main aspects.

The **intervention approaches** developed in the project are **professionally sound**. For example, the training courses are based on detailed manuals and didactic material for implementation in the school setting[6]. The 'manual for school health coordinators' (doc 36) and the terms of reference for health promotion specialists (doc 38) are other examples of such well-founded work. This foundation is not only professionally sound, but also is practice-orientated with suitable illustrations, for example.

The project shows a **culture of continuous learning and quality development**. In the project document, for example, important findings from the inception phase are identified and built upon[7]. During the project phases, systematic learning loops are anchored top down, for example regular reflections in the broad steering committee[8], management responses from the SDC to the annual reports as well as this midterm review. New analyses cited above are another sign of such a learning culture.

5.1.2 Topics

The project documents cover a wide variety of **health promotion and prevention topics** that can optionally be covered: nutrition, physical activity promotion, mental health, environmental protection/waste management, sexual/reproductive health, children with special needs, oral health, hygiene/prevention of infectious diseases, alcohol, tobacco and drug prevention, accident prevention, breast cancer prevention, violence prevention. In the interviews, the extent to which it is realistic to address all these topics was discussed. It was pointed out that around 10 activities are planned each year in which different topics are covered. In addition, the topics are dealt with in an age-specific manner to ensure that all topics are usually covered at some time during the 9 years of primary and secondary schools. Several topics were mentioned in the interviews as being of particular importance, with nutrition being the most common, followed by promoting physical activity, mental health, environmental protection/waste management and sexual/reproductive health. While nutrition seems to be number one in younger children, sexual/reproductive health is a popular topic for health promotion with adolescents.

5.1.3 Trainings and training resources

A central element of the project and to a certain extent the professional backbone are the training courses for teachers and other professionals. Both **onsite and online training courses** are offered. Both variants have proven their worth and complement each other well. Online training courses are particularly low-threshold and cost-effective, while the personal contact, networking and direct exchange of experience are plus points in onsite training courses. The training courses are based on comprehensive manuals, which are available both in print and electronically.

The training courses are offered in the **training of trainer's model (ToT)**. Health promotion specialists from different units (IPH, local health care units) are involved as trainers on a subordinate level, with a high level of acceptance among the teachers they train. The trainers are selected based on clearly defined criteria. This model builds bridges and establishes contacts between health promotion experts and schools, particularly because the training courses are not one-offs, but can be attended regularly for different thematic modules. Accreditation by ASCAP, the Agency of Pre-University Quality Assurance, is an important element for the sustainable anchoring of the training courses. The project has succeeded in achieving this, enabling credits to be offered to course participants (onsite and online). Earning a credit/year, for the teachers it is a condition to qualify for applying in one of the qualification categories on the professional development career. The figures show that the training courses are very popular. By February 2023, 574 teachers, 114 health promotion specialists, 31 local government representatives and 72 participants from local CSO's have been trained.[9] Considering some 60 schools covered in the 2 years, this means an average of almost 10 teachers per school.

We received contradictory information in the interviews regarding the awarding of credits. In the interview with the MoES, we were told that there is no restriction on the awarding of credits. According to the project manager, ASCAP only offers a limited number of places for health promotion training

[6] See https://portalinjohurive.shkollatpershendetin.al/docs/
[7] See chapter 3, doc 30
[8] e.g. review and approval of midyear, annual project progress reports and annual work plans. Details s. chapter 6.3, doc 30
[9] Page 25, doc 53

courses with credits each year. This is the reason why, in addition to courses with credits, courses are also offered that can be attended without receiving credits.

5.1.4 Digital resources

The project is based on solid professional know-how in the field of IT. Important to mention is the comprehensive knowledge platform with scientific research, conceptual principles and guidelines for implementation, that has built up. Equally important, for the target group of children, are the six **applications for children**: nutrition, physical activity, say no to sugar, mental health, hygiene (Covid 19) and students with special needs. It is difficult to judge how much the apps are used by the children, partly because it is not possible to use them at school due to the ban on mobile phones. However, the **competitions** that are organised are a very good strategy to motivate children to use the apps outside of the school setting (at home/ during leisure time) and learn with them. The competitions also make it possible to monitor this type of use. It is not possible to conclusively assess the extent to which all children have access to a mobile phone or computer. However, the indications in the interviews, especially with parents and children, suggest that the children can generally use their parents' mobile phones for learning with the apps.

5.1.5 Community approach

Concern for children's health mobilises various stakeholders, as mentioned above. In the visited schools, there is **close cooperation between teachers, children, and parents** on the one hand, and with other stakeholders in the community on the other. Parents' committees and pupil senates are suitable structures in schools to be used for social mobilisation and thus for health promotion. The formation of additional, specific committees, such as the health club, is a further development step that makes it possible to give the topics more space, deal with them in a more targeted manner and strengthen participation. The children in the **health club** are also involved in peer-to-peer education. That some of the health clubs in the schools have their own premises, emphasises the importance they have in the school system. The fact that some schools achieve the status of 'community centres' further promotes the community approach in these contexts. **Multisectoral cooperation** in the municipalities appears to be important on following levels:

- From our point of view, the broad commitment of the multi-sectoral stakeholders is a success factor.
- On the other hand, through the invitations of multi-sectoral stakeholders to be part of school activities, the awareness and acceptance of those crucial actors is further strengthened.

The schools visited communicate with parents via their facebook page, on which they post information about activities, and via whatsapp. The parents of each class are organized in a whatsapp group and can thus also be easily reached for health promotion topics. In the schools visited, it was impressive to see how quickly entire groups of parents could be mobilized for group interviews on the topic of health promotion.

What is noticeable, but difficult to assess, is the fact that **CSOs** play an important role in the project documents but were hardly mentioned in the field visits. In the interviews with CSO representatives, two roles in particular became clear: on the one hand, they are sometimes involved as experts and trainers in imparting knowledge, and on the other hand, they help to spread the project's messages. **Private sector** companies have mainly been mentioned by interviewees in connection with activities relating to nutrition, and their involvement also appears to be modest.

5.1.6 Network of school health coordinators

A school health coordinator was appointed in each project school. These coordinators, who now number 60, coordinate health promotion activities in the schools and form a cross-school network.

As a basis for their work, there is a **detailed manual** in which this function is described in detail. According to an interview with a coordinator, this comprehensive manual is suitable for practical use. The big challenge, however, is that this role is not provided with **resources from the national system**. A proposal to allow for 2 hours per week of the school health coordinators to be spent on health promotion activities has been submitted to the Ministry of Education, but a decision is still pending. The introduction of such compensation would not only cover some of the activities of these professionals but would also be tantamount to an official upgrading and appreciation of their role. This measure could also make sense as an investment in quality in view of falling pupil numbers and the threat of teacher redundancies.

5.1.7 Health promotion activities

Around 10 **thematic activities** are implemented in the schools visited each year. These include food fairs, sports activities, environment cleaning days, the creation of school gardens and awareness-raising activities on topics such as mental health, sexual health, or breast cancer. Teachers, children, and parents are usually involved in these activities, as are health promotion specialists and representatives of CSOs and local authorities in some cases. Among other things, the reviewers refer to the lists of activities implemented in the three schools (doc 42/43/44).

5.1.8 Coverage in the classroom

Aspects of health promotion and prevention are **taught to varying degrees and in different subjects**. Reference is possible not only in biology (e.g. nutrition, consequences of excessive alcohol consumption), physical activity (e.g. health benefits of sufficient exercise) and civil society education (e.g. environmental protection), but also in other subjects (e.g. relevant texts are read in French lessons). In some cases, corresponding topics are also taught independently of the project, as they are firmly anchored in the curriculum. However, the project provides a good basis and didactic material for lessons. To a large extent, health promotion topics are taught in extra-curricular lessons because they are not yet anchored in the curriculum and teachers have flexibility in defining what topics to include in the extra-curricular activities. The extra curriculum is a good approach to bringing health promotion topics into the classroom. As there is little other content for these lessons, teachers are generally very happy to include these topics. It is not possible to incorporate these topics into the regular curriculum in the short term and they need to be planned for the longer term.

5.1.9 Vulnerable groups, social inclusion, gender equality

Social inclusion and gender equality are two out of three transversal focal points of the project.

A key strategy of the project in dealing with **social inclusion** is the targeted selection of communities and schools for the first years to deliberately reach many poorer population groups and ethnic minorities. The effect of this focussing through the selection of communities and schools will be lost if the project is extended nationwide. In addition, specific efforts are needed to reach vulnerable groups within the selected communities, such as outreach work with parents or specific interventions for single parents or children without parents, for example. During the field visits, we hardly encountered any such measures, with exception of targeted support for children with special needs delivered by assistant teachers, who are, however, deployed independently of the project (by the way, a great strength of the school system). One element that the project has developed explicitly for social integration is the app for children with specific needs.

Regarding **gender equality**, the second key topic, the project documents emphasise that it is important to reach mothers in particular, as they are responsible for the majority of parenting tasks. And the project succeeds in this, as can be read in the annual reports (doc 51/53). The project also succeeds in involving girls and boys equally in activities (doc 51/53). Gender equality came up from time to time during the field visits. For example, it became clear that boys sometimes lack paternal role models, as their fathers are often absent (e.g. working abroad) and the majority of teachers at school are women. Gender issues were also discussed, particularly in connection with sexual and reproductive health. It became clear that boys often find it more difficult to open for these topics. Although here are obviously several community activities where gender issues are raised,[10] we did not learn in our field visits that specific approaches or didactic methods were used for boys and girls to address gender-specific vulnerabilities.

5.1.10 School health index

In our view, the school health index (SHI, see doc 35), which was developed as part of the project, is an interesting approach with great potential. It is a comprehensive self-assessment tool that reflects the status of the assessed schools in terms of health-promoting conditions. It not only enables an assessment of the current situation, which reveals potential for improvement, but also allows the **structural developments of the schools** to be documented over time.

The SHI could be **further developed into a label** that could be awarded by the MoES (e.g. via the ASCAP) and renewed every three years, for example, in a re-assessment. The current SHI-questionnaire covers a wide range of aspects from which standards could be derived, which would be

[10] Parents walk, positive parental campaign, earmarked sessions, cooking classes with parents, informative sessions with parents, joined family time, raising capacities of parents (see p16, doc 51).

a prerequisite for awarding a label. In the concrete design of the label, the focus should be on criteria that the schools can actually influence themselves (e.g. the systematic planning, implementation and anchoring of measures, smaller infrastructural measures, etc.) in order not to simply reflect the economic power of the municipality in the awarding of the label.

A label could increase awareness of health promotion and its visibility, motivate longer-term commitment, and promote systematisation. The label could be an important official recognition of the (often voluntary) engagement of schools. One could also imagine a multi-stage labelling process that awards different distinctions depending on the level of implementation (number of points achieved).

5.1.11 Challenges and room for improvement

Despite our limited view, we recognise some challenges and potential for improvement.

- It can be examined to what extent the potential of **CSOs** in the affected communities is already being sufficiently utilised or how these resources can be more systematically and comprehensively integrated.
- Under **social inclusion and vulnerable target groups**, the documents (e.g. doc 12 and 13) as well as the interviewees mention in particular poors, ethnic minorities and children with specific needs. During the field visits, it became clear that there are many children who grow up in families with only one parent or who no longer have parents at all (growing up their grandparents e.g.; in one of the visited schools, children with at most one parent make up about half of the total). In our view, such children and families also deserve appropriate attention under the concept of vulnerability; vulnerability must be considered in a correspondingly broad sense.
- Although mothers have the central role in parenting, it would be worth considering how **fathers** could be more involved and how their role in communicating health promotion and prevention issues could be strengthened. For example, interactive extensions to digital apps could open up new approaches for fathers who work abroad. Consideration can also be given to how male role models in generally can be used to promote healthy behaviour.
- We believe that **SHI** has great potential as part of a systematic setting approach. Consideration could be given to how this index could be better utilised and made more visible and to what extent further development in the direction of a label would make sense (see above).

5.2 Relevance, coherence, and adequacy

Assess the **Relevance** of intervention - the extent to which the project? is suited to the national health and education priorities and as well as of SDC.

- How much the project is relevant to the needs of the health and education systems in Albania?
- To what extent has the MoHSP and MoES managed to address its challenges with the support of the project?
- Is the project aligned with current or forthcoming needs and priorities of the country?
- Has the **evolution of the context** in the country been adequately taken into consideration during the project implementation?

Assess **coherence**: level of compatibility of the intervention with other interventions in the country, in particular with other multilateral support as well as national programmes and interventions.

To which extent the design of Schools for Health is **adequate** to achieve the goal and objectives (definition of the target groups; choice of approach and operational elements; articulation of components; choice of partners; consistency with SDC policy and experience)?

5.2.1 Methodical approach

In order to assess the relevance of the project and its coherence with other strategies and projects, the first step is to analyse how well the project planning matches the project rationale, e.g. to what extent the selected objectives, target groups and settings address priority problem areas and match the identified needs. This is done regarding the project rationale as well as studies that serve as a basis for the project. On the other hand, it is checked how well the project planning with its objectives, target groups and settings is embedded in overarching strategies and programmes. In addition, assessments and feedback from stakeholders surveyed at national level and from the field are used as indications of relevance and coherence.

5.2.2 Findings

The project is well **embedded scientifically and strategically** in terms of national policies. It is based on a detailed problem analysis (see Chapter 2.2, doc. 30) with challenges and opportunities at national, regional/local and school level. The relationship between the objectives and approaches to national policies and the analyses is easy to understand. For example, the impact goals target levels that are epidemiologically well founded (obesity linked to healthy diet and physical activity, smoking and alcohol consumption). The choice of the main target group (children) is well justified with a view to long-term societal behaviour change and the focus on schools (including parents) corresponds to the well-established setting approach in health promotion and prevention. The interviews revealed that the consistent focus on children in this way is new and widely accepted. This target group is suitable for bringing together and mobilising a wide variety of stakeholders. An interesting additional benefit was reported to us in an interview with a local health care unit: The school setting had become an efficient new access point to families for them thanks to the project.

The definition of the three outcome targets represents a **comprehensive setting approach** with behavioural, structural and policy elements. The project addresses various key concerns of **international and national strategic documents**, for example of Sustainable Development Goals (SDG)[11] on an international level, the new International Cooperation Strategy 2025-28 (IC) of Switzerland or of the action plan on NCD's 2016-2020[12] on a national level[13]. The objectives of the project also fit very well with the National Youth Strategy and action plan 2022-2029[14]. Many other references to international and national strategies are made in chapter 2.4 of the project document. In addition, an interview with the SDC confirmed that the project is well aligned with the **SDC's policy** and other major programmes. The good fit of the project with the new corresponding policy documents at national level (programme on prevention and control of NCDs 2021-2023[15] and action plan on health promotion 2022-2023[16]) is probably also related to the fact that the project was heavily involved in the development of these documents.

The assessment of resources, capacities, and potential gaps (June 2020, doc 11) showed, that strategic/policy conditions for a health promotion programme in schools principally are very good.[17] It is now apparent that the project is indeed widely appreciated at both local and national level; however, in addition to appreciation, the schools need concrete financial and personnel support for their commitment.

5.2.3 Challenges and room for improvement

In this domain, we see two major challenges with a slightly longer-term perspective:

- The commitment to the project and its concerns is very broad. However, the challenge remains to ensure that it not only remains an idealistic support, but that health promotion and prevention are also **structurally anchored** and **provided with appropriate resources**.
- Secondly, it will be important not only to develop (school) health in coordination with other policy areas, but also to systematically integrate health as a transversal topic into other policy areas (**health in all policies**).

[11] e.g. (e.g. Good Heath, Quality Education, Reduced inequalities, Sustainable communities).
[12] e.g. health in all policies approach, scaling up equity-sensitive population interventions to address risk factors and its underlying social determinants, improvement of health-related data.
[13] We did not have access to the earlier action plan in English.
[14] Policy goal 3 (page 34, doc 05): «Active, healthy, physical, social and mental well-being of youth. Youth safety, protection, and inclusion across their diversity spectrum, particularly youth at risk or youth at risk of social exclusion. »
[15] Relation to the main killers in Albania: high blood pressure, smoking, overweight and obesity, high blood cholesterol, Diabetes, Unhealthy diet. (doc 03)
[16] Strategic Objectives of the action plan on health promotion: 1) Increasing the awareness of the Albanian population (healthy lifestyle and appropriate access and use to health services); 2) Strengthening supportive environments and promotion of efficient interventions for the implementation of health promotion programs; 3) Enhance governance and inter-sectoral work to improve health and well-being and address the social determinants of health; 4) Empowerment of health services and strengthening the risk communication as emergencies' response. (doc 01)
[17] Regarding the legal and strategic framework for the field of promotion, it is noticed that there are a considerable and sufficient number of laws / policies / strategies / action plans that cover almost all areas related to health promotion. Some of them may need to be updated, but in general there are no shortcomings or barriers that may have implications for the functioning of health promotion activities in schools. Almost all health policies, strategies, and action plans that were reviewed, incorporated health promotion (including children attending school). (doc 11)

5.3 Efficiency

Assess the **Efficiency** of intervention: the results – qualitative and quantitative – in relation to the inputs.

- What is the current general assessment of the cost-benefits of the intervention? (at this stage proxys are sufficient)
- Are there more cost-effective ways for achieving the same results?
- Has the intervention led to tangible institutional change (being at central or local level)?

5.3.1 Methodical approach

Due to limited resources at almost all levels in the system, the project is dependent on the use of efficient intervention approaches. When analysing the documents and interviews, we paid attention to which approaches and interventions are available that require as few resources as possible and still promise wide dissemination and great potential for impact. The following approaches can be emphasised as efficient.

5.3.2 Utilisation of existing structures

It is of central importance that the project does not set up parallel structures to existing structures, but uses them specifically for its own concerns and topics and strives to anchor health promotion in the national system:

- The project has succeeded in having its **training courses accredited**, which contributes to integration of project activities into the national system. Both feedback from the interviews and the high participation rate show that this incentive works efficiently, to gain a large number of multipliers for training.
- The aim is to **anchor** the topics of health promotion and prevention in the **curriculum** of preuniversity schools. However, this structural anchoring is only possible in the longer term - if at all. Currently, the topics are mostly dealt with as part of extracurricular lessons.
- The **parents' committees** and **pupils' senates** are regularly used to discuss health promotion issues. These existing participatory bodies, which have apparently been systematically introduced in Albanian schools, offer a very good opportunity to utilise existing structures efficiently.
- The project promotes **multisectoral cooperation** between existing players in the triangle between health, education and local authorities and builds on their structures. The local action plans for health promotion that have been developed in some municipalities (e.g. Korça and Peqin) are an example of this.
- For communication purposes, existing **information and communication channels** that are well established (facebook site, whatsapp groups) in the school system are also used for health promotion purposes.

5.3.3 Targeted expansion of existing structures

In some cases, the existing structures seem not to be sufficient to incorporate the concerns of health promotion efficiently and effectively, so that these structures are expanded with new elements. These are being created in a very targeted manner that are well embedded in existing ones:

- A school needs a coordination centre both for the coordination of activities within the school and as a contact person for contacts with school-external stakeholders. With the **School Health Coordinators**, such a function has been newly created. As described above, the roles and tasks of this function are clearly defined in a manual (doc. 36). A critical challenge, on which the project has only limited influence, is that it has not yet been possible to obtain resources for this function in the national system in the form of an hourly budget. A corresponding proposal for compensation of two hours per week is pending at MoES.
- **Health clubs**: The health clubs are made up of pupils who are particularly interested in health promotion topics. Of the 60 project schools, 13 have a health club (doc 55). In comparison to the pupils' senates, they are thematically focussed. As reported in the interviews, these clubs are heavily involved in the planning and implementation of activities. In addition to this personal aspect, there is also a spatial component in some cases. In one of the visited schools, a room was explicitly defined as a 'health club'. Meetings and preparations take place there and the room is also used for working with children with special needs. It is not possible to assess how many of the health clubs are equipped with a room.
- The **systematic use of digital media** at various levels (health professionals, teachers, children, interschool competitions) is another structural addition.

5.3.4 Multiplier approach

Multiplier approaches are of great importance for efficiency in health promotion because health promotion, orientated towards the social determinants of health, intervenes and impacts in different areas of life. To achieve this, it must win over key stakeholders and actors in various settings (schools, community, households, etc.) to its cause and utilise them to spread and anchor it's aims.

- Against this background, it makes sense in the first instance, to utilise **teachers** as multipliers for teaching health promotion skills. The school visits gave the impression that health promotion topics are welcomed to be included in lessons and activities, particularly because there is a sound knowledge base available that has been taught in training courses.
- In the health clubs, **children** act as ambassadors and peer-educators.
- On another level, the **train-the-trainer** system is another multiplier approach. Specifically trained health promotion experts (for example from the Public Health Institute or from local health care units) pass on the knowledge to teachers. Selected teachers, as we learned, also act as trainers. Within the school, trained teachers pass on the knowledge they have acquired to colleagues in team meetings.
- Finally, **parents** can also be included in the multiplication approach. In many interviews, we were told that a big part of parents (especially in the younger classes) is interested in health promotion, support the school in its endeavours and actively participate in the school's activities. Although not all parents are reached and engaged to the same extent, a multiplier effect can be assumed through dissemination within the family.

5.3.5 Online-approaches

- All materials developed as part of the project are available electronically and accessible via the **knowledge platform** (https://portalinjohurive.shkollatpershendetin.al/). In addition, a **series of apps** have been developed to communicate key topics to children (available for android and apple operating systems at app stores).
- Encouragement of stakeholders for reallocating funds from underutilized print materials **to more engaging digital content creation**, like interactive e-books and health education games, not only optimized the budget but also catered to the digital preferences of students, leading to a higher uptake of health education materials.
- All these resources are very **easy to access** and can be used free of charge. They are used in the training sessions. The online availability of the materials means that a large number of people can be reached with limited resources. The applications make it possible to organise **cross-school competitions** efficiently and in a resource-saving manner, thus supporting social mobilisation for health promotion and prevention issues.
- **Online training**, as explained above, is a very efficient way of bringing together and training professionals with limited human and financial resources.

The fact that the model implemented in schools is efficient, promising, and forward-looking overall is shown by a statement from a school health coordinator. She stated that the school is now in a position to continue the interventions independently on the whole, based on the existing foundations and experiences gained in the first two years.

5.3.6 Challenges and room for improvement

- One challenge in **utilising existing structures** (e.g. parent and pupils committees) is the **competition with other topics** and concerns. The topic of health promotion is currently rather new, exciting and full of interesting ideas and tools. This is currently bringing the topic to the fore. As time goes on, there is a risk that the project topics will fade into the background again and be overshadowed by other topics. Systematic anchoring can prevent this.
- However, the **competition between topics** is also evident **in the creation of new structures** and financing. When compensating the school health coordinators, we were told at ministry level that there were other coordination roles in schools (e.g. security & safety) that could not all be subsidised with specific personnel resources. This is where advocacy work for the important topic of Public health is needed.
- We consider the **health apps** to be very motivating and useful, especially in connection with the competitions. As only a few topics from the wide range of health promotion and prevention topics have been covered so far, we see a need for further development here.

5.4 Effectiveness and sustainability

Assess the **Effectiveness** of intervention: a measure of the extent to which SCHOOLS FOR HEALTH achieves its objectives.

- To what extent were the objectives (outcomes) achieved or are likely to be achieved?
- To what extent is the project effective in delivering the results?
- What are the expected and unexpected effects of the programme or trends, including the effects on the beneficiaries (both at the system level and at population level)

Assess the **Sustainability** of intervention: measuring at what extend the results and benefits of the project are likely to be sustained after the completion of the project.

- How is the project ensuring its interventions are sustainable?
- Is the project introducing models jointly with national and local actors, setting a solid basis for a scaling up by the health and education system actors? Is the domestic financing of the processes supported by the project ensured?
- How can the country system processes and procedures be used more? (a system approach rather than a project approach)

5.4.1 Methodical approach

The effectiveness of the project and the achievement of the outcomes cannot be assessed as this is not an impact evaluation, but a review with limited data collection, done in a very short time. Accordingly, it is only possible to provide pointwise indications of effects and estimate the potential impact.

5.4.2 Output

To bring about effective and sustainable change in a setting, a **combination of intervention approaches** is required that start at different levels of action: At individual level, at community level, at organisational level, in the environment and at policy level. The project addresses all these levels.

- **Individual level:** Awareness raising and education in children and parents, .
- **Community action:** School activities with broad participation of families and other members of civil society; joint activities between parents, children, and teachers.
- **Organisational level:** Capacity building (school staff); annual plans; anchoring within school structures and processes such as school health index.
- **Policy level:** Policy dialogue; multisectoral collaboration, following the Albanian model[18]; national and local action plans[19]; accreditation of the training courses.

The most important achievements of the project have already been listed in chapter 5.1, the indicator tracking table (doc 55) and the annual reports show that the project is well on track overall in terms of service provision and target achievement, without being able to go into more details here.

5.4.3 Main effects

Against this background, the following results can be considered the main effects of the project:

- The project has succeeded in **raising awareness** and initiating **social mobilisation**, at least in the participating schools and municipalities, involving a large proportion of school staff, all pupils, a large proportion of parents, other key figures from the administration, specialist organisations and, in some cases, private companies (especially in connection with the food fairs). This mobilisation and the high level of acceptance of both the topic and the project are a good basis for further developments. Clear commitment from various stakeholders was evident in all interviews and health promotion topics, project results and the project itself were very present in the schools visited.
- The project has also succeeded in **capacity building** on a broad scale and providing a considerable number of teachers and other specialists with in-depth training as multipliers. With the **school health coordinators**, a role was also created in the school structure to ensure that this established capacity is used (in a coordinated manner and aiming at a standardised quality level).
- Although the **increase in health literacy** and its sustainability cannot be reliably assessed, it can be assumed that a large proportion of children take away important impulses for health-

[18] Based on the icelandic model, p. 6, doc 51

[19] Action plan on health promotion Albania 2022-2030 (doc 01/02) and Program on prevention and control of NCD (doc 03/04) on national level and Action plan on health promotion Korça 2023-2030 (doc 39) as an example on local level.

promoting behaviour from their time at school. The scope of activities, the regular thematization of health promotion in the classes, the associated participation processes and the intensity of the discussion appear to have corresponding potential.

- As a basis for this social mobilisation and as an important element for the acceptance of the content, a solid **professional knowledge base** was created, which bundles both scientific knowledge and practice-oriented guidelines.
- The interviews made it clear that the project can rely on a **broad commitment** at both national and local level. At local level the project promotes relationships between school-management, school-staff, parents and community actors in the context of joint activities. It thus makes an important contribution to **strengthening the civil community**.
- The project has **successfully tackled the extra curricular classes** by adding considerable content regarding health promotion activities.
- The processes launched by the project appear to have promoted both **horizontal and vertical networking**: horizontally through multisectoral cooperation, for example in connection with the development of national and local action plans, and vertically through the planning and reporting systems that transport requirements top-down and feedback (e.g. monitoring data) bottom-up.
- Ultimately, even after a short time, there are some important **structural anchors** that are of central importance for sustainability: accreditation of trainings, official recognition of school health coordinators (although still without resources), annual plans on health promotion on local and school level, establishment of health clubs, integration of the topics in the teaching.

5.4.4 Outcome achievement

In line with the introductory remarks on the limits of the review, only selective findings can be cited that can be used to assess the potential for achieving the project's outcomes:

Outcome 1: School children (6-15 years old) have the necessary skills and knowledge to prevent behavioural risk factors for NCD's and cope with health emergencies such as COVID-19.

Children receive a wide range of information on various health promotion and prevention topics via different channels (lessons, individual use of the apps, competitions, activities, campaigns). The available measurement data shows that an increase in knowledge can be achieved – at least in the short term[20]. It is not possible to judge the extent to which this knowledge will be retained in the long term and guide action in the future. But if the topics can be sustainably anchored in the curriculum and the schools' annual programme, so that pupils are regularly confronted with these messages over many years and must deal with them, we believe that the potential for sustainable knowledge acquisition is good.

Outcome 2: Teachers and school authorities promote healthy behaviours, proper hygienic measures, safe environment practices and engage in setting an enabling framework in class and in school as an institution.

Since a large proportion of teachers in a school complete training courses on health promotion and prevention and are closely involved in regular activities, it can be assumed that they promote the behaviours and conditions addressed. The interviews with the teachers showed a great deal of interest and commitment to the topics. The school health coordinators and school management are playing a driving role here. The high visibility of the topics in the schools visited also indicates the great importance of the topics.

Outcome 3: Central and local government promote health in an inter-sectoral approach based on evidence, new standards and guidelines.

The interviews showed that there is a high level of ideational support for the project and its themes at national and local level. Multisectoral cooperation appears to be working and bearing fruit (action plans at national and local level). However, there seem to be clear limits. At national level, it is proving difficult to anchor health promotion topics more comprehensively in the curriculum and to obtain a certain number of hours per week for the work of the school health coordinators (the competition between different concerns is cited as an obstacle; health promotion is only one of various topics.). Furthermore, the limited financial resources at national level are also a major challenge. At local level,

[20] Indicator 1.3 (doc 55)

many municipalities obviously have very limited resources themselves, so that they can hardly support schools beyond the essentials.

The **objectives at impact level** are well chosen in terms of content. They are in line with the identified priority health problems (burden of disease) in Albania and consequently also correspond to the orientation of the 'Action plan on health promotion' (doc. 01/02) and the 'Programme on NCD's' (doc. 03/04). As explained above, this embedding is good. However, the target values set for 2025 seem unrealistically high for a four-year project. The question is to what extent such targets make sense at all, as they raise unrealistic expectations and failure to achieve them could be seen as a failure of the project.

5.4.5 Sustainability

Regarding sustainability, the structural anchoring that has been achieved in a short project period should be emphasised. These are primarily the following:

- We consider the **accreditation of the training courses** to be one of the most important structural achievements of the project, which may only have come about thanks to good multisectoral cooperation at national level with early involvement of MoES in project steering.
- We consider the creation of the role of **school health coordinators** and the associated network to be a further decisive element in ensuring that the intervention approaches are sustainable beyond the duration of the project.
- Establishment of **a reporting process** in the education system: health promotion activities are reported annually from each school to the local education offices.
- **Infrastructural changes** in schools such as playgrounds, garden houses, health clubs, info centres, etc. The implementation of such measures is very context-specific and heavily dependent on the structural and financial possibilities of the schools.
- Last but not least, and to a certain extent enabler for such structural anchoring is the **policy work and the many strategic and operational concepts** on national and local level (e.g. national and local action plans) in which the project is significantly involved, be it in a leading or participating role.

5.4.6 Challenges and room for improvement

We believe that the greatest challenges in terms of effectiveness lie in the following areas:

- **Expansion of structural anchoring** in the following areas:
    - Anchoring the topics in the primary and secondary school curriculum. This is a major challenge and unrealistic at this stage of the project. Curriculum revisions are multi-year development processes with limited scope for influence and an unpredictable outcome. Flexibility is made difficult by the fact that the curriculum is tied to corresponding textbooks, which would also have to be revised.
    - Allocation of resources for the sustainable integration and assurance of health promotion in schools (see recommendations).
    - Supporting local education offices and local health care units to improve their respective annual working plans regarding the number and content of health promotion interventions.
- **Upscaling** to broaden the effects (see recommendations).
- **Proof of effectiveness** with an appropriate methodology (see recommendations).

6 Conclusions

Social problems that are deeply anchored and often have developed over decades cannot be solved with a four-year project. Schools, communities, families, organisations must be seen as complex, self-organizing systems, that cannot be determined from outside, but need to be convinced and supported to change. Experience has shown that it takes a **simultaneous approach at several levels of impact** to bring about lasting change in such systems.

The project aims to initiate the development of health-promoting structures and behaviour in schools and communities. Such social developments require appropriate drivers. We have identified the following drivers in this project:

- On the one hand, **the project itself** is an important driver. It has a high level of acceptance at all levels. It is generally recognised that the project is better able to achieve rapid progress than if this had to be done within the existing administrative structures. The project structure has comparatively greater flexibility, independence, speed, and innovation potential. We do not believe that the project's services can be taken over and continued by the national administrative structures once the first phase has been completed; national structures are more cumbersome and more time would be needed to anchor all project interventions.
- The **training courses**, which now have a very wide reach, are another important driver of development. The **credits** that can be awarded for attending training courses also make a significant contribution to this.
- Another driver is certainly the **school health coordinators**. They have an important interface function within the schools and in the community.
- At community level, **health promotion activities** carried out in schools with the involvement of parents and key actors from local administration and organizations are another important element. Parents in particular are a great resource for these developments.
- Even independently of such activities, the **involvement of local and national authorities** is essential for sustainable change. Not necessarily because of material resources (many municipalities are themselves stretched to the limit in this respect), but because involvement in planning and reporting creates constant points of contact that require engagement with the topic and offer the opportunity for important messages to be anchored.

Ultimately, it is the **interplay of these different pieces of the puzzle** that sets development in motion and keeps it going.

The **main effects of the project** so far have been listed in chapter 5.4.3. They should not be repeated here in detail. However, we would like to emphasise that the project has already achieved considerable results in a relatively short space of time, and at these levels: Awareness-raising, commitment and social mobilisation, capacity building, development of professional foundations, further development of health literacy in professionals, horizontal and vertical networking and structural anchoring.

Our assessment is that the project is doing very well with innovative and context-adapted interventions. The next phase must serve to **consolidate and expand** what has been achieved. The focus should therefore not primarily be on developing further innovative approaches, but on utilising and anchoring what already exists. To achieve this, the role of the project must change. From innovation and development to advice and support for the implementation of proven approaches in existing national, regional, and local structures.

7 Recommendations and lessons learned

What are the **key lessons learned** (including challenges faced) of the current Project phase and what are their implications for next steps?

What are the key results/elements of the project which should be a **priority** for Swiss support **in a follow up phase** for promoting healthy behaviours? What are the **main innovations with potential**?

Assess the **level of ownership** from the MoHSP and MoEYS to create an enabling environment for the interventions introduced and supported by the project. What are some elements of Swiss support that can be scaled up based on the ownership from the MoHSP and MoEYS?

The review gave us a limited insight into the project and developments on site. This is the background against which we formulate some recommendations, recognising that we never have the contextual knowledge and experience that the project team at Save the Children has. It will therefore be necessary to mirror the recommendations with Save the Children and reflect on their appropriateness and feasibility.

7.1 What can be built on?

After the first project phase, around 10% of schools in Albania will be project schools. The progress of the project to date shows that this can realistically be achieved.

- By the end of the first phase, project schools will be well distributed throughout Albania to promote health. These schools can serve as **good practice schools** if they continue to systematically pursue the approach.
- At the centre of these schools are dedicated **school health coordinators**, who together form a **network** that is easy to address.
- There is a well-founded and **accredited training programme**, which is anchored in the education system through the award of credits and creates good incentives.
- There is a **comprehensive knowledge platform** on the topics of health promotion and prevention with scientific principles, training manuals and didactic material.
- There are **attractively designed apps for children**, which are used for inter-school competitions, among other things.
- The **school health index** is an assessment tool with potential that could be further developed in the direction of a label.
- Finally, the **project is well known and appreciated** by key players on local and national level.

7.2 Challenges

The project may face various challenges at different levels. The following challenges became apparent during the field visits (observations and interviews):

- A major challenge and probably the most important driver for the future is the **structural anchoring of health promotion in the education system** at a national level. Firstly, the topics must be sufficiently anchored in the primary and secondary school curriculum and secondly, the development in schools must be supported with human resources (e.g. 2 hours per week for school health coordinators, teaching resources, resources for training and coordination, etc.). For the second concern, an official request has already been submitted to the MoES by the project; the answer to this request is still pending.
- One of the greatest challenges is the **limited human and financial resources** available also at the local levels to schools for the implementation of health promotion and prevention. There are currently no personnel resources earmarked for this and, apart from the services provided by the project, financial support is rare. It is impressive what the schools achieve under these limited conditions; however, they may not be prepared to make this great effort in the long term without compensation.
- Another challenge will be to keep the high **motivation and commitment of the schools** that have joined the project in the last two years over the next few years. This requires further consideration and incentives.
- **Upcoming topdown requests from ministries** to enlarge the thematic scope of the project are a challenge for the project and its resources (e.g. oral health). At the same time, a

national system needs to be able to adapt timely to new challenges and needs. These requests by the ministries show that the project is trusted and its potential is recognised. The project has demonstrated high flexibility. It can be interesting to use the project as a channel for upcoming topics. Safeguards to no overstretch its capacities will, however, be developed. The project must be seen as supporting, not substituting the national system.

- Another important challenge is **dealing with vulnerable target groups**. In our assessment, there have only been selective approaches to this so far; a clear concept for dealing with the various target groups is not known and has not been seen in practice.
- And ultimately, **scaling up** will be a major challenge. A constant annual budget by a donor channelled through a project is unsuitable for expanding the project's aims and activities to more and more schools. While in the first phase the project supported the national system in piloting effective and efficient approaches and demonstrating their feasibility, for the future new mechanisms for scaling up through the national system need to be developed.

7.3 Recommendations

Based on the positive results of the review, it is recommended **that the Schools for Health Project be continued beyond the end of the first implementation phase**. The approach of gradually introducing health promotion in schools and communities based on multisectoral cooperation and broad capacity building is proving to be fruitful. Hereby build upon **existing and proven structures:** parental committees, pupil senates, meetings of the teaching staff, well-functioning communication channels. Because only very limited resources are available, there is no alternative but to rely on **cost-effective interventions**, such as digital information, online trainings, activities that require few resources.

7.3.1 Recommendations for scaling up

If the project wanted to support all schools in Albania equally to the first phase of the project at this pace, it would need several decades to do so in purely mathematical terms. However, it has also been told that many other schools (not directly in the project involved) benefit from trainings, from electronic resources and from examples of the project schools; many have implemented activities themselves, as we have been told. The challenge will therefore be to define **an efficient model for scaling up**, **with the national system playing an increasingly important role** for dissemination and multiplication in a second phase.

We recommend that the project works closely with its responsible organisations, the MoHSP and the MoES, to support them in developing a concept for sustainable funding of health promotion activities in the education sector, with phasing out of international support. As this is a national project to which SDC is contributing, it is not up to the evaluation team to give concrete advice on institutionalisation. This is in the responsibility of the national authorities, who know and must deal with the possibilities, opportunities and constrains in the national context. From an external point of view, the following points seem to us to be central elements to institutional anchoring and sustainability and their feasibility should therefore be considered jointly with the national counterparts and the project when developing a possible next phase for the project:

- A first element concerns the sustainable institutionalisation, financing, and quality assurance of the **training courses**. The training courses initiated and financed by the project are to be implemented in the same way as other further training courses in the education sector. An important step in this direction has already been taken with the accreditation. Experience to date has shown, that these training courses are attractive, well attended and a useful addition to the existing training programme. If national coverage is the aim, there should be no restriction on the awarding of credits. The aim should be that at least one teacher from the subjects of biology, physical activity and civil society education in each school receives credits for these (online) courses (with 1'100 schools, this would affect around 3'300 teachers).
- In our view, the **School Health Indicator (SHI)** has a considerable potential for promoting awareness, visibility, and recognition of setting-oriented health promotion in school. We recommend to further develop the index in the direction of a label, whereby the label should not primarily be awarded for the existence of infrastructure that is not the responsibility of the school itself, but for resource-saving interventions and corresponding developments at the school. The school health index could explicitly be linked with training courses.

- The central **role of school health coordinators** must be strengthened and subsidised with resources. They are key for health promotion in schools, for coordination, communication, and quality development of interventions in schools.
- As a core element, we recommend **using the school health coordinators as multipliers** for dissemination to other neighbouring schools. The local health care units in collaboration with the local education offices could be charged with the organisation of (online) regional meetings of existing and new coordinators for exchange of guidelines, experiences, good practices, challenges and how to overcome them. In addition, it could be examined to what extent existing coordinators (online) could advise new coordinators individually (in the sense of a mentoring system). For nationwide implementation, a current project school would be the point of contact for around 9 other schools.
- In the second phase, it should be considered to **systematically anchor health promotion and prevention topics in the curriculum of primary and secondary school level**. Across the age range from first to ninth grade, it should be possible to place the multitude of topics appropriately. As curriculum reform is always a lengthy development process, this is a long-term endeavour.
- We recommend that a national body, such as the National Agency for Pre-University Quality Assurance (ASCAP), which has educational expertise, in close collaboration with the national Institute of Public Health (IPH), which has the technical expertise, takes over the **maintenance and quality assurance of the thematic apps** for children. Supplementary to this, the project could in its second phase expand the range of topics (e.g. accident prevention, alcohol and tobacco prevention, etc.) and develop corresponding applications, if possible, with information and interactive elements for parents (e.g. messages, consulting, exchange of experience, …); applications that require interaction between children and parents could be particularly useful. A solution for institutional integration must also be found for the **long-term assurance of the competitions** as an important complementary element to the apps.
- While the focus of activities in the first phase was on innovative work in schools and communities (including corresponding capacity building), a second phase could build on this experience and **focus on institutionalisation and standardisation of good practices**. A promising approach would be to support local education offices and local health care units by complementing and improving their annual working plans regarding health promotion content (objectives regarding the number and content of school/community activities, but also regarding capacity building and progress on School Health Indicator).
- All these elements can only be implemented sustainably if the two ministries concerned make **adequate financial and human resources** available in the long term.

7.3.2 Additional recommendations

At a more operational level, we see the following potential for development:

- We recommend intensifying efforts for dealing with **vulnerable groups** and **social inclusion**, starting with a concept for specifically addressing and supporting families in difficult life situations. This can affect traditional population groups such as poor, ethnic minorities and children with special needs, but also others such as single-parent families or children growing up with their grandparents. Possibilities for outreach work with families of schoolchildren, should also be examined. Psychologists and social workers from health care units or schools as well as civil society organisations have an important role to play and must be involved from the outset.
- **Parents** have a huge potential in distributing and supporting health promoting messages. We recommend examining whether this potential could be used even better. We are thinking, for example, of topic-specific parent groups (similar to the health clubs for children) or greater involvement of fathers, especially fathers who work abroad (e.g. via online exchange).
- An initiative to consider is the development of a **collaborative online platform** where students from different schools can share their health projects and ideas. For instance, creating a digital 'Health Innovation Hub' would not only foster inter-school collaboration but also encourage students to take a more active role in health education, potentially leading to novel, student-driven health initiatives and campaigns. Such a platform could be combined

with the maintenance of the digital applications, which could be allocated to ASCAP in collaboration with the IPH (see above).

- We recommend a **lean output- und outcome-monitoring**, with a focus on structural anchoring on outcome level (for all schools). Overall, we consider the current list of indicators to be very useful, albeit somewhat detailed. However, we have certain doubts about the informative value of certain monitoring data, such as on children's health literacy (see indicator 1.3)[21]. The list of indicators would have to be critically reviewed in terms of the informative value of the individual indicators.[22] Unrealistic target values at the impact level should be avoided. Otherwise, there is a risk that the project may be considered a failure if these values are not achieved.
- In the next phase of the project, the focus should not be on additional epidemiological studies, but on **applied research** to process practical and system's experience and make it available for use in practice, especially with regard to scaling up strategies. If the effectiveness of the project is to be assessed in depth, then a **pre-post evaluation with an intervention and comparison group** (with a limited number of cases) and a mixed methods design would be appropriate.
- The Schools for Health Project is a pilot project with a classic pioneer as a committed and valued project manager. When the project moves on to a second and later perhaps even a third project phase, it is important that the **management and specialist competences are broadly distributed**. An important step in this direction has already been taken with the appointment of a deputy manager.

[21] For example, it is difficult to imagine how six-year-old children are supposed to understand: a) their right to quality health care, b) how to access health care, c) how to act to maintain health.
[22] The list should also be checked for errors. For example, the percentages from both years are added together for indicator 3.2.1, resulting in an incorrect value.

8 Appendixes

8.1 Assessment grid DAC criteria

Key aspects based on DAC criteria	Score	Justification (Provide a short explanation for your score or why a criterion was not assessed)
Relevance **Note**: the assessment here captures the relevance of objectives and design *at the time of design* and *at time of evaluation*		
1. The extent to which the objectives of the intervention respond to the needs and priorities of the target group.	2 - satisfactory	The participatory approach ensures that the needs of the children, parents and teachers in the implementing schools are taken into account. The extent to which they were involved in the project planning itself cannot be assessed.
2. The extent to which the objectives of the intervention respond to the needs and priorities of indirectly affected stakeholders (not included in target group, e.g. government, civil society, etc.) in the country of the intervention.	1 - highly satisfactory	Broad commitment of the stakeholders on national and local level.
3. The extent to which core design elements of the intervention (such as the theory of change, structure of the project components, choice of services and intervention partners) adequately reflect the needs and priorities of the target group.	2 - satisfactory	Extensive data collection and analyses form the basis for the project concept. The data used primarily reflects the needs from a scientific perspective rather than the subjective needs of the target groups.
If an additional sub-criteria is relevant please formulate it here	select	Click here to enter text.
Coherence		
4. Internal coherence: the extent to which the intervention is compatible with other interventions of Swiss development cooperation in the same country and thematic field (consistency, complementarity and synergies).	1 - highly satisfactory	Mainly based on assessment of SDC: According to the interview with the SDC, there are no significant divergences here.

Key aspects based on DAC criteria	Score	Justification (Provide a short explanation for your score or why a criterion was not assessed)
5. External coherence: the extent to which the intervention is compatible with interventions of other actors in the country and thematic field (complementarity and synergies).	1 - highly satisfactory	The interviews with political decision-makers did not reveal any divergences from other major strategies or programs.
If an additional sub-criteria is relevant please formulate it here	select	Click here to enter text.
Effectiveness		
6. The extent to which approaches/strategies during implementation are adequate to achieve the intended results.	1 - highly satisfactory	The project pursues a clear concept, the implementation of which has obviously proved very successful in practice. The project content can be flexibly adapted to the respective context, whereby central elements are defined as standards and implemented everywhere (e.g. the school health coordinators, the series of activities, etc.).
7. The extent to which the intervention achieved or is expected to achieve its intended objectives (outputs and outcomes).	1 - highly satisfactory	The outputs and outcomes have been largely achieved and are comprehensively documented in the indicator table. As far as the third outcome is concerned, it remains to be seen whether support at national level will remain primarily non-material or whether it will become more substantial. In total, we would rate it as highly satisfactory.
8. The extent to which the intervention achieved or is expected to achieve its intended results related to transversal themes.	2 - satisfactory	We see potential for development at the level of two of the three transversal topics. For the topics of social inclusion (particularly in dealing with minoritiy groups but also other vulnerable groups) and gender equality, we believe there is a lack of clear concepts that go beyond questions of accessibility. The app for children with special needs should be emphasised positively. We see the area of the third transversal topic, governance, as a strength.
If an additional sub-criteria is relevant please formulate it here	select	Click here to enter text.
Efficiency		

Key aspects based on DAC criteria	Score	Justification (Provide a short explanation for your score or why a criterion was not assessed)
9. The extent to which the intervention delivers the results (outputs, outcomes) cost-effectively.	1 - highly satisfactory	In our view, the project implements very efficient strategies (see the relevant chapter in the report).
10. The extent to which the intervention delivers the results (outputs, outcome) in a timely manner (within the intended timeframe or reasonably adjusted timeframe).	1 - highly satisfactory	The project is well on schedule and is performing according to plan (see annual reports).
11. The extent to which management, monitoring and steering mechanisms support efficient implementation.	2 - satisfactory	The project is very well managed, as shown by the systematic of documentation and the feedbacks from field visits. In our view, monitoring could partially be more focused and streamlined.
If an additional sub-criteria is relevant please formulate it here	select	Click here to enter text.
Impact		
12. The extent to which the intervention generated or is expected to generate 'higher-level effects' as defined in the design document of the intervention. Note: when assessing this criterion, the primary focus is the intended 'higher-level effects'. In the event that *significant* unintended negative or positive effects can be discerned, they must be specified in the justification column, especially if they influence the score.	2 - satisfactory	If the project can be continued at the current level of intensity over many years, it has the potential to achieve progress at impact level. However, it seems unrealistic to achieve the planned target values by 2025.
If an additional sub-criteria is relevant please formulate it here	select	Click here to enter text.
Sustainability		
13. The extent to which partners are capable and motivated (technical capacity, ownership) to continue activities contributing to achieving the outcomes.	2 - satisfactory	The project enjoys a great deal of idealistic support all round and there is great motivation to remain involved.

Key aspects based on DAC criteria	Score	Justification (Provide a short explanation for your score or why a criterion was not assessed)
14. The extent to which partners have the financial resources to continue activities contributing to achieving the outcomes.	3 - unsatisfactory	It is currently unclear who could continue to finance the project after SDC's withdrawal. The resource situation is a weak point in the project.
15. The extent to which contextual factors (e.g. legislation, politics, economic situation, social demands) is conducive to continuing activities leading to outcomes.	3 - unsatisfactory	Although the project is currently well embedded politically, it is unclear how this context will develop; some important questions regarding its anchoring remain unanswered.
If an additional sub-criteria is relevant please formulate it here	select	Click here to enter text.

8.2 Documents

Subordinate concepts

01 Action plan on health promotion, Albania 2022-2030
02 Policy brief on action plan on health promotion, Albania 2022-2030
03 Program on prevention and control of NCD
04 Policy brief on Program on prevention and control of NCD
05 National youth strategy and action plan 2022-2029

Analysis / studies

11 Assessment of ressources capacities and potential gaps (June 2020)
12 Situation of vulnerable groups (2020)
13 Health vulnerability study (2020)
14 Health literacy survey among schoolchildren in Albania (Sept. 2022)
15 Health behavioural characteristics among schoolchildren in Albania (October 2022)
16 Assessment report Data 9 year schools (2020)
17 Budget analysis (2020)
18 Multisectoral coordination assessment (2020)
19 Stakeholder analysis (October 2022)
20 Vasil et al. (2023) Digital applications as a means for promotion of healthy behaviours among Albanian children. Health Promotion International, 38, 1–12.
21 Vasil et al. (2023) Inducement of positive nutritional practices through health promotion campaigns among parents/caregivers in Albania. European Journal of Public Health, 1–3.

Project concept

30 School for Health - Program concept (July 2022)
31 Communication plan “Shkollat për Shëndetin” Project – Phase 1
32 Developing a curriculum map (August 2021)
33 Improving the university curriculum (August 2021)
34 Integration in the new curricula of elements of awareness raising among children for not buying junk food (August 2021)
35 School Health Index (SHI) in 9-year schools in Albana in 2022
36 Manual of school health coordinators
37 Guidelines for HP calendars
38 Terms of reference for HP specialistis
39 Local action plan on Health Promotion Korça 2023-2030 (
40 Direct grants to municipalities, local CSOs, and individuals/group of individuals
41 Symposium Convention on school-based health promotion programs in Albania (january 2023)
42 Activities in the school Sevasti Qirjazi Korce (internal document, elaborated for the review)
43 Activities in the school Bishqem Peqin (internal document, elaborated for the review)
44 Activities in the school Sulejman Rranci Mengel Elbasan (internal document, elaborated for the review)
45 Credits for teachers (internal document, elaborated for the review)

Management instruments

50 Road-map for institutionalization of interventions and deliverables of the project “Shkollat për Shëndetin”
51 Annual report Year 1 (June 2022)
52 Management response tot he annual report Year 1
53 Annual report Year 2 (May 2023)
54 Management response to the annual report Year 2
55 Indicator tracking table
56 Financial Report Year 1
57 Financial Report Year 2

8.3 List of interviewees

Responsible organizations for the project	
SDC (Swiss Embassy in Tirana)	• National Health Program Officer
Team Leaders ('Schools for Health' Project)	• Team Leader • Health Expert
Save the Children	• Executive Director at “Save the Children” • Project Team Leader • Health Expert • Education Expert • Project Support Officer
Central level	
Ministry of Health and Social Protection	• Director of Primary Health Care and Public Health Policies
Ministry of Education and Sport	• Head of the Sector for Development Programs of Pre-University Education
University of Medicine, Tirana	• Deputy Rector
General Directorate of Pre-university Education	• Human Resources Manager
Institute of Public Health	• Director • Head of Non-Communicable Diseases Sector • Representative of the Department of Health Promotion
Healthcare Services Operator	• Health Promotion Specialist
Civil Society Organizations	• Community Center for Health and Wellbeing Progress and Civilization Centre • Albanian Neonatology Center • Futur AL • Local Educational Sport Center (Elbasan) • Door of Roma for Integration • Albanian Institute of Health and Social Development • Local Organization On Marginalized Roma/Egyptian
Local level	
School Health Coordinators	• English Teacher at 9-Year School in Bishqem, Peqin • Principal of Ptoleme Xhuvani School in Elbasan • Social Worker at 'Gjergj Vat Martini' in Velipoja, Shkodër. • Principal of 'Jusuf Puka' School in Durrës • Biology and Chemistry Teacher at 'M.E Minarolli' 9-Year School, Pogradec • Teacher at Jusuf Puka School, Durres • Health Coordinator and Math-Physics Teacher at 'Genc Leka' 9-Year School, Librazhd • Teacher at 'Sulejman Rrançi' School, Mengel. • Principal of 'Marie Kaçulini' 9-Year School, Durres • Italian Language Teacher at 'Gjon Ndoci' 9-Year School, Bushat, Vau Dejes • School Health Coordinator at 'Kole Koci' 9-Year School, Pogradec • Biology Teacher at 'Sejdi Dida' 9-Year School, Krume, Has • Teacher and Coordinator at 'Alush Lleshanaku' School, Bradashesh • Deputy Principal of 'Xheladin Fishta' 9-Year School in Shkodër • Primary Education Teacher at 'Avni Rustemi' 9-Year School, Kukes
Schools	**9-year school in Mengel (Elbasan Municipality)** • School director (School Health Coordinator) • Group of teachers • Group of students • Parent Representatives **9-year school in Korça “Sevasti Qirjazi”** • School director • School Health Coordinator

	• Group of teachers • Group of students **9-year school (2) in Korça "Asdreni"** • School director • Minority Representatives of parents and students **9-year school in Bishqem** • School director • School Health Coordinator • Group of teachers • Group of students
Municipalities	**Municipality of Elbasan** • Deputy Mayor **Municipality of Korçë** • Representation of the Public Services Directory **Municipality of Peqin** • Deputy Mayor
Local Education Offices	**Local Education Office, Elbasan** • Responsible Person for 9-year schools at **Pre-University Education Korçë** • General Director **Local Education Office, Peqin** • Director
Local Healthcare Units	**Local Healthcare Unit Elbasan** • Health Promotion Specialist **Local Healthcare Unit Korçë** • Public Health Specialist • Health Promotion Specialist • Medical Doctor, Social Worker, Nurse **Local Healthcare Unit Peqin** • Head of the Sector of Health Promotion • Health Promotion Specialist

8.4 Question and protocol structure

Exemplary for the perspective school director.

Impact & Sustainability
Results? Structural anchoring?

Actors & Roles
Who? How? Roles? Tasks?
Motivation?
School health coordinators?

Local action plans
Content / Implementation

Social inclusion / gender
Needs? Specific actions?

Collaboration
Who and how?

Finances HP/Prevention
Who pays for what?
How much?

Director

Interventions & involvement
What, how and with whom?
SHI?

Capacity building / Training
Who has been trained? How?

Infrastructure (project-related)
Sport facilities / Playgrounds / information centres

Topics
Which implemented?
Priorities?

Teaching / Curriculum
HP in the Curriculum
How much HP in the classes?

Material
Digital Apps /

Strengths

Challenges

Project quality / relevance

Perspectives / Recommendations