

**REPORT ON THE NATIONAL  
SCHOOL HEALTH POLICY  
GUIDELINES WORKSHOP**

**19<sup>TH</sup> - 21<sup>ST</sup> JUNE 2001**

**St George's Hotel Pretoria**

**CHILDREN'S INSTITUTE  
UNIVERSITY OF CAPE TOWN**



Children's Institute

## **Report on the National School Health Policy Guidelines Workshop held 19<sup>th</sup> - 21<sup>st</sup> June 2001**

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The workshop was facilitated by Dr Maylene Shung King, deputy director of the Children's Institute. The CI has been contracted by the National Child Health sub-directorate to provide technical assistance to the School Health Policy Guideline development process.

Dr Shung King was assisted with the workshop planning and facilitation by Ms Abrahams, Ms Mohlabi and Mrs De Klerk. We would also like to acknowledge the assistance of Ms Vimla Moodley (Provincial Health Promotion Manager: KwaZulu-Natal) in facilitating one of the groups at the workshop.

The mission of the Children's Institute

To contribute knowledge and understanding to the development of policies which govern the improvement of child well-being, and the fulfilment of the rights of all South Africa's children

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## **CONTENTS**

<b>1. WORKSHOP SUMMARY</b>	<b>4</b>
1.1 PURPOSE OF THE WORKSHOP	4
1.2 OBJECTIVES	4
1.3 WORKSHOP SESSIONS	4
1.4 ISSUES REQUIRING FURTHER DISCUSSION	4
1.5 OUTCOMES AND THE WAY FORWARD	5
<b>2. THE SCHOOL HEALTH POLICY GUIDELINE PROCESS</b>	<b>6</b>
<b>2.1 INTERSECTORAL CONTEXT OF SCHOOL HEALTH POLICY GUIDELINES</b>	<b>8</b>
2.2 DIAGRAMMATIC REPRESENTATION OF SCHOOL HEALTH LOCATION AND LINKS	
2.2.1 SCHOOL HEALTH LOCATION AND LINKS IN HEALTH SECTOR	8
2.2.2 SCHOOL HEALTH LINKS IN EDUCATION SECTOR	9
2.2.3 SCHOOL HEALTH LINKS IN SOCIAL DEVELOPMENT SECTOR	9
<b>3. WORKSHOP OUTCOMES</b>	<b>11</b>
3.1 INTERSECTORAL COLLABORATION AND CO-ORDINATION	11
3.2 WHAT IS THE UNIQUE ROLE OF SCHOOL HEALTH AND WHAT PACKAGE OF SERVICES SHOULD THEY DELIVER?	13
3.3 MODEL OF DELIVERY FOR SCHOOL HEALTH	14
3.4 WHO WILL DELIVER SCHOOL HEALTH SERVICES?	14
<b>4. ISSUES REQUIRING FURTHER DISCUSSION</b>	<b>16</b>
<b>6. WAY FORWARD</b>	<b>17</b>
<b>ATTACHMENT 1. NATIONAL SCHOOL HEALTH WORKSHOP PROGRAMME</b>	<b>18</b>
<b>ATTACHMENT 2. DRAFT SCHOOL HEALTH POLICY GUIDELINES PROPOSED PACKAGE OF SERVICES</b>	<b>21</b>
<b>ATTACHMENT 3. DRAFT SCHOOL HEALTH POLICY GUIDELINES PROPOSED MODEL OF DELIVERY</b>	<b>24</b>

## 1. WORKSHOP SUMMARY

### 1. Purpose of the workshop

The national workshop was the culmination of nine provincial workshops to shape and inform the development of National School Health Policy Guidelines. The inputs from the provincial workshops were collated into the first draft school health policy guidelines. The purpose of the national workshop was to critically discuss the proposals made in this document and reach finality on each of the key policy areas: the target population, what package of services should be delivered and the model of delivery.

In addition the collaboration between HPS, School Health and Education required further discussion.

### 2. Objectives

- Finalisation of core issues outlined in the draft policy and attempt to develop consensus on proposals made
- Development of a plan to ensure collaboration between key sectors and departments
- An outline of the steps required to support the implementation of the policy guidelines once the core issues have been agreed upon

### 3. Workshop sessions

The main discussion sessions for the national school health policy guideline workshop were:

1. Actions required for collaboration and co-ordination with key sectors and directorates within the Department of Health
2. The school health target population
3. The school health package of services
4. The model of delivery for school health services
5. The way forward for the development of national school health policy guidelines

**(See attachment 1 for the programme)**

### 4. Issues that required further discussion

Further clarity is needed on

- ◆ The role of school health nurse and what package of services should be delivered in school health
- ◆ A model for service delivery
- ◆ Finding a balance between providing a minimum package of services that will provide a policy imperative for delivery of school health and be sufficiently flexible to accommodate the variation in health needs and resources for school health delivery
- ◆ Strengthening relationships between school health services and caregivers and the community
- ◆ How children with disabilities will be addressed

How to create an enabling environment by:

- ◆ Prioritising and advocating for school health in country
- ◆ Supporting implementation and providing management support for the service
- ◆ Provincial sharing of school health experiences

## **5. Outcomes and the way forward**

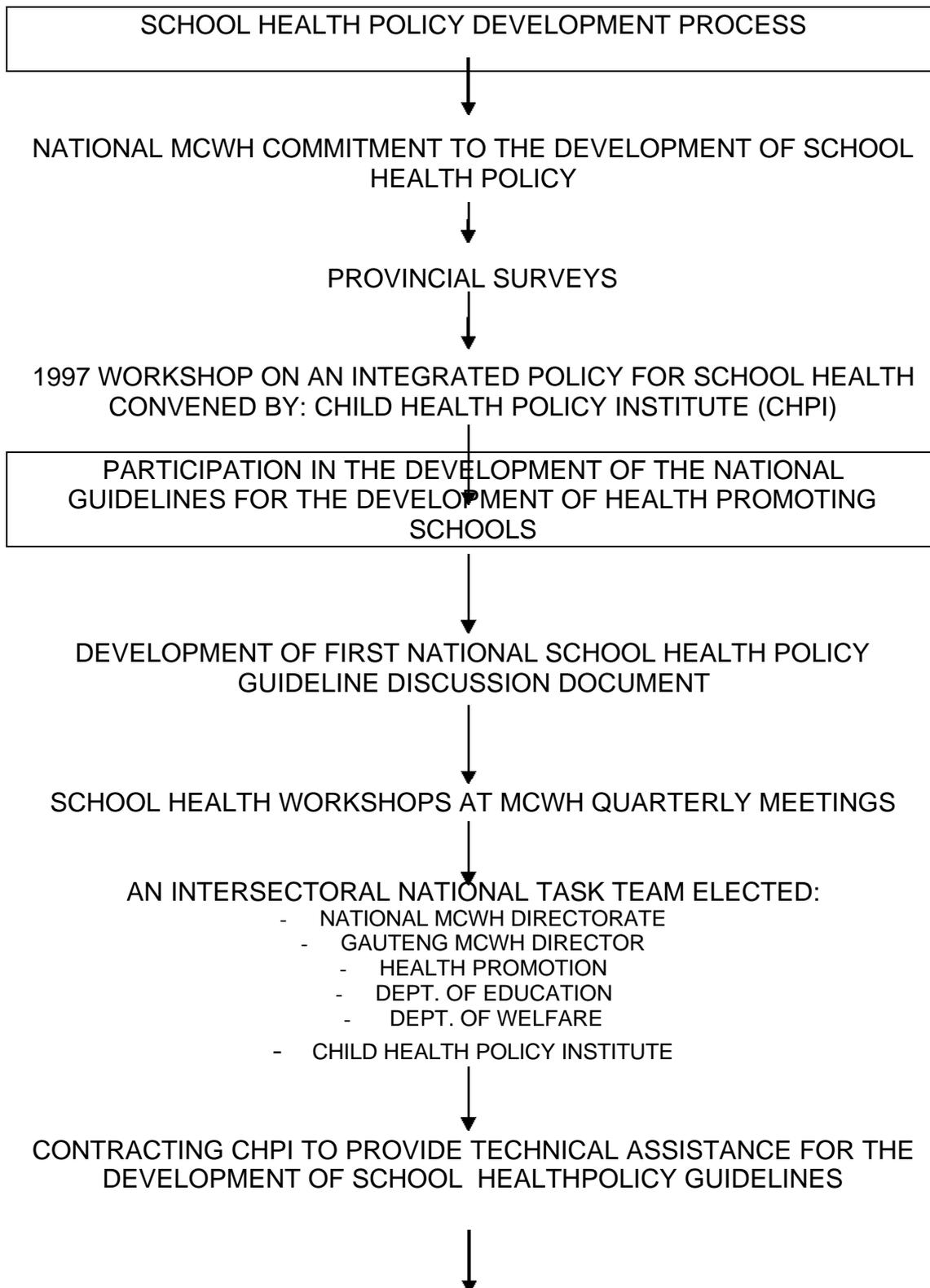
The workshop provided the first real opportunity for representatives from the key departments (Health, Education and Welfare) and Health directorates (Health Promotion and MCWH) at national level to engage with school health issues. This resulted in the development of a plan for future collaboration between key role-players. The main outcome of the workshop was the development of a plan for the way forward. This is outlined below:

- A report on the national school health policy guideline workshop will be disseminated to provinces
- The national school health and HPS policy guidelines task teams will meet to merge these two processes and the way forward
- An advocacy plan for Health Promoting Schools, with a school health component, will be developed
- The department of education will be approached to discuss co-ordination of the joint HPS/School Health policy guidelines with education policies and programmes
- Critical discussion and research on the school health package (as a component of HPS) and who will constitute the school health team will continue
- Provinces will continue with their plans of action developed at provincial school health workshops
- The second draft school health policy guidelines (possibly to be incorporated into HPS policy guidelines) will be finalised and disseminated for comment
- Issues arising from comments will be addressed and the policy guidelines will be finalised
- Clear but flexible implementation guidelines and an evaluation plan will be developed together with protocols and training materials

## 2. THE SCHOOL HEALTH POLICY GUIDELINE PROCESS

### 2.1 The School Health Policy Guideline Development Process by Ms Ray Mohlabi

The school health policy guideline development process is illustrated in the diagram below:



DEVELOPMENT OF SECOND DISCUSSION DOCUMENT WITH A POLICY  
FRAMEWORK FOR WORKSHOP DISCUSSION

CIRCULATING DISCUSSION DOCUMENT TO PROVINCES

9 PROVINCIAL WORKSHOPS  
(NOV/ DEC 2000 **AND** FEB/ MARCH 2001)

DEVELOPMENT OF FIRST DRAFT SCHOOL HEALTH POLICY  
DOCUMENT

CIRCULATION OF DOCUMENT TO ALL STAKEHOLDERS

NATIONAL WORKSHOP

- PACKAGE FINALISATION
- HPS AND SH TASK TEAM MERGE

DEVELOPMENT OF SECOND DRAFT SCHOOL HEALTH POLICY  
DOCUMENT

CIRCULATION OF DOCUMENT

FINAL VERSION OF SCHOOL HEALTH POLICY DOCUMENT

LINKS WITH HPS

POLITICAL PROCESS  
MANAGEMENT COMMITTEE  
PHRC  
MINMEC  
CABINET THROUGH NPA STEERING COMMITTEE

### 3. THE INTERSECTORAL CONTEXT OF SCHOOL HEALTH POLICY GUIDELINES

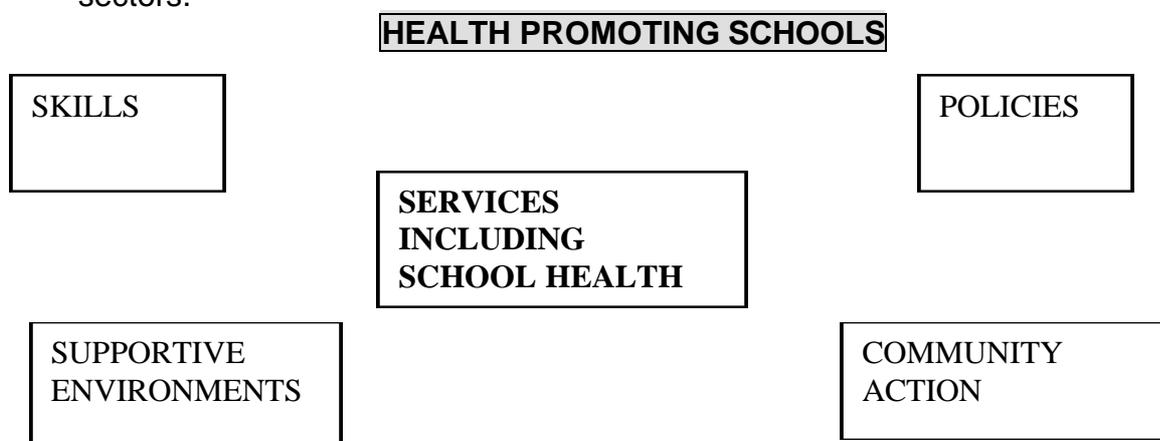
The workshop was attended by representatives from the NGO sector, the department of Education and the department of Health's Health Promotion directorate and MCWH sub-directorate.

#### 3.1 Diagrammatic representation of school health location and links

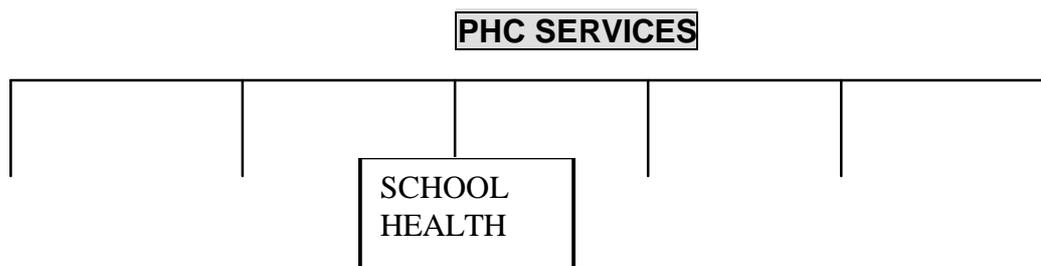
The location of school health services within these key sectors was presented diagrammatically highlighting policies and programmes relevant to school health in each sector. The importance of collaboration and co-ordination between sectors for the development of school health was discussed and recommendations for strengthening collaboration were made.

##### 3.1.1 School Health location and links in the health sector

The School Health Service is a PHC service operating as a component HPS within the Education domain. As such it stretches over various sectors and health directorates. In order for SHS to be successfully delivered the co-ordinators of these sectors and directorates have to come together to negotiate and plan the service and how it links with their various policies and programmes. The diagrams below illustrate the various links and locations of school health services in the Health, Education and Social Development sectors.

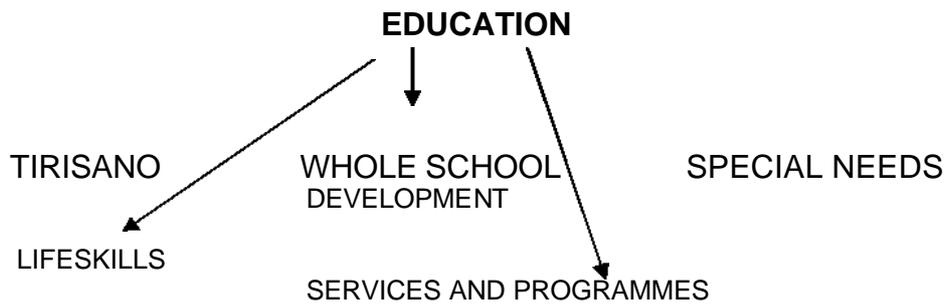


School Health services is one component of HPS and its policy guidelines are currently being developed separately, but in the framework of, HPS.



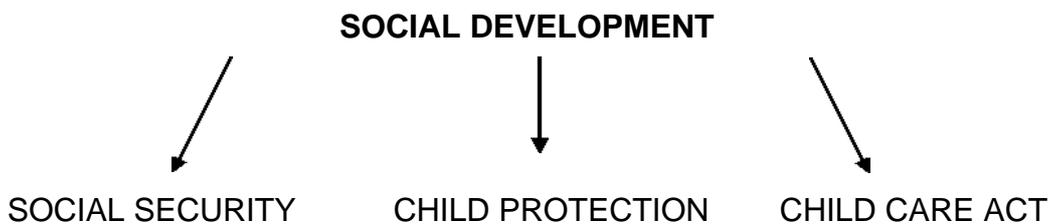
At an operational level the co-ordination of school health services with other PHC services needs to be addressed.

### 3.1.2 School health links in the Education sector



Within the Department of Education a range of policies and programmes exist that aim to develop the school environment and impact on the health and development of the school community. School Health Policy Guidelines need to be appropriately located within these policies and programmes to facilitate both the conceptualisation and implementation of these guidelines.

### 3.1.3 School health links in the Social Development sector



The Department of Social Development also has various programmes and policies aimed at school-aged children and schools. The appropriate links between these policies and programmes need to be made to avoid duplication and ensure the comprehensiveness of the School Health Policy Guidelines.

## 3.2 Inputs by representatives from key sectors

National representatives from the key sectors relevant to school health gave inputs on how school health currently links to policies and programmes in their sectors.

### 3.2.1 National Department of Social Development

Dr Maria Mabetoa, Director Child Health Services Social Development

Dr Mabetoa presented findings from her study on the role and impact of a social worker in a school setting. She linked this with the role of the Department of Social Development in child health and development.

She explained that the term social development indicates education as a focus area and that the department of social development needs to take an interest in what happens in schools and how to take advantage of the opportunities offered by school settings, to address children's needs. She

furthermore explained that the role of social workers in schools was to ensure that children's emotional and social needs were taken care of. The role of the Department of Social Development is to ensure that children's rights are met in different settings.

She used the findings of the study to motivate for an integrated approach of social workers working with all role players to address needs of children in school settings.

She noted the importance of the development of children's self-esteem and lifeskills programmes in schools to improve children's academic performance.

She also noted that addressing the needs of children with disabilities and learning problems is a responsibility of school social workers.

In conclusion she recommend a integrated approach where all role players work together, including community members and volunteers, to improve the environment for children to progress.

### **3.2.2 National Department of Education**

Mr Edcent Williams, Chief director School Education National Department of Education

In his input Mr Williams outlined the mandates of the key departments linked to School Health Services, Health, Education and Social Development. He described the mandate of the Education department as assisting learners to reach their full potential through a process of lifelong learning. He further described the roles of the Health department as ensuring a healthy country and that of the Social Development department as providing safety nets. He stressed the need for all of these roleplayers to work together as a team to meet the needs of citizens holistically whilst each meeting their specific mandates.

Mr Williams addressed the difficulties of intersectoral collaboration and co-ordination when working on joint projects such as is required by school health. He highlighted the impact of professional and territorial competitiveness, separate budgets and lines of accountability together with competing priorities. He recommended that these challenges be addressed through a policy process, suggesting that proposals be put forward for projects with a shared budget containing a shared plan and shared resources.

Mr Williams made the following link between School Health Services and Education policies and programmes: The notion of school effectiveness and safe schools which incorporates the notion of a healthy school and environment. He suggested that policy synergy be developed around these concepts and the School Effectiveness and Educator Professionalism programme in the Tirisano Plan specifically the project dealing with leadership, management and governance development. The document Signposts for Safe Schools that was jointly developed by the department of

Education and the department of Safety and Security and covers: lifeskills, alternatives to violence, self-esteem and adulthood, values and moral grounding, dealing with HIV/AIDS, stress and suicide and healthy alternatives. He noted the resonance of these documents and sections with school health policy guidelines concluding that departments were doing similar things in different ways that could be co-ordinated. The way in which these policies come together should create a framework within which to collaborate on these issues. This collaboration should take cognisance of the variation in national and provincial competencies that would impact on implementation.

He highlighted the opportunity for engagement between school health and education policy within the key education goal to make schools the centre of community life. As part of the education infrastructure development plan the next batch of schools being built will be schools that are multi-purpose centres for community life. These schools can accommodate a clinic among other things and makes it easier for service providers from different sectors to come together. He encouraged roleplayers to look at the times that education is performed and to unpack and analyse from this schedule the opportunities for the kind of collaboration being discussed. He committed the full co-operation of the Education department for such a process. He noted that all the ministers had committed to working in this way. Such a process would therefore also have political support.

He concluded that the role of those present as bureaucrats and administrators was to mould this political will in building a service of which to be proud and from which communities can benefit maximally.

### **3.3.3 National Department of Health: Health Promoting Schools (HPS)**

Ms Zanele Mthembu: Deputy Director: National Health Promotion Directorate

Ms Mthembu provided copies of the current Draft Guidelines for the Development of Health Promoting Schools and requested participants to read it and send comments to her office.

The process of developing HPS policy guidelines started in 1999. She highlighted the connection between the process of developing Health Promoting Schools and that of developing School Health policy guidelines. She noted that the HPS process is ahead of the school health process but that these processes would be integrated when the school health policy guidelines were complete.

The policy guideline development process has been a collaborative one with core team members from the departments of health, education and social development as well as representatives from NGO's and academic research institutions. The challenges of intersectoral collaboration were highlighted adding the need to find ways of strengthening collaboration with the community. The challenge of collaboration and integration is shared internationally and that our international counterparts are looking to South Africa to find ways of addressing this challenge.

In conclusion she stressed that HPS is an approach that pulls together existing policies and programmes and not a new or add on policy.

## 4. WORKSHOP OUTCOMES

### ***4.1 Intersectoral collaboration and co-ordination: Recommendations and plenary resolutions***

Provincial and national workshop discussions on ways to improve collaboration between key sectors for the planning and development of school health provided the following action plan:

#### Co-ordination in Health

- HPS and School Health Policy Guideline development task teams to meet and plan co-ordination between the two process and merging of the policy guidelines into one document
- Revisit the intersectoral collaboration groundwork done, particularly with the Education department, during the HPS policy guideline development process
- Approach key sectors jointly with one process rather than separate ones that is currently confusing these sectors
- Appoint a sub-committee focusing on children in schools in the national, provincial and local programmes of action for children
- Consider how the Gauteng cluster model, that combines all services for children in one directorate, could inform co-ordination

#### Co-ordination with Education

- Provide information on the School Health and HPS processes directly to the minister
- Put these processes on the agenda of the SADEC/UNICEF/WHO bi-annual meetings and Education minister to be prepared with information on HPS and School Health practice and achievements
- Provide information on documented HPS and School Health models to the Education department
- Find out why mention of HPS has been deleted from the Special Needs Education policy
- Joint task team to develop a clear plan for dialogue, with the key sectors, to take the process forward
- Identify key informers within key departments who can advocate for HPS and provide the co-ordinators of the HPS policy guideline process with information on the internal Education processes that have a bearing on HPS

#### Collaborating with other sectors

- Use existing intersectoral forums instead of creating new ones for this process
- Review information on best practices for collaboration that can inform this process

- ❑ Consider conditions applying to special schools that need to be highlighted in the policy guidelines
- ❑ Involve all sectors of the school community

#### **4.2 What is the unique role of school health services and what package of services should they deliver?**

The purpose of this session was to identify the unique and specific role of the school health team among the many agents currently targeting schools with health and development programmes. Are they serving a unique function and delivering essential services that: addresses an important health need that is not already being adequately addressed by existing services and that justifies resources being allocated to their establishment?

##### **4.2.1 Key issues raised**

The unique role of school health and the package of services proposed in the Draft School Health Policy Guidelines (**see attachment 2 for the proposed package**) were presented. Participants were requested to discuss and critically analyse these proposals in group work sessions. The following key issues were raised in these discussions:

The role of the school health service is preventive and promotive - in our current system curative services are prioritised and given the status of being essential. Participants felt that whilst their role should not be referred to as unique it is essential. Health promotion was identified as the main component of the school health role. An important role of the school health team was felt to be that of supporting educators and school communities in preventing and managing illness and developing healthy environments and lifestyles. This includes supporting the establishment of school based and district / area based health committees, providing tools and in materials to support educators in delivering health aspects of the curriculum and for the school community to address health needs in the absence of health workers.

##### **4.2.2 Recommendations and plenary resolutions**

- ❑ An important outcome of this session was that a framework is required to critically analyse each proposed service. This framework should relate each service to the specific purpose of school health, provide information on an evidence base for incorporating the service into the school health package and specify the infrastructural and other resource requirements for delivering the service as part of school health.
- ❑ Provinces currently have various infrastructural and other resources for delivering school health services. A clear outline of the resource requirements for providing the service should accompany the policy guidelines together with a proposed phased approach allowing a timeframe for all provinces to establish what is required to deliver a quality school health service

- ❑ In the absence of school health teams in many areas of the country it was emphasised that resources and tools for managing health emergencies at schools should be developed to support school communities who are not visited by health workers

### **4.3 Model of delivery for school health services**

The model of delivery for school health proposed in the draft School Health Policy Guidelines (**see attachment 3**) was presented. This model outlines the structures and support required at the national provincial and local levels for the delivery of school health services. It reflects an integrated school health service with school health teams from PHC facilities delivering health services to schools.

#### **4.3.1 Key issues raised**

Two variations on the proposed model were presented. These models are currently being used in KwaZulu-Natal and one district of the Eastern Cape.

Discussion of these models highlighted the following issues:

- ❑ The need for a close link between the Health Promotion and MCWH managers at provincial level to ensure links between HPS and school health at local level
- ❑ Re-orientation of school health personnel particularly the need for HPS training
- ❑ The appointment of school health specific or school health informed managers at sub-district and or clinic level who will prioritise school health within an integrated PHC system
- ❑ The need for school health to be integrated and linked with other services and community resources to ensure a referral network and a comprehensive service
- ❑ The debate on whether to have a dedicated school health team or a multi-skilling of healthworkers that can work both in clinics and in schools to ensure back-up staff for when the school health personnel are not available to attend to schools

#### **4.3.2 Recommendations and plenary resolutions**

Participants endorsed the model of delivery proposed in the draft school health policy guidelines.

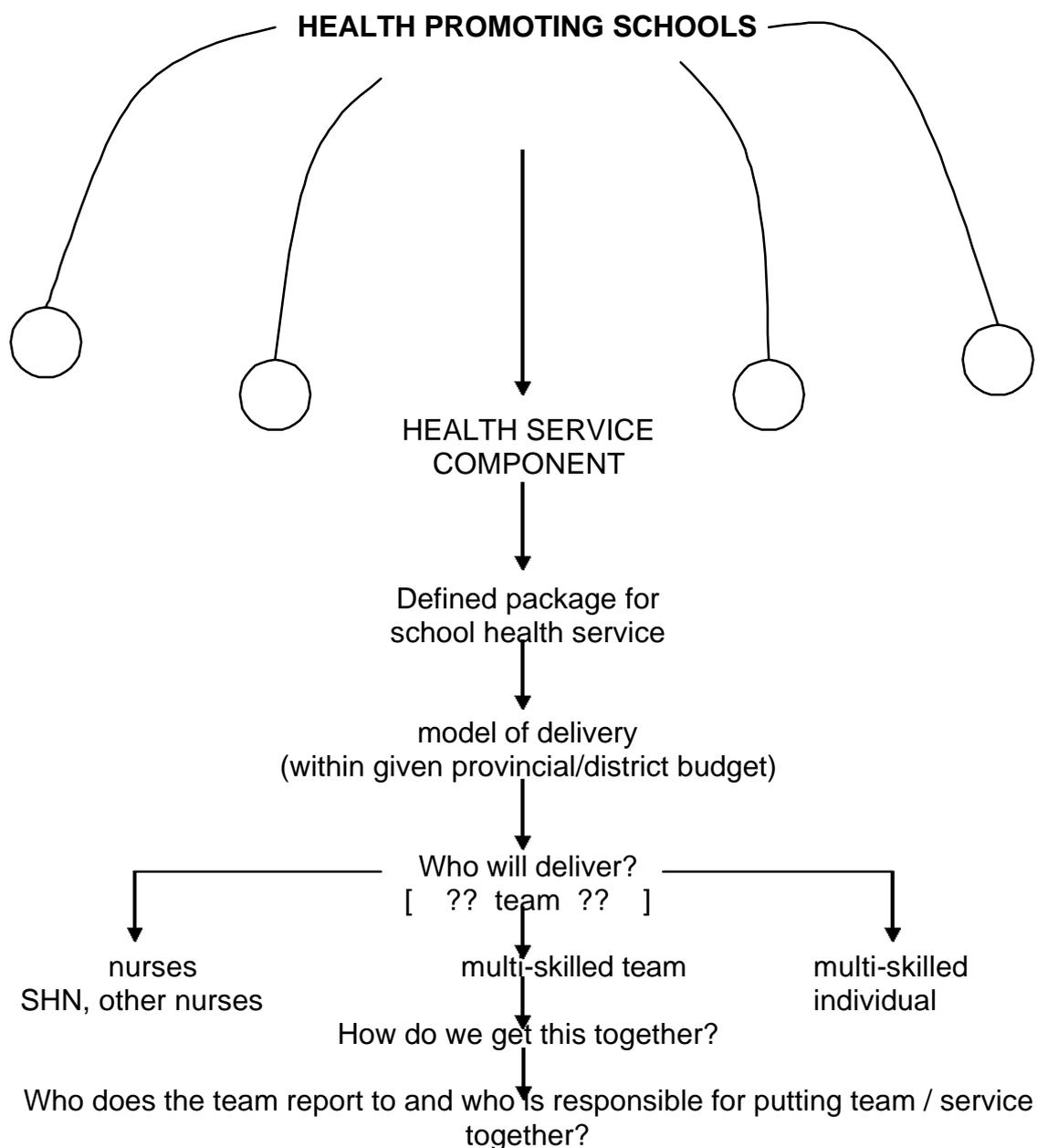
### **4.4 Who will deliver school health services?**

A session was dedicated to the discussion of the composition of the school health teams delivering this service. A brief history of School Health Services and HPS in South Africa was given to contextualise the discussion for this session. This presentation described the variation of school health services delivered differently by the 14 administrative departments of the apartheid era and the continued inequity in service availability, the decline in resources for school health and the impact of the integration of PHC services on this previously vertical school health service. The presentation also covered the

introduction of HPS and the subsequent school health and HPS policy guideline development processes. The need to establish the links between School Health and HPS and clarify the unique role of school health services within the HPS framework was emphasised.

Various models are currently being used in the country for delivering school health services. These models use varying school health team compositions based on available resources, district configuration of health services and personnel and other factors relating to making the service appropriate for the environment in which it is being delivered. Participants were requested to analyse the school health team composition proposed in the draft policy guidelines.

The following diagram was used to contextualise this discussion:



#### 4.4.1 Key issues raised

- The policy guidelines should not be prescriptive but should reflect a balance between providing sufficient guidelines for the delivery of school health services and accommodating variations in needs and resources
- the policy guidelines will propose a model of delivery based on information of best practices and can inform the establishment of a delivery model that is appropriate to the varying environments in which the service will be delivered. Districts using models that currently work well will thus be encouraged to continue with their models provided it meets the norms and standards recommended to ensure a quality service.
- Resources for school health are currently located in the budget for PHC services and its specific allocation is decided at provincial and local level. The allocation of additional school health specific resources has to be advocated for and negotiated with the national treasury.
- The broader school health team should be multi-disciplinary. This multi-disciplinary team should consist of a team of nurses among other health workers such as social workers, psychologists, environmental health officers, nutritionists, oral hygienists etc. The composition of this extended team is however dependent on the availability of these health workers in the district. Much discussion was focused on the nursing component of the team and the level of their qualifications as well as the range of skills and competencies they require.
- Advocacy for school health at local facility level is required to ensure that the service is supported and prioritised

#### 4.4.2 Recommendations and plenary resolutions

The main principles from this discussion were:

- The nursing component of the school health team should be a dedicated multi-skilled team focusing on preventive and promotive rather than curative services
- The team should operate within the HPS approach
- Team composition and the services delivered should be sufficiently flexible to be adapted to area specific needs
- District school health teams should be instrumental in establishing school based health teams with members of the school community

### 5. ISSUES REQUIRING FURTHER DISCUSSION

- Dedicated school health teams should be allocated per catchment area and should be linked to local health facilities
- School health teams should work with educators in using the Child-to-Child approach
- There is a need for research to gather baseline information on the health needs of the target group that can be used to motivate for additional resources and to evaluate the impact of the service being delivered
- Links with between the service and community structures and the education sector, specifically the new education district management teams need to be drawn diagrammatically to facilitate co-ordination

## 6. WAY FORWARD

The following decisions were taken with regard to the way forward for school health and HPS policy guideline development:

- A report on the national school health policy guideline workshop will be disseminated to provinces
- The national school health and HPS policy guidelines task teams will meet to merge these two processes, revisit collaboration progress made with other sectors and discuss the way forward
- An advocacy plan for Health Promoting Schools, with a school health component, will be developed
- The department of education will be approached to discuss co-ordination of the joint HPS/School Health policy guidelines with education policies and programmes
- Critical discussion and research on the school health package (as a component of HPS) and who will constitute the school health team will continue
- Provinces will continue with their plans of action developed at provincial school health workshops
- The second draft school health policy guidelines will be finalised and disseminated for comment
- Issues arising from comments will be addressed and the policy guidelines will be finalised
- Liaise with local government
- Clear but flexible implementation guidelines and an evaluation plan will be developed together with protocols and training materials

Tasks that need to be undertaken at provincial level to strengthen school health development include:

- Clarify HPS and the relationship with school health.
- Co-ordinate HPS and SH persons / activities.
- Involve all key role players in a process of school health collaboration
- Identify a dedicated person / persons to drive HPS

## CONCLUSION

The main outcomes of the workshop included the development of: a plan for collaboration with key directorates and sectors, a common understanding of HPS and school health as a component thereof and agreement on a model of delivery for school health. The workshop furthermore highlighted the need for information on evidence based services for school health. This will become an important part of the information used in advocating for school health. Those working in school health and HPS at district and provincial level were able to provide information for the planning of school health based on their knowledge and experiences. This information together with a critical review of evidence based services will form the basis on which the school health policy will be developed.

# ATTACHMENT 1: NATIONAL SCHOOL HEALTH WORKSHOP PROGRAMME

DAY 1: TUESDAY, 19 JUNE 2001

## Session 1.

- 16H00: Welcome and Introduction: Mrs Estelle de Klerk
- 16H15: Key note address: Dr. E Mhlanga, National MCWH Cluster, Department of Health (Speak for 15 minutes)-leave extra 15 minutes to absorb late start and longer talk.
- 16H45: Background to the national workshop: Ms. Ray Mohlabi
- 17H15: Input from HPS, Welfare and Education as to how they see the school health policy process interfacing with activities in their departments.-10 minutes each.
- 17H45: Outline of workshop: Dr. Maylene ShungKing-principal facilitator
- Introduction of participants
  - Outline of agenda for the next two days
  - Housekeeping
  - Participants to communicate their main expectation of the workshop on yellow stickies.

**Close day one at 18H30.**

**Dinner**

## DAY 2: WEDNESDAY, 20 JUNE 2001

### Session 2.

**8H30: Objectives and expectations**

**8H45: Summary of outputs from provincial workshops**

**9H15: Presentation of draft policy document**

**9H35: Collaboration of key sectors:**

- Summary of provincial workshop suggestions.
- Small group discussions

**10H45: TEA**

**11H00: Plenary feedback and discussion**

### Session 3

**12H15: Target group for school health policy**

- Presentation of provincial workshops consensus
- Plenary discussion

**13H00: LUNCH**

### Session 4.

**14H00: Role of school health services and what package of services must be delivered.**

Summary from provincial workshops

**15H30: Plenary feedback and discussion**

- Finalise role of school health
- Finalise the main activities in 'package of services'

**16H30: Wrap up**

**DAY 3: THURSDAY, 21 JUNE 2001**

**8H30: Recap of key outcomes of day 2.**

**Session 5.**

**9H00: Delivery 'model' for school health services**

- Summary of provincial workshop decisions
- Small group discussions.

**10H30: TEA**

**10H45: Plenary feedback and discussion**

- Finalise model of delivery for school health services

**Session 6.**

**11H30: Outstanding issues**

**12H30: Action steps for the next phase**

**13H00: LUNCH**

**13H45: Continue the action steps for the next phase.**

**14H30: Summary**

**15H00: CLOSURE**

## **ATTACHMENT 2: DRAFT POLICY GUIDELINES PROPOSED PACKAGE OF SERVICES**

A proposed minimum package of services has been developed that is sufficiently flexible to accommodate varying health priorities whilst ensuring equitable access to school health services for all learners.

- ◆ Vision screening
- ◆ Physical examination
- ◆ Monitoring nutrition status
- ◆ Oral hygiene monitoring and education
- ◆ Immunisation guided by national EPI
- ◆ Health education and promotion
- ◆ Monitoring chronic and infectious health conditions
- ◆ Treatment of minor ailments
- ◆ Councelling
- ◆ Referral

School health services will be available to schools through scheduled visits. In addition PHC services from local facilities will be represented on school based health teams. The services selected in the minimum package makes maximum use of this contact time. The delivery of these services should be informed by a situation analysis of the priority health needs of local health needs of school aged children and the locally available health and development resources. This will be discussed in more detail below.

This section provides an outline of each service listed in the package. However, inputs on these services are invited through the consultation process which includes the circulation of this document to all relevant stakeholders and the national school health policy workshop.

### Vision screening

School entrants and other learners referred to school health services should be screened for vision problems. The World Health Organisation has identified criteria for the development of screening programmes. These include: the availability of a valid and reliable screening tool, a sufficiently high prevalence of the condition being screened for, services that can address problems identified and the follow up of children referred to these services.

These provisions should be in place before a screening programme is instituted.

### Physical examination

Further discussion is required to identify the conditions for which children will be physically examined. These discussions should consider the purpose of examinations and the evidence for the need to physically examine children for the range of conditions traditionally covered by school health services.

### Nutrition status monitoring

Health workers specialising in nutrition currently visit schools to monitor the delivery of the PSNP and attend to the needs of children with identified nutrition problems. Activities relating to nutrition needs include the provision of accurate and updated information on healthy nutrition to the school community, growth monitoring and supporting school communities in the development of food gardens to increase household food security. Further discussion is required on the role of PHC services in these activities.

### Oral hygiene

Provision should be made for the identification of children at schools with oral health care problems and their referral for treatment. In addition health education and promotion of oral hygiene should be provided to learners. The role of school health nurses in delivering this service where oral health staff are not available requires further discussion.

### Immunisation

The EPI may in future include tetanus and rubella immunisations for school aged children. If scheduled, these immunisations should be delivered by school health services.

### Health education and promotion

School health services should provide health education and promotion to the school community in relation to the health needs identified by them. The main health education and promotion activities should be that of supporting educators in the delivery of health related aspects of the curriculum and the provision of health information and facilitation of the development of health skills of the school community. A specific role in informing healthy school policies is required.

School health services should support the use of child participation and peer methodologies in the development of health related skills.

Important areas of health education and promotion include:

- HIV/AIDS
- Hygiene and sanitation
- Growth and development including issues healthy lifestyles
- Sexuality and lifeskills
- Nutrition
- Safety and accident prevention

### Monitoring chronic and infectious health conditions

School health services should identify health problems and inform school health policies. The service should also support the development of the school community skills in identifying and managing certain health conditions in the home and classroom environment. School health service providers should monitor the health of children with chronic and ongoing health conditions.

### Treatment of minor ailments

The treatment of minor ailments, particularly in rural areas where children have poor access to health facilities, requires further discussion. The legal provisions for dispensing medicines to learners and educators are of particular concern.

### Counselling

School health services should provide counselling to learners and their families where social and emotional conditions impacting on the health and development of the child is identified. This is particularly relevant in cases of child abuse. Counselling should be followed by referral that can provide ongoing support in the absence of the school health provider.

### Referral

School health services should refer children with health and development needs that require specialised services or can benefit from programmes and services beyond the scope of school health. An effective referral network and information on locally available resources is required to fulfil this function.

Referrals should be followed up and the outcome of referrals should be recorded in the health records of school children kept by school health providers.

