Ministry of Education and Science

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Expert Analyses Group

HEALTH POLICIES IN THE SCHOOL

Model and Applications

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This report has been compiled by EAG Expert Analyses Group under the project *External Evaluation of School Health Policy* and was assigned by UNICEF.

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The present report has been compiled within the framework of the outcomes evaluation of the implementation of the pilot project *School Health Education Policy for Prevention of HIV/AIDS Infection*, which was carried out by the Ministry of Education and Science with the financial support of UNICEF.

LIST OF ABBREVIATIONS

UNICEF	United Nations Children's Fund
UNO	United Nations Organization
MES	Ministry of Education and Science
BASH	Bulgarian Association "*School and Health"*
OSI	Open Society Institute
RIPCPH	Regional Inspection for Protection and Control of Public Health
RPC	Regional Pedagogical Centre
RIE	Regional Inspectorate of Education
SGS	Secondary General School
PS	Primary School
VSS	Vocational Secondary School
NGO	Non-governmental Organization
UP	Unincorporated partnership
PMU	Project Management Unit
SC	Steering Committee
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
HE	Health Education
CEF	Cultural Educational Field
FOP	Freely Optional Extra-curricular Preparation
COP	Compulsory Optional Extra-curricular Preparation
LGI	Local Governance Initiative Foundation - Budapest
ESPAD	European School Survey Project on Alcohol and Other Drugs

TABLE OF CONTENTS

INTRODUCTION

Aims and objectives of the evaluation

The start of developing and piloting a model for school health educational policy to prevent contraction of HIV/AIDS was initiated by UNICEF and Ministry of Education in the period 2004-2005.

The initial aim was to outline a framework for a school policy on HIV prevention. But the theoretical description of the model comprises a comprehensive system for designing and implementing of a school policy for health promotion. The elements and steps of development and implementation of such a policy could be easily adapted and applied in other sectors of school policies. The work on the model's pilot implementation in 15 schools in 3 municipalities round the country (Byala Slatina, Loznitsa and Nessebar) allows to try out the elements through practical application of the theoretically developed principles and approaches and to draw conclusions and make improvements in the model.

The main aspects and elements of the model for a health promotion school policy include: developing a vision for the policy; defining a school mission, mandate and goals; developing an organizational and community culture (rules and regulations, values and traditions) for health promotion; developing partnerships and working for establishing a physical and social environment favourable for promotion of health among students.

The main activities under the project include: development of the model; presenting the model for piloting in 15 schools in 3 municipalities; setting up school teams (with the participation of school staff, parents, students and representatives of other stakeholders) and building the teams' capacity for implementing a health promotion school policy; developing a long-term and a short-term school plan and methodology for health promotion and an one-year piloting implementation of activities aimed at putting the plans into practice in 15 schools in 3 municipalities.

The present evaluation of the outcomes from the implementation of the pilot project *Developing a Model for School Health Education Policy for Prevention of HIV/AIDS Infection* is aimed at analyzing the whole process of the development and implementation of the model for health education school policy, which has been designed and piloted under the initiative of MES and UNICEF.

The model's evaluation and piloting in the three municipalities aims to make recommendations for an effective application of the model in different spheres of school policy development.

The following are subject to evaluation:

- ✓ the model for health promotion school policy;
- ✓ the achieved immediate and long-term results from its implementation;
- ✓ the process of the model's piloting;
- ✓ the sustainability and potential for a large-scale implementation of the model at national level.

When preparing and drawing the present evaluation and analysing the received data we took into consideration the context of the existing national and local mechanisms for school education management as well as the chances for using the achieved project results

in designing the policies of MES and UNICEF in priority fields of school policy development, such as:

- ✓ building and developing life skills;
- ✓ ensuring equal access to quality education;
- ✓ decreasing early dropping out of school;
- ✓ improving the processes of full involvement of young people in activities aimed at shaping accomplished and developing citizens and youth communities;
- ✓ decentralization of education;
- ✓ mechanisms for evaluating and ensuring quality education management;
- ✓ integration of the children with special educational needs and ethnic minority children;
- ✓ violence prevention.

The present evaluation was done in accordance with the principles, standards and ethical norms outlined in a number of documents of UNICEF and MES - Joint UN Program on AIDS/HIV (Standards for Evaluation Report, Matrix for Achieved Results in accordance to Set Goals) and other standards, guidelines and practices tested by UNICEF,MES (Strategy for Educational Integration of Ethnic Minority Children and Students; National Health Strategy; National Programme for School Education Development (2006-2013), State Educational Standards on School Curriculum), as well as the standards for evaluating school perfection, developed by MES, Expert Analyses, OSI and LGI – Budapest.

The evaluation results could be used by different institutions, units and organizations working for the development of the secondary education system, primarily MES and the municipalities.

Special attention should be paid by the Ministry of Education and Science on:

- the analysis of the practical significance of the project outcomes and methodology in regard to its usage for the implementation of envisaged by MES policies in the field of education and especially in the sphere of decentralization;
- the need for taking steps for the future implementation of the model by MES, the National Institute for Training of Directors at MES and other units and organizations within the education system.

The municipalities, which have responsibilities in the implementation of education quality policies at local level, can carry out analyses and action planning to provide he necessary resources for the implementation of school policies and to guarantee equal access to information, education and counselling on HIV/AIDS and related to them problems for all students.

Evaluation components

The evaluation model includes the following components:

Relevance evaluation – whether the project is conceptually relevant to the contemporary challenges of the out-school environment and the in-school organizational environment, to the local and national policies on children and education, as well as whether the used by the project methods and approaches to work in the sphere of health education and school policies are relevant to the nature and scale of those challenges.

Analysis of the project implementation with a special focus on **effectiveness –** i.e. determining the extent of relevance between the set goals and achieved results and the **effectiveness** – to what extent the results are optimal regarding the inputs.

Product evaluation – the correlation between the planned and the produced within the project products and the relevance of the carried out modifications in the course of the project regarding the products in order to achieve the project goals.

Outcomes evaluation – determining the extent of relevance of the achieved results to the target group's needs and interests and consumers' evaluation of the efficiency level of the provided within the project products and services.

Evaluation of the applicability of the devised model and conditions for sustainability and national implementation – evaluation of the concrete results from the implementation in the different schools and municipalities and the opportunity for using the model's successful practices in other spheres as well (violence prevention drug abuse and inclusion).

Long-term effect and sustainability – evaluation of the up to date effect and recommendations how to use the results to produce a sustainable effect on the school education system.

Basic evaluation approaches

To provide an optimal scope and in-depth evaluation the team ***developed specific instruments for analysis of the results for the different target groups of the evaluation***. An underlying evaluation principle was the ***participation of all the stakeholders***. Apart from goals related to registering the outcomes, the evaluation had also **"a guiding aspect" for the beneficiaries** as far as in the course of their active joint work with the evaluators analyzing the processes and achievements they had the opportunity to identify new guidelines for improving the quality of the implementation and multiplication of the model. This evaluation approach ensured further added value of the evaluation since it gave even stronger confidence and incentives for the teams to ***develop a sense of achievement of the mission to improve Bulgarian school education as well as a sense of ownership of the conclusions and recommendations for the model's improvement.***

Throughout the whole evaluation process the team followed the high ethical standards of UNICEF and MES for work with under-aged and the principle of protecting the personal data of the interviewed. All the evaluation methods were in accordance with the age and specificities of each target group and the level of their language and terminology.

Considering the scope of the task and the limited timelines the team developed and tested the separate instruments in regard to a maximum possible involvement of the stakeholders in the evaluation.

Evaluation instruments

To carry out the evaluation we designed packages of qualitative and quantitative instruments with methodologies and usage guidelines, which were discussed and approved by the Assignor. They include:

1. *Desk research* and analysis of the implemented model for school policy development; analysis of the project documentation.

2. *Series of structural interviews* with beneficiaries, representatives of the stakeholders and the project actors (project team members, trainers, project managers).
3. *Group discussions* with students and other members of the team set up to pilot the model.
4. *Surveys* among direct and indirect beneficiaries, partners for evaluating the products and outcomes.
5. *Matrix* containing quantitative data on activities, participants and outcomes regarding the schools participating in the model implementation pilot project.

The main instruments used were *output-to-purpose review* and *Delphi Method* experts' evaluation when devising the recommendations for a large-scale implementation of the optimized model of the project in the system of school education.

Duration and participants

The project evaluation started in August 2007 and finished in March 2008. For evaluation purposes the team of evaluators visited the three pilot municipalities and the schools involved in the project, where the specific quantitative and qualitative data collection instruments were used. The evaluators' visits to the pilot schools and municipalities were carried out from 20th Sept. 2007 till 10th Oct. 2007 – when we did the above mentioned structural interviews, group discussions and surveys among the major beneficiaries. 26 group discussion groups were held and 33 direct and indirect project beneficiaries were interviewed – students, educators, parents, medical officers, representatives of the local authorities and parents.

The quantitative research comprises 390 students and 114 teachers from fifteen pilot schools.

Within the evaluation we carried out meetings and interviews with educational experts who showed interest in the project subject. Detailed information on the research methodology is given in an appendix.

Structure of the report

The evaluation results presented in this report are structured in six parts.

After the description of the national health education context, which is at the beginning of the report, we present an evaluation of the relevance of the theoretical development of the model to the aims and objectives of the educational policies – as they are and as outlined in basic school development and health education documents. We analyze the impact of the system conditions upon the model's application. We assess the relevance to the public expectations and needs regarding the role of the school in developing young people's health skills.

The second part outlines the most important quantitative and qualitative outputs concerning the direct beneficiaries. An evaluation of the effectiveness of the pilot implementation of the model is made.

The mechanisms and practices that led to the achieved results are described and analyzed in the third part, where we trace the process management within the school organization as well as the partnerships and trainings provided to the school teams prior to and in the course of the model's pilot implementation.

In the fourth part we present the shared by the project beneficiaries and staff attitudes to the model and assessments on the strengths and weaknesses in the implementation of the school projects. At the end of this part we describe positive practices which can enrich the tools and techniques for developing and implementing school policies.

In the final fifth and sixth parts we summarize the main conclusions and make recommendations for the model's implementation at national and local level, in the school and in the classroom.

I. ANALYSIS OF THE HEALTH PROMOTION SCHOOL POLICY MODEL

In this section we review the philosophy of the model for health promotion school policy and evaluate the relevance of the model to the goals of the national education policy and the perspectives for school education development. We analyze the extent to which the model and its application meets the needs of the education services consumers in the specific contexts of the three pilot municipalities.

1.1. Description of the aims and essence of the model in the national context in the sphere of education and services for children and young people.

The initial draft of the project concept the main part of the activities were aimed at developing a model for health education school policies preventing HIV infection. Later on the model was devised as a broader instrument for health promotion policies, which tackles a wider scope of young people's problems and needs in regard to fostering health culture and skills to behave and relate leading a healthy way of life.

The model has been developed on the basis of the experience gathered in implementing projects focused on health promotion in Bulgaria and abroad.

The model is in accordance with the vision, aims, priorities and objectives set out in the national and local policies for children and education and the modern standards, guidelines and approaches for work with children developed and practised by governmental and non-governmental organizations in Bulgaria and abroad.

The model is in accordance with the main goals for equal access and quality education outlined in the *National Programme for School and Pre-school Development and Preparation* (2006 – 2015) and a significant part of the outcomes of its implementation contribute to a number of basic objectives set out in the Programme, such as: decentralization; developing extra-curricular and out-of-school activities; acquiring practical skills; providing need-based care for different students and expanding teachers' qualifications.

Students' need for health education and, in particular, developing healthy sex culture is part of the strategic objectives set out in the National Strategy for Demographic Development of Bulgaria (2006-2020), the National Strategy for the Child(2004-2006), the National Integrated Plan for Implementing UN Convention on the Rights of the Child (2006-2009) and other national programmes, such as the National Programme for HIV/AIDS and STD Prevention and Control (2000-2007), the national programme *Sexual and Reproductive Health of Young People in Bulgaria* (2004-2008) and the national programmes for protection of the child.

The model's elements and the aimed outcomes are also in accordance with the main goals of UNICEF Bulgaria outlined in the programme of the organization for 2006-2009, such as: (a) improved child-focused regulations and programmes at national and regional level; (b) local authorities capable of planning the provision of social services for children at regional and municipal level and (c) children from the most vulnerable families, including Roma families: (iii) have the skills and practices to prevent risk behaviour.

Health education has a place in every Bulgarian school, outside and independently of the development of the model, in the form of traditional school practices, approaches and methods – in the class hour, Biology classes, other school subjects and FOP. In the schools which develop the model for health promotion school policy health education is a priority. In these schools **health education is not sporadic but a well-planned system of curriculum and extra-curricular activities carried out though the implementation of modern approaches** – interactive techniques, team work, good management principles, quality assurance, etc.

In these schools the topics, forms and work methods are applied after assessing the existing needs of the different groups of students. They use the s of the curriculum, school programmes, the extra-curricular and out-of-school activities and the environment in which the school functions. They invest resources in developing teachers' competences, use modern guidebooks on health education, plan and provide support through school projects or different initiatives.

The school policy model is an approach to health promotion in contrast to the implementation of ad hoc health education programmes or actions aimed at risk behaviour prevention and diminishing negative effects on health. The model encourages schools to adopt health models and values; encourages the involvement of all school community groups in the decision making processes and the responsibilities of the school to the community.

School policy is a contextual approach to school development through a wide-scope process of planning and management and not only developing and implementing concrete and specific procedures tackling a certain problem.

A key element of the model is the understanding that the school is an organizational system, in which there are processes of building and developing an organizational structure, planning, human resource management, work with the environment, etc. The belief and attitude that the school is an organizational unit responsible for its development is a key prerequisite for its independent progress.

Thus in its essence the **model for school policies shifts the focus of devising, implementation and evaluation of educational policies on school level making them to a bigger extent a responsibility of the school management in front of the school community rather than the central institutions of education management – MES and the Regional Inspectorates of Education.**

In practice the piloting of the model is complicated by the discrepancy between the existing at the moment of its pilot implementation systemic conditions and the necessary for its successful adoption systemic conditions. Due to the delay of the overall reform in school education the model schools practically exist within the framework of the **system status quo in secondary education striving at the same time to work in a way that requires a new type of systemic prerequisites.**

On the one hand, a wider implementation of the model is possible and necessary thanks to its **relevance to the need for change in Bulgarian schools**. The need for change has been recognized at education management level (by accepting strategic documents for education development) as well as at school level – by the students (parents) and teachers.

On the other hand, though, **the model is piloted in an organizational, management and regulation environment that does not allow the revelation of its full essence and effectiveness.** In such conditions the implementation of the model is possible through mutual adaptation of the two systems – that of the model (based on the change) to the status quo of the school education system and of the status quo to the model. The realistic evaluation requires the recognition of the necessary extent of flexibility when piloting the model. In these circumstances it is difficult to make fully generalized conclusion about the post-piloting stage of the model's implementation, which means that neither the results should be underestimated nor the weaknesses and risks – overrated.

The school policy model is in unison with the attitude and goals expressed in strategic documents of the school education system. It builds on them thanks to its inventory and operational character and prescribes the development of concrete structures, mechanisms and approaches for the functioning and developing of the school as an organization.

The model is highly relevant to the goals of the educational policies though it would have limited chances for a sustainable practical application if there are not real changes in the legal framework and building the capacity of the school as an independently developing organization.

Until this task has been performed the model's achievements lie on the fragile basis of staff's motivation or on administrative orders. We have a situation in which the project for testing the school policy model becomes possible due to the "orders" given through the mechanisms of the centralized school management policy.

A significant impact on the implementation and outcomes of the model for health education policy in the school is produced by the **specificities of the local environment** in the selected municipalities:

- municipalities with small population and relatively small population in their municipal centers;
- a significant portion of the population in one of the municipalities is of minority origin;
- an enormous portion of the students who commute to the regional schools;
- a substantial portion of the teachers who commute to another village or town;
- lack of projects implemented in the sphere of health promotion (and a limited number of projects in other spheres) in the schools of the municipalities (excluding 1 municipality).

The piloting of the model in 3 municipalities allows to **test in practice its strengths and the challenges that its implementation in the schools will face.**

Thus the project for the model's implementation has the following strengths:

1. It enables us to assess the motivation and capacity of the local authorities, the school management and the school community to apply the model.
2. It demonstrates the results and benefits of its implementation.
3. It breeds confidence and expectations for the trends of change.

At the same time the project for pilot implementation of the model suffers from one major disadvantage. Even though it is being carried out with the agreement and

partnership of the Ministry of Education, the commitment of the Ministry is not envisaged regarding:

The theoretical model points out the need for undertaking medium-term strategic steps such as:

1. Determining the needs, goals and objectives of MES in regard to school policies.
2. Devising a permanent mechanism for coordination and management of the school policy development process with the participation of the main stakeholders.
3. Developing a national strategy and plan and implementing them.
4. Establishing standards for introducing school policies and developing a legal framework.
5. Drawing methodological guidelines and providing methodological support for the implementation of school policies.

More than a year after the completion of the project there is no information that the Ministry of Education has made even initial steps to fulfill the given recommendations for its commitment to organizing follow-up actions after the completion of the pilot phase of the model in the three municipalities.

On operational management level of the project the situation looks much different – under an order given by the Minister of Education a project Steering Committee was established. The Committee's main task, though, is to allow and to guarantee from "above" the participation of the schools in the project implementation and to watch for the effectiveness of the project activities and the quality of the products developed under the project. The Steering Committee does not carry out tasks connected with analyses of the results and development of a model for changes in the school education system on the basis of the existing pilot project.

In other words, the representatives of the MES instead of developing and implementing policies using the project experience confine themselves to involvement only in the technological and administrative task to support the better implementation of educational projects. The fact that there is not an effective mechanism/unit in the management structure of the school education for systemic monitoring of proposals and ideas for educational innovations and the potential to their quick and effective transformation into proposals for policies and real policies is also confirmed by the lack of effective reactions in regard to the developed model and the opportunities for its implementation on a national level. The absence of such a mechanism/unit dooms to failure a series of other developed or developing innovations in the system of school education.

Thus at the time of the present evaluation **the pilot phase seems to be the final phase.** The achievements do not lead to development. The documentation of the model remains available only to a narrow circle of experts, who do not have enough resources to initiate the reform on a system level and thus to create the necessary change in the educational policy.

What is more – the situation is worsened by the added negative effect of disappointment and loss of motivation among the teams that piloted the model locally due to the lack of favourable systemic conditions, which would allow the model to be used after the completion of the pilot phase, i.e. to be sustainable, to be improved, to continue producing good results and develop. **There is a risk of frustration among the rest of the**

stakeholders, who are indirect beneficiaries of the mode's piloting: they cannot witness multiplication of the practice. They can start suspecting simulations/imitations of changes disguised in "project games" and become **skeptical about the lack of political will for a true change. For them the change so far is just hinted as a long-term plan, which has not been put into practice and documents that have not brought to visible change in the policies and have not caused true and tangible for the consumers results.** In this way the essence of project/piloting culture is being discredited and a feeling of heavy dependency of the changes in education on ad hoc projects is being created. In this situation we have the feeling that the State has abdicated from the responsibility to make changes and has passed this responsibility on to the non-governmental organizations and the donors, which have only partial and quite limited project resources – not the authority power needed for large-scale changes in the system.

The missed chances to **transform successful pilot practices into policies thought over and supported by the State** run up a substantial deficit in the analyzed project on developing school policy.

The project is focused on and limited to the development of the model for implementing whole-school approaches to devising sector-based school policies and to the changes that should be made on school and municipal level, but it does not offer (and does not target) an efficient strategy and even less so measures for top-to-bottom changes, which are necessary to guarantee the model's full implementation. After all, the survival of the model is ensured not only by the bottom-to-top initiative and the evidence for its effectiveness but also by the top-to-bottom commitment. That is why, without a solution in the other part of the equation – **initiated by the Ministry of Education large-scale implementation of the model in the school education system (taking into consideration the assessment of the strengths and weaknesses of its implementation in the pilot municipalities and the recommendations made by the experts) – the whole process of the model's application remains incomplete.** The overall positive evaluation of experts and beneficiaries in the pilot implementation gives a good reason for further efforts in this direction.

The most significant project outcomes are connected not only with the achieved very good short-term and long-term effects in regard to the development of the school staff's competences and the students' health skills and knowledge, but also with ***the opportunity to truly legitimate – legally and operatively – the emancipation of Bulgarian schools for an independent organizational development.***

Although decentralization is not set out and operative in a sufficient degree in the model as a prerequisite for its effective implementation, the model itself as well as its piloting take a big step in this direction. They outline the directions and opportunities for applying the principles of decentralization (the levels of planning, management and organization inclusive) as well as the main problems connected with this process. The theoretical analysis as well as the analysis of the outcomes from the piloting of the model show that without establishing legal and system conditions for school autonomy (applying mechanisms for supporting the schools to develop independently: including a set of measures for building an organizational and management capacity in the school) the relevant results will be achieved only partially.

In this context the set project goal – 20 % of the schools to have started the process of policy implementation till the end of 2005 and the expected end product: "each school to set up a mechanism for implementing school policies as part of the mandatory school procedures and documentation developed and updated by the school community

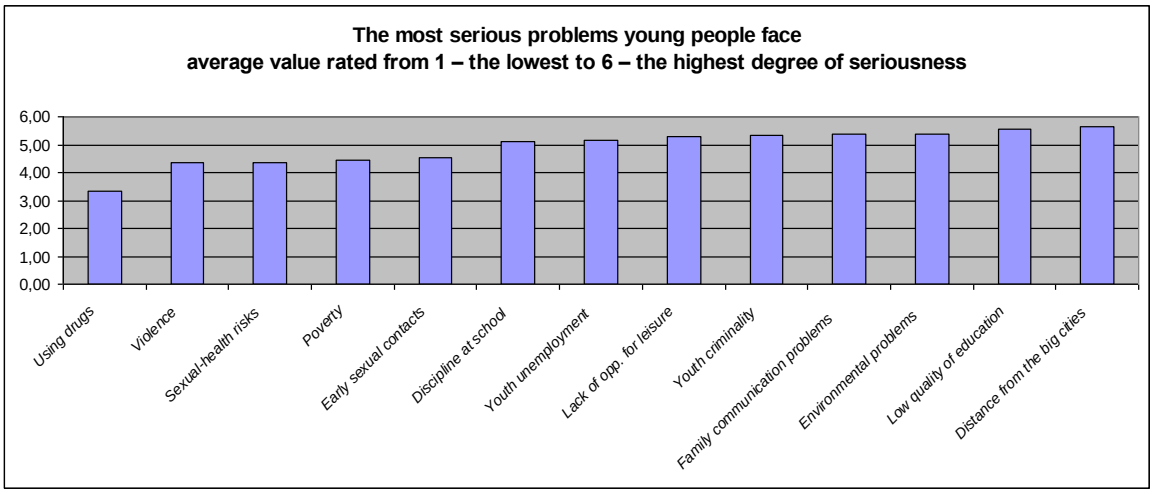
every year" – although formally achievable through its inclusion into the mandatory requirements and processes in the school – cannot be achieved effectively as long as the implementation of the model requires systemic conditions. This very fundamental deficit in the system in medium-term perspective causes the loss of enthusiasm even of those teachers and school managerial staff who highly appreciate the "purely" theoretical effectiveness of the model and do their best to pilot it on a short-term basis.

The lack of courage and persistence to declare firmly **the need for a change in the system in order to implement fully the school policy framework in education and to consolidate support for concrete measures for applying the model after the pilot phase** contains one of the most significant and as yet unfulfilled potential of the project. In general, the encouraging results from the pilot implementation of the model, also recognized in this evaluation, give us an argument to look for ways to overcome that weakness.

1.2. Relevance to the beneficiaries' needs

The proposed model is fully relevant to the needs of the young people in the three municipalities to acquire knowledge and skills in the field of HIV and AIDS prevention. The research data on the main challenges that the young people in the three municipalities face show that in the top five problems young boys and girls indicate 4 critical spheres directly connected with health and sexual education.

Chart 1



Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

Doubtless **the implemented model for health policy enables us to test an approach ensuring a high level of interest and involvement of all stakeholders.**

The model introduces highly relevant forms of acquiring basic health information in schools with children of different ethnicities – Roma, Turkish, Bulgarian Muslims – and children coming from municipalities and places with high unemployment rate, demographic crisis and low education level of the population. A big part of these municipalities are characterized by specific cultural traditions and traditional attitudes to the school's mission and tasks, including – to an even greater extent – the sphere of sexual health.

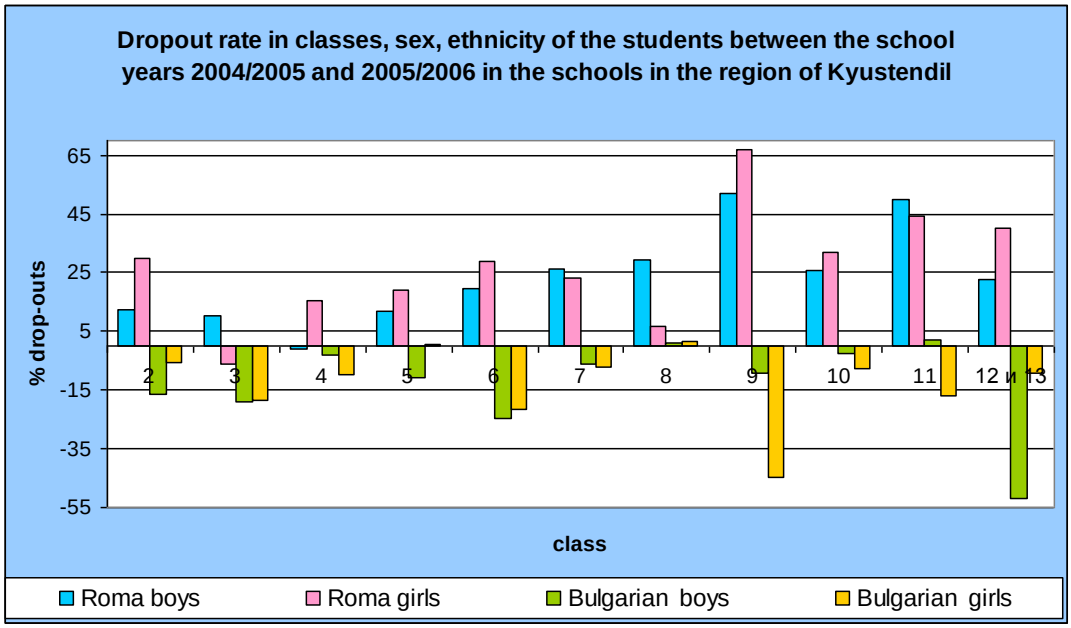
In this type of community environment, drawing into focus the question of sexual health – especially in regard to young people at school and in the school – is treated in a reserved and skeptical way by parents. Actually, in these very municipalities there are communities that are characterized by early marriages and early start of sexual intercourse. For them the only potential source of accurate information about health culture, prevention and healthy lifestyle can be found exactly in the school implementing the model for developing health education policy.

Directly or indirectly the acquisition of health life skills is set out in the State Educational Standards on School Curriculum and the contents of some mandatory school subjects. In the contents of "People and Nature" for 6th grade in Lesson 15: *Life Processes of the Human Being. Irritability and Movement*. In the standard there is the requirement for the student to be bale to "assess the responsibility and risk for the health of the growing organism in premature sexual intercourse" and "to enumerate diseases of the human reproductive system and their effect on the normal development of the organism".

In practice this is the first programmed opportunity for acquainting young boys and girls with a key problem on the *reproductive health* topic (the next opportunity in the school contents is given as late as 8th grade when human reproductive system is studies).

The data on dropout rate of young boys and girls of Open Society Institute taken from different regions of the country[1], though, show that there is a necessity to reassess the class (the age of the children) in which the reproductive health topic becomes part of the school content and the extra-curricular activities, as long as in certain small municipalities with predominant minority population the first peak of early dropping out of school is between the elementary and pre-secondary stage.

Chart 2



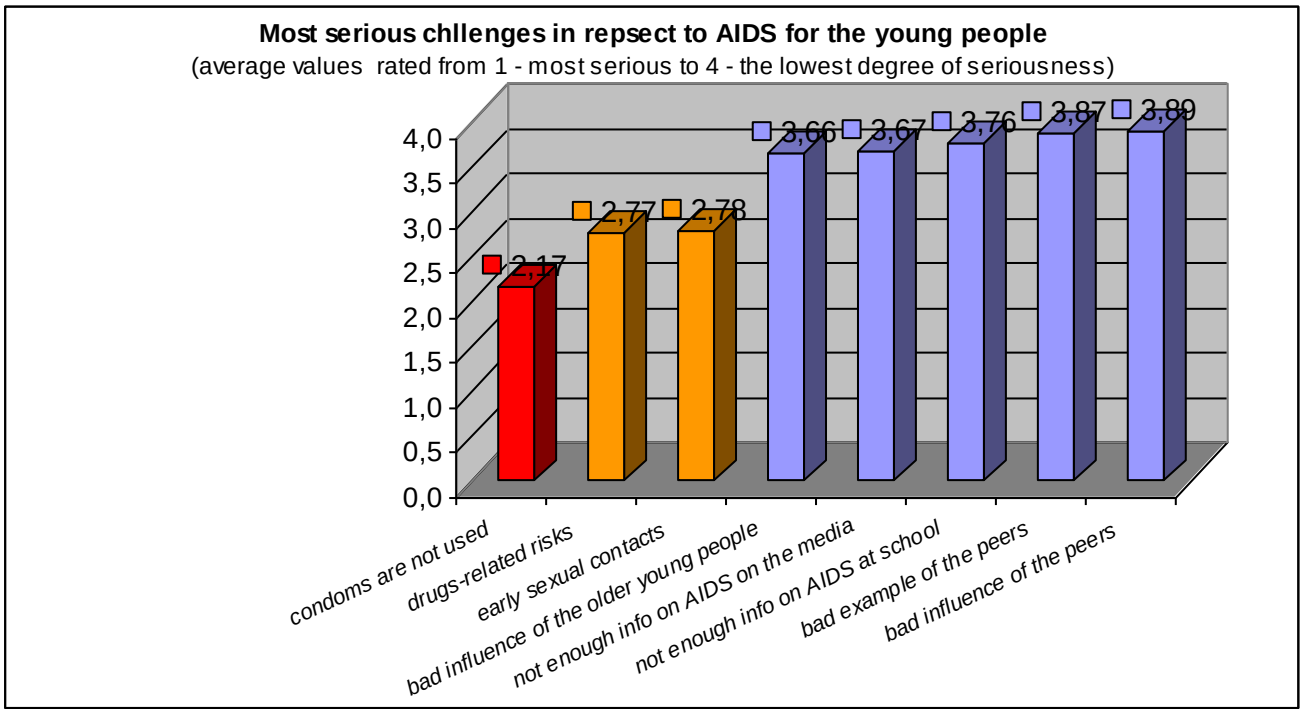
Source: Open Society Institute; project: Effective Diversity Management in Education; Kyustendil Regional Government; Indicator Bulletin; Open Society Institute

[1] *Indicator* Bulletin, Open Society Institute, 2006

Moreover, **the main reason for dropping out of school is often an early marriage and the start of active sexual practices at an early age.** It is not accidental that early sexual intercourse, which is obviously an issue with the young people in small places and municipalities, is among the three major problems in HIV and AIDS prevention.

Since in these municipalities the school is the only chance for the students to get adequate information on health issues, we should envisage more flexibility in providing opportunities for changes in the studied content and topics related to family planning and reproductive health. This means that schools should have the choice to "move" these topics earlier in years so that the school content meets the students' needs and works for prevention through interventions prior to the establishing of certain risk behaviour.

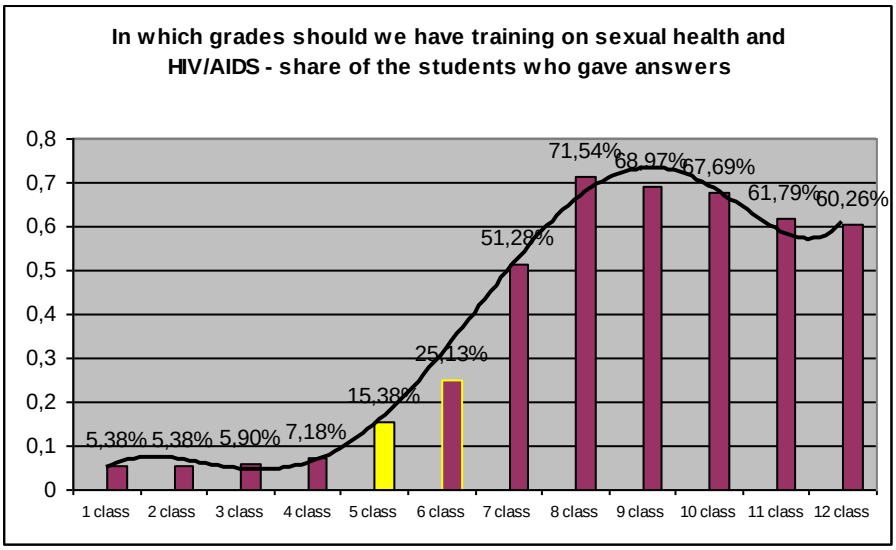
Chart 3



Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

Moreover a serious number of students express understanding and support for such a decision. For example, the surveys in the three municipalities show that according to one in five of the respondent students sex education and HIV/AIDS prevention should start as early as 4th or 5th grade.

Chart 4



Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

The model for school health policy provides an opportunity to compensate the lack of flexibility in implementing the mandatory school contents and to partially deal with this serious challenge.

II. ANALYSIS OF THE ACHIEVED OUTCOMES FROM THE MODEL'S IMPLEMENTATION

In this part of the evaluation we present the outcomes related to the main project beneficiaries – students and educators. Where applicable we use charts prepared on the basis of the data collected when visiting the schools in the three municipalities. We view the quantitative results in relation to the beneficiaries, study the impact on the cognitive and behavioural components of the students' attitudes and analyze the cost effectiveness of the model's piloting.

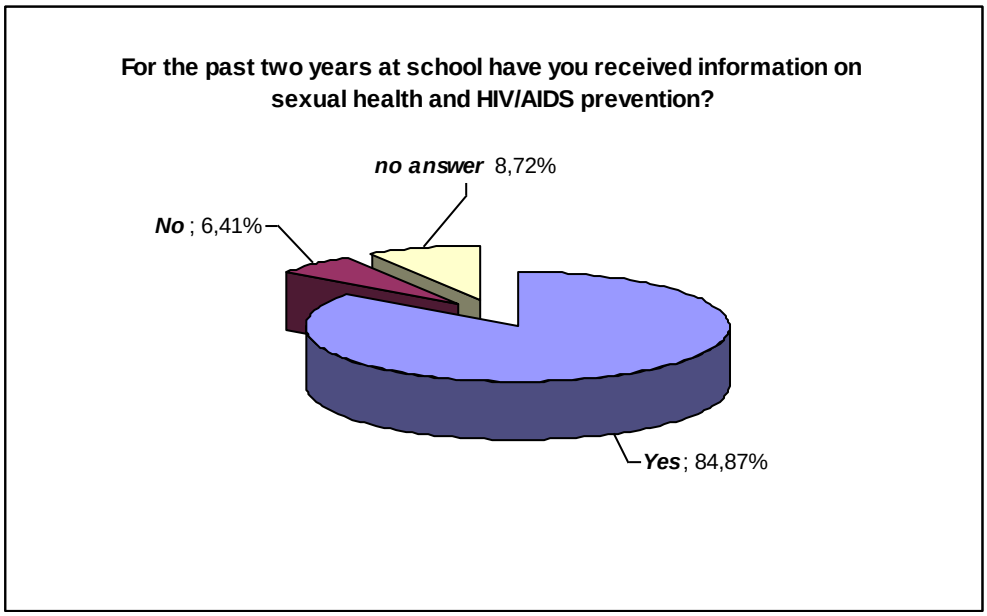
2.1. Outcomes regarding the main beneficiaries

2.1.1. Students

- ***High level of involvement of the beneficiaries.***

The introduction of the health education model leads to a sharp increase in the number of students who have received information on reproductive health and HIV/AIDS prevention in the school. Evidence in favour of this statement can be found in a comparison with the data of the national representative research "Reproductive Health and Sexual Health Education among 13/14-aged Students" carried out by the United Nations Population Fund and the Ministry of Health in 2005. The results of this research show that two-thirds of the students have not participated in school activities on this issue – while the data of the evaluation in the tree municipalities are explicit: 6 out of 7 students in the pilot schools have taken part in at least one of the forms of information on sexual health and HIV/AIDS. The high values of this indicator prove that the number of students that received information in the school is not limited only to those who took the Health Education optional extra-curricular class.

Chart 5



Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

The developed under the model overall framework of versatile forms of sexual health education results in limited **number of students who have not received information on this issue at school.**

- ***More information and in-depth knowledge.***

To the positive quantitative indicators we can also add **considerable results in regard to the quality of the acquired health knowledge and skills in the pilot schools.**

According to the teachers the children who took part in the FOP "**know more** already". **The children behave more freely and responsible in class** and increasingly participate in the discussions. **The students themselves are pleased** with their work in the FOP and find the topics "interesting and useful in life". The students participating in FOP believe that the gained knowledge will help them to take care of their health as well as to have a better relationship with their partner and also to communicate better with their peers.

"Now we are cleverer, more aware….older"

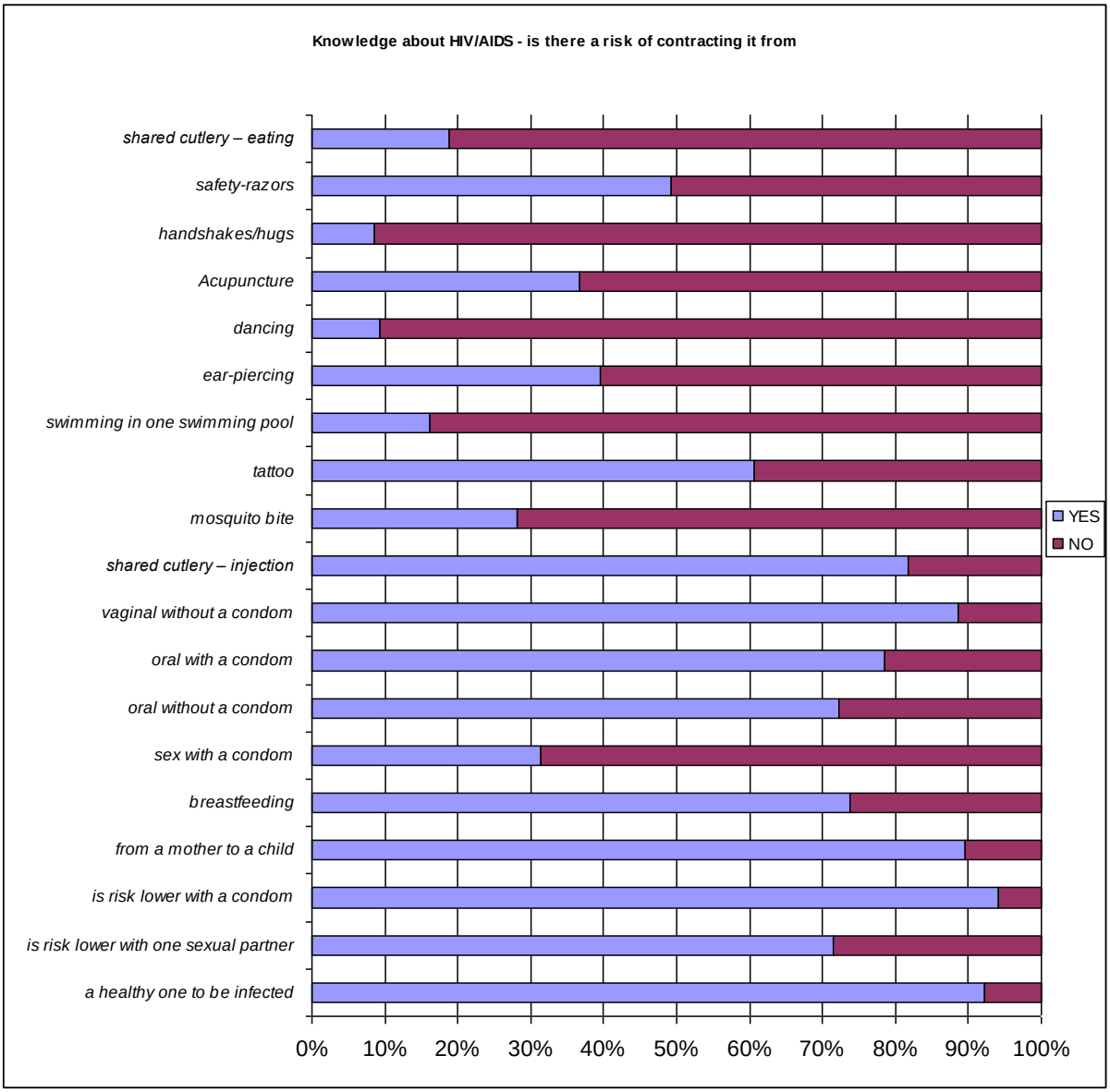
FOP participants

Doubtless one of the most important outcomes is the **confidence** of being better informed, more competent and capable, which the participants in the FOP or in one of the other forms of the project have acquired.

Obviously, the **model facilitates the acquisition of information not only by the FOP students but also by those who participated in the implementation of other forms and activities under the project.** According to the national representative research "Reproductive Health and Sexual Health Education" carried out by the United Nations Population Fund and the Ministry of Health in 2005, 75% of the young people know the right answer to the question whether condoms prevent HIV infection. In comparison the data from the representative research among the 15 pilot schools show that the share of the young people who answer the same question correctly is 20% higher – more than 94%.

There is a dramatic difference between the average statistical indicators for the country and the schools applying the model concerning the so-called *common delusions* about contracting HIV. ***10% of the girls aged 15-16, 22% of the girls aged 17-19 and 10-12% of the boys aged 15-16 know how you can get infected with HIV and reject the delusions about the virus* –** in comparison, the students who answer correctly those questions from the sample of the pilot schools implementing the model are a several times more (we need to consider that the average age of the surveyed students in the pilot schools is 15).

Chart 6



Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

- ***Building trust and openness between students and teachers.***

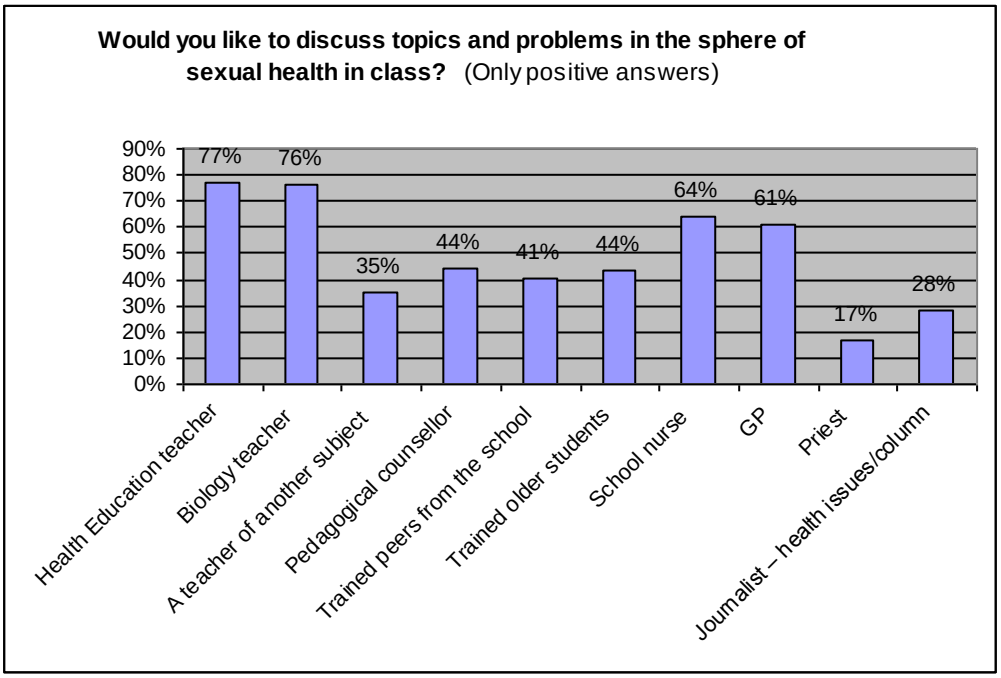
Interactive teaching methods, which are, in general, still deficient in the range of the methods used in the classroom in school education system, proved one of their most important advantages during the pilot implementation of the model: they helped not only the acquisition of knowledge and skills but also contributed cutting **the distance between students and teachers.** Both parties – students and teachers who worked together in the extra-curricular class (FOP) or in other forms of curriculum and extra-curricular activities within the school initiatives share that interrelations are much more open, nice and beneficial compared to the traditional paradigm of teacher-student relations, characterized by communication only in class.

The out-of-class conversations with teachers are pointed out as a major source of information, which proves that **a new type of teacher-student relationship** has been established – one of the biggest assets of the project. It is expresses both in the stronger

trust between teachers and students and in the development of key skills in the teachers to counsel students on topical fort hem issues.

The interactive teaching methods used in FOP have definitely cut on the teacher-student distance. The relations between the students and teachers that worked together in FOP or were involved in other ways in the project are different from those between the students and teachers who communicate only in class.

Chart 7



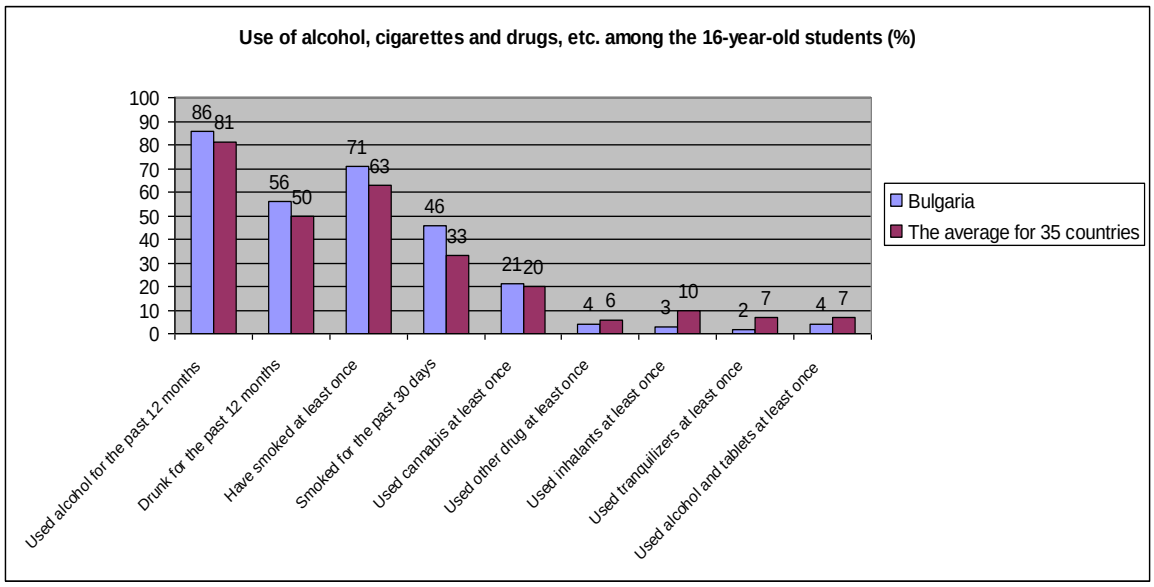
Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

- ***Positive effect on behavioral attitudes***

We can also see **a change in the behaviour of the students** who have been involved in activities connected with the project implementation and/or the model's application. The interest to health education issues and interactive teaching methods leads to a change in some students' behaviour towards teachers and peers. For instance, students that used to have bad discipline and aggressive behaviour towards their peers and teachers found it more difficult to work with them now take an active part in the FOP and even teach younger students.

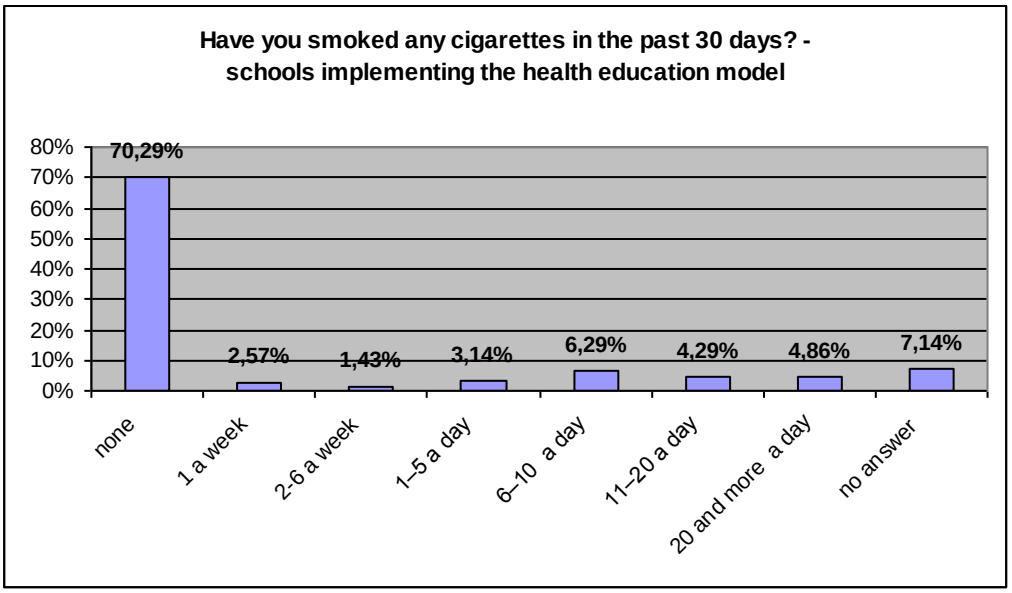
The percentage of students who smoke, although still high for schools practicing a health education model, is still incomparably lower than the average for the country – 70% of the questioned adolescents from the pilot schools in the three municipalities report that they have not smoked in the last 30 days – in comparison according to data from ESPAD, 2003, 46% of the students admit that they have smoked in the last month. On this indicator the data for the Bulgarian schools that participated in the model's piloting and implementing the health education model are better than the average European values.

Chart 8



Source: The ESPAD Report 2003, Alcohol and Other Drug Use Among Students in 35 European Countries, The Swedish Council for Information on Alcohol and Other Drugs (CAN). Stockholm, November 2004, http://www.espad.org/sa/node.asp?node=730.

Chart 9



Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

(The data on drug use and alcohol also point out the positive outcomes in the schools that worked on the piloting of the health education model, though they are not quoted due to the relatively high percentage of the students who did not respond.)

The students who participated in the FOP **are more active and involved** in the other classes as well. For them the "mission" to involve their peers who do not care and laugh at the beginning of the discussions on these issues is a question of "*personal*

achievement and reward". **The self-esteem** of the participants in the FOP and the students who took part in the organizing and carrying out extra-curricular and out-of-school activities **has risen**. As a result of the given to them opportunity to make suggestions and participate in the process of project management, they have developed **self-organizational skills**.

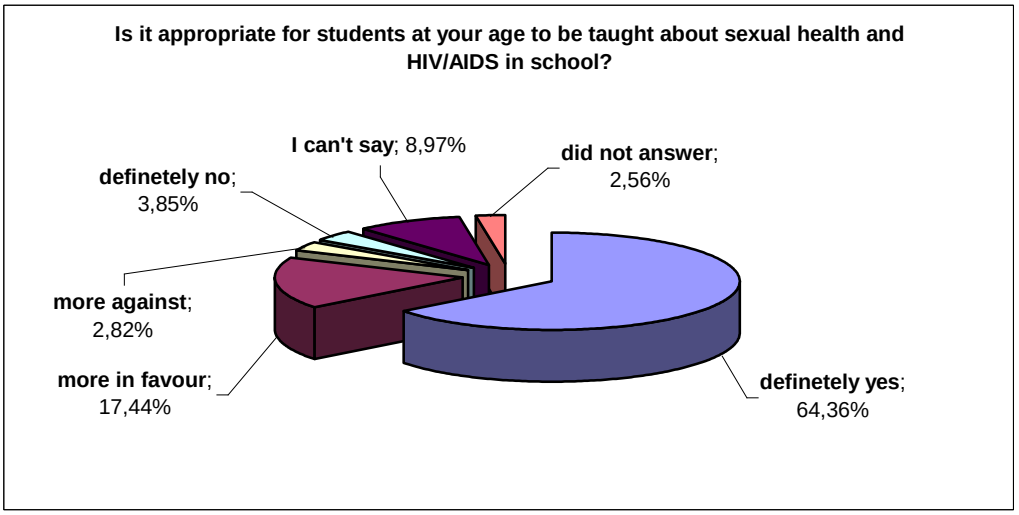
The relations between the students within the classes that started the FOP have changed (according to the participants in the FOP) "now things are different": ***the students are more cooperative, communicate easier and find it easier to "open" themselves to their peers***. As a result of the project work we register **increased communicative skills** of everyone who were engaged with or involved in the project implementation. The skill to share and speak freely about sexual health issues is revaluated highly as a very important for young people.

For the FOP participants the relations with their parents have also started to change, though not intensive enough, since according to the students the parent-teacher liaison is not sufficient.

- ***Degree of satisfaction***

The growing support of the students for the introduction of health education in the school is also confirmed by their assessment of the model's usefulness and their satisfaction with the outcomes. In the schools where the model was implemented **the number of students who claim that it is necessary to teach knowledge and skills in the sphere of sexual health in the school is 10% higher than the average for the country** (estimated in 2005 – 71,16% in the national representative research "Reproductive Health and Sexual Health Education among 13/14-aged Students" carried out by the United Nations Population Fund and the Ministry of Health), and the percentage of those who do not approve of such training is under 7%.

Chart 10



Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

Compared to the data for Bulgaria **in the schools where the model has been implemented there is a wider awareness of the need for more intensive training in the sphere of sexual health education**: more than 80% of the respondents in the tree municipalities compared with 58,7% for the country in 2005. These data are indicative for the higher percentage of supporters of health education in the school when there are conditions for more information, accumulation of practical experience and impressions after a piloting phase. On the other hand, they can be integrated as an indirect positive indicator of the awareness of the students in the pilot schools of the meaning, quality and practical uses of school health education.

The major positive outcomes for the students are:

- a high range of students that received information in the school on sexual health and HIV/AIDS prevention;
- a school for reproductive health and HIV/Aid prevention;
- preference for the school and talking to teachers as the main source of information;
- establishing a new type of student-teacher relationship based on trust and cooperation;
- higher quality of the acquired knowledge;
- increased students' self-esteem, self-confidence and initiative;
- increased communicative and self-organizational skills;
- a high degree of satisfaction of the students with their participation in various work forms organized by the school;
- contribution to fostering attitudes to safe behaviour that limits the risk of diseases and infection;
- a positive change in students' behaviour in regard to discipline and aggressiveness.

2.1.2. Educators

Among the main outcomes from the pilot implementation of the model the teachers point out the benefits for their professional development from the project's training component. The teachers participating in the training emphasize above all the significance of **the acquired knowledge and skills to work with interactive methods** and appreciate highly the effectiveness of this teaching approach.

As a result of their work on the project and participation in the training **the teachers have improved their qualification to work with students in the health education sphere. The discussed and prepared** lessons on HIV/AIDS prevention have been useful for the teachers' work and they still use them in the teaching process in **the teacher's hour and FOP.**

The participation in the teams' training and the very project process has contributed towards **the development of skills to plan and o design strategic documents.** Fourteen out of the fifteen schools that worked on the model's pilot implementation have developed strategic documents.

The skills to plan, organize, keep documentation and carry out initiatives were acquired or developed in other direct participants in the implementation of the project, including a small part of the older students.

The participants in the process of devising the annual action plans have gained **knowledge and skills for preparing project proposals**. This type of benefits are top rated by the educators involved in developing school projects and by the school management as well.

The majority of the school **principals** share that they **have improved their managerial skills** and approaches, including the specific experience and a set of skills in coordinating project implementations.

When piloting the model locally **the principals had the opportunity to see and appreciate their colleagues from a different aspect and had the chance to build and check in a specific situation the effectiveness of the work with a school team** that will be capable of providing support to the school management.

Although the participation of parents and the School Board in the implementation of the project is extremely important, **the project teams found only occasionally ways to involve parents** to participate actively in the school initiatives. Despite the partial success in this direction, the piloting clearly demonstrates the need and the benefit to work with the parents.

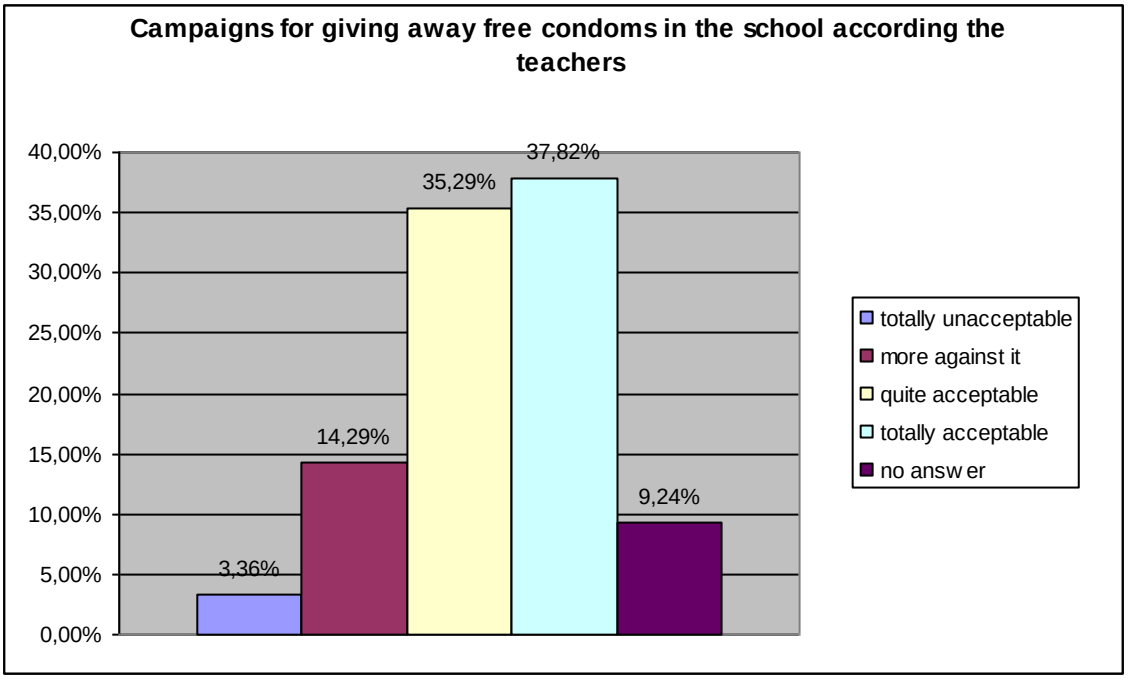
Despite the partial success in this direction, the experience from the piloting clearly demonstrated the need and benefit to work with parents. Some schools improved the approaches to involve parents in work with the project teams in the course of the project (See the attached instances of good practices in part IV). But the minimal overall result for all project teams is the strengthened **belief in the significance of a school-family partnership.**

One of the key outcomes is the established **partnership** between the teachers in some schools within the municipality. In the municipalities of Loznitsa and Nessebar partnering relations were set up between the FOP teachers in the different schools, as well as between the project team leaders from the different schools. This partnership, though, is based on **interpersonal professional contacts – they do not result from purposeful sustainable inter-school cooperation**. The schools in Byala Slatina do not maintain contacts and do not work in a partnership on the *health education* issue. What is more, thee is the tendency there for schools to see each other as competitors.

The data from the carried out interviews show that in the initial stages of piloting the project a lot of the teachers were reserved and suspicious to the introduction of the *sexual education* issue in the school lessons. One year after the completion of the project there is an **atmosphere of trust and openness** in the schools when discussing the "sensitive" issue. Indicative of the school atmosphere is the fact that most of the teachers (73,11%) at the schools piloting the project accept positively the initiatives for giving out condoms in school.

In comparison to the school year 2005/2006 during the school year 2006/2007 the number of individual counselling sessions provided to the teachers and the students rose by about 10%. This is an indicator for the improved teachers' skills and also for the establishing and sustaining a specific service for students. What is more, these data can be interpreted as an indirect indicator proving the deepening trust between teachers and parents and a positive prerequisite for its maintenance and development.

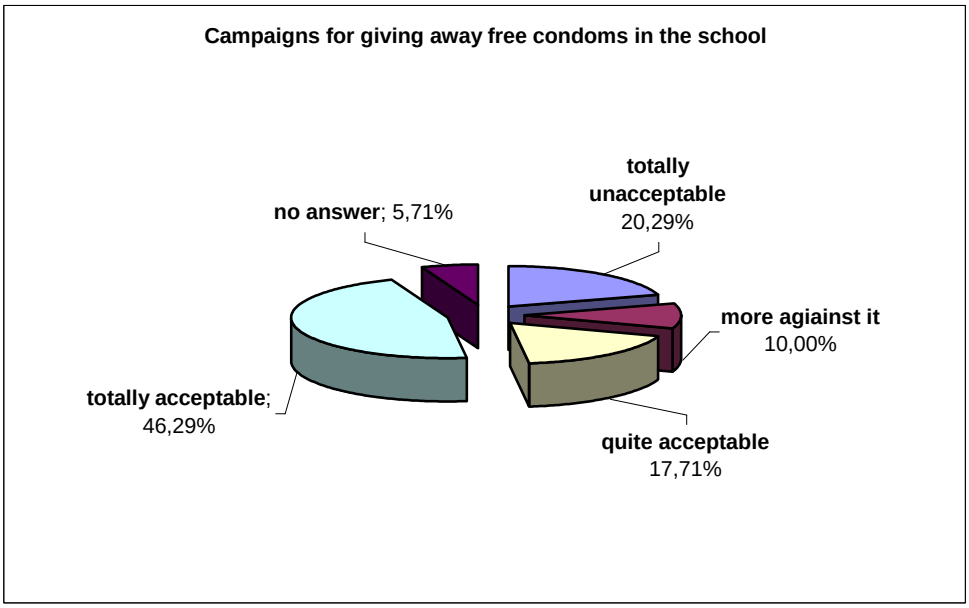
Chart 11



Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

The change in the environment has affected a significant part of the students – share of those who partially or totally accept the distribution of condoms in school is nearly 2/3**.**

Chart 12



Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

One important conclusion is that the implementation of the school policy model goes beyond the direct impacts connected with health and influences favourably the school's overall work and on different levels (organization, management, interrelations, learning, services) and for the different group as well.

The main positive effects on the teachers and principals are:

- improved qualifications for work with students;
- new knowledge and skills to use interactive methods;
- acquired knowledge and skills to work on health education programmes and to integrate them into the mainstream teaching and learning process at school;
- developed basic knowledge and skills to plan and produce strategic documents;
- gained knowledge and skills to prepare and implement projects;
- building a capacity to partner with stakeholders;
- establishing a new type of teacher-student interaction based on trust and cooperation.

2.2. Evaluation of the model's effectiveness

2.2.1. Budget of the model's implementation

The main part of the financial expenses on the implementation of the project was provided by UNICEF, as it covered the development of the model, the training expenses, the implementation of the school projects and the inter-school meetings for exchange of experience.

Even though symbolic for the municipal budgets of some of the municipalities, the funding of a Health Education FOP /freely optional class/ in the municipal schools is in

itself an investment which increases the educational expenses on local level. These expenses, though diminishing, are still kept in the post-project budget period (only for the municipal schools). The share of the local "co-financing" is further increased if we add the expenses on the out-of-school activities – working meetings and counselling, the working hours of the medical officers and consultants, etc.

Despite that we need to emphasize that in all the pilot schools the participants in the teams pointed out that the funding for the activities is extremely insufficient. Practically speaking, apart from the FOP all the other activities connected with exerting labour were carried out on voluntary basis or at the expense of the staff's working hours. This is exactly the aspect that threatens the most the sustainability of implementation of the school policy model – the non-regulated extra labour of teachers and counselors (school psychologists and medical staff) could not be seen as a sustainable mechanism for the model's development[2]. That is why, without a clear regulation of the status of the model in Bulgarian schools and the provision of funding from the state budget for education, we cannot ensure support and motivation for an effective implementation of the model across the country, which is after all, the highest purpose of the project.

To summarize: the presented review of the expenses shows that to one unit of the donor's funding there is, practically, at least one unit, most probably even more, added as extra funding. The lack of guaranteed sustainable funding sources questions the achievement of the project's main goal.

At the same time the invested means from the national budget, measured in working hours done by the teachers and representatives of the partnering institutions – expenses on FOP, using the school's premises and equipment, etc. – are of key importance for the project implementation.

The directly invested in the school environment means, i.e. the provided budgets to the schools, are between 1000 and 12000 BGN per school. Spread on the participating in the project students, involved in the Health Education FOP and other school activities, it means about 35-40 leva per student provided by the project and approximately about 10-15 leva per student provided by the school in the form of "hidden" costs.

Apart from that, about 20 leva were allocated per student for further support and monitoring. At the initial stage of the model's implementation, at least, (during the first year) these costs can be taken as intrinsic costs and thus they should be included in the budgeting in an eventual programme for dissemination of the model in other schools. Of course, if there are available resources in the budget the monitoring should be carried out annually, though with a decreasing intensity after the first year. So far it amounts to 75 leva per student, as these costs can be regarded as operational costs.

Apart from those, the project invested in the human resource development, the effect from which is certainly more long-term. Within the project 70 teachers were

[2] One of the experts participating in he project expresses his disappointment with this statement and points out that the introduction of new models for work (as is, for example, the school policy model) is part of the school's responsibility to improve quality, which needs to be guaranteed. This requires regular change and self-development. According to that expert such efforts should not be awarded with extra money, e.g.: the school psychologist's and the nurse's counselling is part of their duties; the FOP planning and overall planning on school level, as well as evaluation is also part of the staff's responsibilities. The same expert believes that the only case in which it is acceptable to require extra money is the establishing of the activities formally as extra-curricular activities, e.g. a club – for which the club leader gets extra funding.

trained, as each of them took part in courses of between 30 and 35 academic hours. 20% of the teaching staff in the schools passed training, but according to most of the interviewed at the application of the model it is a good idea for all of the teaching staff to go though training. Besides, the made observations show that the trained teachers are active in the consecutive autonomous search for materials on the issue and establishing of contacts with other colleagues and experts working in the same thematic field. This comes to show that the training had also effect on the "learning how to teach", which is a condition for the sustainability of the outcomes.

These data indicate that to make a real change it is of key significance to develop human resources on management and teaching level and to form a critical minimum of people who will be at the heart of change.

Bearing in mind the said above, as well as the relatively short period of the training we think that a supporting training of the same type should be necessary once in every 5-7 years. Meanwhile, we can make use of the sharing of experience in the frame of the regular professional contacts, self-teaching and peer teaching of teachers.

On average 1200 leva was spent per school on training, as, apart from the teachers, other actors, though in smaller numbers, were trained: principals, parents, students and medical officers. This adds up to the first-year costs another 40 leva per student involved in FOP or other school activities. Thus, on the whole, for the term of the project 120 leva per student was invested. These costs are totally acceptable compared to the maximum rate per student, as, for example, determined by the national programme on extra-curricular activities – 160 leva per student. In other words, the project is an example of the development of an effective school action at a very reasonable price.

2.2.2. Added value of the project

There are two possible sides of looking at the value of the created benefits. On the one side, despite some benefits forgone due to the above-mentioned weaknesses at the model's implementation, the pilot project achieved high short-term results on local level at a relatively low price – thus, the benefits of the local communities are extremely high.

On the other side, the investment in the pilot schools is justified only as "pilot". In other words, the major effect from the made expenses should be measured as to the results for the national education system. As it has been emphasized in the analysis, the lack of evidence of practical results from the project in regard to the occurrence of actual changes that can push the education system towards the introduction of a school policy model, gives us reason to conclude that the relatively low value of the expenses made would look high for the minimal practical results on national level.

Still, we need to note that at the reasonable assumptions that the risk of contracting HIV/AIDS diminishes as a result of better information, then the investment made is highly redeemable in the long run. Of course, the diminishing of this risk is only one of the social and personal benefits from such a project. Doubtless, as it has been shown, the Health Education extra-curricular class /FOP/ helps the development of other useful skills, knowledge and attitudes. Besides, the project also contributes to the expanding of the capacity of the participant schools in planning and management, which also has a long-term positive effect.

The main added value of the project lies in the introduction of the school policy model itself as an officially adopted by the school long-term school **programme** for health promotion and prevention of health risks for the *students*, which outlines the main criteria and the necessary **approaches** for their fulfilment/achievement and formal school **standards** for their implementation. They are developed on the basis of the **needs**, resources and requirements of the school community in accordance with the socio/cultural norms and values of *the school community* members[3]. The school policy is directed to the organizational development and development of the school community, which can provide sustainable promotion of optimal physical, emotional, social and educational development of the students. We need, though, extra efforts and resources for its integration into the overall school management and for the full involvement of the whole school community in its implementation.

Innovations have high added value, but they require targeted investment and it should not be expected that they would happen accidentally with the use of already available resources. It is necessary, however, for UNICEF to insist on legal and operative introduction of the model for health policies **using a targeted programme approach and budgeting comparable to that of the national programmes of the Ministry of Education.** The multiplying of the well-developed and successfully piloted model will minimize the cost and will boost immensely the benefits for each beneficiary, each school team, the local communities – Bulgarian education and society in general.

III. ANALYSIS OF THE IMPLEMENTATION OF THE MODEL IN THE FRAMEWORK OF THE *SCHOOL HEALTH POLICY ON HIV/AIDS* PROJECT

In this section of the evaluation we review the pilot implementation of the model for health education policy for prevention of HIV/AIDS infection.

The analysis emphasizes the main processes in the model's implementation, commented by the participants in the pilot project (representatives of the project team that carried out the piloting and representatives of the municipalities and school communities) – achievements and difficulties. The following mainprocess of the model's implementation are reviewed:

- the selection of beneficiaries (pilot municipalities and schools);
- developing a capacity to implement projects (training);
- developing an organizational structure on school level in support of the model's implementation (school team and coordinators);
- developing a school organizational and community culture to promote health (rules and regulations, documents and approaches);
- attracting partners and work in partnerships);
- performing activities on school level in the framework of the school policies implementation (school policies for health);
- technical support to the local teams (counselling and monitoring).

The analysis of these aspects of the practical implementation of the model is important in view of its future use and dissemination both: to implement a health education school

[3] By a school community we mean the community of the students, parents, educators (teachers and tutors) and the school staff (administrators, cleaners, nurses, pedagogical advisors or school psychologists).

policy to prevent HIV/AIDS infection and to use the model for school policies in other spheres. The reviewed issues are the basis for making managerial decisions in the implementation (replication) of the model on regional/national levels.

3.1. Selection of the pilot municipalities and schools

The work team of MES and UNICEF defined the following five criteria to select the municipalities to be invited for participation in the project:

- small municipalities;
- municipalities which had not worked on the issue before;
- municipalities with different ethnic groups;
- municipalities where the municipal authorities and the Regional Inspectorate of Education would provide support;
- municipalities in which there is a balance between the schools (primary and secondary).

The municipalities were invited to take part in the project by letters, with attached brief information about the project and the school selection criteria. The decision which schools to participate in the project was left to the municipalities. After the statements of the municipalities had been received organizational working meetings were carried out locally to discuss the expectations, clarify the mutual responsibilities and the basic main on local level.

This approach provided the involvement of municipalities that have little or no experience in project work and created conditions for fostering a proactive municipal policy on education and encouraging cooperation between schools and municipalities to implement and communicate educational policies.

During the carried out meetings and discussions in the pilot municipalities it was found out that the project beneficiaries did not have a clear idea why their schools and municipalities had been chosen to participate in the project. The time span between the beginning of the project (2005) and the evaluation (2007) influences, to some extent, the beneficiaries' idea of the logic behind the involvement of the municipalities and schools – rather as a guess that a clear set of arguments. Still, even not sure about the arguments the local representatives[4] have a good intuition and understanding for the problems and the induced by them reasons for the involvement of the schools and the municipalities in the project. The following are among the common hypotheses for the reasons why those municipalities and schools were involved:

- the school's "reputation" (the best and most elite);
- the highest number of Roma students;
- a remote and small school;
- the size of the school;
- the specific characteristics of the local environment, which leads to *"behaviour anomalies*" (use of drugs, regular sexual intercourse, deviant behaviour and criminal offences) or "*May be because we are one of the few municipalities that have not worked on such projects before…they usually choose only regional centres and bigger towns to participate in big projects, that might have been the*

[4] We mean representatives of the schools and municipalities.

reason: to see how this health policy can be put into practice in smaller places and municipalities, like ours, which has more Roma population".

- the intention of the Ministry to check how smaller municipalities with prevailing mixed and minority population can run processes connected with health education.

The understanding of the need for the model to be applied in the schools is and important condition for its successful implementation because, in its essence, it is based on the sharing of common values of the school community – n essential part of the good organizational development. The model relies on:

- the existence of a shared value of the representatives of the school community, which they are striving at;
- awareness of the problems and needs;
- efficient participation in the analysis and planning of the process (the steps), which will lead to the achievement of the set goals;
- identifying the main interests of the stakeholders and finding out the common interest of the whole community.

The development of this process presumes the performance of a conscious, shared and planned change, which is one of the major challenges the school face in the pilot phase. This is, actually, one of the critical moments in the process of expanding the school's autonomy in general, which needs to be taken into consideration in the subsequent expansion of the model's implementation.

We can rather witness is a "capsulation" in the thinking of the beneficiaries of the school's needs and interests in the light of the fulfilled school projects and a low degree of confidence and interest to see the problem situations in the school as a whole and to look for solutions.

The team that implemented the piloting of the model in the three municipalities made a presentation on the idea, needs and approaches of the project during the first meetings in the municipalities and at the beginning of the training seminars. In the course of the evaluation we noticed, though, "a break in the link" at two places – in the municipality-school communication, which was supposed to set the beginning of raising awareness of the initiative and a strategic direction in the context of community needs, and in the communication of the project on a school level initiative, where it is necessary to break the paradigm of thinking of it as of a separate (time-limited) project, requiring a short-term resource provision dependant on external for the school community factors.

These well-known challenges and specificities of project implementation on local level should be taken into consideration when applying the model, which is in itself a support for the school's autonomy and proactiveness.

Some **possible measures** to help the beneficiaries accept and carry out such initiatives in a systemic and strategic way are the deeper and more active stimulation for developing partnerships on municipal level and an active involvement of the municipalities and schools in joint planning of local educational priorities and initiatives. Such measures will enhance the practice of strategic planning and the implementation of practices through specific actions within the initiative.

3.2. Local educational policies

The model for health education school policy requires the development of a proactive educational policy on municipal level and the direct and cooperative participation of the schools and the municipality in its implementation.

The school policy model envisages the active involvement of the municipal administrations in support of its implementation on local level. **The participation of the municipality is important for ensuring a favourable environment for the implementation of the model in its fullest and most effective form,** since it provides coordinating actions that guarantee a favourable local environment for the implementation of school health policies, the coordination of the school teams and an active position for developing and updating of the municipal policy.

Even though the model's piloting did not intend a change in the activeness of the municipalities and not many efforts were put into this direction, the analysis of the municipal attitudes, as expressed in the frame of the initiative, is important for the overall evaluation of its strengths and weaknesses and indicative for possible challenges. The findings, conclusions and recommendations here have aim to focus the attention on the possible approaches to motivate the partnership of the municipalities in the future application of the model.

On the whole, the carried out meetings during the evaluation showed a passive attitude of the representatives of the local authorities towards the model's implementation.

The Municipality of Byala Slatina participated in and supported the implementation of the project by funding FOPs in the schools, providing facilities for the teams' training courses, as well as coordination work necessary for carrying out these activities.

For the school year 2007-2008 the support for FOP in two of the three municipal schools that participated in the project is still available (practically, these are two FOP classes) and in *Vassil Levski* Secondary School, where there is not a FOP this year, according to data given by the municipality, opportunities have been discussed for the nurse to run such activities. In the two schools which are not funded by the municipalities the support for the FOPs stopped immediately after the one-year projects. According to the representative of the municipality there are not concrete health education actions which are envisaged in the annual plans approved by the Municipal Council in accordance with the Health Strategy of the municipality. Its funding is expected to be provided by external sources. There is a willingness to develop a health strategy for the protection children's life and health, but it is not seen in connection with other municipal documents (for instance the Strategy for Child Protection).

The municipality does not have a specialized unit for project development. Initiatives for designing future projects connected with education (including health policies) are accepted as schools' initiatives while the role of the Municipality of Byala Slatina is expressed only in providing formal support.

Practically, the Municipality of Byala Slatina does not run a deliberate local educational policy and any health education actions as part of it. There are no allocated funds from the budget to carry out such actions.

On the whole, the Municipality of Nessebar did not take an active part in the project. According to the interviewed school principals and coordinators in Nesseabar, as well as according to the Secretary of the Municipality of Nessebar a concrete change or

innovation on municipal level resulting from the implementation of the project have not occurred, but, in general, the Municipality is open responds to proposals given by the schools. Its support is confined to ongoing funding of the FOPs in the schools which have them as part of their school plans. There are no difficulties with the funding and the needs of the schools are satisfied. The financial stability of the local authorities enables the provision of the necessary working conditions, regular payment for the non-teaching staff. It is important to note that the Municipality of Nessebar is one of the few places where the payment of the school staff is 20% higher than the average for the country.

The declared support for the piloting of the model for health education policy by the Municipality of Loznitsa opened an opportunity for the project implementation in the chosen municipal schools, but there are no follow-up initiatives in the schools for counselling, expanding schools' capacity, involvement of municipal experts, monitoring, promotion and building on the achieved results.

The representatives of the municipal authorities see the role of the Municipality only as a coordinating and monitoring organ. The activeness of the municipal administration in the three municipalities is restricted only to eventual provision of means and help in organizing celebrations and similar initiatives connected with school life. The representatives of the municipal management do not know much about the implemented projects and are not able to quote their main aims or to comment on the project as a whole.

Although the importance of the addressed problem is estimated as high, there is not any change in the way of work and the municipality-school liaison. There is not planning of actions to support the students and the schoolwork on health issues. With the progress of the decentralization processes, which presumes new responsibilities, functions and initiative, the establishing of such proactive and partnering relations is going to be the main challenge in front of the municipalities and the schools as well.

The low participation of the municipalities does not allow the model to develop its full potential locally and does not allow the achievement of optimal results in short-term perspective (the implementation of one-year school initiatives). Besides, in long-term perspective we lose on the advantages that would be given by a tested and well-established intensive cooperation between schools and municipalities.

A possible measure that will help to overcome the passiveness of the municipalities and a more effective and successful application of the model is more active involvement the municipal administration through providing them chances to take part in specific activities stimulating the above-mentioned school-municipality liaison. In the framework of the model's implementation we can envisage initiatives on municipal level, in which the participating schools and municipalities plan jointly activities and discuss problems. The use of all the opportunities for encouraging local partnerships provided by the model will support an active cooperation between all the stakeholders. It should be certainly emphasized that such activities cannot make for an overall change in municipal planning, capacity building and local policy implementation. There is a good opportunity for active and deliberate involvement of municipalities in the model's implementation on local level.

We can summarize that as a result of the project activities the pilot municipalities have not changed their work approach to the schools and health education, including teaching prevention of HIV/AIDS, has not become a priority issue provoking educational initiatives on local level. The municipality sees itself as performing only coordinating functions and expects the schools to initiate and implement innovative educational activities.

The care of the local administration for the schools is restricted to providing them financial. Depending on the financial circumstances the support is different in the different municipalities, but it is directed to concrete educational initiatives, which are part of the municipal policy. The municipal educational environment is not influenced.

The pilot municipalities have not shown the necessary sensitivity to the project. This gives us a reason to note that in the model's implementation it will be necessary to plan and take measures encouraging the participation and involvement of the municipalities. Currently they obviously have difficulties and demonstrate low willingness to implement local educational policies. It is necessary to take into consideration these specificities, so that a high effectiveness of the model can be achieved.

3.3. Training of representatives of the school community

The participants evaluate highly the effectiveness of the carried out training, which are defined as one of the main components of the activities under the project. Teachers, principals and medical officers working in the schools indicate the training seminars led by external trainers, the topics and the interactive teaching approach as very important for the acquisition of knowledge and skills related to the project topic and the work with students. The participants in the training show a higher degree of motivation to work for implementing a health education school policy that those who did not participate.

As a result of the carried out training the skepticism and reserves that some of the participants had at the beginning of the project piloting were overcome. For example, some teachers who at the beginning of the project were against the distribution of condoms in the school later on were ready to participate personally in anti-AIDS campaigns because now convinced that better information along with the development of skills for responsible behaviour are in the interests of the students and lead to making informed health-related decisions.

The change of the teachers' attitudes towards teaching methods and approaches is difficult and can be demonstrated by the opinion of one of the teachers, who evaluates highly the project and the carried out training seminars, but thinks that we should not lay such a close focus on the HIV and AIDS issue because "*….it is possible that it intrigues them so much that they might decide to get infected just to see what it is like and why we keep telling them to protect themselves."* It is very possible that behind the fictitious concern in the quoted statement we can find a confirmation of how difficult it is to "open up" and to change the way of communication and work with the students, as well as a substitution of the true question - when, how and where to talk about the important

issues. The carried out training under the project have contributed considerably to overcome these challenges.

The methods of work used during all the training seminars of the school teams are evaluated highly. The participants are extremely satisfied with the use of active (interactive) training methods. Work in teams (groups) of principals, students; teachers the exchange of information and sharing opinions on important issues give good results. Only one of the interviewed (a school principal) shared that he thinks that the used training methods (entirely interactive) is applicable only with students but nit with adults.

The topic on the health specialists and their active involvement in the school activities is one of the most commented in all of the schools. This is determined by the fact that health issues are challenging for the teachers.

The lack of contact with a medical specialist at the training seminars is indicated as a disadvantage by the teachers in the Municipality of Byal Slatina. The teachers are not confident enough about some of the health information they present to the students and the need for its in-depth presentation and discussion even during the training seminars. Even though lessons were developed within the training programme to be done with the students, the teachers still share the need for methodological materials and contacts with specialists, who can help the work with students.

The presence of an "expert" who can assist the teachers brings up yet another question – the approach to be used when working the students and the aims of the concrete lessons, i.e. whether they are focused on developing students' skills to look for, find and sift out information during the lesson or on the balance between those two approaches.

The teachers prefer to "give the floor to the expert" to present the issues. Such an opinion is also shared by an expert who participated in the team that carried out the project: *"Health education is still thought of as giving lectures on health issues."*

Considering the lack of confidence of the teachers to deal with specialized information on health issues, to use adequate to the problems approaches to develop decision-making skills in their students, to look for and check information it is necessary to provide an opportunity for methodological support for the teachers through collaborative work with external for the school educational and medical experts and developing capacity for establishing and maintaining long-term partnerships.

In the interviews the representatives of the schools commented the need for more time between the modules in order to *"take the information in… a lot of information, you can't think it over, you take notes, work in groups, but if such a training course is less intensive…it will be easier…all that at once – it is difficult to take it in."(a school principal who took part in the training course).*

Everywhere the teachers who took part in the training course evaluate highly the acquired skills to develop projects. This part of the methodological support, without being a goal of the training, was extremely important for the representatives of these schools that had no previous experience in project work. For the future implementation of the school policy model it is important to consider the level of experience of the schools in project work – the pilot project shows that the schools without experience in project implementation were shier and less confident when performing the school initiatives.

Another approach that the teachers and principals define as important is the teamwork. In the discussions in Byala Slatina two school principals shared that they use the gained knowledge and skills for teamwork when performing their managerial duties at school.

As we have already commented in this report, one of the biggest challenges for the school, respectively for the participants in the training is the understanding and using the approaches of strategic planning for school policy implementation. The participants find it difficult to difficult to draw a parallel between the approach for annual and long-term planning, implementation, monitoring of the results and the activities. This explains the difficulties the teachers share they had when linking the training on drawing annual plans (the first carried out training) and the last one (initiated by the project team) on developing long-term programmes.

When planning and running these training courses we should keep the applied approach for presenting the methods of strategic planning in 2 training sessions - one at the beginning, focused on short-term planning and the second one at the end of the active phase of work in the schools, focused on the long-term aspects of planning. It is necessary to pay attention to the synchronizing of the trainers' work in these two training sessions and the way we work on the subject. The investment in this training should be an emphasis supporting the overall change of the school as an organizational unit and in particular the effective and deliberate implementation of school health policies.

It is important to consider the successful project approach for attracting trainers and developing partnerships with the regional pedagogical centres (RPS). Although the schools do not use actively the opportunities for counselling and in-tainting service, this approach is evaluated positively by the participants in the training and by the project team as well. It encourages direct liaison between the RPS and the schools on regional level and stimulates capacity building in the schools.

What training do teachers need?

The information presented here summarizes the main needs for training of the interviewed and should be taken into consideration in the future planning of training programmes and methodological support for the teachers.

We noticed that teachers find it difficult to define their training needs. Still they emphasize the need for training on how to use **interactive teaching methods**, although they express their skepticism about their implementation in all studied subjects. The teachers are willing to have such training seminars a few times a year and to involve all the teaching staff of the school.

These comments confirm the observation that teachers are not yet familiar with the whole set of active teaching methods and cannot confidently and adequately plan the use of a certain method to achieve a certain defined goal. The teachers in the surveyed schools rarely use multimedia presentations in class. Only 10% of them share that it happens once or twice per school year. About 14% of the interviewed teachers set tasks for the students to look for further information on the Internet.

Тези данни налагат необходимостта при провеждане на различни обучителни програми за учители да се разясняват предимствата на използването на подходи, които са близки до учениците и стимулират тяхната активност. Това е свързано с процес на промяна в българското училище, който има нужда от продължителна и настойчива подкрепа. Въпреки значителната промяна в работата в пилотните училища, това е проблем на базовата и системната допълнителна квалификация, който не може да бъде решен в рамките на отделни проекти.

Although after the implementation of the project the teachers feel more confident about their skills to prepare projects, they share that they need further **support on developing school projects** because they have difficulties in defining the goals, the activities to achieve the goals, the budgeting, the project reports, etc. As it was mentioned above, the support for the schools in this respect was not the aim of the training, but its benefits were highly appreciated. Extra materials on project development and implementation should be included in the training programme, which will support the implementation of the school policy model.

Another type of support needed by the teachers is related to **the psychological aspect of their work with the students**. This is caused, to a huge extent, by the lack of school psychologists in the schools and the occurrence of "difficult situations" with students, for which the teachers are not prepared. In Nessebar there is the idea of solving the problem with the lack of school psychologists – it has been discussed with the municipality one school psychologist to be assigned for the schools which do not have one. This has been discussed for a long time now without any concrete action being done.

The teachers who work at elementary school level share that they need **methodological support to work with the students**. For the pre-secondary level materials are much easier to find, while for the younger students such materials and information sources are scarce.

The teachers share that during the training methods for work with older students were presented and the work with the younger ones is more difficult due to the lack of methods and materials. It is their opinion that during the training course work with younger students was not discussed, although primary schools were also involved in the project.

Despite that, one of the most successful FOPs has been running in one of the primary schools with students from 4th to 6th grade. In *St. St. Cyril and Methodius* Primary School – in the town of Sveti Vlas – according to the words of the principal and the teachers in the school, the FOP in health education has existed more than 10 years. The FOP has changed its name a few times during that period – "How to be Healthy", "Health Education", "The World of Intimacy", etc. Of course, the work on the project has helped a lot for the updating of the materials and teaching methods through the introduction of more interactive approaches. The discussed topics in FOP are not standardized, i.e. they are defined by the participating students. Most interesting to the 6th-graders are the topics on relations between the sexes, sexual health and aggression among young people. These topics have been developed individually by the biology teacher, who also teaches the FOP.

The Health Education FOP in the village of Popitsa has been done with 4th-graders. In practice this is the only school in the municipality of Byala Slatina that widens the scope of participating students and builds on its work on school health policy, which is part of school life. He teacher running the FOP has difficulties in preparing materials on sexual education. She ha some doubts because she understands that *"these issues are delicate for the fourth-graders and they should be treated carefully; the information should be understandable for them and at the same time scientifically correct and truthful. I do not have a guidebook – I prepare the lessons myself."* She mentions that she needs to contact with colleagues and specialists she can discuss the lessons with.

In conclusion, the carried out training seminars, the used interactive teaching methods and their relevance is evaluated highly by the participants in the training and by the team that carried out the piloting of the model. The participants think that all the teachers should be involved in such training courses, which will help the work in the school and the wider involvement of the students. The participants of the schools who took part in the piloting share the need for support to develop their skills to work with interactive methods, as well as to develop projects and to work on psychological basis with the students. The successfully performed and effectively targeted support and development of the qualifications and capacity of the representatives of the school community is one of the main factors for the implementation of the model.

3.4. The school coordinators and the school teams

The model for school policies presumes the development of **specific and new for the schools management functions and development of an organizational structure**[5], in which ensure representatives of the school community and the stakeholders collaborate to implement a health promotion school policy. The opening of the position of "coordinator" and the establishing of a school team are the minimum organizational and management changes in the school, as their work can be supported by additional structures[6]. Below we review the way in which the pilot schools used those structures and we evaluate their sustainability.

Teamwork is very well accepted by the participants and **the schools continue to work on a team principles.** Teams are set up to work on other initiatives and projects. Although most of the principals rely on certain groups of teachers who are more active and have more experience, in one of the schools the principal applies widely the teamwork principle to involve a larger part of the teachers and in this way to include them in the project.

The cooperation and involvement of the team members in the implementation of the activities is different in the different schools. On the whole, the school principals and the team leaders express their satisfaction with the work of the team members, but they do not deny the fact that some of the members were more active than others. In the bigger schools its is clearly declared that there is a distribution of the responsibilities and job descriptions of the involved in the project implementation. In most of the schools the

[5] "Model for School Health Policy on HIV/AIDS ", Aspect 5.2
[6] "Model for School Health Policy on HIV/AIDS ", Aspect 5.2; elements 15-21

management is flexible enough and allows creativity, changes in the process of implementation, openness to new ideas and suggestions.

The successful work of the school depends (largely) on the commitment and active role of the principal, including the development and implementation of new school policies. Although in some of the schools the principals were not the coordinators of the project, in practice, all the important decisions on the activities, the decisions about their continuation and financial management were taken by them or at least with their active participation. The control and monitoring of the activities on school level were performed by the school principal. This activity was not always formalized because of the managing role performed by the principal in the team implementing the project. Most often the monitoring was part of the regular visits carried out by the principal to control the work of the teachers. The contents of the activities was determined by the team members.

The main difficulty commented by the principals in relation to the functioning of the teams in the period of implementation of the school initiatives was the need to oblige their colleagues to work on the project without being able to motivate them financially. The lack of extra payment for the work carried out under the project is also mentioned in the conversations with other team members as a discouraging factor for their work and participation. The efforts made for a quality implementation of the project – administration, documentation, work with students and parents, preparing and running FOPs, producing teaching and other materials – consume time, which according to the teachers is not included in their regular workload.

A representative of the experts who participated in the project development and implementation expresses disagreement with this statement and notes that the introduction of new models of work (for instance, the school policy model) is part of the school's responsibility to enhance the quality of the provided educational service. According to this view the work on teams and work groups is a question of creating a functional organization for solving and managing a certain problem. *"There is a difference between working as a club leader or another regular activity and to participate in a team…For example, the counselling provided by the school psychologist or the nurse is part their duties. FOP planning, overall planning on school level, as well as evaluation are also regular duties. The only case in which it is acceptable to claim extra payment is if the activities are formally set up as an extra-curricular activity – e.g. a club – and then the club leader can get extra funding."*

To better understand the complexity of the problem, it should be noted that there is an overlap between the positions of the team members and the implementers (leaders) of the activities on school level (clubs, FOP, project coordinator, etc.). The challenge in front of the principals in providing financial incentives for the teachers during the implementation of the school initiatives and also during the evaluation of the project, is that school autonomy is not yet meaningful – the motivation incentives for the teaching staff are not part of the instruments and authority of the principals, which limits their managerial decisions and hinders the culture of voluntary work and proactiveness.

The acute sensitivity of the teachers to the financial incentives of their work should be seen in the context of their strike and protest in September 2007.

The different understandings for the financial motivation of the school representatives in such initiatives is an important question, which needs to be considered when planning future initiatives. The combining of the factors *financial restrictions for school initiatives*[7] and *systemic conditions for lack of clearly regulated mechanisms for autonomous school development,* and also *the lack of knowledge and skills for their implementation* limit the chances for effective involvement of the school experts to participate in school initiatives, including the implementation of the piloted model for school health education policy.

The team members are most often biology and chemistry teachers and the more active teachers. In the schools experienced in project work the team is clear at the very beginning – the teachers who participate in all the projects and who have experience. In Byala Slatina the members were selected by the principal and the involvement of the selected teachers was not discussed. The team members themselves share that the project was a chance for them to enrich their knowledge and to work with new methods, which are helpful in their work.

In some cases (in the municipality of Loznitsa) a detailed segmentation of the direct beneficiaries had been made in order to select the most suitable team participants. The teams include representatives of the teachers on the different education stages as recommended by the theoretical model.

An illustrative example of an informal breach of the model's principle, an expression of proactive behaviour and consideration of the true needs of the different groups of direct beneficiaries is the involvement in the team of kindergarten teachers I one of the towns, as far as the team's philosophy is that health education work should start as early as possible – even before children's enrollment in first grade at school, so that results could be better after that – at school itself.

In the five schools in Nessebar the procedure for team selection is followed as given in the guidelines of the project contractor. Each team includes class teachers, medical officers, parents, biology teachers, a member of the school board, students. Some of the school teams also include school psychologists. The principals, after discussions with the vide principals (if there are such) proposed a certain project team to the pedagogical council. The Council discussed and approved of the made proposals. After that at a meeting of the selected team nominations for a team leader were put forward. They were discussed and voted for by the team members. In most of the schools the school principals were the formal leaders though most of the duties were performed by the team members, most often the biology teacher (who is also the FOP leader in most cases) and not so often – the school psychologist or the nurse.

The students' involvement in the teams is evaluated positively by the teachers. The participation of the children in the teamwork in some of the schools helps their sense of initiative, taking the delegated to them responsibilities and their active position in decision-making. In the village of Gabare the students on the team share that as a result of their activities they are much more wanted now for organizers and decision-makers in different school initiatives.

[7] See part IV

The school medical officer and other medical staff also were part of the school teams, but their activeness is different in the different schools. In some schools the teachers made comments on some difficulties arising from the fact that the school nurses are not subordinate to the school, which causes problems with their commitment and activities. *"There is no one to control them".* During the conversations an opinion was expressed that schools need practising doctors.

The parents take part or assist primarily in the teams in the small village schools (e.g. the villages of Gabare and Politsa, the municipality of Byala Slatina). The school teams in the bigger places find it more difficult to work or do not work at all with the parents. They share that getting parents involved is a serious challenge. According to the teachers there is a overall apathy on behalf of the parents to their children and their behaviour at school - *"I don't call them parents, but makers"* (*a school principal*).

In conclusion: two years after the end of the project implemented by MES and UNICEF, **the teamwork in the schools continues**. Usually there are 2 to 4 teachers and the school principal who stay on the team. We can notice that the role of the project coordinator is diminished or cut – it is replaced by "a group of colleagues" – members of the team. The leadership of the school principal is beyond any doubt. He is the true coordinator of the activity. In the primary schools which are in smaller places there are 1 or 2 parents who help the work, but on the whole, it is difficult to get parents involved.

The students are more often passive team members. They participate actively in the various school activities (the class hour, FOP, clubs, etc.) – in "their territory" they are wanted in organizing the school initiatives. Despite the special guidelines for involving the students and the school community in the work of the teams, the school still finds it difficult to recognize children as creators of ideas and implementers.

3.5. Partnerships

The implementation of a school policy is based on developing active partnering relations in the school. On the basis of the experience from other initiatives (the *Schools Promoting Health* national network the school policy model presumes the school's participation in a network of schools developing such policies, which would help the school's individual work. To carry out the school's policy the schools and the stakeholders (local authorities, institutions, parents and students) jointly plan and implement initiatives in the framework of the school team and/or the school health advisory council and take part in the development of the municipal educational policy.

The meetings and conversations that we had showed that the school teams an principals had serious difficulties in encouraging and establishing long-term partners from outside the school. **Working in partnership turns out to be one of the biggest challenges for the model's implementation.**

Partnerships between the schools developing school policies

The contacts and the collaborating between the schools participating in the project activities on local level in Byala Slatina were limited. There was not exchange of experience, which the teachers explain with them being too busy and also with the competitive environment in which the schools work. The need to cooperate is seen by the smaller schools in the villages but not by the town schools, which treat themselves as competitors.

In Byala Slatina contacts and exchange of experience between the schools which participated in the project and those which were not involved in the activities did not happen. In the words of the representative of the municipality efforts were made to encourage and direct the other municipal schools, but even though, they were interested, in practice exchange of information and partnership did not occur. What is more, the principal of one of schools participating in the project shared that the lack of opportunities to provide financial incentives to the teachers that took part in the pilot project leads to lowering of the appreciations their colleagues show to their efforts, thus risks for lowering the overall motivation for participation are created. In the context of the low social status of the teachers, low payment being one of the reasons, this argument becomes even stronger.

As a result of the missed opportunity for networking and mutual support among the schools and also between the schools and the municipal administration, in Byala Slatina there are growing difficulties in the implementation of the project in the local schools.

The partnership situation between the schools and the municipal administration in Nessebar is different. The relationships there are traditionally good. Rarely, but still much more often than in the other municipalities, there are visits to share experience, meetings of teachers from different schools, etc. The teachers of all the schools share that they need such partnerships and contacts with the other schools to exchange experience. The partnering meetings are assessed by the interviewed as very useful and beneficial because the contact among the schools is not permanent. The partnering meetings help not only the exchange of experience on the current project but they also establish solid foundations for effective communication between the partners in other spheres connected with the work in the schools and the school system.

Thanks to the activities organized by the project team the schools have been helped to meet and establish partnerships with schools that have been working on the health education issues longer. The interviewed principals and coordinators from the municipalities of Loznitsa and Nessebar are extremely pleased with the opportunity to have such partnerships with schools from the towns of Varna, Bourgas and Targoviste. The visits for exchange of experience to the schools outside the region of the municipality have had a positive effect on the students from Nessebar schools. The meetings with their peers with similar interests have given them a sense of belonging to a different and non-conventional community of young people who occupy their free time with activities useful to them and to those around them.

Although in the one-year project there was not a specifically set goal to develop partnerships with schools municipalities[8] outside the model's implementation scope, we should be working in such a direction.

The pilot schools that did not establish much of a partnership with schools from other municipalities remain in the role of objects of the project and their performance is not that of proactive and initiative beneficiaries who do not only receive, but are also able to share the new knowledge and experience and appreciate such a behaviour as part of the benefits for their own development.

[8] In the pilot proposal of the model the focus is laid on providing expertise and help to the schools participating in the project.

The pilot phase being concluded, a lot of the schools are still in the relatively passive position of consumers of support (methodological, financial and counselling) and are not generators and multipliers of products that go beyond the school's territory and contribute to the local community development. For instance, there is not sufficient practice to present the experience gained while working on the model to third parties – at seminars, conferences, other schools, etc. Though there are exceptions – e.g. a campaign for giving out red ribbons to the citizens on 1st December – the number of the school initiatives directed towards the community is rather small.

The municipality and the municipal institutions as partners

The municipalities and the local institutions are, on the whole, passive partners of the pilot schools.

Still the Municipality of Nessebar is seen by the local schools as an important partner – the financial stability allows the municipality to serve as a motivator of the implementation of new ideas, unlike many other regions where boundaries are set that should not be crossed. The understanding shown by the municipal administration allows the schools to initiate and carry out activities with the students catering for their specific needs and interests.

In the other two municipalities, which do not have such financial resources, the schools appreciate the efforts of the municipalities to take part in the project of MES and UNICEF, but this exhausts the municipal contribution.

> *"When we ask (the municipality) for help, other than inspections and gatherings with someone from the Inspectorate or Sofia, we need them to collaborate…"*
>
> *A teacher, member of a school team*

The local commissions for delinquent behaviour of under-aged and the social services do not collaborate with the schools and teachers and are not influenced by the results of their work. The teachers share that they need active joint work with these representatives of the municipality, who can go to the schools as partners and not only as controllers. On local level it is important for the schools to have the support of efficient regional services, which are accessible and working.

The mentioned activities on local level could be used to encourage collaboration and addressing the problem of local institutions which do not work together and difficult involvement of their participants in the concrete work of the schools. This requires larger initiatives on local level and more resources for their implementation.

Health experts as partners

In some of the schools we identified problems with the involvement and motivation of the school medical officers to support actively school initiatives. The difficulties arise from the lack of authority resource on behalf of the principal and the school to control the activities of the school medical officers. In practice, though medical officers were included they did not take part in the activities and the project work.

Representatives of the schools often point out that one of the basic needs when implementing projects focused on student's health skills is the **involvement of qualified medical experts**. This is strongly emphasized by the representatives of the village schools and remote areas. Although there is a model on the activities to be carried out in the

schools given in the training course, the schools have difficulties and emphasize the need for involving doctors and psychologists to work with. According to the team members the Regional Inspectorates of Education could support much more actively the schools in their efforts to contact such experts.

A school from Byala Slatina municipality tried to involve a medical center as a partner on the project, but the lack of financial support for that activity (within the one-year projects) turned out to be decisive and the "visits" of the doctors to the school, which whose effects are highly appreciated by the teachers, stopped.

"We would like through the activities of this project to make the health education programme useful to the students, teachers, parents and **the social institutions that deal with health issues to enter our school**"

A School Principal

Most often the schools involved in the projects doctors to give talks on health issues. They had difficulties in finding such people and convincing them to participate – again due to the limited financial resources, which could not cover fees and travel expenses. These activities were, practically, stopped after the end of the one-year project. Planned visits and talks of an outside expert (a general practitioner) as part of the school's action plan implementation are still carried out in the village of Popitsa, Byala Slatina municipality.

The Regional Inspections for Protection and Control of Public Health (RIPCPH) as partners

The number of schools whose principals and team leaders believe that partnering with the local health institutions is beneficial is limited. The Regional Inspection for Protection and Control of Public Health (RIPCPH) is the organization they contacted during the project. In most of the cases its representatives participated in the project by providing materials on health issues – brochures, articles, condoms, films. The teachers are the initiators of this partnership, who think that the formula for collaboration is consultation: "*when we look for materials – they do not turn us down*."

Some schools do not accept RIPCPH as a helpful partner. They look at them as organs implying sanctions; so good impression should be created on them not giving them reasons to issue a written statement ascertaining violation of the regulations under their control. Successful collaboration, mutual benefits and trust would abolish the sense of inequality of the two sides and would contribute to better health education and the development of relevant health skills of the young people.

Practically, RIPCPH experts have not visited the schools. The teachers have the impression that RIPCPH do not have adequate materials to provide and the ones they have got are most often old and irrelevant. In comparison, the teachers say that they find much more topical, modern, accessible materials on the Internet, which they present to the children.

The team of Agro-technical Vocational School in Byala Slatina shared that during the project they did not seek the support of RIPCPH to provide lecturers because *"we were afraid that if we ask for lecturers they might want to be paid…".* The teachers are not sure if they can use free lecturers from RIPCPH and in what aspects the can partner. Consequently, in 2006/2007 RIPCPH had activities in the school though they were not

carried out in real partnership with the school. The initiative was temporary and connected with the implementation of a certain project of RIPCPH. The contacts between the school and RIPCPH did not continue.

School Boards

The School Board is a more of a passive partner. The principals look at it as a chance for attracting external funding and a school instrument but not as a representation of the parents' community participating actively in school life.

The teachers from all the schools define **their work with the parents** as difficult. Usually the schools make us of the parents' meetings as the main channel for communication with the parents. The parents who took active part in the implementation of the school project were usually one or two and no more than 5. Although there were planned activities targeted directly at the parents, the work with the parents cannot be defined as successful. Partially, there are better results from the work with parents in the small village schools.

An example of an exception in the work with parents is the practice of the school in the village of Politsa (Byala Slatina municipality), where there was experience from previous projects and the support of a volunteer from the American Peace Corps. There they organized joint activities of the parents and children on the Health Day initiative, the result from which is evaluated highly by the teachers. Partially successful activities with parents were carried out in the villages of Gabare, Gorotzvet and Veselina.

In conclusion: during the pilot phase the schools did not manage to attract long-term partners. The teachers feel the need of support from experts, but due to financial restrictions or other reasons were not able to involve them. The teachers did not manage to attract the local institutions (the municipal administration and municipal services). They share that the school is being ignored and they look at it as a "worker" and an object of control by the institutions. Work with parents is difficult and this has not changed as a result of the project.

These deficits in establishing partnerships are explainable when there is a lack of purposeful activities aimed at stimulating and attracting the stakeholders, which are carried out in the framework of the imitative alongside with the activities in the schools.

Though this was not a serious problem for the purposes of the model's testing on school level (which is the main focus of the pilot phase) and considering the small scale of the school initiatives, it is important for the future dissemination of the model to plan activities which ensure and encourage partnerships.

3.6. Documents for developing a school policy on health promotion (strategic planning)

Planning of the school's development and the implementation of school policies following the logics of such a strategic approach is the biggest obstacle in front of the school representatives. The schools were trained and consulted how to draw an one-year plan – a programme for the implementation of the school health policy, and later on a

multi-year plan (3 years) where to plan the development of the school activities leading to the fulfillment of goals and priorities of the school policies. There were difficulties in setting the goals and producing these documents, as well as in understanding their true benefit when making decisions for the school's development and, in particular, for the implementation of the school policy.

The model for implementing a health promotion school policy[9] clearly describes the possible difficulties that Bulgarian schools face when applying a strategic approach to planning and implementation of specific initiatives.

- schools are not familiar with these instruments;
- schools do not have the necessary autonomy for management decision-making.

The evaluation clearly shows that the schools find it difficult, and as time is concerned - partially, apply the strategic approach to planning, development and implementation. The difficulties which the teams, the coordinators and the principals have when applying the strategically approach in their work are presented below. For the successful implementation of future initiatives connected with the model, it is important, as we have already commented, to take special measures to help the organizational and strategic work of the schools.

The schools used the pedagogical council as a forum to present and discuss the participation in the project, as well as the concrete activities included in the one-year action plan. The specific work on designing the programmes was a responsibility of the members in the project teams. According to them the most valuable part of the project was the concrete activities with the children. The work methods and approaches were not set out as significant by the school representatives in the carried out conversations.

Thanks to the introduction of the principles of planning based on the real needs the schools made a partial assessment of the needs and problems and, practically, in many cases, **set the beginning of using similar approaches for informed decision-making**. The schools still continue to partially assess the needs of the students and the school community when organizing their implementation health promotion activities. Such assessment was mentioned in the conversations with representatives of the schools in the village of Gabare, *Vasil Levski* Secondary School in Byala Slatina, the village of Popitsa, *Lyuben Karavelov* Secondary School in the town of Nessebar. This is a positive sign for a change in running various school practices, which is in direct relation with the work on strategic planning carried out during the pilot phase.

In the long-term school plans the teachers included the development of activities that started in the one-year plan. In the words of one of the interviewed the strategy is *"a proposal for a long-term health education programme"*. In Byala Slatina only the Clothing Vocational Secondary School does not have this document. (This is the school whose project was not funded). Despite that, the principal shared that there is a section on health education in the strategy for the overall development of the school.

The schools have not updated the strategic documents and the envisaged in them activities. The teachers often say that the long-term plan was drawn because of the organizers' requirements. In practice, even though the need for change in initial planning is understood, the change is done *ad hoc* – satisfies the immediate needs but is not based on a systemic analysis and planning of goals, tasks and activities. The main reasons for

[9] "Model for School Health Policy on HIV/AIDS ", Aspect 2,3,4,5

this is the lack of incentives and willingness to practise planning and strategic development in Bulgarian schools.

The teams have more of a passive attitude to these strategic documents. The planning documents are often associated with the concrete project, its duration and implementation. The teachers, the school team members do not plan through documents and do not feel the need to do it. They openly state that *"document or no document, project or no project"* the activities will go on because they are good for the students. According to representatives of one of the vocational schools, the activities which are still run are, actually, run because of the tradition and practice in the school rather than their existence in this document (1st December, school issues in the class hour). The teachers often work intuitively and all the activities they carry out are within class work limits. Despite the lack of funding for the FOP in Byala Slatina the representatives of the Secondary School are determined to implement what was planned in the strategic plan: "*We are going to do it no matter if they (the municipality) funds us or not because…here there is still a moral responsibility taken, which we feel obliged to perform*".

The interrelation between the implementation of the long-term programmes and the availability of funding resources for the activities was commented on by all the principals and team members. It seems that this limitation is the main obstacle hindering the prolongation of the activities. In this respect, the schools find it difficult to link the school health education policy with their own initiative to attract funds its implementation. These difficulties are further complicated by the limitations of the environment.

Most of the students are not aware of the existence of a school programme on health education. Practically, during the conversations with some FOP representatives one student mentioned that "there is might be" such a document. The students are not acquainted with the contents of these plans. It is explainable at the stage of which the schools accept and apply the approaches to planning activities on the basis of shared needs and values. Active work to support schools in this respect is the first step towards the development of organizational and community culture (rules, norms, values, traditions).

In most cases updating of the developed complex health educational programmes has not been done in view of the emergence of new challenges, priorities and goals. The possible reason for that is the short period that has passed since the approval of the programmes. On the one hand, the need for changes has not arisen due to the lack of dynamics in community life and the target group's needs. **On the other hand, the lack of a well developed culture of planning leads to modification of certain activities, without any preliminary discussions and analysis of these changes, which hides risks of weaknesses when managing and implementing the changes.**

We can summarize that the school activities continue, but they are not part of a deliberate implementation of the outlined goals in the strategic programmes. They are rather done to apply the gathered experience and in response to the students' interests and needs identified during the implementation of the one-year projects. This happens by repeating the main activities that were carried out within the one-year projects depending on the abilities of the teachers and the school.

The schools partially apply some of the aspects of the planned intervention. Further efforts in this direction should be made, so that this approach could become a significant and important instrument in school management. Such investment is important and good for Bulgarian schools and school communities – it establishes the school autonomy to make decisions, to responsibly monitor the results from them and to steer its development.

3.7. Analysis of the school activities for implementation of the school policies

Each pilot school has developed a pack of activities for providing health education on its own health educational programme, which uses all the opportunities given by the curriculum, the educational contents in different subjects, the class hour and a range of extra-curricular activities (including FOP) [10].

All the activities included in that programme were planned on school level. They are interlinked, so that more classes on health education are provided for each grade. Although not so intensive, this programme is implemented by the schools in the flowing school years. We present in summary the main groups of activities carried out in the framework of these programmes, proposals for change and possible steps.

Freely optional extra-curricular preparation classes (FOP)

Running a specialized *Health Education* FOP is one of the instruments, along with the above-mentioned school activities, for implementing school policies on health education and HIV/AIDS prevention. Along with health issues discussed in the class hour and other school subjects, FOP was run by all the schools and during the piloting was the most intensive for of work with students. In some schools such FOP had existed before the opportunity to work on the project, so they had gathered good experience. The advantage for these schools was that they have expanded their knowledge and skills to work with students on health education issues. They have also acquired skills to use interactive teaching methods.

The FOPs in the schools involved the good students. The teachers share how difficult it is to attract and work with "difficult children". In the small towns and villages this is an obvious problem and according to the teachers a difference is easily seen between the active children and those who *"need to be pushed all the time"* (*a teacher*). The same students participated in the FOP classes during the two school years. It is rare for new children to be attracted during the second year. The share of those who dropped out during the second year is also little.

Why is FOP preferred by the students?

The students participating in the FOP classes say that the following are among their main motives to join them:

- interesting topics;
- interactive work methods, which are very attractive and well-accepted by the students;

[10] "Model for School Health Policy on HIV/AIDS ", Aspect 7

- the clubs, which encourage students to work together, including the peer teaching approach;
- the opportunity to communicate in an environment different from the classroom;
- the new relations with the teachers and peers established in the new environment.

> *"Nobody made us sit at the same seats"*
> *"We felt at home…very comfortable"*
>
> *Students participating in FOP*

The only inconvenience the students mention is that the FOP classes are after the regular school classes, but regardless of that, they were motivated and they attended the classes.

The FOP participants have become a circle of friends. The teachers' impressions are that the students who are involved in the FOP are well informed and more active than the others.

What would the students change?

1. **Participation:** the students would involve more children in the FOP classes.
2. **The environment:** the students think that a special room for the activities – different from the classroom - would be more comfortable and would make the participants feel at ease. *"The premises are not made for that (a different way of work in the FOP") a FOP participant from 10th grade.* The "right" place for the students is a differently arranged room – an environment "welcoming" get-togethers and chats, soft chairs or/and armchairs, pictures, a lot of teaching materials, a TV set, a DVD player – *"a relaxed, nice and 'cool' place."*
3. **New topics:** all the students we talked to are satisfied with the range of topics discussed in the FOPs. They are *"important, interesting and useful"*. There are not topics that were missed or skipped over, but more attention should be paid on issues connected with human psychology. In this respect, the need for such conversations was commented on, as well as the need for the presence of a school psychologist.

The students think that prevention check-up examinations, the information about them, and prevention, in general, are not satisfactory. The children share that the sources of information they use – the Internet, television, books, and *"sometimes even the hospital"* do not usually give information on how to use the different types of information on prevention.

The students evaluate highly the work of the teachers they worked with in the FOP. Shortening the distance in the teacher-student communication in FOP is highly appreciated. ***The students are pleased with the different type of contact with their classmates and the true friendships they have found.***

From the students' statements we can conclude that children need a local network of health, educational, psychological, social and other services focused on them. This will provide an opportunity to build on the work done at school and to encourage children's activity. This goes beyond work on school level, but is, doubtless, an activity directed at the responsibilities of the local authorities to develop strategies focused on children.

The class hour and other subjects

Within the health education programme the schools were encouraged to and defined specific emphases within the contents of different school subjects allowing to look at problems connected with health education. Most often the school subjects with such emphases are Biology, People and Nature, Psychology, Bulgarian Language and Literature, Philosophy.

The class hour is important, according to the teachers, because all students participate in them. The teachers who are not biologist and who did not take part in the training course find it difficult to prepare and work on these issues in class. This is the reason for the fewer number of such topics in the class hour. These difficulties put in the focus of attention, again, the need for training providing methodological support to the teachers, most of the teachers – even all the teachers in a school, as well as the need for attracting medical experts to help the school in this activity (comment on these questins is made in Training).

In the schools in the municipality of Byala Slatina, where the FOP did not continue, the class hour remains the main instrument the teachers use. The programme the teachers work in was developed during the training and includes discussion topics for all grades from 1st to 12th, as the interviewed said. The topics are specific for each separate grade and, as it was planned during the project, they build on students' previous information.

The class teachers put in the annual plan for the contents of the class hour the topics that are recommended for the relevant grade. The developed and used by the teachers materials are "copied" among the teachers and topics and materials are rarely enriched, extended or changed.

"The class teachers would have a problem without the "copied props". "Such"topics (health education) have always been discussed in the class hour, but never in this way and not the ones concerning sexual education", "Working on the programme we made them more specific and clever."

A teacher at a vocational school

Extra-curricular and out-of-school activities

All forms of **extra-curricular activities** in the schools are highly evaluated by the teachers and students. They are attractive – happenings, school campaigns, celebrations, clubs, etc. They are used to provide basic and important information and an opportunity for the participation for all the students.

Clubs are one form of work that is highly appreciated by the teachers. Apart from the planned work on different topics in the clubs, the students often ask for advice or share personal problems. The teachers who led the clubs often performed the role of a counselling psychologist and comment on the need for a psychologist and a pedagogical counselor at school.

Trips and taking the children out of the school were very important to the schools in the villages. They gave an opportunity for the students to go out of their traditional environment and place, which is very important according to the teachers.

The visits for **exchange of experience** were the activity which all of the participants, with no exceptions, were pleased with and defined them as really useful. Such an activity had not been typical of the schools before the work on the project started.

Since its implementation requires time, organization and, most of all, extra funding, it is likely that the visits for exchange of experience will happen really or will not happen at all in the future.

In some of the schools there were **different** from the traditional **parents' meetings**. Thank to them the parents have become more understanding to school life and the problems of their children.

The contact with the parents depend entirely on the teachers and they are not encouraged to continue doing it, the liaison will, most probably, break, except at the places where it is traditionally maintained.

Planning of **in-school training** and attracting **outside trainers** to work with the teachers and students is also highly evaluated. The informal contact of the students with the trainer and the opportunity to communicate with an expert, who can tell them new things in a non-traditional "non-teacher-like" way make them feel different – better and more capable. The carried out interviews show that the students and the teachers were extremely pleased with these meetings.

"It was really great just to be around the trainer, and even greater to speak to him or to listen to him!"

An 11th-grade student, a Secondary School

Peers-teaching-peers approach

Peer teaching is a highly appreciated approach, which is applied in the class hour and in the extra-curricular activities in most of the schools. According to the interviewed peer teachers this approach makes them feel different, valued, useful and more self-confident. The taught students prefer working with people who are around their age. Communication is better because the difference in age is smaller, they have similar problems and they understand each other better. On the other hand, it also helps the class teachers a lot because one small part of their responsibilities is being taken by the peer teachers. This approach enables the students to: be more active, apply what they have learned, develop skills, show initiative and take responsibility for themselves and for the community. Applied on school level and expertly guided by the adults the approach provides a chance to involve more students in different activities and to get relevant messages across to young people.

In the framework of the school initiatives there were a lot of **products**, which are still used to work with students and to present the schools' experience – educational plans, strategic documents on health education, brochures, websites, posters and other materials created in the school clubs and the extra-curricular activities.

The **good practices** are also sort of "products", which can be applied in other schools developing health policies. They are specific "added value" of the schools to the model and the school projects.

***Talk-to them* practice**

The problem of parents' negative attitude is among the major challenges for the model's activities implementation. It is a good idea for groups of parents to be segmented depending on their preliminary attitudes to introducing health and sex education into the school and different approaches to be applied when working with the different groups.

Besides, parents should be seen as a potential target of the school policy and not only as people who agree their child to acquire new knowledge at school in the field of health and sex education. The medical experts involved in the teams could be extremely useful, especially in the villages, in providing more information on health issues to the parents themselves. Thus the parents will not only have the opportunity to compensate for the lack of health knowledge (especially in the more vulnerable communities), but will also be able to overcome more easily the barriers when communicating with their children and will be more competent providers of information able to build on and discuss what has been learned at school. Carrying out joint training seminars for parents and teachers by outside lecturers is a relevant form of encouraging the collaboration and mutual help between the schoolteachers and the parents. What is more, thus the parents turn into co-implementers of the model ensuring its sustainability in family environment. On the other hand, the won for the cause parents are messengers among the other parents and in the whole community, which provides opportunities for establishing a broad supportive out-school environment.

"Eyes fear – but hands don't" practice

One of the most important conclusions from the model's piloting is that the most serious difficulty is its implementation – when more energy should be concentrated by all the stakeholders, including a demonstration of professionalism and development of form of organizational support. That is why, it is very important to take measure which will develop the sense of coping with the situation. The preliminary apprehension of the teams that the children will not accept to discuss sexual health issues was proved unreasonable in the course of work. Intensive talking on the sexual health subject is an efficient way to overcome the embarrassment of the teachers and of the students to talk about that. In this respect, it is important to look at the opportunities for planning more hours at the initial stage of the model's implementation. Thus the students overcome comparatively quickly the embarrassment to talk on the sexual health subject (we mean grades 7^{th} and 8^{th}) and the teachers have the feeling that they can cope with the challenge.

Peers-teaching-peers practice

A practice that has been proven efficient and fully applicable even in the class hour. Students from the upper grades prepare and deliver talks in front of students from grades 6, 7 and 8. In the beginning the older students feel embarrassed but, with time, they become self-confident. Helping themselves (developing various personal skulls – speaking in public, presentation skills, effective communication skills) they also help their

peers, who feel definitely more at ease when discussing things with their peers rather than with teachers. It is also easier for the teachers and they are very pleased with what the older students do. In this way, their duties are shared and their work – more effective.

An important condition for the success of the students who deliver lecturers and presentations is to do it because they want to do it and not because they are obliged to.

In conclusion: the schools have implemented their health education programmes successfully. The effects of the direct activities with the students in different forms are highly evaluated. The complex use of the opportunities given by the subject contents, the class hour and a wide range of extra-curricular and out-school activities allow the inclusion of various health education issues and a wide involvement of students.

Work done in the class hour, on the one hand, involves all the students, and on the other, uses a preliminary developed contents of specific topics for each grade. The freely optional extra-curricular preparation class is used for a most-focused work on the subject and for development of new specific skills of the students and of the teachers. The happenings, campaigns and celebrations continue to be part of the school calendar as forms of extra-curricular activities.

The schools used the approaches for life skills development and peers teaching peers. New forms have been created for internal organizational support and in-service training.

3.8. Technical support for the local teams

The school representatives are pleased with the contacts with the project team and the received support. Apart from the visits to the schools carried out by representatives of the project team, it was also agreed on providing support and consulting on the phone and email.

Practically, the different schools used this opportunity in different ways. Some schools were more active and looked for help and others – did not.

Although experiencing some difficulties at the beginning, the schools developed skills to communicate using also the Internet, which had not been the practice in most of the schools up to that moment. During the implementation of the project, the Internet became one of the main sources of support, information, exchange of ideas, looking for decisions and coordinating initiatives.

The school principals and the representatives of the teams share that they had expected and needed more direct contacts during the project, more visits to and presence of the *project leaders* in the project places. Despite the carried out visits within the project[11], in most of the conversations the school representatives talked about *"the forgotten school"* theme, the school that they look at just a *"worker"* and not a place for

[11] As according to data given by an expert who participated in the model's implementation for 9 months there were 3 visits on the site, apart from the planned training on municipal level.

active presence of the institutions. All of the schools mention this – the ones that were visited and the ones that were not visited.

It is important for the future application of this approach to plan support and expert work with each separate school considering is specificities. The application of this approach will help to overcome isolation, especially of the small schools and those situated in remote areas. Using an **expert evaluation of the situation in each concrete school** can lead to work optimization and improvement of quality. This is one of the functions of schools' external evaluation, which should be seen as an important prerequisite for the successful implementation of school policies, especially in the process of decentralization.

"...I expected more visits of the project leaders…we expected to be visited by the people who first told us about these things. The opportunity for them to get acquainted on the spot with our problems. This is probably in the sphere of imagination but, yes, we need this type of communication, if only to give us courage…"

A school principal

This approach for support gives big opportunities and, as it sounds in the expressed opinions by representatives of the schools it highly appreciated. In the future implementation of the model such support should be continued and, why not, extended. It will also help a support for the schools to perform their role as partners.

The provision of information and methodological materials is extremely highly evaluated by the schools. During our meetings it was commented how extremely beneficial and supportive they were for the direct work with the students, for the decisions that the teams took and for enriching the methods and instruments used by the teachers.

In one of the schools there were comments that the monitoring process is an important element of ensuring the project's success. Teachers find it difficult to use new methods and they feel they need counselling and support, so in this situation monitoring has a mobilizing and supportive for the process.

In general, the local teams evaluate the provided support by the project experts as good and useful. The technical support, along with the carried out training for the team turned out to be important, not only because they helped the successful work on the project, but also because they helped the development of personal and professional skills. At the same time, the teachers talk about the need for more visits of the consultants and experts on the project to the schools, which will help their work.

IV. BENEFICIARIES' AND EXPERTS'[12] EVALUATION OF THE IMPLEMENTATION OF THE MODEL FOR SCHOOL HEALTH POLICY ON HIV/AIDS

In this section we focus on the attitudes and assessments of the participants in the model's implementation in regard to the main questions and aspects of the pilot phase. Reviewing the opinions and the felt attitudes of the participants is important information, which can help the future planning and dissemination of the model and outline some possible approaches and risks.

The presented information is divided into two parts:

- participants' opinions on the place of health education at school;
- challenges in front of the model's implementation as seen by the participants.

4.1. Health Education and Health at school

4.1.1. The place of health education

The teachers understand and value highly the need for health education at school. On the one hand, talking about the place of health education opens up the issue of overburdened school curriculum and contents – "*there isn't any more space in it".* On the other hand, there is an awareness of the need for developing the knowledge and skills of the students to control risk behaviour and establish healthy patterns of life.

"If it is a regular class all the students will be there

A teacher at a vocational school

"Things should be worked out as a whole - not by the piece…Let these issues become part of regular taught subjects – then the schools won't need extra incentives."

A teacher at a secondary school

There are teachers who talk about different issues and carry out discussions on health education within their subjects. We have noticed that this is easier to do in small schools.

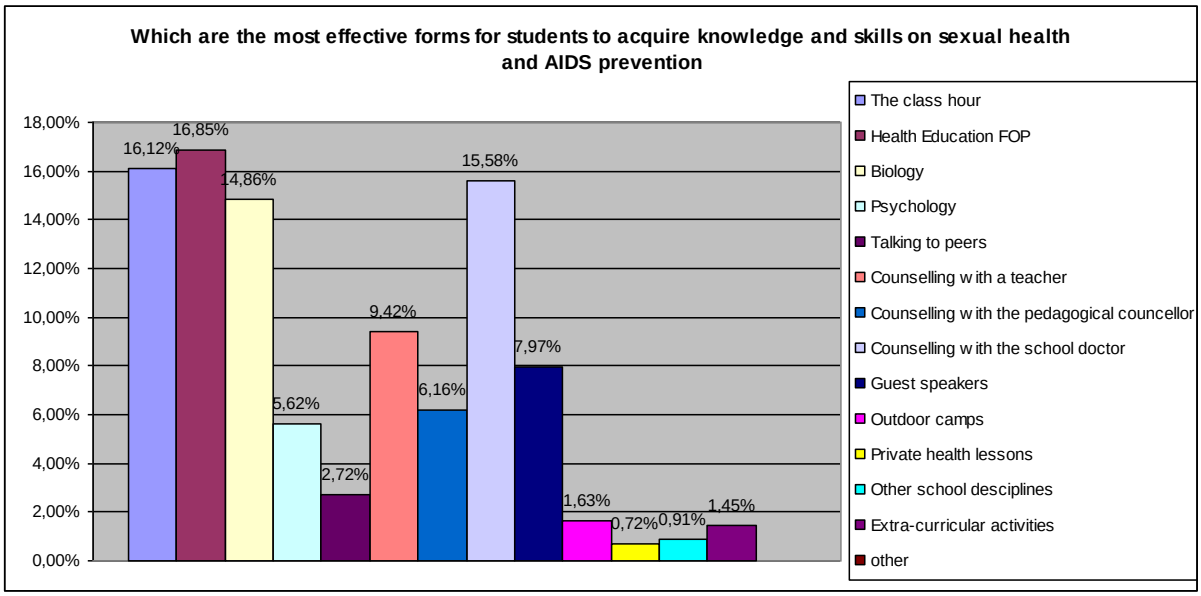
The interviewed teachers are divided in their opinion whether health education has a place in other subjects apart from Biology and the class hour. According to the teachers, some subjects from the elementary level of education, Psychology and Logics (9th grade) are also suitable for such health education classes

The Biology teachers claim that the planned classes on health education in the subject contents are few. For the rest of the subjects teachers find a place of health education issues only in Psychology classes – i.e. they define the time for health education as not enough within the context of the big main subject contents.

[12] We present the opinions of representatives of the team that ran the project, trainers, municipalities and resource pedagogical centres.

Teachers see health education as a complex of activities which includes a separate subject *Health Education* for all educational levels, specialized topics in Biology classes and the class hour, extra-curricular activities. According to the interviewed teachers, the most effective forms of students' acquiring health skills in the school are: *Health Education* FOP, the class hour, Biology classes and counselling with a medical officer at school.

Chart 13



Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

The extra-curricular activities and FOP is a very adequate and feasible instrument for work with the students. Children need activities that are different in form, contents, focus and deep treatment of concrete topics. Such activities, which are normally run in a constructive, confidential and motivating atmosphere, give opportunities for a partial solution of the problem with overburdened curricula and, that is why, they are preferred by the students.

On the other hand, teachers can clearly notice the difference between the students participating in the extra-curricular activities (FOP) and those who do not. They comment on the need all the students to be involved in curricular activities.

There is the view that there should be a different approach to older students when working on these issues, i.e. in the regular classes but using different from the ordinary teaching methods.

"It should be organized in a different way. It should be a regular class, but I want to feel free to choose what to do in this class….if it gets into the rut …it will end up being like all other classes."

A team member

Teachers mention that it is not possible for the children who commute to attend FOP classes. Thus the children from villages do not have any opportunity to be involved in this form.

Students approve of and like the extra-curricular activities. The interactive and interesting activities and topics attract the students. We have noticed that the students who attend FOP appreciate the knowledge they gained and the changes in their own behaviour. This gives them the reason to bring up the question of the need for health education in specialized regular classes. This will ensure the involvement of their peers, who, in the words of the children, need the knowledge and skills in this field.

"Health education should go into the mandatory school preparation, so that the results are more sustainable…Extra-curricular activities have a wave-like effect – I mean the campaigns After a certain period of time, their effect is nearly to none…there are no memories two weeks after."

A student

The participants in the FOP classes, who are in grades 9th, 10th and 11th, evaluate highly their work in extra-curricular activities, but opinion on the role of health education are mixed and the support for these activities is not full. **Two opinions** were outlined in the conversations:

- **health education should be a separate school subject;**
- **health education should be included as a topic in the other school subjects.**

"since we spend most of our time at school, it is a good idea to talk about these issues in the school."

A schoolgirl

Teachers' approach and the teacher-student liaison are very important to students. In our conversations the students say that teachers should be good "psychologists" apart from being good teachers. There is quite an obvious difference between the teachers who it is "*easy to talk to*" and the reserved teachers who always "*keep the distance*". Students think *"the subject is so important that you should find the right way to talk about it to everyone."* The students trust the teachers they are working with in the FOP and evaluate this as very important.

According to the students, it is very important to talk on these issues at an early stage.

"The later you go to a student, the more difficult it is to reach him. If the student is in grade 8th, it will be much easier to start a dialogue."

A FOP participant, 10th grade

"... the school is the right place because it encourages people to think and talk about serious stuff."

A FOP participant, 11th grade

The most suitable place to talk on these issues, according to the students, are the regular curricular activities.

"... in the FOP classes we talk about everything in details and you see how serious everything is. And important…"

A FOP participant, 10th grade

One of the experts who participated in the implementation of the project notices that, obviously, *"the existence of the subjects of Biology and Health Education does not solve the problems of the teachers and children."*

4.1.2. Major challenges and difficulties young people face in keeping their health – the opinions of the project beneficiaries

The teachers believe that ***the major obstacle young people face is the influence of the street and the family***. The teachers claim that the family rarely discusses issues of sexual health education. This is a "taboo" topic in the family, which holds especially for the children in the villages and Roma families. In the cases when the grandparents substitute the parents (and this happens often in the small towns and villages when the parents work abroad or in bigger towns) there are serious difficulties in the communication between the generations and a lack of understanding on behalf of the elder people.

> *"... and what about the role of the family? Personal example is given only in the school…and where do the family and community stand?*
>
> *A school principal*

According to the teachers, parents' detachment is serious and the care for the children is limited to them being dressed, not hungry and with enough pocket money. Of all the rest, according to a big part of the teachers, the children *"have to take care themselves"* – to develop relationships and skills, to be informed, etc. so the street becomes the main source of information. To fill in this gap, the school needs the support of specialist and people outside the school – qualified experts on concrete issues and problems and active in their work and position institutions. Some teachers and school principals think that health education issues should be taught in a separate school subject with in the school curriculum.

The teachers share that working **on the project they have made a very important intervention – not to let children learn "in the street**". Children respond to the school's provocation and the attitudes and behaviour began to change – trust, acceptance and activeness are fostered – the school becomes a source of important and reliable information.

> *We had apprehension that some conservative parents might react sharply and negatively. We were not sure that the children would overcome the embarrassment to talk on sexual health issues.*
>
> *A teacher, FOP*

The pilot phase has shown that though it is difficult to involve parents school life, the initiative and its significance for young people was supported by the parents. The teachers' apprehensions had some reason in the beginning, but the parents' understanding grew with the development of the school initiatives.

Students say *that **to attract young people's attention*** you should "*convince the person that it concerns him. Everyone says: it doesn't concern me." (a participant in FOP, 11th grade).* The main difficulty, according to the students in the small places, is these ***issues are not discussed*** and "*it can be shameful…to talk about these things*." The old-fashioned views of "*the other people and the conservative people in the small towns*" also worry the young people. Young people talk also about the ***difficult contact in the family***. A large part of the interviewed and surveyed students in Nessebar and Loznitsa share that in the family the different generations rarely talk about health, and especially, sexual health issues. During the

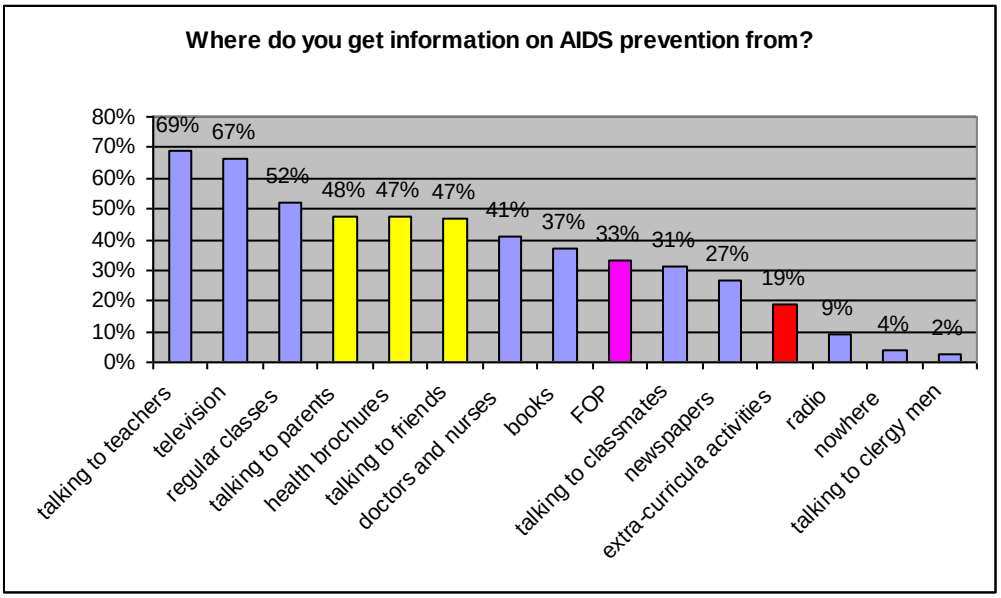
discussions in Byala Slatina there were two groups of students – the ones that find it easy to share things in the family and say that they do not have any problems to communicate with their parents and those who cannot discuss these issues with their families. Despite that, students share that no matter how open families are, there are still "*subjects you can't talk about with a parent…it's much easier with a teacher than with a parent."*

Indicative for the increased influence of the school in developing young people's health awareness is ***the fact*** that ***young people point out their communication with the teachers as a major source of information*** on one of the most sensitive for the young people issues – HIV/AIDS prevention. What is more, in regard to this aspect of the implementation of the school policy model we can witness one of the few cases in which ***the school is successfully competing for the students' attention with the mass media and other strong factors of the young people's environment – classmates and friends.***

In comparison, according to data from a survey carried out in the period 2005-2007 in collaboration with the Ministry of Health and funded by the United Nations Population Fund, the two most important sources of information for the 15-16 year-olds on the issues: "pregnancy, birth, puberty, sex, sexual health risks" are the friends and peers (63.01%) and the mass media (43.84%). The school comes third with only 39.04%.

The average data for the three municipalities show that the school applying a model for school health policy comes first as the most popular source of information – and also offering various forms and channels of information (communicating with teachers – nearly 70% of the respondents, Biology classes (52%), FOP, extra-curricular activities, etc.)

Chart 14



Source: Expert Analyses Group; project: External Evaluation of School Health Policy, contracting entity: UNICEF, 2007

4.2. Application of the model for school policy on health promotion.

4.2.1. Challenges in the model's implementation

Teachers find it difficult to differentiate between the project and the model for school policies, which they piloted. During the conversations they always commented on the project and the activities on health policies in the school.

The school representatives evaluate highly the health policies and they place in the school. They are *"important, responsible and beneficial to the children", a teacher; "The school is longing for such initiatives", a team member; "The project is extremely important considering the ignorance, lack of information and the environment in which the children live…The school is the most important place, where children can get such information and to dare to talk.", a teacher*

The teachers clearly convey the understanding that activities should continue in time if we want to **have an effect** from this approach and work on health and sexual education in the school – we need to **work systemically for a number of years**. In most of the discussions the teachers commented this in respect to the one-year financial support for the project provided by MES and UNICEF.

The teachers point out that one of the main disadvantages in implementing health policies in the pilot schools is the lack of enough time, described as one-year work, followed by the lack of financial support for the planned multi-year programmes, which leads to carrying out partial activities.

The provision of resources, during our conversations, focused always on the limited financial resources. Here it is important to pay attention to two aspects of providing this resource.

On the one hand, the support for the school initiatives was symbolic. We think that bigger financial resources should be provided for the support of future school initiatives, which will help innovations and effectiveness of the work with the students in the within the regulated rules for relevance and accountability. (see part 2 for comments on the investment's effectiveness).

Meanwhile the schools that participated in the pilot phase did not make use of the opportunities to attract extra funds through national programmes or the functioning operative structural funds programmes. The following reasons for that were mentioned in the conversations:

- the commented a few times above difficulties the schools face in planning and implementing their strategic initiatives fulfilling them through activities;
- the thought of the pilot project raised the expectation that the Ministry of Education will provide long-term funding for the activities;
- when prioritizing the topics which the schools to develop in their projects in the frame of the national programmes (2007), influence is exerted by external for the school factors (RIE, municipality), which often set topics that would be successful within the concrete contests. Thus they define, to a large extent, the wide popularity of certain school initiatives (e.g. folklore or activities including such elements) and indirectly monopolize the thematic choice of the schools.

The teachers report as a weakness of the carried out by them initiatives the fact that they did not involve **a larger circle of students** (they mean FOP as being the most profound way of treating the subject), they did not attract new children an din some of the schools FOP did not continue in time.

Most of the schools regard the involvement of **parents** in the carried out activities as partial or insufficient. The active participation of parents is a prerequisite for a stronger effect and a major aspect of the model – this is the educators' understanding.

In the conversations with the school principals it was mentioned a few times that there is a need for **the school environment itself and the organization of work** to be in unison with the school priorities on health issues. Teachers comment the contradiction they experience when they discuss and work primarily on health education issues with the students and, practically, at the same time the overburdened curriculum, school classes ending at 13:30, the late lunch for the students (especially the younger ones) are totally incompatible with the idea of a healthy environment.

"... thinking about health e should start from here. State policy should envisage ...a balanced volume of taught contents and knowledge for the children, so that they can also relax."

A school principal

Students are also sensitive to the school environment. School hygiene is important to them. A student empathized one of the main distinctions of their school in this way, *"It's clean!"* (A FOP participant, 10th grade). Students share that they like their work in the FOP. They are also pleased with the other activities and think that the issue is important and useful to them.

In one of the schools in the municipality of Byala Slatina (the village of Popitsa) has become part of school life and the team develops innovative activities. It can se said that this school applies the model in the fullest way. This school year - 2007/2008 – the school continues working on health education issues in the class hour, *Health Education* FOP, extra-curricular

activities and initiatives that are part of the three-year school action plan. The teacher in 4th grade assesses that there is a need for such FOP and as she suggested the planned FOP in Mathematics was replaced with FOP in Health Education. The parents also supported the initiative and think it is important to discuss these issues at this age. We should note that this school has good practice and experience in freely-optional preparation classes – almost all of the teachers teach such classes. There will be 14 FOPs running in the school for the new school year - 2007/2008. The school uses a small "trick" to implement this priority work for the school: the FOP classes are included in the teachers' workload. Thus she motivates the teachers to involve extra activities that are priority to the school.

4.2.2. Financial support for small school projects

To encourage the schools to implement their one-year programmes for work on HIV/AIDS prevention, the team gave an opportunity to the schools to apply for financial support for the activities included in these programmes. We would like to summarize the information we received from the schools on the small projects as a form of support for implementing school policies on prevention HIV/AIDS infection.

Representatives of all the schools comment that the **provided financial means were not sufficient**. The limited funding of the approved projects created quite a lot of difficulties for the teams:

- the school principals had difficulties to motivate the teachers due to lack of funds to reward their extra work;
- the schools needed materials for the implementation of the activities;
- the limited resources for external experts' fees hindered the involvement of medical experts and psychologists, which is seen as very necessary by all the school representatives. In practice, only some schools received means for such expenses on planned extra training, but, on the whole, the teachers regard the lack of enough incentive resources as a problem.

- the teachers in the municipality of Byala Slatina photocopied materials on the project using personal resources;
- the teams in the municipality of Byala Slatina had to provide materials necessary for the activities with the students – for example, the posters were drawn on the back of old calendars, cheap wallpaper.

„… 700 leva for one yea! Can you imagine? For 150 children, how many cents per child?"

A school principal

The school teams had the **expectation that the activities will be funded for long** (see 4.2.1). Representatives of the schools say that they were informed that there would not be any funding for the second year during the last training seminar (the one on strategic planning at the end of 2005/2006 school year). This caused pressure and reserves in the teams and influenced the motivation for drawing the strategic document. To "minimize" the influence of such "pressure" and to avoid contradictions caused by different expectations it is important to clearly communicate and discuss the future steps, participants' roles (teams and beneficiaries), expected results and possible approaches at every stage of the implementation of the initiative. This is an approach that will ensure a clearly regulated support for the schools and will help their organizational development towards wider autonomy.

The school representatives often confine their comments only to an evaluation of the funding for the school initiatives. Although they evaluate highly the organized training seminars, provided materials and methodological support, they are likely to price them as a direct investment in the school within the implemented project. The awareness of these benefits will probably be possible only after the required period of time has passed for the long-term effects of the indirect financial investments to become tangible in a long-term perspective.

4.2.3. The competitive principle in school support

The organizing of a contest to select the schools whose initiatives would be supported was motivating for the participating teams and had an educational effect.

In Byala Slatina municipality the contest, though, increased the schools' sense of competitiveness and during the project-piloting phase they continued to view themselves as competitors and did not collaborate. Only one of the schools that participated in the piloting in this municipality did not receive support for its project. The dropping of only one of the schools out of the competition for financial support created a distance on behalf of the other schools in the municipality (Byala Slatina). It is important to note that, though, not funded the school was involved in all the other initiatives and the counselling process; it also used the materials that had been provided to the other schools within the pilot phase. The main motif of the teachers to work is the needs of the students, most of whom are representatives of the Roma minority. The work in the FOP classes, at the moment of the evaluation, continued as a voluntary activity of one of the teachers, though it involves only 10 children.

Although the team of the Bulgarian Association "School and Health"(BASH) and the Ministry of Education think that the decision to reject the application of only one of the schools is fair and it is important to follow the competitive principle, we would like to note that when working on competitive basis, especially in the small municipalities, the rejection of one of the participants could cause alienation among the participants in the initiative.

It is our opinion that a possible approach to this school could have been the provision of a clear feedback on the reasons that had led to the rejection of their proposal and, considering the fact that a pilot project was running, active further support could have been provided to improve the proposal and partially fund the activities. The dropping out of the competition for financial support of school initiatives limited, to a huge extent, the opportunity to pilot the model in that school on equal basis with the other participants and to observe the effects and outcomes there.

The application of the project and competitive approach, though, encouraged the activeness and confidence of the schools in developing projects, which they can use to apply for funding from various programme schemes, even though not connected with health education.

4.2.4. Incentives for schools to work on health education

The school representatives believe that the application of health policies at school depends on a number of important factors:

- *Motivated school staff.* This is a big challenge, according to the school principals and the teachers we talked to. According to the students, if the teachers are interested, the school will work on health education.

- *All the school team should acquainted not only with the activities, but also with the process and the methods of work.* Not only the team (teachers in health education, as they are called by the teachers) but the whole teaching staff because this is a process, which in order to be effective should involve all the teachers and students in the school.

- *A helping hand from outside* – good partners and good funding are the keys to the school's efficient work. The school and the teachers need methodological support and counselling and the help of medical experts and psychologists.

- *Financial incentives*. This turns out to be the main problem in motivating the teachers. They feel undervalued and discouraged to do extra work. All the conversations clearly showed that the teachers expect a financial incentive for extra work on different projects (internal and external) of the school[13].

"The main motif (for work) is not money, but it is extremely necessary…Instead of moving upwards, developing and extending it (the project), the money ended and 'that was it'…"

A Philosophy teacher, a vocational school

"Funding is the main problem. We have willingness – the teachers and the students, but…at the moment people rely on their enthusiasm and willingness to help the children here through their work…"

A school principal

- *Support for a better school facilities* – the schools comment on the need for extra incentives, like opening special rooms and clubs which provide an environment different from the traditional school one.

The experts' opinion on this issues and comments on the financial aspects of the model's implementation are presented in part II of this report.

4.2.5. Motivations mechanisms for students

Initially, the students showed limited interest, but the discussed topics and the different approaches and ways of work gradually attracted them. The teachers think that to motivate students it is necessary to take them out of the school environment and to involve experts to help them in their work. The informal contact of the students with the trainer and the chance to communicate with a person who can tell them new things in a non-traditional way make them feel different – more informed and capable.

The experts who worked on the piloting of the model note that this is not a sufficient reason to make fewer efforts to develop the capacity and abilities of the school to adapt and devise its own useful approaches to motivate children to participate:

"It is obvious that there is a deficit of competences, but it cannot be compensated only with the import of experts. This approach has been used for along time and it has not led to internal development of the school. Besides, it is also obvious that this cannot be the system – the participation of outside people, as a rule, is needed rarely and only on very specific issues. We won't solve the problem of children's motivation by providing external expertise; neither will this lead to improved quality of the contents. Such external participation is overestimated because in this way we ignore the necessity to change ourselves: our attitudes,

[13] For comments on the financial aspects of the model's implementation see part II – evaluation of the model's effectiveness, III – training courses

way of thinking, behaviour and also responsibilities, of course. Children are attracted by what is relevant to their needs and stimulates them; as we can see teachers can do it."

An expert

According to the students themselves:

"students should be provoked to be part of that. The activities should be advertised, so that more students are attracted."

A FOP participant, 11th grade

A provocation for the students was the look through one of the guidebooks used in the project, which stimulated their interest and willingness to enroll.

"in this book there is everything we are interested in, and this motivates us"

Students, 10th grade

4.2.6. Difficulties in front of the teachers

The main motif, according to the teachers, to continue working on health education issues in the next school years is the needs of the children. They share that they face the following difficulties in their work:

- teachers are worried about students' response and especially that of the difficult students. Though they think that these difficult children need it the most, teachers feel anxious and share that they do not feel ready to work with the difficult children and the more difficult classes. Teachers have some idea how to work with these children, but in practice, they work only with the "easy" classes. The need for a school counsellor/psychologist is commented on. This is connected with the main need – assistance from an expert and, most of all, work with a psychologist.

- Motivation for work flags when suddenly everything goes into the project rut and all that is wanted from the school is reports and documents.
- More visits from the "project leaders". Teachers evaluate highly the visits of the project team and the meetings they had, especially the meetings with the children. Schools need such outside monitoring, which should be more regularly disturbed in time.
- The technical side of the preparation and implementation of the school initiatives (projects). Difficulties connected with the preparation of the project and the financial reports on the project were mentioned by the teachers. This, to a big extent, holds for the schools that do not have any experience in project work. During he conversations representatives of the schools shared their uncertainty and the need of advice when preparing projects (from MES and NGOs).

Unlike municipal schools - which thanks to the involvement of the municipalities received funding for FOP classes and were able to continue the activities - the schools that are funded by the Ministries had problems with ensuring their own contribution to the project they applied with, as well as with the funding of the FOP.

The lack of such financial support turned out to be crucial for the lack of FOP classes in the vocational schools in Byala Slatina involved in the team.

These are the main difficulties commented by the teachers during the carried out meetings. We noticed that when asked directly about the difficulties they came across during their work the representatives of the schools talk about problems and difficulties in the direct implementation and application of the school policy. Teachers alone do not start talking about the difficulties connected with planning and implementing such approaches in the school, the connected with that goal-setting problems, the challenges related to the application of methods for needs assessment, the approaches to developing life skills and peer teaching, as well as the difficulties in involving colleagues and outside partners, which have been discussed in this report[14]. The talk about the difficulties related to the approach, methods and schools' proactive role begins when these questions are asked directly.

The occurrence of this different "sensitivity" to the problems in the representatives of the schools once again shows the difficulties and challenges in the process of change of the role and activeness of the schools towards independence, proactiveness and development of organizational capacity and culture. This once again shows the important place and significance of applying various approaches and empowering the schools to put in practice this active role through initiatives, such as the implementation of the model for school policies.

4.2.7. Application of the model in fields other than health education

The school representatives find it difficult to specify in what fields could the model for school policies be used. The following spheres were mentioned during the conversations:

- Physical activity, foreign language learning – primary schools.
- Education and values – vocational schools.
- An opportunity for the model's application is seen in policies for cooperation with the municipality and the business in helping the successful fulfilment of the students from the vocational schools at the job market – vocational schools
- According to the principal of one of the secondary schools the model can be used in the school to develop a programme for work with children with special educational needs;
- The schools in the municipality of Loznitsa suggested the development of a similar model and a guidebook for its application on school policies for educational integration.

[14] See part III

V. CONCLUSIONS

The model for health education school policy on prevention HIV/AIDS infection is **relevant to the vision, goals, priorities and tasks described in the national and local policies on children and education** and to the modern standards, guidelines and approaches for work with children developed and used by governmental and non-governmental organizations in Bulgaria and abroad.

Thanks to its instrumental and operative nature the model develops the **goals and objectives for improving the quality of school education** outlined in the strategic documents of the system by **prescribing the establishing of concrete structures, mechanisms and approaches for school functioning and development as an autonomous organization and successfully tests them in practice**, independent of the organizational and management legal framework environment, which does not allow the fulfilment of its full potentials and effectiveness.

The model addresses the needs of **young people to acquire knowledge and develop skills for a healthy lifestyle and thus helps the school to perform one of its most serious functions in the sphere of HIV and AIDS prevention and risk behaviour in regard to health in general.**

As a result of the pilot testing of the model for school policies in the sphere of implementing a school health educational policy on prevention of HIV/AIDS, the **students who participated in the various activities on school level have acquired more information and extensive health knowledge**. A high degree of students' involvement was achieved and the number of young people who received information on sexual health and HIV/AIDS prevention in the school has risen.

The use of methods and approaches to implement a health policy in the school has influenced **the establishment of open relations and an atmosphere of trust between the students and teachers**. We notice a closer relationship between the teachers and students, which is an important prerequisite for a successful achievement of the school educational aims. In this regard, **the teachers who took part in the implementation of the school policies have enriched the teaching methods and techniques they use with the students. The teachers' qualifications** to work with students **have developed and new knowledge and skills to use interactive methods have been gained**.

The application of the model for school policies goes beyond the direct effects connected with health and creates conditions for a favourable change in the overall work of the school on different levels (organization, management, relations, teaching and learning, and services) regarding the different representatives of the school community. The changes in the organizational and managerial aspects of the school as an organization happen much harder and depend on attitudes and system factors. Despite that we clearly notice a favourable effect of the model's application in school in this respect.

The capacity of the school principals, teachers and other experts that were involved in the process **has expanded in regard to acquiring and developing basic skills for planning, work on strategically set goals and priorities, developing strategic documents and**

assessment of the needs and the process. Using in practice such a work approach is the main challenge that school representatives face. The school experts who participated in the initiatives have developed their knowledge and skills to plan and carry out project initiatives.

The development of the human resources has a key significance for a sustainable change from the model's implementation: the development of the resources of the school principals and the teachers and the providing a critical minimum number of people who will be at the basis of the change in the school.

The man difficulty and challenge in front of the schools is the implementation of a school policy through the active use of a strategic approach of planning and work in conditions of shared school goals and priorities among the participants of the school community. Although in the schools there are different documents in support of a planned development, there is not a shared culture and understanding of their role and significance by the representatives of the school community.

In the framework of the piloted model organizational prerequisites for work were created based on planning and outcomes evaluation (a school coordinator and school team, which are flexible structures allowing the use of the approach "need assessment - goal setting and planning – implementation – outcomes evaluation"), but despite that the overall operative and shared change in school management is happening slowly. The underdeveloped culture of planning often leads to modification of concrete activities without a preliminary discussion and analysis of the changes and the needs for them, which creates risks of weaknesses in the management and implementation of the changes. **For this approach to become an actual instrument in school management it is important further efforts to be out in the development of capacity in the schools to implement these new and significant forms of work. The investment is important and useful for the Bulgarian school and the school community in regard to the need for fostering the support for establishing school's autonomy to take decisions, to monitor responsibly the results and to manage its development.**

The schools used successfully the opportunities given by the school curricula, the class hour and a wide range of extra-curricula and out-school activities to fulfill the developed by them health education programmes thus implementing the school policy. This complex approach allows the inclusion of different health education topics and a wide involvement of the students. **The highly-appreciated effect of the direct activities with the students in the various forms and the mentioned above results prove the effectiveness of the approach proposed in the framework of model for quality expanding of the opportunities provided by the subject *Biology and Health Education*.**

The question of paying the teachers for their work on the implementation of the model give rise to different opinions among the participants in the pilot phase. On the one hand, representatives of the schools defend the relation between motivation for work and extra payment for the efforts made and the time spent. On the other hand, some experts note that the school policy is a mechanism for improving the quality of school education and as an internal school initiative is part of the regulated job responsibilities of the teachers' participation in school life.

For the successful national implementation of the model it is necessary to clearly regulate the model's status in Bulgarian schools and to provide funds for its fulfilment

from the state budget on education. These are vital for ensuring support and motivation for its efficient implementation in Bulgaria, which is, in the long run, the highest purpose of the project.

For the successful development of the school policy in its full spectrum and the use of the school's potentials when replicating the model on national level we need to plan steps that guarantee and motivate partnership - an activity that should be encouraged among the representatives of the school community, as well as the stakeholders on national and local level.

The full achievement of the main goals of the project *School Health Educational Policies on Prevention of HIV/AIDS infection*, implemented by the Ministry of Education and Science with the financial support of UNICEF **is possible by establishing an organization to take up the initiative from the Ministry and in partnership with the rest of the stakeholders to implement the model in the system of school education on national scale.**

VI. RECOMMENDATIONS

1. Recommendations for managing the processes by the educational management.

The developed documents, proposals and recommendations of NGOs and experts in the field of education go a long and hard way to their turning into actual educational policies. To use fully the advantages of these developments, on the one hand, it is necessary **to expand the capacity of the non-governmental organizations to lobby and stand for their proposals in front of MES, as well as to build trust among the experts**. It is necessary to continue the development documents on devising a strategy or another document outlining general guidelines, priories and objectives and further efforts to be made – in partnership with MES – to **develop budgeted plans for the application of innovations containing concrete steps for implementation with an assessment of the applicability, benefits, costs and risks**.

Am immediate step in this direction should be the a working meeting of representatives of UNICEF, PMU and SC, where – on the basis of discussions on the project report and the present evaluation – **to map out concrete follow-up measures and actions on behalf of MES and the other partners for a larger-scale implementation of the model**.

In a long-term perspective we need to look at the opportunity to create a mechanism/unit in the managerial structure of school education for systematic monitoring of proposals and ideas for educational innovations with the potential for their quick and effective transformation into policy proposals.

One of the highest added values of the developed model is related to the successful testing of the opportunities of the schools to implement broader school initiatives (autonomy). The pilot implementation prove the openness of the schools to carry out their own school initiatives considering their local needs, context and organizational development, which leads to improvement of the quality of the educational process and the achieved results.

At the same time, practical experience shows the need for large-scale investments in management and human resources when preparing the process for providing broader school autonomy.

At the same time the model, reveals some of the serious obstacles and challenges to the process of decentralization in education. That is why, it is extremely important for **the results of the implementation (and the present evaluation) to be considered not only by the experts on planning school policies, but also by experts and politicians developing and applying policies for decentralization in education.**

At any rate, **without the creation of systemic conditions for change and the preparation of the schools and municipalities, without a working mechanism for current counselling on the implementation of the model, we might have the opposite to the expected effect, which could discredit the model.**

Considering the scale of the task and the impossibility to shorten the timelines by full mobilization of financial and human resources, we should follow an evolutional strategy of implementing the model (a gradual broadening of the scope of regions and schools where there is the highest level of readiness). An option will be to instead of scattering the limited consultancy resource in different parts of the country to focus the efforts in certain regions with similar level of readiness to apply the model. Along with synergy and economy of resources on solving similar problems in similar municipalities and regions, this approach will also allow a focused and relevant to the local specificity response to meeting challenges.

If a decision is made to implement the model on national level we need to consider that its effective fulfilment is connected with certain **requirements for keeping minimal technological timelines and concentrating the needed organizational and financial resources**. This means:

- To ensure the necessary resource of time to plan the implementation on national and school level;
- To develop expertise in MES, RIE, RPC and other institutions and organizations to support the schools in the sphere of organizational development, school policies, strategic planning and other elements of the model;
- To set up a database on regional and local experts that can take part in the expansion of the model on national scale;
- To devise a mechanism and to develop a training plan for the staff;
- To provide financial resources for building capacity and facilities to ensure the activities aimed at developing and implementing school policies.

The large-scale objective to apply the model on national level will require a two-phase model of preparation, in the least. First, it is necessary to invest on national level in the preparation of model-implementation training teams – these could be experts from RIE, the Training Institute for School Principals, RPC, NGO and educators selected through contest. During the second phase the preparation of the schools for developing of their own policies on health education can be carried out through expanding the qualifications of the teacher teams' and the trained trainers. To provide high quality training opportunities should be ensured for the schools **to select among certified trainers, who will be competing for their trust.**

Health education in different municipalities and regions of the country should meet the specific local needs. Part from providing **more freedom to contribute to and specify the national goals in this sphere adding local and school priorities and goals** (as in the model), it is also necessary to create an **effective monitoring and counselling mechanism (structure) to stimulate the process of maximum relevance to the expressed needs for knowledge and competences in the schools and municipalities**.

Students' health education should not be carried out in one specified fixed school subject with universal compulsory contents. The significance of the factors of the local educational environment requires **flexible forms, contents and innovative technologies**.

The introduction of health education in school should not be an "extra burden" in the already overburdened school curriculum, but a reason and opportunity to optimise the satay at school through re-structuring and focusing of part of the subject contents – not necessarily by decreasing the number of classes in other subjects.

At the same time it should be noted that not only because of the discussion of the opportunity to introduce health education in school but also in regard to the aims focusing on the development of other life skills in the students, we should **review the existing balance in the complex "knowledge-skills-attitudes-relations",** which needs to be developed in all subjects in the existing compulsory schooling system. Contemporary health education requires **the development of competences and knowledge aimed at all aspect of health** (not only limited to health risks and diseases) through applying forms and approaches that are a**ttractive and interesting for the students**. Applying the approaches of learning through

involvement learning through experience places the children in an active position and provides an opportunity to "relax", which would allow easier acquisition of knowledge in most subjects and would encourage the development of life skills and key competences, as one of the major goals of contemporary school education.

2. Recommendations for changes in the legal framework

In the legal framework there should be regulated **a broader autonomy for developing school policies**. In practice, this means ensuring better opportunities (including budgeting and school timelines and using more and various forms and work approaches for teachers and students) to implement a more effective educational process.

The **inclusion of health education aims in the existing State Educational Standards** on School Curriculum should **be focused also on the development of competences and relations** (other than academic knowledge).

On school level there should be opportunities and built capacity for the aims envisaged in **the State Standards to be specified on the levels of school programmes and classes in the compulsory subjects in accordance with the specific context of the local educational environment.**

A significant number of the state funded schools are given the opportunity to having FOPs with a priority on enhancing the vocational preparation. **The introduction of minimal standards for developed health knowledge, skills, competences and attitudes will guarantee each school the minimum time and form of education** needed for the development of personal and social skills of the students and setting the foundation of limiting risk behaviour.

3. Recommendations for investments in the development of human resources

The implementation of school policies (including health education ones) is related with the need to develop complex managing competences and full involvement of the representatives of the management and the teaching staff in the processes of organizational development.

It would be stimulating in this respect measures to be taken for intensifying teamwork among teachers, including the regulation, planning and carrying out more school staff team meetings on organizational issues. They would contribute to an improvement of the interaction, coordination and teamwork on school level.

The training for teachers and principals should be aimed at the development of knowledge and skills to:

- Work on specific programmes;
- Plan (incl need assessment and goal-setting analysis);
- Teamwork in the school when implementing school policies (coordination, exchange of information, feedback, etc.;
- Use modern work approaches;
- Work in the community (including a wide range of stakeholders, not only parents)

As long as the whole staff is responsible for the achievement of the school's strategic goals, we need to view in perspective the possibility of **the training for planning and goal-setting to become an integral part of the initial and further in-service training of teachers and principals.**

In the job description of the staff we should envisage the responsibility for presentations of subjects of taken qualification training courses in front of the members of the school staff. Further opportunities for **multiplying the acquired knowledge** among the colleagues should be created when planning the in-service training courses, which need to be structured so that to include short modules on *training of adult trainers*.

The financial support for the implementation of health policies in the school should be sufficient for the activities and the development of a capacity for their effective fulfilment.

In conditions of delegated budgets, the fulfilment of the clearly defined priorities and specified standards on health education will require skills for effective management of specifically allocated for the purpose resources from the school budgets. On the one hand, this **requires the establishing of mechanisms for better financial management of the school**, but on the other hand – on national level **levers for programme financing** could be ensured to provide incentives for extra efforts in this direction on behalf of different groups of schools – e.g. developed schools or schools that need serious support.

It is necessary **to develop the inventory instruments used to prepare school teams, as well as to develop further tainting programmes and materials for further qualification**. (and in-service training) in the field of school health policies – guidebooks, methodological guides, etc. The already available guidebooks of proved, within the pilot phase, quality should be printed in a larger quantity. The model itself could be the basis for devising **a series of guidebooks which present in details each element of the model containing examples, learned lessons, achieved results, risks, etc.**

To guarantee quality of the process it is necessary to provide counselling support (motivational training, which reveals the benefits from school analysis and planning in the conditions of an expending autonomy, organizational development, methodology development, providing opportunities for dissemination of the good practices, distance counselling (e.g. on-line) or visits, etc. **The counselling support should be specific, not universal, planned in maximum relevance to the carried out assessment of the specific actual needs of the concrete school (on different levels – organization, management) or the different target sub-groups (school principals, teachers, teams, students, etc.).**

4. Recommendations for partnership development

The successful implementation of school policies requires the development of partnerships on local level. In this respect, during the piloting of the model systemic efforts were not invested (such goals had not been initially set). In the framework of the project it was presumed that after the carried out training courses and counselling, the schools would have a wider capacity to initiate partnerships in this direction.

A prerequisite for more activeness on behalf of the municipal administrations could be the development of the decentralization process. At this stage, as far as the model recognizes the significance of working with the actors of the environment in which the school functions, it is possible **to plan more training courses and counselling with the participation of representatives of the municipality in respect to getting them involved in providing support for the school policies and the development of a municipal policy on health education.** Such a policy would allow better synergy in the use of the local resources and would help the achievement of better results for the beneficiaries in each school.

Another opportunity to encourage the initiative of the municipality the "bottom-top" way would be to "export" the experience from the application of the model in the school by **broadening the range of inter-school extra-curricula activities and the initiatives focused on the development of the local community**. In this way, the more intensive extra-curricula activities will:

- Contribute to the fulfillment of the school's mission and objectives;
- Have a direct effect on the development of the personal knowledge and skills of the students;
- Have a direct result for the community outside the school and will achieve results related to municipal aims and priorities.

Introducing requirements for cooperation between the municipal administration and the schools, when planning and implementing projects and for the availability of an efficient (this means created jointly in partnership between the municipal administration and the schools) municipal strategy for educational development as a condition for applying for funding of local educational projects from the structural funds and other programmes, can contribute to encouraging of such yet scarce partnerships.

The practical application of the model shows that the **exchange of experience between schools** with similar groups of beneficiaries in the municipality run fast, especially through informal channels and no need for extra expenses. From another perspective, though, examples of local rivalry and unfair competition between the schools and staff are not rare. All the school teams admit that it is extremely important to them to "import" experience from other municipalities and regions because they do not see the schools there as competitors for their students and resources. This exchange of practices could be beneficial to both sides without enhancing the capacity of the direct competitor. That is why, it is extremely important to envisage **more opportunities for planned and actively sought exchange of practices and innovations between schools in different regions and municipalities**.

The active participation of the municipalities in developing the programme and priorities for cooperation between the schools and municipalities to achieve common goals and priorities can push forward the collaboration between the local schools. Encouraging such relations between the schools would contribute to the development of local standards and improvement of the quality of the school staffs' performance. One of the opportunities for establishing such cooperation is to introduce **the practice of "personnel exchange", when visits are carried out (on exchange basis or another agreement between the schools) by teachers who have gathered some specific expertise in certain spheres of health education to other schools. The "personal exchange" would contribute not only to achieving the goals of health education policies and the professional development of the teaching staff, but would also influence positively the development of the partnership**

between the schools creating prerequisites for the establishment of inter-school teams and other forms of school cooperation.

One of the main challenges in applying the model remains **the achievement of a wider participation of parents, students and other stakeholders in the management process**. To achieve this goal we need to review the instructions for the model's implementation. For instance, the common practice, which was registered during the evaluation of the pilot projects, of the school principal to **appoint** the coordinator.

Prior to the setting up of the teams and the selection of the coordinator by the established teams with the participation of the stakeholders, the coordinator can be appointed by the principal or the pedagogical counsellor with the **participation of the school council and parents' board**. In this respect the schools would demonstrate more willingness for to partner with other organizations and interested parties. Such practice would also be in accordance with the *National Programme for Development of School an Pre-school Education and Preparation: 2006 – 2015*, where the establishing of school boards is envisaged.

5. Recommendations for the school teams implementing the model

Creating conditions for equal access of all the students to the model for health education. As a rule, the pilot phase of the model involves mainly the better-educated parents and the more active students.

Fewer efforts are made to work with other groups of beneficiaries – parents and students from the co-called vulnerable groups – who compared to the other consumers of the model's outputs often need more active participation. In many cases extra efforts are required to attract the attention of these groups to the problem. That is why, to achieve results related to these consumers it is necessary to plan **special informing campaigns for the benefits of the implementation of the model for health education and students' motivation** – a phase of the model in which the groups of better-educated and more active students could be an object of less investment of resources or it could even be skipped.

The effective implementation of school policies (including in the sphere of health promotion) requires coping with the big workload of the teachers ("especially in the small schools a teacher usually has to prepare 5-6 lessons a day). The development of quality school documents **requires enough time resource for preliminary preparation and further qualification of the teachers,** as well as technological time for survey and analysis of the situation and planning of specific goals and tasks.

In this respect in the context of the planned reform in education aiming at more organizational and financial autonomy of the schools and the development of good school management, it is necessary to develop models for functional **specializing of the teachers in the implementation of particular activities and stages of the model's application (for example: plan developing, monitoring and evaluation), as well as effective mechanisms for professional support and exchange of experience, knowledge and skills among the members of the school team in various thematic fields (e.g. health through sport, healthy eating, sexual education, etc.)**

The considerable slow-down in the work on the implementation of the medium-term school plans, to a big extent, results from the lack of sustainability of the commitment made by the managers of the pilot projects – after the completion of the final phase they perform their obligations on voluntary basis. This disadvantage can be overcome by adding obligations to the job description of the school staff connected with the implementation of the school policies (which are a key factor for ensuring the quality of the educational service) as inherent to their work requirements and part of the duties of each staff member.

Another opportunity (not alternative to but completing the previous one) for coping with this disadvantage is to open up or combine **a new position of an employee who will be in charge of the organizational and methodological support for developing new school policies or "a school policy coordinator" -** the coordinator could be assigned to one school or a group of schools (in the bigger towns) or on municipal level (in the smaller municipalities). The coordinator could perform coordinating and counselling functions working not only in the sphere of health policies but also for the entire organizational development of the school. In some schools it would be possible for the school mange met to tale up responsibilities in this sphere of school life.

The role of the non-teaching staff as part of the school team remains unappreciated on the model' level, as well as in its piloting. At the same time, the interviewed representatives of the school teams and management point out that this potential could be developed and used and **if the school management is good the contribution of the non-teaching staff to the achievement of the goals related to health education could be as considerable** as that of other stakeholders.

VI. APPENDICES

List of appendices:

1. Methodological notes on the carried out survey for evaluating the results of the implementation of the pilot project *SCHOOL HEALTH POLICY ON HIV/AIDS*

2. Schedule of the visits and the carried out activities for the qualitative and quantitative field research and data analyses.

3. Matrix – quality data on the activities, participants and results carried out in the schools during the implementation of the pilot project *SCHOOL HEALTH POLICY ON HIV/AIDS*

4. Model for School Health Policy on HIV/AIDS – a short description of the model's aspects.