

RAPID ASSESSMENT AND ACTION PLANNING PROCESS (RAAPP)

***A Method and Tools to Enable Ministries of
Education and Health to Assess and Strengthen their
Core Elements of Capacity to Promote Health
Through Schools***

A Presentation by Education Development Center

Funded by the
World Health Organization
Department of Noncommunicable Disease
Prevention and Health Promotion
Division of Global School Health Initiative

Prepared by Health and Human Development Programs, a Division of Education
Development Center, Inc. (EDC)
The World Health Organization Coordinating Center to Promote Health through Schools
and Communities

Authors: Cheryl Vince-Whitman, Scott Pulizzi, Phyllis Scattergood, Isolde Birdthistle,
Carmen Aldinger (HHD/EDC) and Jack Jones (WHO)

Q and A:

- **What is the RAAPP?** RAAPP stands for the Rapid Assessment and Action Planning Process, a method and set of tools for national-level government officials to assess and build the capacity of their nation to promote health through schools.
- **What does the RAAPP measure?** RAAPP measures the current capacity of a nation to promote health through schools as perceived by key players in the national system. Local teams are formed to collect data by interviewing ministry staff about the Core Elements of National Capacity: knowledge base, policies, leadership and management, collaboration, monitoring and evaluation. These teams will either be responsible for making, implementing, and supporting policy for school health programmes. Additionally, a small illustrative sample of persons outside of the national ministries, those affected by these programmes, will contribute their views to strengthen the nation's infrastructure.
- **Why is health essential to learning?** The World Health Organization's Expert Committee on Comprehensive School Health Education and Promotion noted that "to learn effectively children need good health." Health is a key factor in school entry as well as continued participation and physical, social, and emotional attainment in school. Health is essential for the development of human capital and therefore the development of nations.
- **What can nations do to address health and learning?** Positive experiences by WHO, UNICEF, UNESCO and the World Bank suggest that there is a core group of cost effective activities which could form the basis for intensified and joint action to make schools healthy for children and so contribute to the development of health-promoting and child friendly schools. These are school health policies, basic water and sanitation, skills-based health education, and school-based health and nutrition services. These four basic components should take place with partnerships between teachers and health workers, community partnerships, and pupil awareness and involvement.
- **What are the requisite skills for conducting RAAPP?** The methods used in the RAAPP draw on the fields of evaluation research, strategic planning, and management. The Core Team will need to learn qualitative and evaluative data gathering techniques such as interviewing, facilitating, coding and analysis techniques. Some members of the team will be responsible for recording and managing data. The RAAPP also calls for analysis and action planning skills to make use of the data. The process needs to be driven by strong leadership to garner support and motivate the team. At every stage, a coordinator and technical support staff is required.

THE BENEFITS OF THE RAAPP

The Rapid Assessment and Action Planning Process (RAAPP) is a method for ministries of education and health to assess and improve their capacity to support national, provincial, and local efforts to improve school health programmes.

The RAAPP provides:

- A framework to unite key leaders and staff across ministries to improve school health programmes.
- An opportunity for a wide range of participants to offer opinions and insights to describe current conditions and capacities of national infrastructure.
- A method for a country to collect and own its own data to improve school health programmes.
- A means to transform the insights and suggestions of stakeholders into a strategic action plan.
- Professional development opportunities for participants to gain skills in: teamwork; interviewing and facilitation; data collection and management; instrument development and adaptation; analysis and advocacy.
- A means for in-country staff to continually apply the RAAPP methods and skills to learn more or update findings.

“I feel that the RAAPP activity is very important for all of us. This programme is for the development of a healthy life, beginning with early education, to achieve a healthy Indonesia. I can contribute through RAAPP to the development of my country.”

-Indonesian RAAPP Participant

Foundation of RAAPP

The Rapid Assessment and Action Planning Process (RAAPP) is a method and set of tools to assess and strengthen national efforts to promote health through schools. The process is stakeholder driven. Staff who are interested in strengthening national educational systems to address health issues conduct the functions of data collection, analysis, and action planning. The goal of the RAAPP is for an inter-ministerial team to transform findings from a qualitative, participatory, process-based assessment of national capacity into recommendations for specific policies and actions to promote health through schools. These outcomes serve to benefit the nation's children, adolescents, teachers, families, and communities.

There would be a significant and immediate benefit to both health and education if all schools were to implement the following:

1. School health policies
2. Basic water and sanitation
3. Skills-based health education
4. School-based health and nutrition services.

These Core Elements of National Capacity Are:

1. Knowledge base
2. Policies
3. Leadership and management
4. Collaboration
5. Monitoring and evaluation

THREE PHASES OF RAAPP

The RAAPP is divided into three phases:

Phase I: Planning (1-2 months)

In the planning phase, the Core Team must secure both the human and physical resources to conduct the RAAPP, select an interview sample and must develop a promotion and dissemination plan to enroll participants and to garner support for the action plan.

Phase II: Data Collection (10 days – 3 weeks)

The Core Team must learn techniques such as neutral interviewing, probing questions, and data recording.

There are two types of instruments:

1. Key informant interviews for senior-level policy makers and mid-level officials
2. Group-discussion protocols for those outside of government.

While each instrument should be completed in less than an hour, the amount of time to complete all interviews will depend on the sample size and travel required. In other words, interviewees should be selected because of their ability to provide insight into the important dimensions of national capacity to support health-promoting schools.

Phase III: Analysis and Action Planning (5-10 days)

The Core Team will organize all responses into broad thematic categories relating to each of the five capacity areas and develop key findings.

Key findings answer the question: for each capacity area what is the meaning or significance behind the constellation of strengths, weaknesses, opportunities and threats identified?

The last step is to use the key findings to develop a national plan for action to improve school health programmes.

Key Positions and Responsibilities

Focal Point Person

- ✓ Selects a Core Team
- ✓ Invites research partners
- ✓ Announces key findings

Action Planning Leader

- ✓ Facilitates a discussion around key findings
- ✓ Oversees action planning, dissemination of findings and implementation

Coordinator

- ✓ Secures a proper number of staff to help complete the process
- ✓ Organizes and oversee the training, practice, field-test sessions
- ✓ Select research partners, i.e., key informants and group discussion participants
- ✓ Oversees data collection, analysis and action planning phase

Trainers

- ✓ Designs and delivers the training sessions on interviewing and recording techniques

Support Team

- ✓ Produces materials, training agenda, instrument revisions, data records and syntheses
- ✓ Coordinates logistics, accommodation for Core Team members during training and analysis phase, transportation to research sites

Interviewers and Recorders

- ✓ Participates in the data collection training sessions
- ✓ Field-tests the instruments
- ✓ Collects data, participate in the relay team, interview and record
- ✓ Develops key findings and present it to the action planning team

Data Managers

- ✓ Collects completed surveys from recorders
- ✓ Enters the data into a computer file
- ✓ Merges the files into a master file
- ✓ Tabulates, summarizes, and presents data

Action Planners (key informants)

- ✓ Participates in discussion around key findings by capacity area
- ✓ Develops an action plan
- ✓ Commits resources to the action plan
- ✓ Implement the action plan

What is a key informant interview?

A key informant interview is an interview with an individual who is in a position to provide information and insights on a selected topic. It is an in-depth, one-on-one exchange with intensive probing in which the interviewer and interviewee discuss topics related to a project or activity. During the session the interviewer frames the questions and probes the informant to elicit more information. The interviewer remains neutral and therefore does not lead the question in a biased direction. The atmosphere is informal, resembling a conversation among colleagues or acquaintances. The recorder takes extensive notes, which are developed and interpreted later after the interview ends.

What are the characteristics of a good interviewer?

- Someone who understands the topic
- Someone who listens very carefully and does not impose their views
- Someone who is friendly and can easily establish rapport
- Someone who knows and understands the local customs, behaviors and beliefs
- Someone who can inspire confidence and trust

Checklist for conducting one-on-one interviews:

- ✓ If possible, hold the interview session in the respondent's own environment to encourage a friendly, natural atmosphere
- ✓ Establish contact first by introducing yourself and the recorder, describing the objectives of the interview briefly and thanking the participant for making his/her time available
- ✓ Assure the respondent of confidentiality
- ✓ Avoid judgmental tones in order not to influence responses
- ✓ Show empathy with the respondent and interest in understanding their views
- ✓ Let the respondent do most of the talking
- ✓ Be an active, attentive listener
- ✓ Pace yourself according to the time you have allotted for the interview

What is a RAAPP group discussion?

A small number of participants engage in an in-depth discussion about topics that are important to school health programmes. The participants respond to the questions posed by the facilitator and are able to listen to the contributions of others. This exchange provokes a rich conversation as new ideas and thoughts are triggered through conversation.

What is the role of the group discussion facilitator?

The primary role of the facilitator is to promote group discussion in an informal but guided manner. A facilitator should lead the discussion based on the key questions and probes provided in the group discussion protocols. Facilitators should not be directive or imposing but they do need to be firm ensuring that the discussion is focussed and the group dynamic is civil.

Who should be a facilitator?

Good facilitators are individuals who are good conversationalists. They are outgoing and enjoy interactive, informal discussions. Usually these persons:

- Understand the topic and can easily guide discussion and probe using questions
- Have the ability to put others at ease so they will openly discuss their views and ideas
- Are nonjudgmental in their interactions with others
- Are good listeners

A Good Facilitator:

- Knows and understands the discussion topic
- Is polite and respectful
- Keeps the discussion on track
- Brings out the views of all group members and gives each member a chance to participate in discussion
- Uses probes effectively to uncover reasons behind the statements that are made
- Summarizes key points for the group and asks if they are correct
- Knows when to move on in a discussion
- Brings the focus group to comfortable closure and thanks group members for their valuable comments and participation

Analysis and Action Planning has four stages. These are:

1. **Merging and Tabulating:** Combining all the files from data managers into a single source and obtaining scores for the close-ended questions. In this stage, the goal is to build the database with integrity so that there will be a standing resource developed as a product of RAAPP.
2. **Data Presentation:** Synthesizing and highlighting themes from the database to create a profile for each of the ministries involved and elements of capacity.
3. **Analyzing:** Determining what the data say and what can be done about it.
4. **Action Planning:** Developing a way to use the findings.

The goal of the RAAPP data analysis is to:

- Find patterns in the data – what do the data say?
- Draw conclusions – what do the data mean?
- Develop key findings – what can be done with the data?

In short, the nature of the data is complex. There are diverse perspectives represented about an intricate countrywide system. However, with the simple mapping techniques described, the analysis team should be able to see the patterns that will reveal the most leveraged way to strengthen national capacity.

What do the data say?

S.W.O.T. Matrix for *Policy* - Example:

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none">• Policy creation• Policy assessment	<ul style="list-style-type: none">• Policy implementation• Policy revision	<ul style="list-style-type: none">• Collaboration with NGOs• Collaboration with community groups	<ul style="list-style-type: none">• Funding constraints• Economic recession

What do the data mean?

Hypothesis Example:

Observation: Policy Implementation is a weakness

Hypothesis: Decentralization has caused a disruption in the standard policy implementation methods and schedules. As a result, the staff are confused about roles and responsibilities and feel that their skills are not adequate to meet the challenges of the new task.

What can be done with the data?

Key findings answer this question: for each of the five areas of SWOT analysis, what should be done about the constellation of strengths, weaknesses, opportunities and threats identified?

➤ **Example Method 1 – Building on SWOT**

For Example:

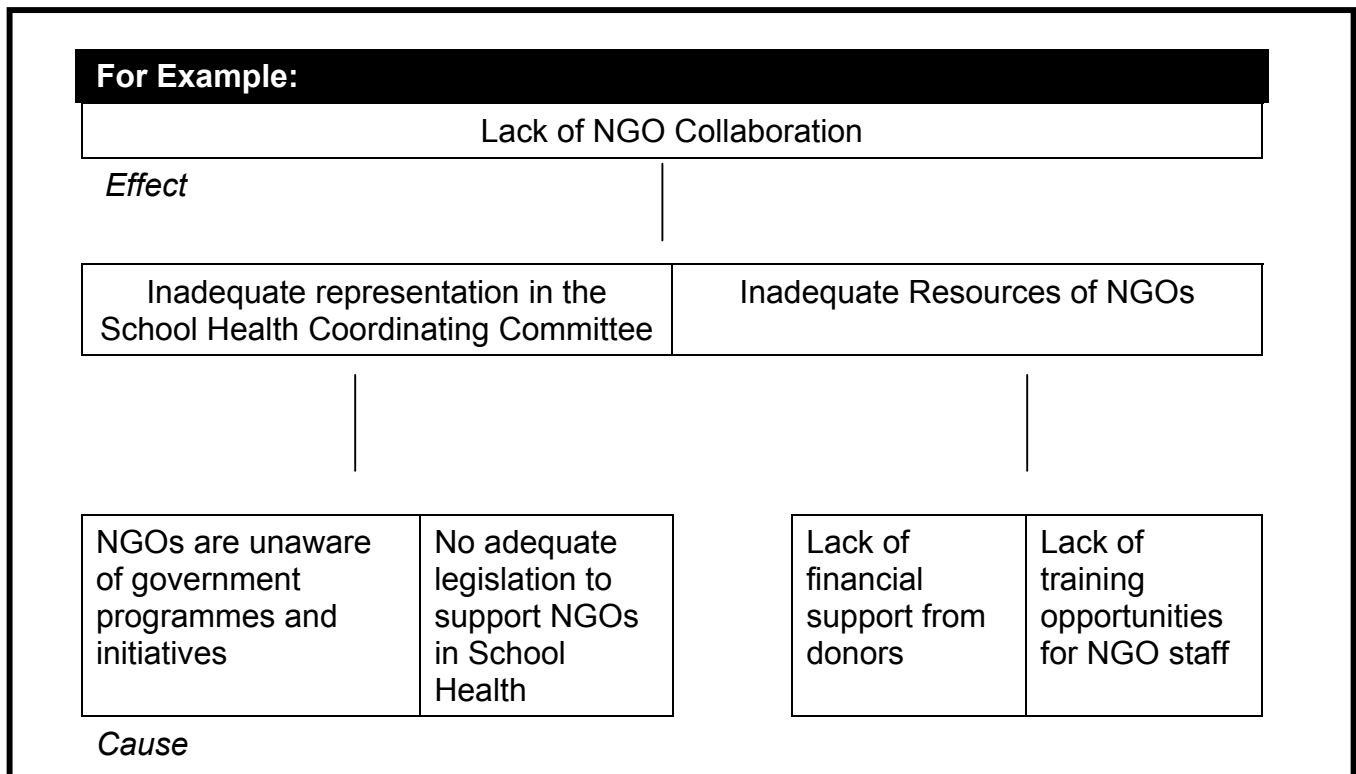
Hypothesis: Decentralization has caused a disruption in the standard policy implementation methods and schedules. As a result the staff are confused about roles and responsibilities and feel that their skills are not adequate to meet the challenges of the new task.

Add On: At the same time, decentralization has allowed provincial-level staff to conduct assessments in a timely and responsive way. With training and proper guidance from the central government, provincial-level capacity for policy assessment will increase.

➤ **Example Method 2 - Progress Tree and Objectives Tree**

Progress Tree

Participants review each SWOT Matrix to identify related entries. These are areas of government performance that, if improved, would strengthen national capacity to promote health through schools. These areas are then typed and ordered to form a linear cause and effect diagram.



Objectives Tree

The Analysis team will then restate the components of the Progress Tree diagram into concrete objectives, i.e., statements that detail desired accomplishments. These objectives form the foundation of the next stage, action planning.

For Example:

Increase NGO Collaboration

End

Attain full representation in the School
Health Coordinating Committee

Build NGO Capacity

Conduct an NGO outreach campaign
(pass supportive legislation, provide
discussion fora, and mechanisms for
information dissemination)

Provide more
NGO grant
opportunities

Provide
training
opportunities
for NGO staff

Means

➤ **Example Method 3 – Logframe**

Logframe Sample:			
Goal	Purpose	Outputs	Activities
<ul style="list-style-type: none"> • To increase capacity in policy assessment and policy revision 	<ul style="list-style-type: none"> • To ensure that policies are promoting health through schools 	<ul style="list-style-type: none"> • A provincial-level, policy-assessment resources guide • Training programme • Policy review committee 	<ul style="list-style-type: none"> • Conduct training assessment • Deliver training sessions • Develop training materials • Hold policy review meetings

Action Planning Protocol:

1. **Goal:** Consider the findings and conclusions drawn from RAAPP. Based on this information, please recommend one or two priority goals that the ministries should strive to realize over the next five years. *The goals you formulate should indicate as specifically as possible what institutional capacities ministries must achieve so that they can effectively develop and support high quality school health programmes.* Please propose goals that are realistic and specifically related to your group's area of focus, i.e., programmes, management or policy.
2. **Objective:** What measurable objectives should be met by ministries and/or the provinces over the next 12-18 months in order to achieve these goals?
3. **Strengths:** What are some strengths that the ministries and/or provinces can draw on to achieve these objectives?
4. **Activities:** What activities will be needed to build on these strengths in order to achieve these objectives?
5. **Immediate Action:** Which of these activities can you begin in the next week?
6. **Obstacles:** What are some obstacles to implementing these activities? [In responding to this question, please draw from RAAPP findings as well as your own experience.]
7. **Strategy:** What can be done to completely eliminate or significantly reduce these obstacles?
8. **Responsibility:** Who should be in charge of implementing each of these activities? Who else should be involved in implementing each activity?
9. **Resources:** What financial and material resources are needed to carry out these activities?
10. **Monitoring:** How, in concrete terms, should we monitor the progress made in achieving the objectives you have listed?
11. **Time Frame:** What is the appropriate time frame for each activity that you have proposed?
12. **Evaluation:** How should we evaluate the action plan's impact?

RAAPP FACT SHEET:

Who:	A committed, in-country Core Team is required to conduct the RAAPP. The team is inter-ministerial, including representatives from the education and health ministries. The team collects data and develops plans to improve national capacity to improve school health programmes. The team is led by a focal point, a high-level official with the ability to garner support for the process, and a coordinator, a person dedicated to managing the three phases.
What:	An assessment of the national capacity to implement school health programmes by collecting information and qualitative data from staff and ministries involved in policy formulation, programme implementation, and concerned outsiders.
When:	The RAAPP process can begin when there is a committed Core Team and the proper resources have been secured. The Core Team is ready to conduct the RAAPP when they have (1) shared and understood basic concepts (2) learned the assessment and analysis methods, (3) logistics have been arranged, (4) an adequate sample of staff have been interviewed, and (5) the data analyzed and used to improve national capacity. The RAAPP is divided into three phases, planning, data collection, and analysis and action planning, estimate 10-15 days of full-time work per phase for a Core Team commensurate with the sample size.
Why:	To strengthen capacity of nations to improve the health and learning potential of students through a process owned and carried out in country whereby national officials analyze the complex systems that affect school health programmes and devise action plans.
Where:	The RAAPP is to be conducted at the ministry level in the capital and at a sample of sites around the country that will give the Core Team and action planners insight into the diverse profiles of a nation's school health programmes.
How:	Through key-informant interviews, group discussions, and preliminary data collection, the Core Team will analyze current capacities of national systems involved in school health programmes and devise a plan to improve it.

HEALTH-PROMOTING SCHOOLS (HPS) FACT SHEET

A Health-Promoting School, a concept developed by WHO, uses its full organizational potential to promote health among students, staff, families and community members. An HPS:

- 1. Engages health and education officials, teachers and their representative organizations, students, parents, and community leaders in efforts to promote health, with:**
 - families and community groups involved in the school
 - community services, businesses, and organizations linked to the school
 - school/community projects and outreach
 - health promotion for school staff

- 2. Strives to provide a safe, healthy environment, including:**
 - sufficient sanitation and water
 - freedom from abuse and violence
 - a climate of care, trust, and respect
 - social support and mental health promotion
 - safe school grounds
 - opportunities for physical education and recreation

- 3. Provides skills-based health education, with:**
 - curricula that improve students' understanding of factors that influence health and enable them to make healthy choices and adopt healthy behaviors throughout their lives
 - curricula that include critical health and life skills, a focus on promoting health and well-being as well as preventing important health problems, and information and activities appropriate to children's intellectual and emotional abilities

- training and education for teachers and parents

4. Provides access to health services, with:

- services (screening, diagnosis, monitoring growth and development, vaccination, selected medications or procedures) that may be most efficiently provided in the school setting, depending on school resources and mandates
- partnerships with local health agencies that will provide services
- nutrition and food safety programmes

5. Implements health-promoting policies and practices, such as:

- an overall policy supported by school administration and management as well as teaching practices that help create a healthy psychosocial environment for students and staff
- policies on equal treatment for all students
- policies on drug and alcohol use, tobacco use, first aid, and violence that help prevent or reduce physical, social, and emotional problems

6. Strives to improve the health of the community by:

- focusing on community health concerns
- participating in community health projects

FOCUSING RESOURCES ON EFFECTIVE SCHOOL HEALTH FACT SHEET

1. School Health Policies:

Health policies in schools ensure conditions that promote the overall health such as skills-based health education and the provision of some health services, a safe and secure physical environment and a positive psycho-social environment, preventing abuse of students, sexual harassment, school violence, and bullying. By guaranteeing the further education of pregnant schoolgirls and young mothers, and preventing or reducing harassment by other students and even by teachers, school health policies will help promote inclusion and equity in the school environment. Policies regarding the health-related practices of teachers and students can reinforce health education: teachers can act as positive role models for their students, for example, by not smoking in school. The policies are best developed by involving many levels, including the national level, and teachers, children, and parents at the school level.

2. A Healthy School Environment:

Provision of safe water and sanitation as an essential first step:

Hygiene education is meaningless without clean water and adequate sanitation facilities. It is a realistic goal in most countries to ensure that all schools have access to clean water and sanitation. By providing these facilities, schools can reinforce the health and hygiene messages, and act as an example to both students and the wider community. This in turn can lead to a demand for similar facilities from the community. Sound construction policies will help ensure that facilities address issues such as gender access and privacy. Separate facilities for girls, particularly adolescent girls, are an important contributing factor to reducing dropout at menses and even before. Sound maintenance policies will help ensure the continuing safe use of these facilities. This is a first step to creating a healthy school environment.

3. Skills-Based Health Education:

This approach focuses upon the development of knowledge, attitudes, values, and life skills needed to make and act on the most appropriate and positive health-related decisions. Health in this context extends beyond physical health to include psychosocial and environmental health issues. Changes in

social and behavioral factors have given greater prominence to such health-related issues as HIV/AIDS, early pregnancy, injuries, violence and tobacco and substance use. The development of attitudes related to gender equity and respect between girls and boys, and the development of specific skills, such as dealing with peer pressure, are central to effective skills based health education and positive psycho-social environments. When individuals have such skills they are more likely to adopt and sustain a healthy lifestyle during schooling and for the rest of their lives.

4. School Based Health and Nutrition Services:

Schools can effectively deliver some health and nutritional services provided that the services are simple, safe and familiar, and address problems that are prevalent and recognized as important within the community. For example, micronutrient deficiencies and worm infections may be effectively dealt with by infrequent (six-monthly or annual) oral treatment; changing the timing of meals, or providing a snack to address short term hunger during school – an important constraint on learning - can contribute to school performance; and providing spectacles will allow some children to fully participate in class for the first time.

5. Supporting Activities:

The following activities provide the context in which the four basic components can be implemented.

- Effective partnerships between teachers and health workers and between the education and health sectors
- Effective community partnerships
- Pupil awareness and participation

CAPACITY AREA FACT SHEET

In order to improve the health of students and staff through schools, a country needs the national or central-level capacity to:

1. Find, disseminate and apply the state-of-the art **knowledge base**. This includes the capacity to:
 - Access published documents, use the Internet, or locate experts in school health programmes (information that is current within the past 5-10 years)
 - Produce, reproduce and disseminate information and materials throughout the country.
 - Provide professional development to help practitioners apply the current knowledge base.
 - Evaluate knowledge and skills acquired through efforts to disseminate knowledge base
2. Create, update and implement **policy** supporting school health. This includes the capacity to:
 - Create a policy that supports school health promotion
 - Assess the quality of the policy and its relationship to larger national goals
 - Revise policies
 - Implement policies
 - Assess whether policy is implemented (relative to HPS and FRESH)
3. Provide effective **leadership and management** to deliver programmes and services. This includes the capacity to:
 - Promote a common vision and framework for school health, at all levels
 - Designate a person or group with responsibility for school health
 - Motivate staff at all levels (from top levels for funding to school level for implementation)
 - Manage human and financial resources for school health
 - Continually assess and respond to leadership and management needs
4. **Collaborate** across sectors. This includes the capacity to:
 - Identify common ground in priorities and unique contributions of different sectors

- Coordinate to leverage the resources that each can contribute to school health programmes
- Encourage participation in the planning and implementation of school health programmes (of a range of stakeholders at different levels)

5. **Monitor and evaluate** processes and outcomes in school health. This includes the capacity to:

- Regularly monitor: determinants of health; health and educational outcomes
- Evaluate implementation and effectiveness of school health programmes
- Document, disseminate and use monitoring and evaluation results to publicize achievements and improve efforts