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Zhvillim dhe Bashkëpunim SDC



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Zbatuar nga:



Save the Children



# SCHOOL HEALTH INDEX (SHI) IN 9-YEAR SCHOOLS IN ALBANIA IN 2023



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## MAIN FINDINGS

Similar to the previous year, the School Health Index (SHI) administered in 2023 consisted of a comprehensive instrument including many questions which were organized in 8 domains (sub-scales).

Annex 1 summarizes the main features of the SHI 2023 survey conducted in all 9-year schools in Albania.

On the other hand, the main findings of the SHI 2023 survey are summarized below.

### Overall summary score of SHI

- Urban/rural differences: schools in rural areas exhibited a considerably lower overall capacity for health promotion compared with schools in urban areas, and this difference was highly statistically significant ( $P < 0.001$ ).
- Schools which benefit from the project "Shkollat për Shëndetin" vs. other schools: schools targeted for in-depth interventions by the project "Shkollat për Shëndetin" demonstrated a higher overall capacity for health promotion compared with the majority of the schools in Albania and this difference was statistically significant ( $P = 0.039$ ).

### First subscale of SHI – School capacity for assessment of situation and health needs of the children and staff

- Urban/rural differences: schools in rural areas had a lower capacity for assessment of the situation and health needs of the children and staff compared with schools in urban areas, and this difference was highly statistically significant ( $P = 0.004$ ). Of note, almost two out of three schools in rural areas (65%) did not have a dentist and/or a school doctor compared with only about half of the schools (51%) in urban areas. Furthermore, around 34% of the schools in urban areas had documentation from the dentist/school doctor regarding oral health of the pupils compared with only 18% of the schools in rural areas ( $P < 0.001$ ). As for the documentation of psycho-emotional and social status of the pupils, this was available in 91% of the schools in urban areas and 83% of the schools in rural areas ( $P = 0.001$ ).

- Schools which benefit from the project “Shkollat për Shëndetin” vs. other schools: schools targeted for in-depth interventions by the project “Shkollat për Shëndetin” demonstrated a higher capacity for assessment of the situation and health needs of the children and staff compared with the other schools in Albania, but this difference was not statistically significant, probably due to the relatively small sample size. In particular, 24% of the schools which benefit from the project “Shkollat për Shëndetin” had documentation from the dentist/school doctor about oral health of the children compared with 23% of the other schools in Albania ( $P=0.207$ ). As for the documentation of psycho-emotional and social status of the pupils, this was available in 95% of the schools which benefit from the project “Shkollat për Shëndetin” compared with 85% of the other schools in the country ( $P=0.05$ ).

## **Second subscale of SHI – Health and wellbeing as part of the school plans**

- Urban/rural differences: schools in rural areas had a slightly lower capacity for inclusion of health and wellbeing in the school plans compared with schools in urban areas, but this difference was not statistically significant ( $P=0.943$ ). In particular, cross-curricular and/or extra-curricular activities focused on health aspects were evident in 69% of the schools in urban areas and in schools in rural areas. Furthermore, parental engagement in planning and implementation of school activities regarding health topics was evidenced in 72% of the schools in urban areas compared with 65% of the schools in rural areas ( $P=0.015$ ).
- Schools which benefit from the project “Shkollat për Shëndetin” vs. other schools: schools targeted for in-depth interventions by the project “Shkollat për Shëndetin” demonstrated a higher capacity for inclusion of health and wellbeing in the school plans compared with the other schools in Albania, but this difference was not statistically significant ( $P=0.418$ ). On the other hand, cross-curricular and/or extra-curricular activities focused on health aspects were evident in 75% of the schools which benefit from the project “Shkollat për Shëndetin” compared with 69% of the other schools in the country, a difference which was nevertheless not statistically significant ( $P=0.294$ ). Also, parental engagement in planning and implementation of school activities regarding health topics

was evidenced in 80% of the schools supported by the project “Shkollat për Shëndetin” compared with 66% of the other schools in Albania ( $P=0.015$ ).

### **Third subscale of SHI – Physical environment at school**

- Urban/rural differences: schools in rural areas had a considerably lower physical environment capacity compared with schools in urban areas ( $P<0.001$ ). In particular, toilets were clean and in line with the good hygienic practices in 91% of the schools in urban areas, but only in 76% of the schools in rural areas ( $P<0.001$ ).
- Schools which benefit from the project “Shkollat për Shëndetin” vs. other schools: schools targeted for in-depth interventions by the project “Shkollat për Shëndetin” demonstrated a higher physical environment capacity compared with the other schools of the country ( $P<0.001$ ). Toilets were clean in 86% of the schools which benefit from the project compared with 80% of the other schools in Albania ( $P=0.24$ ).

### **Fourth subscale of SHI – Social environment at school**

- Urban/rural differences: schools in rural areas had a lower social environment capacity than schools in urban areas ( $P<0.001$ ). In particular, spaces which offer the opportunity for socialization of the children were available in 73% of the schools in urban areas compared with only 55% of the schools in rural areas ( $P<0.001$ ). Furthermore, a friendly atmosphere where children feel good was available in 97% of the schools in urban areas and in 94% of the schools in rural areas ( $P=0.083$ ).
- Schools which benefit from the project “Shkollat për Shëndetin” vs. other schools: schools targeted for in-depth interventions by the project “Shkollat për Shëndetin” demonstrated a substantially higher social environment capacity than the other schools of the country ( $P<0.001$ ). Of note, spaces which offer the opportunity for socialization of the children were available in 66% of the schools which benefit from the project compared with 60% of the other schools in Albania ( $P=0.531$ ). Also, a friendly atmosphere where children feel good was available in

96% of the schools which benefit from the project compared with 95% of the other schools ( $P=0.0778$ ).

#### **Fifth subscale of SHI – Encouragement of skills to improve health**

- Urban/rural differences: schools in rural areas had a lower capacity for stimulation of skills for improvement of health and wellbeing compared with schools in urban areas ( $P<0.001$ ). In particular, activities which promote health and wellbeing were organized regularly in 63% of the schools in urban areas compared with 53% of the schools in rural areas ( $P<0.001$ ). Furthermore, 80% of the schools in urban areas had clear specifications about healthy behaviours in their internal regulations compared with 78% of the schools in rural areas ( $P=0.253$ ).
- Schools which benefit from the project “Shkollat për Shëndetin” vs. other schools: schools targeted for in-depth interventions by the project “Shkollat për Shëndetin” demonstrated a higher capacity for stimulation of skills for improvement of health and wellbeing compared with the other schools in Albania ( $P=0.017$ ). Also, Activities which promote health and wellbeing were organized regularly in 63% of the schools which benefit from the project compared with 55% of other schools in the country ( $P=0.276$ ). On the other hand, 78% of the schools regardless of their type (i.e., benefiting or not benefiting from in-depth interventions of the project) had clear specifications about healthy behaviours in their internal regulations.

#### **Sixth subscale of SHI – Link of schools with parents and the wider community**

- Urban/rural differences: schools in rural areas had a slightly lower capacity for enabling strong linkages with parents and community compared with schools in rural areas ( $P<0.001$ ). In particular, in 86% of the schools in urban areas parents were actively involved in school decisions regarding health and wellbeing of the children compared with 83% of the schools in rural areas ( $P=0.167$ ). Furthermore, 86% of the schools in urban areas had a close collaboration with local health care units compared with only 72% of the schools in rural areas ( $P<0.001$ ).

- Schools which benefit from the project “Shkollat për Shëndetin” vs. other schools: schools targeted for in-depth interventions by the project “Shkollat për Shëndetin” demonstrated a higher capacity for enabling strong linkages with parents and community compared with the other schools in Albania ( $P=0.070$ ). In 84% of the schools benefiting or not benefiting from the project parents were actively involved in school decisions regarding health and wellbeing of the children. Conversely, 91% of the schools which benefit from the project had a close collaboration with local health care units compared with 75% of the other schools in the country, a finding which was highly statistically significant ( $P=0.001$ ).

### **Seventh subscale of SHI – School staff**

- Urban/rural differences: schools in rural areas had a lower staff capacity compared with schools in urban areas ( $P<0.001$ ). In particular, there were significant differences regarding training courses offered to the teachers (68% in urban schools vs. 57% in rural schools;  $P<0.001$ ). On the other hand, the staff was provided with updated information/materials in 63% of the schools in urban areas compared with 52% of the schools in rural areas ( $P<0.001$ ).
- Schools which benefit from the project “Shkollat për Shëndetin” vs. other schools: schools targeted for in-depth interventions by the project “Shkollat për Shëndetin” demonstrated a higher staff capacity compared with other schools in Albania, and this difference was borderline statistically significant ( $P=0.085$ ). Importantly, teachers were offered training courses in 63% of the schools which benefit from the project compared with 60% of the other schools in the country ( $P=0.629$ ). Also, the staff was provided with updated information/materials in 76% of the schools which benefit from the project compared with 71% of the other schools in Albania ( $P=0.369$ ).

### **Eighth subscale of SHI – Management of health promotion process in schools**

- Urban/rural differences: schools in rural areas had a lower capacity for management of health promotion process compared with schools in urban areas ( $P<0.001$ ). Nonetheless, school directorates were somehow

not differently involved in monitoring of health promotion activities and programs: 81% in urban areas vs. 79% in rural areas ( $P=0.628$ ).

- Schools which benefit from the project “Shkollat për Shëndetin” vs. other schools: schools targeted for in-depth interventions by the project “Shkollat për Shëndetin” demonstrated a higher capacity for management of health promotion process compared with other schools in Albania ( $P=0.019$ ). In particular, school directorates were involved in monitoring of health promotion activities in 81% of the schools which benefit from the project compared with 80% of the other schools in the country.



## **ANNEX 1. SCHOOL HEALTH INDEX (SHI) ADMINISTERED IN 2022**

The School Health Index (SHI) administered in 2022 consisted of a comprehensive instrument including many questions which were organized in 8 domains (sub-scales).

The eight domains of the SHI instrument consisted of the following dimensions (components):

- i) School capacity regarding the assessment of the health situation and needs;
- ii) Health and wellbeing as part of the school plans;
- iii) Physical environment at school;
- iv) Social environment at school;
- v) Encouragement of skills to improve health;
- vi) Link of schools with parents and the wider community;
- vii) School staff;
- viii) Management of health promotion process and wellbeing in schools.

For the assessment of the current situation in schools, many questions of the SHI instrument were categorized into a binary (dichotomous) scale: "yes" (code: 1) / "no" (code: 2).

However, many other questions were categorized into a trichotomous scale (e.g.: "yes" [code: 1], "no" [code: 2], "no personnel" [code: 3]; or: "completely" [code: 1], "partly" [code: 2], "no" [code: 3], etc.).

The first subscale (domain) of the instrument referred to as "*School capacity regarding the assessment of the health situation and needs*" consisted of 19 questions, 5 of which (first questions) had three response categories ("Yes" [code: 1], "No" [code: 2], "Don't have" [code: 3]), whereas the other 14 questions had two response categories only ("Yes" [code: 1] vs. "No" [code: 2]). A summary score was calculated for each school, which theoretically varies from 19 (*maximal* school capacity regarding the assessment of health situation and needs) to 43 (*minimal* school capacity for assessment of health situation and needs).

The second subscale (domain) of the SHI instrument referred to as "*Health and wellbeing as part of the school plans*" consisted of 23 questions with two response categories ("Yes" [code: 1] vs. "No" [code: 2]). A summary score was calculated for each school, which theoretically varies from 46

(*maximal/positive* results for the school) to 52 (*minimal/negative* result for the school).

The third subscale (domain) of the SHI instrument referred to as "*Physical environment at school*" consisted of 56 questions with generally two response categories ("Yes" [code: 1] vs. "No" [code: 2]), but some of the questions had three response categories ("Yes" [code: 1], "No" [code: 2], "Don't have [code: 3], or "Completely" [code: 1], "Partly" [code: 2], "No" [code: 3]). A summary score was calculated for each school, which theoretically varies from 56 (*maximal/positive* results regarding physical environment of the school) to 168 (*minimal/negative* result regarding physical environment of the school).

The fourth subscale (domain) of the SHI instrument referred to as "*Social environment at school*" consisted of 27 questions organized into two response categories ("Yes" [code: 1] vs. "No" [code: 2]), or into three response categories ("Regularly" [code: 1], "Sometimes" [code: 2], "No" [code: 3], or "Completely" [code: 1], "Partly" [code: 2], "No" [code: 3]). A summary score was calculated for each school, which theoretically varies from 27 (*maximal/positive* result regarding social environment at school) to 73 (*minimal/negative* result regarding social environment at school).

The fifth subscale (domain) of the SHI instrument referred to as "*Encouragement of skills to improve health*" consisted of 9 questions, 7 of which with three response categories ("Regularly" [code: 1], "Partly" [code: 2], "No" [code: 3]), whereas 2 questions had two response categories only ("Yes" [code: 1] vs. "No" [code: 2]). A summary score was calculated for each school, which theoretically varies from 9 (*maximal/positive* result regarding encouragement of skills to improve health) to 25 (*minimal/negative* result regarding the encouragement of skills to improve health).

The sixth subscale (domain) of the SHI instrument referred to as "*Link of the school with parents and the wider community*" consisted of 6 questions, 2 of which with three response categories ("Regularly" [code: 1], "Partly" [code: 2], "No" [code: 3]), whereas 4 questions had two response categories only ("Yes" [code: 1] vs. "No" [code: 2]). A summary score was calculated for each school, which theoretically varies from 6 (*maximal/positive* result regarding school linkage with parents and the wider community) to 14 (*minimal/negative* result regarding school linkage with parents and the wider community).

The seventh subscale (domain) of the SHI instrument referred to as "*School staff*" consisted of 16 questions, half of which has three response categories ("Completely" [code: 1], "Partly" [code: 2], "No" [code: 3]), whereas the other half had two response categories only ("yes" [code: 1] vs. "No" [code: 2]). A summary score was calculated for each school, which theoretically varies from 16 (*maximal/positive* result regarding school staff) to 39 (*minimal/negative* result regarding school staff).

The eighth subscale (domain) of the SHI instrument referred to as "*Management of health promotion process and wellbeing*" consisted of 28 questions, half of which had three response categories ("Regularly" [code: 1], "Partly" [code: 2], "No" [code: 3]), whereas the other half had two response categories only ("yes" [code: 1] vs. "No" [code: 2]). A summary score was calculated for each school, which theoretically varies from 28 (*maximal/positive* result regarding management of the health promotion process) to 66 (*minimal/negative* result regarding management of the health promotion process).

Finally, an overall summary score for the entire SHI instrument was calculated for each school adding up all the eight subscale (domain) scores. The overall summary score of the SHI instrument varied from 179 (*maximal/positive* result of the school based on all 8 subscales/domains) to 408 (*minimal/negative* result of the school based on all 8 subscales/domains of the instrument).