

SHE monitoring report 2020:

# Country-specific results of Azerbaijan

Schools for Health in Europe Network Foundation

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Schools for Health in Europe



This report has received funding under an operating grant from the European Union's Health Programme.

## Background and methodology

The Schools for Health in Europe network foundation (SHE) monitors the implementation of school health promotion in SHE member countries. This country-specific report summarizes the results of the SHE monitoring survey in Azerbaijan. The survey was conducted in September 2020 and the findings represent the perceptions of the SHE national coordinator on school health promotion and the Health Promoting School (HPS) approach in schools in this country. The survey is based on existing questionnaires and information sources including the SHE Mapping Survey 2019<sup>1</sup>, the SHE Rapid Assessment Tool<sup>2</sup> and the fifth SHE Factsheet<sup>3</sup>. The complete survey is available at [www.schoolsforhealth.org](http://www.schoolsforhealth.org).

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## School health promotion and the HPS approach in Azerbaijan

In this report, a distinction is made between **school health promotion** and the **formal HPS approach** in schools. SHE aims to strengthen the formal HPS approach among all schools in the European Region. However, not all schools are formally working according to the HPS approach or are working under the specific HPS label. Despite this, many schools do take efforts to promote the health of their staff and pupils with concrete school health promotion activities.

### School health promotion

This relates to various health promotion activities in schools. These activities can focus on multiple health-related themes such as physical activity and mental health, for example in the curriculum or in the policy of the school. This can, but does not necessarily, imply that the school has a structured and systematic plan according to the principles of a formal health promoting school.

### Formal HPS approach

According to SHE, the formal HPS approach relates to schools that implement a structured and systematic plan for the health, well-being and the development of social capital of all pupils and of teaching and non-teaching staff. This is characterized as a 'whole school approach' and these schools actively involve pupils, staff and parents in the decision-making and implementation of health promoting interventions in the whole school system.<sup>4</sup>

*Less than 25% of all schools in Azerbaijan implement health-related activities. These schools formally work in accordance to the principles of the HPS approach.*

Table 1 shows the estimated percentage of different types of schools involved in school health promotion and working according to the formal HPS approach in Azerbaijan. The minority of schools (<25%) implement health promotion activities and/or formally work in accordance to the 'whole school approach' defining schools as Health Promoting Schools.

**Table 1.** The estimated percentage of schools involved in school health promotion and working according to the HPS approach in Azerbaijan

Health promotion in schools	% of schools	Health Promoting Schools (HPS)	% of schools
Preschools	<25%	Preschools	<25%
Primary schools	<25%	Primary schools	<25%
Secondary schools	<25%	Secondary schools	<25%
Vocational schools	<25%	Vocational schools	<25%

In Azerbaijan, there are national or regional guidelines, tools, standards or indicators to support schools in becoming a HPS. Some tools shared by SHE, such as the SHE rapid assessment tool and the SHE school action planner, are used by the schools in this country. The national government makes funding available for the HPS. There is currently no national monitoring and evaluation program for health promotion in schools.

The rest of this report summarizes the results of aspects of the HPS approach that are already part of schools in Azerbaijan. These schools are not necessarily formal Health Promoting Schools.

## Creating a healthy and supportive environment in schools in Azerbaijan

The HPS approach as defined by SHE, targets the following six components: 1) healthy school policies, 2) the school’s physical environment, 3) the school’s social environment, 4) individual health skills and action competencies, 5) community links, and 6) health services.

Table 2 shows the implementation of the HPS components in schools in Azerbaijan. It shows that components 1 to 4 are all required and/or recommended by national policies. Further, a combination of measures enhances the link between schools and community stakeholders (component 5) and with local and regional health services (component 6) in the majority of schools in the country.

**Table 2.** The implementation of the Health Promoting School components in Azerbaijan

<p><b>1. Healthy School Policies</b> </p> <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Health promotion is part of the schools' educational goals and of the curriculum</li> <li>- Schools have a written policy on students' and/or staffs' health and wellbeing</li> <li>- Schools apply a whole school approach to promote health and wellbeing</li> </ul> <p><b>Not mentioned in national policies</b></p> <ul style="list-style-type: none"> <li>- The SHE values are part of the schools' approach to health promotion</li> </ul>	<p><b>2. Physical environment</b> </p> <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- School facilities such as the playgrounds, classrooms, toilets, canteens and corridors are student-friendly, safe, clean and promote hygiene for all students. These are appropriate with regards to students with special needs</li> <li>- Students and staff have access to school facilities for physical activity outside school hours</li> <li>- School physical activity facilities and canteens follow national safety and hygiene standards</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- School canteens, food shops and vending machines offer food and drinks that follow national food standards</li> <li>- The routes to schools are safe and designed to encourage students to engage in physical activity (e.g. cycling or walking)</li> <li>- School buildings are kept at a comfortable temperature, are well-lit and ventilated</li> </ul>
<p><b>3. Social environment</b> </p> <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Spaces in the canteen, playground, classrooms and corridors are organized to promote student socialization and wellbeing</li> <li>- Health education and health promoting activities are included in after-school programs</li> <li>- Health professionals (doctor/nurse), social worker or psychologist) are involved in individual and whole school health promotion and work together with the school management to integrate health topics into the school curriculum and policy</li> <li>- Educational professionals (e.g. pedagogists) are available to pupils, parents and teachers to optimize education for example by mapping the support needs of pupils and translate these into action-oriented advice for teachers.</li> </ul>	<p><b>4. Individual skills and action competences</b> </p> <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Healthy eating is part of daily life in schools</li> <li>- Physical education and other forms of physical activity, e.g. activity breaks, are part of daily life in schools</li> <li>- Teaching/learning methods that enhance mental health and wellbeing are part of daily life in schools</li> <li>- Health literacy and action competence are integral parts of the schools' policies</li> <li>- E-learning methods are used to promote health skills and action competences of students</li> <li>- Schools have clear rules that promote healthy behaviors</li> </ul>

Table 2. continued

<p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Trusted persons (e.g. class tutor/mentor) are available for students to privately share concerns or thoughts</li> <li>- Support services and accommodations are in place at schools for students with special learning, developmental and physical needs</li> <li>- Schools have systems for identifying and referring students with special needs to outside professionals if those needs exceed the scope of expertise within the schools</li> </ul>	
<p><b>5. Community Links</b> </p> <p><b>Applies to most schools</b></p> <ul style="list-style-type: none"> <li>- Schools arrange for parents of students to become active participants in the school community</li> <li>- Schools establish connections with local partners such as sport and youth clubs, community or regional health agencies, counselling services, health insurances, local shops, etc.</li> <li>- Schools involve all key people in the community in co-creating health promotion action plans at schools</li> </ul> <p><b>Applies to less than half of the schools</b></p> <ul style="list-style-type: none"> <li>- Schools arrange regular student visits to local partners/stakeholders to encourage healthy eating, physical activity, the development of emotional/ social health, etc.</li> </ul>	<p><b>6. Health services</b> </p> <p><b>Applies to most schools</b></p> <ul style="list-style-type: none"> <li>- Health professionals are involved in health promoting activities at a school</li> <li>- There is a school nurse available to support students</li> <li>- There is a pedagogist available to support students</li> </ul> <p><b>Applies to about half of the schools</b></p> <ul style="list-style-type: none"> <li>- There is a social worker available to support students</li> </ul> <p><b>Applies to less than half of the schools</b></p> <ul style="list-style-type: none"> <li>- There is a school doctor available to support students</li> <li>- There is a psychologist available to support students</li> </ul>

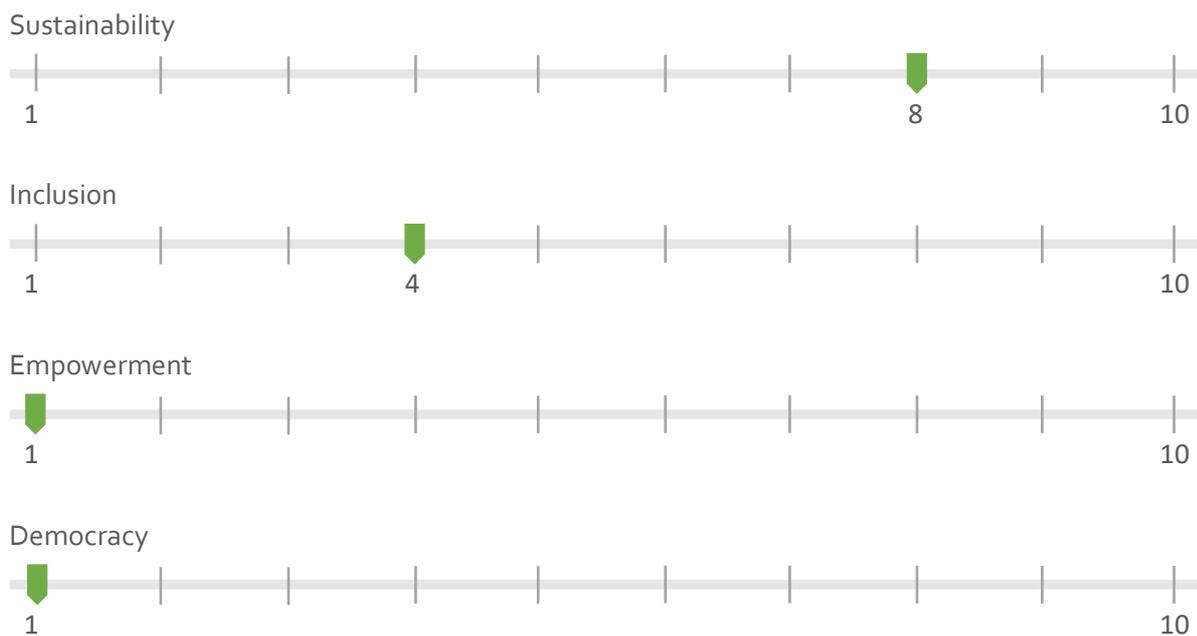
## SHE core values

The HPS approach is based on the core values equity, sustainability, inclusion, empowerment and democracy. Azerbaijan has presented the national SHE coordinator's estimation of the degree to which SHE-core values<sup>4</sup> are reflected upon in schools on a scale from 1 (not reflected at all) to 10 (reflection to the highest degree).

**Figure 1.** Generalization of the representation of the SHE-core values in schools in Azerbaijan



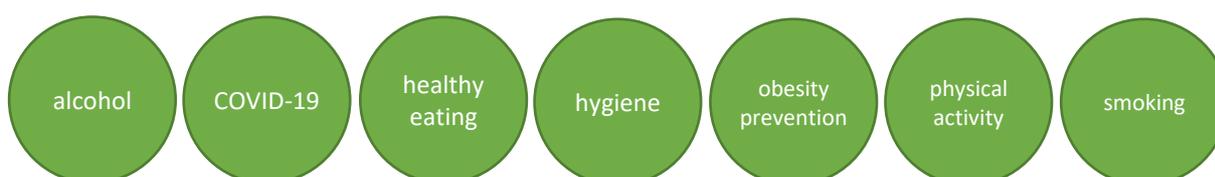
Figure 1 continued



## Implementation of health promotion in schools

Schools in Azerbaijan integrate health promotion in several (cross-)curricular educational activities and projects. Health issues are addressed as a specific subject or integrated into curricular subjects. A combination of passive learning strategies (such as one-way lectures) and discussion strategies (such as interactive lectures) are used to involve students while addressing health topics in schools. Figure 2 shows the major health promotion topics that are addressed in schools in the country. The list is quite diverse ranging from lifestyle related topics such as healthy eating and smoking to the impact of the COVID-19 pandemic.

**Figure 2.** Most addressed HP Topics in schools in Azerbaijan



## Tailored translation of the HPS approach on seven spectra in schools in Azerbaijan

The tailored translation of the HPS approach creates a variety of choices regarding the optimal implementation of the HPS approach in a specific context. This variety can be illustrated by seven different spectra. A detailed explanation of each spectrum can be found in the fifth SHE factsheet<sup>3</sup>. Figure 3 shows the estimation from the SHE national coordinator of Azerbaijan of the general placement of schools on the seven different spectra.

**Figure 3.** The Health Promoting School spectra in Azerbaijan



*This refers to the level of involvement of stakeholders (e.g. pupils) in the decision-making and implementation of the HPS approach*



*The place on the spectrum refers to the number of HPS core-component that are addressed in the HPS-approach*



*This relates to the development of the new or the adoption of existing interventions resulting from the HPS approach*



*This relates to the level of disruptiveness of interventions as part of the HPS approach. Non-disruptiveness refers to small changes that can smoothly enter, while disruptiveness means large health promoting changes that can create a positive disruption in the school system.*



*This relates to the compatibility of interventions within the school curriculum. An intervention can be added-on to the current core curriculum obligations as an additional task, or added-in the current curriculum becoming part of the curriculum without reducing time from core curriculum obligations.*



*This refers to different types of research designs that can be used to evaluate the HPS approach going from controlled designs with a strong focus on internal validity to action-oriented approaches focusing on external validity and understanding the implementation process in schools.*

Figure 3 continued



*This refers to the dissemination of the HPS approach at a local level characterized by an optimal fit with each school context, or at national level, reaching more pupils.*

## Facilitators and barriers to health promotion in schools

An exploration of the important potential barriers for the implementation of health promotion in schools in Azerbaijan by the national coordinator concluded with 7 facilitating factors and 7 barriers. These results are reported in table 3.

**Table 3.** Perceived facilitators and barriers for school health promotion according to the national coordinator

Facilitators	Barriers
<ul style="list-style-type: none"> <li>- Collaboration between the health and education sectors, intersectoral collaboration</li> <li>- The national educational policies and curriculum</li> <li>- Interest of schools in health promotion</li> <li>- Active involvement of students</li> <li>- Participation in the SHE network</li> <li>- Education training and support for health school coordinators</li> <li>- Country coordinators network</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of funding</li> <li>- There are not enough specialists from different health thematic areas to support HPS</li> <li>- Lack of support from parents</li> <li>- Teachers are or feel overloaded</li> <li>- Low health literacy level of parents</li> <li>- Lack of teacher/regional coordinator training in specific regions in the country</li> <li>- There is only one national coordinator in the country, without a supporting structure and work plan</li> </ul>

## COVID-19 pandemic

Since spring 2020, the COVID-19 pandemic drastically altered school health promotion due to the country-specific measures for combating the pandemic. The government of Azerbaijan closed schools during a national lock-down, and students received online education. A major challenge was catering, the online lessons addressing healthy eating, and personal hygiene.

## References

1. SHE Mapping survey 2019. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/mapping-she>
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3. SHE the fifth SHE Factsheet. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/fact-sheets>
4. SHE concepts. Available from: <https://www.schoolsforhealth.org/concepts>
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We would like to thank the SHE National Coordinator **Sabina Babazade** for participating in the SHE monitoring survey.

Published by:

Schools for Health in Europe Network Foundation (SHE).

Haderslev, Denmark:

October 2020

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If you need dialogue about the health promotion school and its key concept and activities, please contact the national or regional coordinator in your country. He or she will be happy to help you.

Find the coordinators here:

[www.schoolsforhealth.org/about-us/member-countries](http://www.schoolsforhealth.org/about-us/member-countries)

If your country doesn't have a national coordinator, contact the helpdesk in the SHE secretariat on email: [info@schoolsforhealth.org](mailto:info@schoolsforhealth.org)



This report has received funding under an operating grant from the European Union's Health Programme.



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