

# Questionnaire for Networks

## A. National Commission or Network of Health Promoting Schools:

	<i>Network</i>	or/ and	<i>Commission</i>
A.1 <i>Name of</i>			
A.2 <i>State/Province/etc.:</i>			
A.2 <i>Address:</i>	_____		_____
	_____		_____
	_____		_____
A.3 <i>Telephone:</i>			
A.4 <i>Fax:</i>			
A.5 <i>Email:</i>			
A.6 <i>Contact Person/ Position:</i>	_____		_____
	_____		_____
A.7 <i>Name of coordinator</i>			

A.8 *When was the commission established? (Day/Month/Year):*        /  /    
*When was the network established? (Day/Month/Year):*        /  /  

A.9 *When did the Health Promoting Schools project start? (Day/Month/Year):*   /  /  

A.10 *Is there an official link to:*

	<i>No</i>	<i>Yes</i>	<i>If YES state Name of Contact Person</i>
<i>Ministry of Health</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Ministry of Education</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Universities</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Private Sector</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>UN Agencies</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>First Ladies Office</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>WHO/PAHO</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____

UNESCO	<input type="checkbox"/>	<input type="checkbox"/>	_____
UNICEF	<input type="checkbox"/>	<input type="checkbox"/>	_____
UNFPA	<input type="checkbox"/>	<input type="checkbox"/>	_____
FAO/WFP	<input type="checkbox"/>	<input type="checkbox"/>	_____
UNDP/ILO	<input type="checkbox"/>	<input type="checkbox"/>	_____

**B. Budget:**

B.1 *Has the Health Promoting School project got a budget allowance of its own?*

*Yes*

*No*

**C. Organization & Training:**

C.1 *Is the national coordinator working with the project:*

*full time*

*part time*

*if part time state percentage: \_\_\_\_\_%*

C.2 *Has the national coordinator got an assistant attached?*

*compulsory*

*advised*

*full time*

*part time*

C.3 *Is in-service training of teacher participants in the Health Promoting School project:*

*compulsory*

*advised*

*not considered yet*

C.4 *If in-service training is already a part of the project, what institution is in charge:*

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C.5 *Is there a national curriculum for Health Promotion and/or Health Education - if so, state which area:*

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C.6 *What is your perception of the most common understanding of health in the following groups - either through the terms below, or by adding to the list:*

<i>Determinants</i>	<i>Health Sector</i>	<i>Teacher</i>	<i>Students</i>	<i>Parents</i>
<i>Behavior Changes</i>				
<i>Action Possibilities</i>				
<i>Absence of Disease</i>				
<i>Well-being</i>				
<i>Lifestyle</i>				
<i>Living Conditions</i>				

C.7 *How many schools are participating in the network/ commission?:* \_\_\_\_\_

C.8 *Describe how the participating schools were selected:*

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C.9 *Is it possible for new schools to enter in the national network as :*

*full members*

*associated members*

*not at all*

C.10 *Are there any official requirements stated by the National Networks and/or Commission for the Health Promoting Schools to fulfill?*

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C.11 *Describe or list the means of contact between national network/ commission and schools:*

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C.12 *Did the network/ commission coordinator participate in regional meetings?*

*Yes*

*No*

C.13 *Has teaching material been provided or developed:*

*Yes*

*No*

*If YES, describe the material:*

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C.14 *Did the network/ commission request /used materials for:*

*teacher training*

*classroom learning*

*community*

C.15 *Is there a newsletter on the Health Promoting Schools project?*

*Yes*

*No*

**D. Implementation of an Action Plan**

D.1 *Is there a plan of action to create a health promoting school network?  
(If the answer is NO, go to question D.7)*

*Yes*  *No*

D.2 *What are the main goals of the plan of action for the next 2-3 years?*

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D.3 Major areas of action (use the table below to indicate what programs are being implemented as part of the health promoting network process), please check:

		<i>Program Activities</i>			
		<i>Health Education</i>	<i>Improving Environment</i>	<i>Service Delivery</i>	<i>Research</i>
<i>A r e a  o f  A c t i o n</i>	<i>Accidents</i>				
	<i>Addictions (tobacco, alcohol, illegal drugs)</i>				
	<i>Immunization</i>				
	<i>Drivers Education</i>				
	<i>Physical Exercise</i>				
	<i>Food and Nutrition</i>				
	<i>Disease Prevention: infections: dengue diarrhea malaria parasites chronic illness HIV/AIDS, STD</i>				
	<i>Mental Health</i>				
	<i>Violence</i>				
	<i>Stress-Coping</i>				
	<i>Personal Development</i>				
	<i>Sex-Education</i>				
	<i>Family Planning</i>				
	<i>Self-esteem</i>				
	<i>Peace</i>				
	<i>Democracy</i>				
	<i>Environment</i>				
<i>Ecology</i>					

D.4 Have activities been implemented according to the plan of action? Yes

No

D.5 What sectors participate in these activities?:

Health

Education

Community

Local Government

Private Sector

Sanitation

Nutrition

Others:

\_\_\_\_\_  
\_\_\_\_\_

D.6 What have been the greatest outputs and results, and what difficulties and limitations were encountered while implementing the plan of action?

List the outputs and results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the difficulties and limitations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D.7 If there is no action plan, are there projects and activities that respond to specific needs identified by the network?

Yes  No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D.8 *What sectors and organizations were involved?*

*Health*

*Education*

*Community*

*Local Government*

*Private Sector*

*Sanitation*

*Nutrition*

*Others:*

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## **E. Follow-up, Monitoring and Evaluation**

E.1 *Is there a plan for monitoring and evaluation?*  
*(If the answer is NO, please go to no. 38)*

*Yes*

*No*

E.2 *Participation in follow-up, monitoring and evaluation; check participants below:*

*Community*

*Teachers*

*Parents*

*Students*

*Others:*

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E.3 *Does the plan have process indicators and/or outcome, impact evaluation indicators?*

*list three process indicators that you consider most relevant:*

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list three outcome or impact indicators that are most effective:

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E.4 Subjective assessment of the degree of development of the evaluation plan and indicators:

Evaluation is included as the final phase of the project, mostly quantitative indicators, and little school participation

Yes  No

Results of process evaluation are used to adjust the activities, these are frequently discussed at school meetings

Yes  No

Representatives of the school and other sectors of the community participate in designing the evaluation

Yes  No

Follow-up actions are being implemented with the participation of the school and other sectors of the community

Yes  No

Comments: \_\_\_\_\_

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E.5 How has the healthy schools movement contributed to the promotion of health: Health Outcomes (please check below):

Health Outcomes	Students			Teachers		
	increased	Decreased	same	increased	decreased	same
Infections						
Nutrition						
Tobacco						
Alcohol						
Marihuana						
Exercise						
Mental Health						

E.6 Educational Outcomes (please check below)

<i>Educational Outcomes</i>	<i>Students</i>			<i>Teachers</i>		
	<i>increased</i>	<i>decreased</i>	<i>same</i>	<i>increased</i>	<i>decreased</i>	<i>same</i>
<i>Absenteeism</i>						
<i>Drop out</i>						
<i>School Failure</i>						

E.7 Institutional and Environmental Outcomes (list the outcomes)

What has been the impact on the relationship:

of schools with health personnel?:

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of schools with the community?:

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of the schools with the parents?:

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between teachers and students?:

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among students ?:

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**F. Information of Person completing the questionnaire**

F.1 Name of Person who answered this form: \_\_\_\_\_

F.2 Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F.3 Phone: \_\_\_\_\_

F.4 Fax: \_\_\_\_\_

F.5 Email: \_\_\_\_\_

F.6 Date of completion (Day/Month/Year): \_\_\_/\_\_\_/\_\_\_

F.7 General observations: \_\_\_\_\_