

**REPORT ON THE NINE PROVINCIAL SCHOOL HEALTH
POLICY WORKSHOPS**

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1. BACKGROUND

1.1 Introduction

The Child Health sub-directorate of the National Maternal, Child and Women's Health (MCWH) and Nutrition cluster is currently developing National School Health Policy Guidelines. In February 2000, at a MCWH quarterly meeting, a task team was appointed to support the Child Health sub-directorate with the development of national School Health Policy Guidelines.

The task team members are:

Assistant director national Child Health: Ms Ray Mohlabi

Deputy director national Child Health: Ms Estelle de Klerk

Director MCWH Gauteng: Dr M Modise

Deputy director national Health Promotion: Ms Zanele Mthembu

National Department of Social Services: Ms Nombulelo Msikinya

National Department of Education: Mr Abraham Seckel

Child Health Policy Institute: Ms Eva Abrahams

The task team is chaired by Ms Ray Mohlabi who is responsible for school health within the national Child Health sub-directorate. The main tasks are of the task team are:

- planning and facilitating the policy development process
- developing the national School Health Policy document

In addition to serving on the task team, the Child Health Policy Institute (CHPI), based at the Child Health Unit within the University of Cape Town's Department of Paediatrics and Child Health, has been contracted to facilitate national and provincial school health policy workshops and to provide technical assistance with the formulation of the School Health Policy Guidelines. Funding has been secured from EQUITY and UNICEF to finance this contract.

CHPI's involvement in school health includes, among other things, hosting a workshop on an integrated policy for school health in 1997 and subsequently serving on the task team for the development of National Guidelines for Health Promoting Schools.

The national Child Health sub-directorate has convened workshops in each of the nine provinces between November 2000 and March 2001 to facilitate the development of national school health policy guidelines. These workshops focused on discussion of the key school health issues. Information from the



workshops was collated and used in the development of this Draft School Health Policy Guidelines.

Workshop participants included provincial representatives from education, welfare and non-government sectors in addition to representatives from programmes within health that currently target school aged children.

The workshops concluded with the development of provincial action plans to prepare the ground for the development of school health.

1.2 SCHOOL HEALTH POLICY PROCESS AND TIMEFRAMES

The task team outlined the following schedule for the process:

Activity	Date
Development of first draft policy framework	9 th October 2000
Review of draft by task team	13 th October 2000
Dissemination of draft to provinces	30 th October 2000
Workshops and Consultation	
Western Cape	15 and 16 th November 2000
KwaZulu-Natal	29 th and 30 th November 2000
Mpumalanga	6 th and 7 th December 2000
North West	5-6 February 2001
Northern Province	8-9 February 2001
Gauteng	14-15 February 2001
Northern Cape	19-20 February 2001
Free State	26-27 February 2001
Eastern Cape	1-2 March 2001
A first draft of School Health Policy Guidelines will be developed based on provincial workshops discussion	April 2001
Circulated to provinces for comments	May/June 2001
National workshop will be held with all relevant stakeholders	19 – 21 June 2001
Second draft school health policy document	Dates still to be determined
Circulated for comment	Dates still to be determined
Final school health policy document	Dates still to be determined



Political Process	
A final document will be drafted incorporating comments from the workshop and will go through the following official route: <ul style="list-style-type: none"> - Management Committee - PHRC - MINMEC - Cabinet through NPA Steering com 	Dates still to be determined

2. WORKSHOPS AIM

The aim of the workshops was to inform the development of school health policy guidelines

3. WORKSHOP PROCESS AND OUTCOMES

3.1 Guidelines for the workshop

Invitations and logistical arrangements for the workshops were organised by provincial MCWH managers. In preparation for the workshop these managers were provided with guidelines to facilitate the selection of participants and speakers to address the workshop. A background paper including a draft framework for the school health policy guidelines together with a provisional agenda was also provided.

3.2 Attendance and participation

Guidelines for the workshops proposed that participation be invited from NGO's involved in school health and the Departments of Education and Welfare at provincial level. Aside from MCWH managers, Department of Health representation was invited from the Health Promotion directorate, particularly from those involved with HPS.

All workshops were well attended by between 30 to 40 participants. Representation of the departments, directorates and sectors invited varied between provinces. In provinces where school health was still operational, workshops were dominated by school health personnel working at a functional level. Workshops in provinces without dedicated school health personnel were attended mainly by district health facility personnel some of whom serviced schools occasionally through mobile and other services. In these cases, nutrition, oral health and mental health personnel were well represented.

Participation of Education and NGO representatives was often minimal. Participation of HPS representatives varied with strong participation and



contribution in some provinces to representation by Health Promotion personnel who did not have an understanding of HPS and no representation in some provinces.

In general participation was enthusiastic and participants were convinced of the value and potential of school health and advocated strongly for school health to be developed.

3.3 Workshop structure

The workshop was divided into small group discussion and plenary sessions. In each workshop the participants were requested to nominate “stress relief consultants” to monitor the energy levels of the group and ensure the group remained energised with fun activities.

The agenda was structured to develop inputs around 3 key policy areas:

1. Who should the policy cover?
2. What is the role of school health services and what package of services should be provided?
3. How, by which model of delivery, should these services be provided?

Each of the above questions was explored in small group sessions which were facilitated by task team members and guided by specific questions provided on handouts. Hereafter a summary of group discussions were presented in plenary and issues raised were discussed further to attempt to reach consensus around the key areas of discussion.

Workshops were concluded with provincial plans of action to continue provincial work in the development of school health whilst waiting for the policy guidelines to be finalised. In addition participant listed their fears and concerns in relation to school health policy guideline development and implementation.

3.3.1 Consensus and debates around key issues

Who should the policy cover?

Consensus was reached on the primary target population of the policy as being children in Grades 0 or Reception year to Grade12.

Concerns were raised about children not covered by school health and the need to identify, link with and strengthen programmes for them. These include children under the age of 6, children of school going age not attending school and those post matric level. Another concern was the provision of age appropriate services for the different developmental stages within this target population.

Discussions identified a secondary target population who benefit from school health. This includes school community made up by the parents / care-givers, educators and others working at the school as well as the broader community in which the school was located.

❑ What package of services should be provided?

The identification of a package of services to be offered by school health was informed by three group work exercises.

Firstly groups brainstormed the health needs of the target population. Participants agreed that a holistic definition and approach to health was an essential principle underpinning school health. They therefore agreed that learners had not only physical but also emotional, social, environmental and spiritual needs. Groups had difficulty selecting priority needs that should be addressed by school health as they felt that all these needs were important for the healthy development of the learner.

The second exercise done in the groups was to map all the services currently targeting schools. A wide range of services from various sectors were identified by each of the groups in the provinces. It was interesting to note that this was the case even in provinces where participants initially declared that 'nothing was happening in school health'. This mapping exercise illustrated the amount of resources, in the form of programmes and services, currently being targeted at improving the health and development of learners and the lack of co-ordination of these resources.

The final exercise in the group work session was to identify what the unique role of school health services should be in the context of other roleplayers and services targeting schools. The following proposals were made:

- Information is required on specific needs and the availability of resources to meet these needs
- The services provided should be flexible to respond to varying local needs BUT a minimum set of compulsory service provision should be required
- Services should be prioritised according to local needs

Additional discussion is required on the identification and feasibility of the actual services to be delivered

The key role of School Health was identified as:

- providing preventive and promotive services for early identification of health problems
- providing health promotion and education
- gathering information on health needs



- co-ordinating existing services through collaboration and referral
- advocating for school health services and child rights
- community development through supporting school based community health initiatives
- initiating HPS and contributing to development in each of its component areas

At the end of the discussions, time permitting, the current national PHC Core Package for School Health was critiqued.

The following services were commonly proposed by groups:

- ◆ 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
- ◆ Counselling
- ◆ Referral

Critical discussion of these services took place particularly around the issues relating to screening. Many school health nurses felt strongly that this was an important service that should be offered by school health teams. The discussion was concluded with the identification of the need for information on the effectiveness on the services to be included in the school health package. Further discussion is required to decide the school health package.

□ *How should these services be provided?*

In order to decide how school health services should be provided participants discussed their understanding of vertical and integrated services and the advantages and disadvantages of each. Groups discovered that participants had varying definitions of what is meant by integrated services as this concept was being interpreted differently in different areas. These concepts were clarified in the plenary session.

After discussion of vertical and integrated service provision options consensus was reached that a combination of the two options should be employed. It was felt that this would allow for the advantages of both options to be retained.

Whilst many participants favoured the integrated option some school health nurses felt strongly that a vertical option of provision should be employed as school health was not prioritised and often lost in integration.



Participants also proposed models for the delivery of this integrated, combination service many of which had the service being co-ordinated by intersectoral teams at district level and delivered by multi-disciplinary facility based school health teams.

Responsibilities for school health at national, provincial and district level were outlined and are listed below in the provincial workshop minutes.

The national level responsibilities are:

- the formulation of national policy guidelines
- advocacy for school health
- supporting provinces in the implementation of school health policy guidelines
- monitoring implementation
- co-ordinating and providing training manuals and guidelines for school health services
- developing norms and standards for the delivery of school health services
- co-ordinating national research on school health services

Provincial level

- formulating provincial policies for school health
- developing action plans and protocols for the delivery of school health services
- supporting districts in the implementation of school health services policies and plans
- co-ordinating training of school health service providers
- allocating resources to the delivery of school health services within provincial budgets
- monitoring the implementation of school health services
- co-ordinating provincial research on school health services

District level

- implementing school health services policies and plans
- monitoring the delivery of school health services in the district
- co-ordinating the provision of resources for the delivery of school health services
- undertaking research on school health services

School level

- establishing school health committees that can liaise with district health teams in the development and delivery of appropriate and comprehensive school health promotion programmes

3.3.2 Implementation challenges and proposals to address these

Participants identified many challenges to implementing school health policy. They also discussed ways of addressing these challenges in group work sessions. The main challenges and proposals for addressing it are listed below:

- poor collaboration with all roleplayers and co-ordination of services and programmes targeting schools
- advocacy and marketing to create a common understanding and prioritisation of school health
- lack of re-orientation and resistance to change
- changes that will be brought about by local government devolvement of service responsibility
- the absence of a dedicated budget for school health and currently inadequate resource availability
- poor management support for co-ordination and delivery at all levels and poor communication between levels
- the need for supported implementation - and costing
- community participation and accommodating cultural and religious diversity

The following proposals to address the lack of communication and collaboration for co-ordination provide ways of counteracting a number of the above challenges:

- Collaboration to start at national level and to support and monitor collaboration at provincial level which will support and monitor collaboration at district level
- Appointment of a designated person responsible for driving and co-ordinating school health at national, provincial and district level
- Appointment of a steering committee with representatives of all roleplayers
- Establishing common ground
- Clarification of roles and responsibilities of all roleplayers
- Identify core values for intersectoral team commitment
- Set clear timeframes for the development of school health and work of steering committees

- ❑ Developing an advocacy plan to create a common understanding of school health – targeted at all levels
 - workshops and meetings with roleplayers
 - use of existing materials to promote understanding of school health
 - targeting managers who need to support the development of school health at local level
- ◆ Develop a system of communication between levels and roleplayers
- ❑ Situation analysis
 - identification of resources needed for school health
 - audit of existing resources
 - listing of additional resources required and
 - a plan for providing it
- ❑ Regular joint planning with roleplayers at district level (e.g. - annually, quarterly)
- ❑ Developing operational plans with school community
 - ◆ Regular monitoring and evaluating and information sharing using a standardised mechanism and tools (e.g. quarterly, monthly) –some suggested with performance indicators written into jobs
- ❑ Use information from lessons learnt from the integration process of other programmes e.g. mental health

Proposals were also made for how the school health team should be constituted:

- multi-disciplinary health facility based school health teams to visit schools
- specially trained school health nurses to deliver service as part of multi-disciplinary team
- multi- skilled primary health care nurses able to deliver various services including school health particularly where mobile services are the most commonly used - also as part of multi-disciplinary team
- where no service currently exists PHC nurses to be offered in service training to deliver services to schools
- where school health services do exist nurses to be offered in services training for re-orientation to the kind of integrated service proposed

The lack of resources was repeatedly raised as a key concern and the following proposals were made to address the issue:

- Prioritisation of school health and allocation of a dedicated budget
- An audit of resources should be done to identify what resources are needed overall and what already exists to make maximum use of these
- Clear role and service definition to facilitate collaboration, integration and sharing of resources
- School health services should be co-ordinated with other programmes and services both within health and other sectors. This should be done through joint planning so as to facilitate sharing of resources
- Human resources to be developed through in service training and training of new recruits
- Scaling down of target group or phased implementation whilst resources are being increased

3.3.3 Provincial action plans

Workshops were concluded with the development of provincial action plans to map the way forward for provinces in the development of school health whilst awaiting the national school health policy guidelines.

Outcomes of this process was the selection of a team responsible for taking process forward and the listing preparatory province specific tasks to be undertaken by them (see appendix 1).

The tasks listed were selected to address provincial issues highlighted during the course of the workshop as well as fears and concerns raised by participants at the end of the workshop.

4. KEY ISSUES RAISED INCLUDING FEARS AND CONCERNS

At the end of the workshop participants were invited to raise their fears and concerns regarding the development and implementation of school health policy and the establishment of a viable school health service. The outcome was in most cases an echo of the issues raised throughout the workshop. The following list presents the fears and concerns raised:

- the lack of political commitment
- inadequate advocacy



- the long time to finalisation of the policy guidelines and keeping process alive during this time
- the practicality of co-ordination of services targeting schools in other programmes / sectors
- intersectoral collaboration and the inclusion of all stakeholders
- Investigating and strengthening the current situation of child health services
- Need to consider how effectively and efficiently services are functioning
- Consistent plea for “Management support” at all levels and the development of practical ways to address this for example:
 - Quarterly letters
 - Feedback of information between different levels of the service
 - Facilitate co-ordination between services and programmes targeting school aged children
 - Periodic visits of managers to service delivers to provide a listening ear and gain insight to problems experienced on the ground
- Need for supported implementation
- The need for ongoing support of provinces by the national level
- Need to develop a monitoring and evaluation strategy for school health

5. ACTIONS REQUIRED

In summary the following actions that need to be taken for the further development and implementation of school health policy have been identified from workshop discussions.

5.1 General activities

- Development of an implementation support plan from National and Provinces
- Development of a monitoring and evaluation strategy
- Maintaining momentum through “Provincial Action Plans”
- Development of tools to ensure consistent management support mechanism
- Development of a school health advocacy and marketing strategy

5.2 Activities for policy completion

- Prompt distribution of draft policy, a distribution to feedback timeframe of 6 weeks was proposed
- Collate comments from your province into one document
- Ensure sharing of Draft Policy with all those who should be involved especially other sectors
- Liaise with Education, Welfare, Health Promoting Schools and NGO's
- Select representatives for National Workshop
 - Include from ranks of workshop
 - Other sectors
 - Select individuals that will represent provinces well

Whilst every attempt was made at the outset to streamline and duplicate the workshop structure in each province, the process was a dynamic one and each workshop enriched the way in which the following was approached and facilitated.

The draft school health policy guidelines is a direct outcome of the valuable discussion that took place in the provinces. However, what may not be captured in the document is the depth of the discussion and debate. It may also not reflect the enormously rich resource we have in the people who participated in the workshops and whose commitment to improving the health of children provide a strong motivation to ensure the development of school health.

APPENDIX 1: PROVINCIAL ACTION PLANS

A provisional agenda was sent out to provinces prior to the provincial workshops. The three key policy areas in each of the workshops (1. Who should be covered by the policy? 2. What services should be provided as part of school health? 3. How should these services be delivered?). However, the agenda was sufficiently flexible to accommodate any required changes. The workshop process was a dynamic one and the agenda evolved as it was enriched by the process in each of the provinces. After the third workshop, held in Kwa-Zulu Natal the development of provincial action plans was added to the agenda. The following appendix does therefore not list action plans for the Western Cape or Mpumalanga as this activity was not part of the agenda for the workshops in these provinces. The Kwa-Zulu Natal action plan is very short as it was the first workshop in which it was developed and the framework for it had not been fully developed by the facilitators at that stage.

Eastern Cape

- MCWH co-ordinator to circulate document
Districts must discuss and give comments through provincial office for inclusion in national policy
- Establishment of a Provincial forum (task team) including HPS, Education, Welfare, etc.
- Do a situational analysis
- PPA
Identify who will be driving process
- Set of clear objects
 - Activities conducted
 - What training needs to be done, e.g. how to co-ordinate
 - Set some standards for service
- Develop communication strategy to ensure information sharing and feedback to and from all levels



- Develop a monitoring and evaluation strategy
- Develop a mechanism to lobby for resources
- Ensure sustainability

Free State

Drivers:

- Maternal, Child and Women's Health co-ordinator (provincial) + Nutrition (community liaison)
- Health Promotion - Provincial co-ordinators
- Department of Education (Directorate: Special needs)
- Department of Welfare (Directorate: Child, Youth and Family)

- Request delegation from the office of the MEC
- Maternal, Child and Women's Health (district, clinic/ reps) at other levels
- Existing forums to be drawn on

Tasks to be performed by drivers

- Pass on information < resistance
- Lobbying for support in other sectors
- Draw up a strategy

Gauteng

The provincial and regional co-ordinators meet and discuss:

- who role players are,
- should the meeting liaise with other forums,
- whether this meeting is the most suitable to discuss objectives and standards with regard to SH.

Co-ordinators must meet and plan for forum development
 Co-ordinators forum to be at all levels but to be linked
 Set objectives for forum

The set forums and meetings will also have the responsibility to comment and give input on the draft policy document.

Forums to be formed at regions for effective service delivery

People function very well within the set guidelines and must continue doing so.



Kwa-Zulu Natal

The way forward

A draft SHP will be forwarded within 3 months that must be discussed and workshopped as widely as possible. Comments should be forwarded to National office for inclusion in the 2nd draft document to be discussed at the national workshop during March 2001.

Northern Cape

Include:

Policy & planning

Provincial Maternal, Child and Women's Health manager

Distribute document

Comment collaboration & return

Dept. of Education (Dir: Specialised Education)

Dept of Welfare (Dir: Social Welfare services & Social security)

Above-mentioned people needs to take the process forward and consult with other {lower} level

District manager

Local government - 2002? - identify relevant person

DOE - provincial plan of action for children will be discussed

DOW - direct communication from provincial Health

Functions of the forum

- Development of an action plan
- Lessons from previous integration process (MH)
- Context of development / restructuring to province broad overview - Director

Principle decision from top management

Northern Province

- To form a provincial Task Team for SHS that includes regional and district officials also
- Merging the roles for HP & SH
- Feedback to the implementers who did not attend
- Identification of co-ordinators at district level
- Co-ordinators from HPS, SHS & Education to take the process forward
- Tasks / planning for co-ordinators:



- Responsibility for integration of HPS & SHS
- Facilitate the formation of district structures
- Organising further provincial workshops for in-service training to ensure fluent implementation of policy
- Pilot site existing committees to be informed about the process
- Plan for implementation and follow-up once the policy has been developed
- Establish clear communication lines & distribution of documents
- Advocacy plan for SH
- Training and re-orientation of health workers
- Monthly meetings with service providers from mobiles
- Comments on the discussion document still acceptable until 2 March 2001
- Distribution of 1st draft SH policy document 4 weeks after 2 March 2001
- Province to use provincial attendance list for distribution of document
- National workshop should consider people who attended provincial workshop for attendance

