NATIONAL DEPARTMENT OF HEALTH

CLUSTER: MATERNAL CHILD & WOMEN'S HEALTH AND NUTRITION
SUB-DIRECTORATE: CHILD HEALTH

NATIONAL SCHOOL HEALTH POLICY AND IMPLEMENTATION GUIDELINES

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CONTENTS

GLOSSARY OF TERMS

Comprehensive School Health Promotion Programme
A programme of co-ordinated services that has been jointly developed by various sectors to comprehensively address the health and development needs of school communities. School health services is one component of this programme

Integrated service
This service is located within the administrative and functional structures for comprehensive PHC services using resources shared between its various components

Learners
School-aged children attending schools and other structured learning sites

Learning site refers to all formal places of learning regardless of the actual infrastructure and includes sites for learners with special needs

National Maternal, Child and Women's Health (MCWH) and Nutrition Cluster is responsible for programmes relating to the health of women and children. It is divided into 3 directorates: 1) Child and Youth Health, 2) Women's Health and Genetics and 3) Nutrition.

Policy option
The integrated option selected in this policy for the delivery of school health services after consideration of the feasibility of the various available options

School-aged child
Children of school going age, who are generally between the ages of 6 and 18 years - although it is recognised that schools may have learners up to the age of 24 years

School community
The entire community involved both directly or indirectly with a learning site or school setting: learners, parents/caregivers, educators, school management members which includes the principal and members of the school governing body (SGB), administrative and other auxillary staff schools

Target group
The main beneficiaries of this policy. In this instance it refers to all children attending learning sites (as defined above), regardless of age

Vertical service
This service is specialised and operates separately to other PHC services. It functions within a separate administrative structure with its own resources

Nurse
Throughout this document, a nurse refers to a health worker who has been trained with the necessary skills to provide school health services.

ACRONYMS

CHPI
Child Health Policy Institute (now incorporated into the Children's Institute)

CI
Children's Institute

HPS
Health Promoting Schools

MINMEC
Minister and Members of the Executive Council of Health Committee

NPA
National Programme of Action for Children in South Africa

PHC
Primary Health Care

PHRC
Provincial Health Restructuring Committee

PPA
Provincial Programme of Action for Children in South Africa

CRC
Convention on the Rights of the Child

FOREWORD

It is with great pleasure that we present this School Health Policy. This policy responds to the need for an inter-sectoral strategy for the healthy growth and development of children.

As signatories to the Convention on the Rights of the Child the South African government has pledged to 'Put Children First' giving their needs the highest priority. In practice this requires that we ensure that their rights are upheld and that provision is made to enable them to reach their full potential in all aspects of their lives. The Health, Education and Social Development sectors play a particularly vital role in this provisioning. These sectors are primarily responsible for ensuring children's survival, attending to their basic needs, promoting their well-being and assisting them to achieve their maximum potential.

The school setting provides an ideal opportunity for fulfilling these responsibilities. Children are in schools at least 40 weeks a year over a 12 to 13 year period of their lives. Through the infrastructure provided by schools, health and other social services are able to collaborate with education in addressing some of the key health, developmental and social needs of children.

This policy, when implemented in a partnership with education will strengthen our capacity to address children's needs for healthy development. Whilst the Health Promoting Schools initiative addresses all aspects of the creation of a healthy school environment, this policy focuses on the health barriers to learning and development, as well as the promotion of essential health awareness and behaviour that optimises growth and development.

The school health policy draws on the understanding and experiences of health workers, educators and other school community members. In contrast to the previous vertical model of delivering the school health service, this policy aims to ensure that the provision of school health services is integrated with other primary health care activities. It furthermore provides guidelines that will ensure that all school going children, even those in remoter areas, have access to health services.

We would like to thank everyone who has participated in the development of this policy and to acknowledge the work of the many health workers and educators whose untiring commitment continues to make a positive difference in the lives of our children.

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Minister Of Health

THE POLICY DEVELOPMENT PROCESS

The school health policy development process has gone through various phases since its initiation in 1998 when initial research was undertaken to determine the status of school health in the country. In 1999 an inter-sectoral task team was appointed to develop an appropriate policy and guidelines for its successful implementation. The task team negotiated the challenge of co-ordinating school health with other health programmes for learners as well as with education policies and programmes. It consulted widely with various levels of service providers in health, education and social development around the requirements for the organisation and delivery of a new school health service.

Nine provincial and one national workshop were held during the period from November 2000 to July 2001. The purpose of these workshops was to discuss the issues relating to the development of a new school health service. The main issues discussed were the health needs of school-aged children and the organisation of the service. Special attention was given to discussions on the co-ordination of the school health service with other health and development programmes targeting school children. A background paper was circulated to representatives from the Health, Education, Social Development and Non-government sectors who participated in the workshops. Their participation the planning of co-ordination between the health and education sectors to ensure the development of an appropriate policy that could be successfully implemented within the education domain.

The policy drafts developed from these inputs were circulated and comments were used to refine the policy. The policy was presented at provincial and national joint health and education forums to further strengthen co-ordination between the two sectors and ensure the development of a relevant health service operating in the education domain.

This final school health policy is thus the outcome of substantial consideration of new ways for these key sectors to integrate their efforts and facilitate the optimal development of children within the school setting.

ACKNOWLEDGEMENTS

The National Department of Health would like to thank everyone who participated in the process towards formulation of this policy document. A special tribute is paid to the following:

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- The consultants, Dr Maylene Shung-King and Ms Eva Abrahams from the Children's Institute (University of Cape Town) for their dedicated technical and expert contributions

- The provincial MCWH co-ordinators as well as all the representatives from government services, academic institutions and non-governmental organisations who contributed their time and shared with us a world of experience, during and after the provincial and national workshops

- School nurses and other health professionals in the Western Cape, as well as staff from the Child Health Unit at the University of Cape Town who gave additional technical input into the policy

- The National and Provincial Departments of Education and Social Development for sharing inter-sectoral information

- The Clusters within the National Department of Health who participated in the development of this policy

EXECUTIVE SUMMARY

According to the World Health Organisation[1] school health programmes can increase the efficiency of the educational system and reduce common health problems. The WHO Expert Committee on School Health further states that school health programmes can advance public health, education and social and economic development. The global expansion of school health programmes confirms the value placed internationally on school health programmes.

However, the success of school health programmes is dependent on: co-ordination between the health and education sector, the structure and organisation of the programme and the ability within the programme to provide an equitable service despite variation in local needs and resources. There have been some of the major challenges in South Africa in developing a national school health policy. These challenges have been exacerbated by the fact that both the health and education systems are undergoing significant transformation.

This document contains:

- A description of the policy development process
- The rationale and context for the policy.
- An outline of the main health needs of school-aged children
- The vision, mission, principles and main objectives
- A package of school health service activities
- A framework for monitoring and evaluation
- Implementation guidelines

THE SCHOOL HEALTH POLICY

♦ ***Vision, principles and objectives***

The **vision** for school health is the promotion of the optimal health and development of school going children and the communities in which they live and learn.

The **principles** that underpin the pursuit of this vision concur with those underpinning the primary health care approach. In addition the prioritisation of the school health service, its location within Health Promoting Schools and its partnership with and benefit for Education is emphasised.

The **objectives** of school health are to support educators and the entire school community in creating Health Promoting Schools, address barriers to learning and in so doing act as a safety net for children who did not have

[1] WHO. 1996. Recommendations of the WHO Expert Committee on Comprehensive School Health Education and Promotion

access to services for children under 5years and to provide appropriate health education and health promotion within schools.

- ***The target population and the package of services***

The selection of the target population covered by school health and the services included in the school health package is based on what is known about the health needs of learners and what is required that can be practically accomplished within the current health and education context.

The school health policy aims to facilitate the optimum development of learners from Grade R, where attached to a school, to Grade 12. It will do this by assisting in the development of schools as supportive environments for health and development and by addressing barriers to learning that will hinder the learners maximum benefit from education. The major health barriers to learning for children in South Africa are poor nutrition, poverty, environmental factors such as poor water and sanitation provisions, and disabilities including gross loco-motor dysfunction as well as impaired vision or hearing. These factors impact on attendance at schools and the learner's ability to concentrate on school activities in the classroom causing poor pass and retention rates for schools and impacting negatively on the overall development of children and youth.

To address these barriers to learning the school health package includes health assessments for learners in Grade R/1, health promotion and health education, referral, follow-up and further activities that address the needs of the ill learner and learners in difficult circumstances when and as required.

Other important health factors impacting on the development of children and youth of school going age include issues relating to sexuality, HIV/AIDS and reproductive health, trauma and violence, substance abuse and mental health problems. Such factors should be addressed through health promotion and health education activities and need to be incorporated into the life orientation area of the curriculum.

- ***Monitoring and evaluation***

Monitoring and evaluation will focus on the strengthening and expansion of school health services to cover all learners, the development of infrastructure and the measurement of the impact of the service on the progress of learners. A set of indicators has been identified to measure the success of the service in the above foci.

IMPLEMENTATION GUIDELINES

This section is intended to guide the implementation of the school health policy and should be adapted to suit the varying local conditions. A list of

responsibilities is provided for the co-ordination and development of school health at the national, provincial and local levels.

School health is a non-negotiable integral part of the comprehensive package of primary health care services that must be delivered to every school in the district.

The implementation guidelines provide an outline of the district structure, management, delivery, staffing and training requirements for school health. Extensive guidelines are provided for staffing of the service. This covers the skills required and staffing norms of 1 appropriately skilled health worker:10 500 learners or 1 health worker: 15 000 learners where learners health needs are less severe. The section furthermore outlines the categories of staff required, where they could be drawn from and what training they require.

The varying school health resources that exist in districts across the country are considered and guidelines are provided for the planning of school health services. These guidelines cover activities that will need to be carried out in each district. In addition specific guidelines are provided for activities required in districts with existing school health services as well as in those districts that currently do not have a service.

1. INTRODUCTION

The South African government has pledged to 'Put Children First' by becoming signatories to the Convention on the Rights of the Child and by according children special recognition in the Bill of Rights of the South African Constitution. In practice this requires that we ensure that their rights are upheld and that provision is made to enable them to reach their full potential in all aspects of their lives. This is especially true during children's school years, where special attention must be given to their right to optimal health and development.

According to the National School Register of Needs Survey 11 598 701 learners were enrolled in schools in the year 2 000. This number is increasing annually as the transformation and strengthening of the education system enables it to retain more learners for longer and as legislation for compulsory schooling takes effect. The success with which the health needs of these learners are addressed will determine how much they benefit from education and the outcome of their overall well-being and development. To achieve this success school health services need to be appropriately structured and organised.

The reorganisation of school health services has been one of many restructuring processes in the transformation of the health system in South Africa. This policy and implementation guidelines serve to strengthen school health services and to facilitate the reorganisation of school health services from a previously vertical service into one that is an integral part of primary health care services.

The Primary Health Care approach is the foundation of the South African health system. This approach embodies all the elements of health care, with specific emphases on promotive and preventive health care activities. Such activities are believed to have the greatest impact on the health status of a nation in the long term. An important challenge for health services therefore is to ensure that promotive and preventive activities reach the general population as well as specific subgroups that potentially derive the most benefit from health promotion such as children and youth.

Linked to this challenge is the integration of these services with services and programmes in other sectors focussing on the same population. This is particularly crucial for school health services that are delivered within the education domain. This development of this policy has been informed by the transformation of the education system and the Health Promoting Schools approach.

The provision of school health services in most parts of the country are sub-optimal. A range of factors have contributed to this including:

- Variation in the importance attached to the value of school health services;
- the absence of data to inform the review of school health services and to report on the impact it has had on child health in South Africa;
- the challenge of integrating previously vertical and fragmented services,
- competition for limited resources and
- the size and urgency of demand for curative services aimed at short term survival versus preventive and promotive services aimed at long term improvement in health and quality of life

This policy aims to address these issues in order to establish a relevant and effective school health service for South Africa.

1.1 RATIONALE FOR A SCHOOL HEALTH SERVICE

Children first make contact with the health system at birth. After 18months when the last immunisation is given children often only make contact with the health system again when they need their 5-year immunisation booster, become ill or need reproductive care in their teens.

Most children spend up to 13 of their formative years, from early childhood to young adulthood, in a classroom environment. During this time they are a captive audience for health education and interventions that will influence their health status and health practices. Once educated these children can potentially become influential sources of health information and models of healthy behaviour to their families and broader community. Through them the health system would be able to reach far beyond the walls of the clinic and other health institutions. An effective school health service will ensure that we are able to capitalise on this invaluable opportunity for the healthy development of children and the communities in which they live.

School health services therefore provide a safety net for many children that are currently not covered by under-5 child health services. The service is well placed to identify avoidable health problems that may constitute barriers to learning.

1.2 THE SCHOOL HEALTH SERVICE IN THE CONTEXT OF HEALTH, EDUCATION AND SOCIAL DEVELOPMENT

The school health service is one of several health programmes that operate directly within the education domain. Currently significant transformation is taking place both within the health and education sectors. The school health service therefore needs to co-ordinate with the relevant health programmes, as well as take cognisance of the relevant education and social development

policies and programmes. This section outlines the key health, education and social development policies and programmes that have shaped this policy.

1.2.1 HEATH POLICIES

a) The Health Promoting Schools initiative

The Health Promoting School's initiative is a recently established programme. This initiative is underpinned by a health promotion philosophy and has five components that together provide the basis for school health. These are:

1. the development of healthy school policies that will assist the school community in consistently addressing its health needs;
2. access to appropriate services to address the health needs of the school community;
3. the development of personal skills of members of the school community enabling them to improve their own health and influence the healthy development of others;
4. the development of the school as a supportive environment for the development of healthy attitudes and practices; and
5. community action that involves the school and broader community in taking ownership of and seeking ways to address their collective health needs by accessing resources for health

Within this initiative the health service is an important component that addresses specific health needs of children. In many health districts, staff that are delivering the health service in schools, have been instrumental in the establishment of Health Promoting Schools. This facilitated the integration of current school health services within the Health Promoting Schools initiative. Currently both health promoting schools and the school health service are at different stages of implementation within the different provinces.

b) The Youth and Adolescent Health Policy

This document presents a holistic and integrated approach to health that covers children and youth aged 10 to 24 years. It prioritises several health priorities for this group. It proposes the use of many strategies to address health priorities such as promoting a safe and supportive environment, providing information, building skills, providing counselling and improving health services. Schools are identified as one of 7 intervention settings where these strategies could be applied.

The school health service policy needs to co-ordinate with many other health policies and programmes such as oral health, chronic diseases and HIV. These are addressed in the Youth and Adolescent Health policy.

1.2.2 EDUCATION POLICIES

Recent education policies and laws provide a blueprint for a "world class education system" that provides education of the highest quality for all learners. Participatory approaches, including community partnerships, are seen as the key to the achievement of these goals. The policies are all geared towards providing a healthier and more enabling school environment and culture and intersect with many of the sentiments embodied in health policies and programmes. Policies providing the blueprint for a new education system are outlined below.

a) Tirisano

This is a two part document the first of which is titled "A Call To Action: Mobilising Citizens To Build A South African Education and Training System for the 21st Century". Nine priorities form the focus of the action. These include: schools becoming centres of community life, creating healthier school environments and dealing urgently with the HIV/AIDS emergency[2].

The second document[3] contains the Tirisano implementation plan which outlines 5 core programme areas of which 1) HIV/AIDS, 2) School effectiveness and teacher professionalism and 3) Organisational effectiveness of education departments are of particular relevance for the development of HPS.

b) Special needs and inclusive education

The policy on special needs[4] provides the framework for the development of an inclusive, holistic and integrated education and training system that is able to respond to a diversity of learning needs. It focuses on the transformation of services currently operating for learners with special needs and the development of mechanisms that enables the system to accommodate all learners. This policy will include institutions for children with special needs.

c) Whole School Development

This policy sets out a national model for school evaluation aimed at improving and assuring the quality of education. Nine areas of evaluation are identified, including school safety and security.

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[2] Tirisano: Call to Action: Mobilising Citizens to Build a South African Education and Training System for the 21st Century. Department of Education. July 1999. Pretoria

[3] Tirisano, Working Together to Build a South African Education and Training System for the 21st Century January 2000 - December 2004. 1999. Department of Education. Pretoria

[4] Consultative Paper No 1 on Special Education: Building Inclusive Education and Training System, First Steps. Department of Education. August 1999. Pretoria

d) Curriculum 2005 and Outcomes Based Education

The new curriculum for the education system specifies Life Orientation as one of the learning areas for learners. This learning area covers the facilitation of life-skills development and allocates time to focus on health promotion.

e) National Education Policy Act 27 of 1996

This Act provides regulations relating to the National Education policy on HIV/AIDS for learners and educators in public schools, and students and educators in further education and training institutions.

f) South African Schools Act 84 of 1996

Issues of attendance, admission and school fees, covered in this legislation, provide indicators of at risk children. A summary of how the Department will handle these issues and the rights of different sections of the school community with regard to these issues have relevance for school health. School health services could support the school to deal with these issues and the children and families involved in a sensitive manner.

1.2.3 SOCIAL DEVELOPMENT POLICY

The 1997 White Paper for Social Welfare provides details of the department's proposed social welfare strategy and delivery system. The mission expressed in this policy is "to serve and build a self-reliant nation in partnership with all stakeholders through an integrated social welfare system...".

The delivery system includes discussion on the need for social security and social integration programmes that address the needs of vulnerable groups including families, children and youth.

The policy further proposes programmes:

- to give effect to the international conventions of the United Nations ratified by the South African government (including the Convention on the Rights of the Child) and the objectives of the Constitution and the Reconstruction and Development Programme; and
- to strengthen partnerships between the role-players delivering social services and to promote intrasectoral social development.

In addition the Department of Social Development supports facilities caring for orphans and other children unable to live with their families. The Department also provides a Foster Child Grant for children, up to the age of 18years, who are legally in foster care.

The above summaries show the overlap and opportunities for integration between these key sectors targeting school-aged children. The co-ordination between these sectors and between programmes within each sector is essential for the successful implementation of school health services.

1.3 THE HEALTH NEEDS OF SCHOOL CHILDREN

A range of factors impact on the health and development of children. A review of the South African literature revealed the main health problems faced by school-aged children and these are described below:

1.3.1 POVERTY AND ENVIRONMENT

Seventy percent of South Africa's children live in rural areas, and many live in households with incomes below the poverty line.[5]

Reports on school environments found that almost 25% of schools do not have water within walking distance and 57% do not have electricity[6]. Nearly half of primary and combined schools use pit latrines and these are often insufficient in number, over-utilised, unclean and smelly. Another 13.5% of schools have no sanitary facilities at all[7]. In addition about 5% of schools have decrepit and dilapidated buildings that are unsafe and unsuitable for teaching and learning [6].

1.3.2 NUTRITIONAL STATUS

The national food consumption and anthropometric survey of 1-9year olds found that stunting affects one in every five children and is the most common nutritional disorder with the highest prevalence in the Northern Cape (31%), Free State (30%), Mpumalanga (26%), North West (24%), Northern Province (23%) and Eastern Cape (20%)[8]

1.3.3 SEXUAL ACTIVITY, HIV/AIDS AND REPRODUCTIVE HEALTH ISSUES

A study of high-risk behaviour among primary school learners found that 24% of learners were sexually active and 46% saw their friends as being sexually active. However, these learners had inaccurate knowledge about the transmission of HIV. Only 25% said that they use condoms to protect themselves during sex and only 16% use birth control[9]. By the age of 19 years 35% of all girls surveyed had been pregnant or had had a child[10]

[5] October Household Survey. 1995 Community Agency for Social Enquiry
[6] Census in Brief. Statistics South Africa. 1998
[7] Department of Education. Education For All (EFA) 2000 Assessment. http://education.pwv.gov.za
[8] D Labadarios. National Food Consumption Survey in Children Aged 1-9 years: South Africa 1999. Draft Report, April 2000
[9] Visser M. Moleko A. High risk behaviour of primary school learners. Medical Research Council
[10] South African Demographic and Health Survey. 1998

1.3.4 TRAUMA AND VIOLENCE

According to the Child Accident Prevention Foundation of South Africa (CAPFSA), injury is the leading cause of death in the 5 -14 year age group[11]. In addition, teenage and child suicides are becoming increasingly common. Child abuse, particularly the rape of young virgin girls to avoid or "cure" HIV infection is raising increasing concern and reports of sexual violence against young girls are a frequent feature in the media. Further research is required to provide accurate information in this regard.

1.3.5 SUBSTANCE ABUSE AND RISK-TAKING BEHAVIOUR

Substance abuse and risk taking behaviour is a key issue that needs to be addressed especially in the adolescent period. Research shows that :

- On average one in five South African adolescents smoke[12]
- A study investigating the progression from 'soft' to 'harder' drugs among grade 8 and 11 learners found this progression to start with cigarette smoking (lifetime usage prevalence rate 42% - Alcohol 43.8%, Cannabis12.4%, Mandrax 2.3%, Ecstasy 1.9% and Crack 0.9%.) The mean age of onset for using these drugs ranged from 13.3 years for smoking to 15.8 for ecstasy[13].

1.3.6 HEARING, VISION AND SPEECH IMPAIRMENT

Hearing and vision impairment are significant barriers to a child's learning and development. International literature shows that the prevalence of vision impairment amongst pre-school and school aged children is between 2.4% and 6%[14]. It also shows that refractive errors are the commonest vision impairment in the paediatric population, before the late teenage years.[15]

The following studies provide information on hearing and vision impairment and its relevance for school health services in South Africa:

- A prevalence study of ear and hearing disorders in a sample of grade one schoolchildren in Swaziland found 16.8% had an ear disorder and 80% had normal hearing[16]. The most common disorder was impacted wax, with a prevalence rate of 74/1000. Middle ear disorders were common with a prevalence rate of 30/1000 for children with active middle ear disease, of which 17/1000 suffered a hearing loss. The prevalence rate for children with inactive middle ear disease was

[11] Child Accident Prevention Foundation of South Africa (CAPFSA). 1999
[12] South African Advertising Research Foundation. 1998
[13] Flisher A. Muller M. Lombard C. Parry C. Stages of progression in adolescent drug involvement: Evidence for a gateway effect
[14] Bolger 1991, Edwards 1989, Williamson 1995
[15] Committee on Practice and Ambulatory Medicine, Section on Ophthalmology. 1996
[16] Swart et al 1995

21/1000 of which 5/1000 suffered hearing losses; 8/1000 had sensorineural losses, 5.3/1000 unilateral and 2.1/1000 bilateral

- Around 4.5 million children in South Africa are affected by developmental disability a large number of whom have hearing impairment[17]
- Specific figures for children are not available but the Central Statistic Service reported that 4% of the general population in 1994 was profoundly deaf or extremely hard of hearing

A review of the studies done in a number of countries of hearing impairment amongst schoolchildren show a prevalence of between 4.5% and 6%. It concludes that:

> "...any school health programme without well-organised audiometric screening neglects an important aspect of child health[18] ".

The health problems outlined above were key considerations in the development of the proposed package of school health activities as set out in section 2.6.

2. SCHOOL HEALTH POLICY

2.1 VISION

To ensure the optimal health and development of school going children and the communities in which they live and learn.

2.2 GOAL

To provide a policy for the development of a comprehensive school health service that operates within the framework of Health Promoting Schools. This service will respond equitably to the varying health and development needs of learners, within the parameters of the national health system.

2.3 PRINCIPLES

1. School health services should be established within the framework of Health Promoting Schools
2. School health services should be an integrated and not a vertical service
3. School health should be prioritised within a comprehensive and integrated PHC system and should uphold PHC principles
4. The rights of children should be upheld and promoted by the provision of a service of the highest quality

[17] Mc Culloch et al. 1996. Review of Hearing Needs of the Children in the Western Cape in the Context of the National Health Plan. Unpublished

[18] Fisch L. 1981. Development of School Screening Audiometry. Aten Primaria 31:18(7)391-394

5. School health services should operate within a multi-disciplinary context and be co-ordinated with programmes and services offered to school children by other sectors, especially the Department of Education, making maximum use of existing resources
6. Health education should be incorporated into the curriculum
7. The service should enhance the self-care and health skills of educators, parents and caregivers
8. School health services should be appropriately informed by local priorities and culture (through the use of participatory strategies)
9. The service should contribute to addressing national health priorities including HIV/AIDS
10. The quality of the service should be ensured through relevant monitoring, evaluation and research that will inform its constant development

2.4 OBJECTIVES

1. To support the school community in creating Health Promoting Schools by assisting with:
    - the understanding of the HPS philosophy and the development of intersectoral plans to support and develop HPS locally
    - the development and implementation of health policies, for example HIV/AIDS, substance abuse, etc for schools based on overall national and provincial policies
    - the development of a school health vision and plan to respond to school health needs and to promote health
    - the development of the health knowledge and skills of school community members
    - encouraging the participation of the school community and broader community members in the development of a supportive environment for health
    - an assessment of the health needs of the school community
    - the development and delivery of a health curriculum
2. To address health barriers to learning so as to facilitate maximum benefit from education
3. To provide preventive and promotive services that address the health needs of school going children, specifically those children who have missed the opportunity to access under 5 services
4. To support educators in their school health activities in the classroom and in the curriculum

2.5 TARGET GROUP

The target group is the entire population of learners including learners with special needs that will be covered by school health services. Services will be tailored according to the different developmental stages and specific health needs. The School health services will be delivered in partnership with the target population.

2.5.1 PRIMARY TARGET GROUP

The primary target group of this policy is all children and youth, regardless of age, attending learning sites. This covers from Grade 0 or R (Reception year) where it is attached to a formal learning site, to Grade 12.

2.5.2 SECONDARY TARGET GROUP

Whilst school health services focus on school going children, the school community, which includes educators, school management, school administrative and auxillary staff, as well as parents and other care-givers should also benefit from school health. The school community should work in partnership with school health services shaping, informing and sustaining the healthy status of learning sites. The access to health information and opportunities to develop skills for healthy lifestyles, support in improving the health status of their children and access to a healthy work and or community setting could potentially have a positive influence on their health.

2.5.3 ADDRESSING THE HEALTH NEEDS OF CHILDREN NOT COVERED BY SCHOOL HEALTH SERVICES

Various policies and programmes are currently in place to address the health needs of children not included in the target group of this policy. These children include pre-school children, children of school going age not attending school for various reasons and those who have completed grade 12.

The health needs of children up to the age of 6years are currently addressed by the Integrated Management of Childhood Illness (IMCI) Strategy and by PHC child health services (as outlined in the PHC package). The Adolescent and Youth Health Policy and current youth health services address the health needs of children and youth aged 10 to 24. This covers both in and out of school children and youth in this age range. Youth attending tertiary education institutions benefit from health services provided by these institutions.

School health and nutrition services are the only health services that specifically focus on children in the 6-10 year age range.

2.6 PACKAGE OF SCHOOL HEALTH SERVICES

The next section outlines the package of school health services that should be rendered in each health district. The school health service package focuses on preventive and promotive interventions. A manual containing standardised protocols and providing details on how the activities should be carried out as well as the resource requirements to execute the activities, will accompany this policy.

2.6.1 HEALTH ASSESSMENT FOR LEARNERS IN GRADE R/1

Health assessments will be done with all Grade R learners attached to a primary school and all new Grade One learners not assessed in Grade R. Health assessments should focus on identifying barriers to learning. The following assessments will be done:

- Hearing assessment
- Vision screening
- Speech impairment
- Physical examination for gross loco motor dysfunction
- Oral health checks
- Anthropometric assessment.

Additional assessments that might be required include:

- Identifying and responding to intentional injuries and child abuse
- Mental health assessments

2.6.2 HEALTH PROMOTION AND HEALTH EDUCATION

This is a crucial part of the school health activities and provides the best opportunity for impacting on the immediate and long-term health behaviour of children and youth. Health promotion activities should ideally be incorporated into the school curriculum to ensure ongoing input throughout the school years.

Issues to be covered by health promotion and education include:

- Lifeskills
- Child abuse
- High risk behaviours, including substance abuse and violence
- Road safety and overall safety within homes and communities
- Environmental health including water and sanitation
- Healthy lifestyles
- Reproductive health, including promoting healthy sexuality
- Self-care for learners with chronic non-communicable diseases

The school health service must contribute to the overall development of Health Promoting Schools through the following activities:

- Assist District Health Teams and school committees to establish a healthy school environment
- Support school communities to develop self-sufficiency in promoting health
- Support school programmes initiated by the school community
- Assist schools in developing an infrastructure that is able to respond to injury and acute illness
- Assist schools in setting up first aid requirements including a first aid box
- Development of a health guide resource booklet for educators

2.6.3 REFERRAL

Children with health problems will be referred to appropriate local health facilities. In order to facilitate follow-up, the main referral facilities should be the primary health care facilities from which the school health team is deployed. This will ensure that staff delivering the school health service are able to follow-through on referrals when they return to the facilities at which they are based.

Once learners have been referred, the responsibility of ensuring that they visit the referral centre rests with the school community.

2.6.4 FOLLOW-UP

All referrals and children who were identified as having health problems should be followed-up either by educators or health workers to ensure that the identified health problems have been adequately addressed.

2.6.5 FURTHER ACTIVITIES

School health interventions will also include ad hoc activities that must be addressed as required. These might include:

- Responding to disease outbreaks such as cholera and measles
- Counselling
- Parasite control
- Provision of treatments for minor ailments for example skin conditions

2.7 MONITORING AND EVALUATION

A system of monitoring and evaluation needs to be established based on lessons from previous systems and utilising information from newly developed school health monitoring systems developed in some provinces. The monitoring and evaluation of the school health service must be integrated with existing district/provincial health information systems. It should also interface with the education information system.

Monitoring and evaluation needs to focus on:

- the strengthening of existing services,
- expansion of the service to cover all learners,
- the development of infrastructure for School Health services
- the extent of co-ordination within the health sector as well as between the health and education sectors and
- the impact of the service on the progress of learners

This section proposes a set of indicators that could be used to monitor the service. The actual targets for each indicator would have to be set according to the situation in each province.

2.7.1 PROPOSED INDICATORS

Indicator	Purpose of indicator
At provincial level	
% of districts with fully functioning school health service	Provincial indicators can assist provinces to identify the districts in need of most support and resources
% of districts with school health staff : population ratio as per the required norm	
% of districts with functioning co-ordinating forums	
Presence of provincial person allocated to manage the school health service	Ensuring management structure is in place
% of districts with person allocated to manage the school health service	
At district level	
Allocation of person responsible to manage school health service	This will give districts an invitation of the management structure
Presence of a co-ordinating forum for the school health service	
Coverage of the school health services in each district (% of schools reached by the school health service)	This is useful for planning the coverage and expansion of the school health service
% of schools receiving the complete set of school health activities	This gives an indication of which school receive all the proposed school health activities. Further analysis as to which activities are not delivered and reasons for this would help districts to improve the full coverage and quality of the service
% of learners who had Grade R/1 assessments	
School health staff: population ratio	Will assist planning and allocation of required staff resources
% of referrals of learners with health problems	This would assist districts in monitoring how well the referral, treatment and follow-up systems work
% of learners with identified health problems successfully treated	
% of learners with health problems who have been followed up at least once	
% of school with fully-equipped first aid kit	
% of schools with at least one staff member trained in first aid	
Impact evaluation	

3. IMPLEMENTATION GUIDELINES

This section contains guidelines for the implementation of the school health service. Given the different conditions within provinces and districts, these guidelines must be adapted to suit local conditions.

3.1 RESPONSIBILITIES

The school health service will no longer be a vertical programme, but will be part of comprehensive primary health care services at district level. Each level, i.e. national, provincial and district, has a set of responsibilities that will ensure the effective planning and delivery of the school health service.

The co-ordination and development of school health services varies between different levels of the health system. At the national and provincial levels, planning for school health services will take place in the inter-sectoral context of the National (NPA) and Provincial Programmes of Action (PPA) for Children. At national level further inter-sectoral planning will take place within the Social cluster between the Ministeries of Health, Education and Social development. Similar inter-sectoral collaboration is necessary at provincial level. At district level, the relevant district management team will be used to ensure the co-ordinated planning and delivery of the school health service.

Below is a list of responsibilities to be undertaken at each level:

3.1.1 NATIONAL LEVEL

The national level is responsible for the following activities:

- Ensuring collaboration between school health in the MCWH cluster and the Health promoting school initiative in the Health Promotion Directorate.
- Working with all other relevant health directorates and programmes to ensure implementation of school health services
- Ensuring collaboration between the national Departments of Health, Education and Social development on the planning and implementation of school health services
- Designating a person(s) for the management and support of school health services
- Advocacy for school health
- Supporting provinces in the implementation of the school health policy
- Monitoring implementation
- Producing a report every two to three years on the implementation of school health services
- Development of training manuals with standardised protocols for school health activities

- Distributing the norms and standards for the delivery of school health services in accordance with the Primary health care package
- Co-ordinating national research on school health services

3.1.2 PROVINCIAL LEVEL

The provincial level is responsible for the following activities:

- Ensuring the co-ordination between school health services and the Health Promoting School initiative.
- Ensuring collaboration between the provincial Departments of Health, Education and Social development on the planning and implementation of school health services
- Designating a person(s) for management and support of school health services
- Formulating provincial implementation guidelines for Health Promoting Schools Approach, and School Health Services
- Developing and co-ordinating the implementation of action plans for the delivery of school health services
- Supporting districts in the implementation of school health services
- 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

3.1.3 DISTRICT LEVEL

The district management team is responsible for:

- establishing a forum to facilitate the co-ordination of school health activities between health, education and other relevant sectors
- Designating a person(s) for the management and support of school health services
- Implementing school health services and allocating resources for the delivery of the services
- Monitoring the progress of health promoting schools, and the delivery of school health services in the district
- Co-ordinating district-level research on school health services

3.2 GUIDELINES FOR THE DELIVERY OF THE SERVICE

This section provides a more detailed outline to guide the implementation of the school health policy. Inputs from the 9 provincial and one national workshop, as well the extended task team have been taken into account in the development of these guidelines. Minimum requirements are proposed, within which provinces and districts need to configure the ultimate service based on their local situation.

Absolute financial implications for the implementation of this policy require a more in-depth assessment and need to be conducted when the final policy is agreed upon.

3.2.1 ORGANISATION AND DELIVERY

The responsibility for delivering the school health service resides with the Department of Health. The Department of health will deliver the revised school health service within schools in collaboration with the Department of Education and other relevant sectors.

School health services will no longer be a vertical programme, and will be delivered as part of an integrated set of primary health care services within districts. This policy therefore requires that each district must deliver a school health service as part of the comprehensive package of primary health care services to every school within that district. It further requires that districts must implement the school health service as a matter of priority and that school health services are not negotiable. Severely resource-constrained districts where a school health service does not currently exist should aim to phase in the implementation over a 5-year period. In such districts the areas most in need of health services must be prioritised.

Each district would have to do an audit of their current situation and ultimately implement the guidelines according to the prevailing situation within that district.

a) District structure

The management of the school health service will fall directly under the district health management team. In cases where the district health management team is not yet well established, the interim responsibility must be assumed by the provincial MCWH team until such time as the district is able to take on this responsibility.

The District Health Management Team must ensure co-ordination between all the relevant health service providers related to school health i.e. the provincial departments of health, local authority health departments, and non-governmental organisations. In addition, co-ordination with education and other relevant sectors must occur. In order to achieve this, the district

must establish a forum wherein all the role-players from different departments within health and other sectors that currently deliver activities within schools come together. Where forums already exist such as Health Promoting School forums, such forums should be used. The purpose of the forum will be to ensure efficient joint planning, delivery and optimum use and sharing of resources.

b) Management

The district health management team must allocate responsibility for the management and overseeing of the School Health service to a specific person within the District health Management team as with all other primary health care services. However, school health might not be the sole responsibility of such a person. The provincial and National MCWH directorates need to have an equivalent allocated person who will support districts with the implementation, monitoring and evaluation of school health services.

c) Delivery

Each district must have a school health service that delivers all of the activities outlined in the policy. The district management team will, with support from provincial and national offices, ensure that adequate human, financial and other resources such as transport and equipment is available for the delivery of the service. A phased approach must be allowed for severely resource-constrained districts. Provinces must prioritise support to those districts that are the most resource–constrained. At district level, districts must prioritise the service to schools that are in the most socio-economically disadvantaged areas. For example, severely resource-constrained districts should aim for a minimum of 20% coverage by the end of year one (and prioritise this coverage to the most disadvantaged schools) and increase coverage by 20% each year in order to reach 100% coverage at the end of 5 years.

d) Staffing of school health service

Skills required

The team required to deliver the school health package need to be proficient in the following: (***Please note that the skills list does not require that any one individual must have all of the skills, but that the school health service team as a collective must possess the range of skills outlined***):

- Do health promotion
- Liase and network with schools, school committees and other referral resources in and outside of the district
- Network and plan with all other programmes and groups that interaction within the school environment

- Conduct vision and basic hearing screening
- Do a height and weight check on Grade R/1 children and use the heights and weights as an indicator to classify the school into a high prevalence, intermediate or low prevalence school for malnutrition. Appropriate nutritional interventions must be planned accordingly.
- Check for gross loco motor problems.
- Oral health examination
- Perform initial counselling for children with emotional or psychosical problems where required and then refer for appropriate further management.
- Assist schools to stock, maintain and use first aid kits
- Advise educators on child health issues including management of children with acute and chronic conditions
- Be able to institute the appropriate response for ad hoc problems such as disease outbreaks at a school
- Know the referral resources in the district
- Advice learners with chronic diseases and disabilities on self-care

Staffing norms

The recommended norm for staffing the school health service is **1 appropriately skilled health worker : 10 500 learners. This norm might be reduced to 1:15 000 where the more ideal norm is not possible.** These norms are based on the practical experience and the recommendations of workshop participants from the provincial and national workshops and not on the unattainable WHO norm of 1:6000. The norm for the school health service to primary school learners must be closer to the 1:10 500 norms, whilst the norm of the school health service to secondary school learners could be closer to the 1:15 000 norm, as the former require the more intensive Grade R/1 assessments that do not apply to the older learners.

Based on the Pick report 2001[19], the desired category of health worker to lead a school health team is a professional nurse, given the skills required for the delivery of the service. The professional nurse would be supported by various other categories of health workers and related professionals. Currently there are approximately 11 and a half million learners in the country in total, with 9.7 million of these being in public sector schools. Of these learners, approximately 6.2 million are in primary school and 3.5 million in secondary school. If the public sector schools are prioritised, to achieve a ratio of 1:10 500 requires approximately 1 095 professional nurses or persons with equivalent skills and qualifications. At the ratio of 1:15 000, this requirement decreases to approximately 766 professional nurses. It requires an average of 14.5 - 20 professional nurses per district (based on the new demarcation of

[19] Pick WM, Nevhutalu K, Cornwall JT, Masuku M - with the assistance of B Fisher(2001) Human reources for health: a National strategy. Department of Health : Pretoria.

53 health districts, South African Health review 2001). Given that districts vary greatly in size, smaller districts would require fewer, larger districts more.

If the norm of 1:10 500 is applied to primary school learners and the 1:15000 norm to secondary school learners, then the requirements are 823 professional nurses in total that need to be engaged with school health services.

Categories of staff required

The delivery of the total package of school health activities requires a set of skills at the level of a professional nurse (Pick 2001). However, many other categories of professionals, if given additional training, will be able to deliver aspects of the school health service. Given the insufficient numbers of professional nurses in many districts, this must be given strong consideration. For example, health promoters that work within the Health Promotion programmes are ideally placed to deliver the health promotion aspects of the school health service and might, with additional training, be able to assist with Grade 1 assessments. Other programme staff, such as those engaged in the Primary School Nutrition programme might also be able to deliver aspects of the school health service with the appropriate training and orientation. At a minimum, staff such as enrolled nursing assistants must assist the professional nurse. With a good mentoring system, such staff might be able to assume greater responsibility for delivery of the total set of activities.

Staff allocated to school health activities will form part of the total primary health care team and would be required to participate in other primary health care activities. However, it is imperative that the district management must prioritise school health activities and not allow other primary health care activities to consume staff time at the expense of school health activities.

Staff for the allocated school health activities may be drawn from:

- Existing school health staff

Where school health nurses and posts currently exist such staff and posts must be ring-fenced to first and foremost be available for the delivery of a school health service and then deployed to assist with other duties at primary health care facilities during periods where schools do not operate. This will ensure that the current capacity is maintained and not further depleted.

- Primary health care nurses

Where there are insufficient existing school health nurses that will deliver the revised school health service, but sufficient other primary health care nurses to assist in the delivery of the school health service, such staff need to undergo in-service training in the delivery of school health services and need

to be deployed into the district team responsible for school health services. Ideally staff should not be rotated to allow for continuity of care to schools. Staff that are familiar with the school health service should be allocated to play a mentoring role to newly allocated staff.

- Other categories of primary health care staff and staff from other programmes

Other categories of staff such as enrolled nursing assistants, health promoters and other appropriate health workers must be considered as additional categories of staff to deliver school health services. The professional nurses within each district must play a mentoring role to these staff categories until such time as staff are skilled sufficiently to deliver the service without continuous mentoring.

- Employing additional staff

Where districts assess that current staff capacity is not sufficient to deliver the school health service, districts might have to employ additional staff to perform this function as well as support general primary heath care activities. Provincial and national budgets must take this possible requirement into account and support these districts by according school health budgetary priority.

e) Training requirements

Training and re-orientation is required for all categories of staff that will be engaged in the school health service. Special supervision and input from experienced school health staff (possibly from staff that previously worked in school health and have since been re-allocated to other duties) will be well-placed to provide the required training and support.

The categories of staff that will require training/re-orientation

- Existing school health nurses must be trained and re-orientated to enable them to work in an integrated manner within the comprehensive primary heath care service. These staff might also need training on how to fulfil a mentoring role to staff that had not previously been involved in delivering the school health service
- All professional nurses staff that had not delivered school health services before would need a period of training in this regard
- Other categories of staff that currently are not skilled to perform any of the functions required by the school health service, will need significant upgrading of their skills to enable them to fulfil most of the roles currently only done by professional nurses.

- All staff in the school health service would need to be orientated to function in an inter-sectoral manner and to work with staff of different backgrounds, qualifications and training.
- Primary Health Care Managers and school educators

3.2.2 REQUIREMENTS IN EACH DISTRICT FOR THE PLANNING AND IMPLEMENTATION OF THE SCHOOL HEALTH SERVICE

The majority of districts in the country do not currently have a school health service. It will therefore require careful planning in order to ensure that the school health service is revitalised and implemented according to the revised policy. Districts fall into one of two categories: those with an existing school health service and those without. Districts with an existing school health service would need to assess if their current service meets the requirements of this policy. If not, mechanisms must be found to improve the current service to meet the policy requirements. Districts that do not have any school health services at present will need to assess carefully as to how they will revive and implement such a service.

The next section outlines what districts need to do in order to plan for and implement the school health service. As staffing is the main constraint, the staffing needs for the school health service in each district require the most consideration in the planning process. In this process, the National Department of Health would need to play an active role in supporting the provinces and districts.

a) Each district will need to:

1. Conduct an audit of existing capacity for the delivery of school health services in order to inform the planning process. The baseline information required in each district would be:
    - The total number of schools that need to be served in the district (primary and secondary schools)
    - The total number of learners (primary and secondary school learners)
    - The total number of Grade R and Grade 1 learners that would need the Grade 1 assessment
    - The total number of current school health nurses (where they still exist)
    - The current extent of the Health Promoting schools initiative in the district
    - How the current HPS initiatives would intersect with the school health service, for example do they have strong inter-sectoral forums that could provide the platform for the planning of the school health service
    - Current professional nurse: patient ratio (in order to get some idea of what primary health care capacity is in the district and if spare capacity exists)

- The total number of professional nurses that could be allocated to deliver the school health service
- The total number of other staff categories that could become part of the school health team. These include Enrolled Nursing assistants, health promoters, staff from other programmes such as the PNSP
- The Non-governmental Organisations that are able to contribute and support the school health service
- Resources available to school health service such as vehicles, equipment etc.

2. Based on the number of learners and available staff, the district must work out the current ratio of staff: learners. If the ratio is far below the required ratio, then the district must identify how many additional staff would be required to render a viable school health service.
3. Develop a 5-year implementation plan (with the required budget). The possibility of phasing the implementation in at a ratio of 20% coverage for year one and then 20% additional coverage in each subsequent year until full coverage is reached at the end of 5 years must be considered if district capacity is currently insufficient.
4. Allocate a specific person to oversee and manage the school health service (both planning and implementation)
5. Establish a co-ordinating forum with all role-players to ensure joint planning and co-ordination of the school health service. This forum must also be the place where schedules are co-ordinated with other programmes and resources shared where possible.
6. Ensure that the service has the required resources in order to deliver it properly.

b) Additional activities for districts with existing school health services

- A co-ordinating forum with all role-players must be established to ensure joint planning and co-ordination of schedules and resources.
- Existing school health staff must be integrated into the Primary health care teams as part of the comprehensive management of district-based health services.
- Additional primary health care staff must be identified for in-service training for the delivery of school health services. Existing school health staff would be able to conduct the in-service training and be the main mentors for primary health care staff that were not engaged with school health before. Teams should ideally be staffed by a mix of experienced and inexperienced staff to allow for mentoring and ongoing in-service development and training.
- Primary health care service timetables would need to be redrawn to incorporate school health as part of the total services they deliver.

- An assessment of current activities versus the ones recommended in the policy must be made to ensure that each team delivers a standardised service throughout the country.

c) Additional activities for districts without a school health service

- Most of these districts would require additional staff or significant re-orientation of existing Primary health care staff to deliver this service.
- These districts must make a careful inventory of all other categories of staff and programmes that engage with schools and assess whether some of the required capacity could be drawn from other categories of staff and existing programmes. For example, the staff that deliver the PSNP programme might, with additional training be able to also deliver some of the health promotion and conduct the Grade 1 health assessments. The same holds for health promoters and other similar programmatic staff.
- Full commitment and support is required from the province within which the district falls, as provinces are responsible for budgetary and staff allocation.

NOTE:

A manual with detailed protocols for school health activities will complement the School Health Policy.

REFERENCES

1. WHO. 1996. Recommendations of the WHO Expert Committee on Comprehensive School Health Education and Promotion
2. Tirisano: Call to Action: Mobilising Citizens to Build a South African Education and Training System for the 21st Century. Department of Education. July 1999. Pretoria
3. Tirisano, Working Together to Build a South African Education and Training System for the 21st Century January 2000 - December 2004. 1999. Department of Education. Pretoria
4. Consultative Paper No 1 on Special Education: Building Inclusive Education and Training System, First Steps. Department of Education. August 1999. Pretoria
5. October Household Survey. 1995 Community Agency for Social Enquiry
6. Census in Brief. Statistics South Africa. 1998
7. Department of Education. Education For All (EFA) 2000 Assessment. http://education.pwv.gov.za
8. D Labadarios. National Food Consumption Survey in Children Aged 1-9 years: South Africa 1999. Draft Report, April 2000
9. Visser M. Moleko A. High risk behaviour of primary school learners. Medical Research Council
10. South African Demographic and Health Survey. 1998
11. Child Accident Prevention Foundation of South Africa (CAPFSA). 1999
12. South African Advertising Research Foundation. 1998
13. Flisher A. Muller M. Lombard C. Parry C. Stages of progression in adolescent drug involvement: Evidence for a gateway effect
14. Bolger PG, Stewart-Brown SL, Newcombe E, Starbuck A. 1991. Vision screening in preschool children: comparison of orthoptist and clinical medical officers as primary screeners. BMJ. 303:6813:1291-4. In Snowdon and Stewart-Brown. 1997. Pre-school vision screening: results of a systematic review. Centre for Reviews and Dissemination. Health Services Research Unit. University of Oxford.
15. Edwards R. 1989. Orthoptists as pre-school screeners: A 2year study. British Orthoptic Journal. 46:14-19. In Snowdon and Stewart-Brown. 1997. Pre-school vision screening: results of a systematic review. Centre for Reviews and Dissemination. Health Services Research Unit. University of Oxford.
16. Williamson TH, Andrews R, Dutton GN, Murray G. Graham N. Assessment of an inner city visual screening programme for preschool children. British Journal of Ophthalmology. 79:12:1068-1073. In Snowdon and Stewart-Brown. 1997. Pre-school vision screening: results of a systematic review. Centre for Reviews and Dissemination. Health Services Research Unit. University of Oxford.
17. Committee on Practice and Ambulatory Medicine, Section on Ophthalmology. 1996

18. Swart SM, Lemmer R, Parbho JN, Prescott CAJ. 1995. A survey of ear and hearing disorders amongst a representative sample of Grade 1 schoolchildren in Swaziland. International J of Paed Otorhinolaryngology. 32:23-34)
19. McCulloch M, Adnams C, Ogilvy D. Review of Hearing Needs of the Children in the Western Cape in the Context of the National Health Plan. 1996. (unpublished).
20. Fisch L. 1981.Development of School Screening Audiometry. Aten Primaria 31:18(7) 391-394

BIBLIOGRAPHY AND ADDITIONAL RESOURCES

1. Abrahams E. and Wigton A. A Survey of School Health Activities in the Provincial Departments of Health and Education. MCH News No. 8. 1998:4-5
2. Abrahams E. and Wigton A. Proceedings on an Integrated National Workshop for School Health. Child Health Policy Institute. 1998
3. A series of minutes of meetings and reports of workshops held in the Albany District of the Eastern Cape. 1998 to 2000.
4. Draft Guidelines for the Development of Health Promoting Schools. Department of Health. April 2000. Pretoria
5. Department of Health: Health Promotion and Communication Directorate. Health Promoting Schools. Report on Provincial Health Promoting Schools Networks. June 1997. Pretoria
6. Department of Education. Not dated
7. Edwards-Miller J. and Taylor M. (Eds). Making a difference to school children's health. An evaluation of School Health Services in KwaZulu-Natal, South Africa. May 1998. Health Systems Trust. Durban
8. Grunbaum J. Gingiss P. Orpinas P. Batey L. and Parcel G. A Comprehensive Approach to School Health Program Needs Assessments. Journal of School Health. February 1995. 65:2 (54-58)
9. Hawes H. (ed). Health Promotion in Our Schools. The Child-to-Child Trust in association with UNICEF. 1997
10. Hubley J. School Health Promotion in Developing Countries. Leeds, United Kingdom. February 1996
11. http://www.ceid.ox.ac.uk/schoolhealth/FRESH.htm
12. Lavin A. Shapiro G. Weill K. Creating an Agenda for School-Based Health Promotion: A Review of 25 Selected Reports. Journal of School Health. August 1992: 62:6 (212-228)
13. Maternal, Child and Women's Health Draft Policy. Department of Health. February 1995. Pretoria
14. McCoy D et al. 1997. An Evaluation of South Africa's Primary School Nutrition Programme. Health Systems Trust. Durban
15. Policy Guidelines for Child and Adolescent Mental Health. Department of Health. March 2000. Pretoria

16. School Health and Nutrition: A Situation Analysis. A Participatory Approach to Building Programmes that Promote Health, Nutrition and Learning in Schools. Partnership for Child Development. 1999
17. The Primary Health Care Service Package for South Africa - A set of norms and standards. Department of Health. February 2000. Pretoria.
18. UNICEF/ Programme Divisions Water, Environment and Sanitation. Towards Better Programming A Manual on School Sanitation and Hygiene. Technical Guidelines Series - No 5. July 1998
19. Valentyn C. F. Department of National Health and Population Development Eastern Cape Region. School Health Services: A guide for Primary Health Care Nurses. 1993
20. Wagstaff L. and Senne M. Classroom Health Guide for Teachers. Pilot Edition. Department of Health (Not dated)
21. World Bank Findings Report. Africa Region. 54. January 1996
22. World Health Organisation Information Series on School Health. Local Action Creating Health Promoting Schools. Working Draft. May 2000