



## **NATIONAL SCHOOL HEALTH POLICY**



**2015**

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## Foreword

School children need to be healthy to learn well at schools and they need to be educated to be healthy. The school health services in the country, has been around since pre independence but has deteriorated in some of the province over the years.

There has been a great deal of progress since Papua New Guinea adopted Healthy Island concept in 1995, which integrated health education and health-related services delivered to schools.

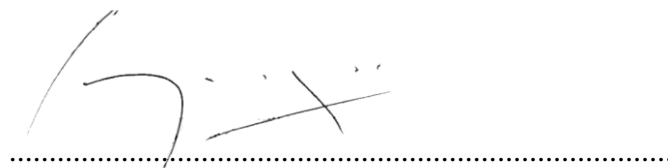
National Department of Health (NDOH) has its vision to increase Public Health focus on the prevention of school base issues affecting the school population by improving health knowledge, attitudes, and skills, increasing positive health behaviors and health outcomes, and improving social determinants in schools.

The health of our school children depend on the availability of outreach services from each health facility. The safety and protection for the children throughout his or her education career very much depends on knowledge gained from school curriculum and protections through health services. Our investment in children builds healthy adolescent, youths and adults for future generation.

National Department of Health through Public health programs, Population and Family Health Branch and Health Promotion and Education Branch under the Public Health Division will continue to support the School Health Program in addressing children's health issues in the schools in PNG.

The health sector needs a national policy on School Health to achieve its goal of improving Children's health and promoting healthy schools in PNG.

I therefore declare and commend this School Health Policy as an important document for the delivery of better health care services to the schools in our country.



**Honourable Michael Malabag, OBE, CBE, MP**  
Minister for Health

## Acknowledgment

This policy reflects the collaborative efforts of the National Department of Health (NDoH), Department of Education, Department of Community Development, Teaching Service Commission and Development Partners in promoting and imparting healthy life practices into the school age children.

The policy has involved stakeholders; line Agencies, Faith Based Organizations and civil societies which carry the policy contribution a lot from the experiences of delivering school health services to the children of Papua New Guinea.

The National Department of Health sincerely acknowledges the school health working committee and health professional in the country, as well as staff from the Madang Teachers College, Lutheran School of Nursing, and Rural Health School Divine Word University (DWU), who gave additional technical input into the policy and those that contributed during the stakeholders meetings.

NDoH also acknowledges United Nations Population Fund (UNFPA) for providing the financial and technical support for collative information sharing.

Finally, NDoH acknowledges the Education department, Staff from the Family Health Unit, schools, teachers, students, health centers throughout the provinces and other stakeholders who have contributed to the formulation of the policy.



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**Mr. Pascoe Kase**  
Secretary

## **Executive Summary**

The National Department of Health (NDoH) and Department of Education (DoE), will work in partnership to create a conducive, safe and learning environment for school children for them to become healthy, Smart, Wise, Fair, and Happy generation of Papua New Guinea.

The key objective of this policy is to guide, protect, and promote healthy measures for all school children in Papua New Guinea.

The policy will address these key areas;

- Effective collaboration and partnership between NDoH, DoE, and other stakeholders.
- Promoting school health education programs, health promoting schools and providing school medical.
- Proper nutrition for school aged children.
- Sexual reproductive education for upper primary and secondary schools.
- Ensuring all schools in Papua New Guinea (PNG) are drug, alcohol and tobacco free.
- Promote oral health amongst all school children.
- Providing school base vaccination.
- Provision of sick bays for all schools and first aid training programs.
- Ensure all schools have clean safe drinking water and proper sanitation facilities.
- Providing equal opportunity for marginalised children.

The development of this policy is very timely with the review of the National Health Plan 2011-2020 to achieve the Vision 2050 Government Priorities. The main sector to implement this policy is the National Department of Health.

This policy will require the support and involvement of the Government Departments, Churches and Stakeholder. To sustain the School Health Program, it needs the Provinces, Provincial Health Authorities (PHAs) and Public Hospitals to plan their implementation activities through their respective Strategic Implementation Plans and Annual Implementation Planning (AIP) and Budgeting processes for over five years period to drive this policy.

## LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune deficiency Syndrome
AIP	Annual Implementation Plan
CHW	Community Health Worker
DHS	Demographic Health Survey
DoE	Department of Education
DoH	Department of Health
DWU	Divine Word University
DP	Development Partners
FHS	Family Health Service
GoPNG	Government of Papua New Guinea
HPS	Health Promoting School
HPV	Human Papilloma Virus
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
LLG	Local Level Government
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
M & E	Monitoring & Evaluation
NDoH	National Department of Health
NGO	Non-Government Organization
NHIS	National Health Information System
PHA	Provincial Health Authority
SEM	Senior Executive Management
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## GLOSSARY

Allergies	An abnormal reaction of the body to a previously encountered allergen introduced by inhalation
Bullying	A person who uses strength or influence to harm or intimidate those who are weaker to force them to do some things.
Children	A person between birth and full growth; a young boy or girl. Children of school-going age which is generally between the ages of 6 and 18
Dental Caries	A tooth disease caused by the complex interaction of food, especially starches and sugars, with the bacteria that form dental plaque.
Disability	A physical or mental condition that limits a person's movements, senses, or activities; disadvantage or handicap
Harm Reduction	The primary aim to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption is based on the strong commitment to public health and human rights.
Health Education	Health education is any combination of experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.
Health Promotion School	A place where all members of the community work together to provide integrated and positive learning experiences and an environment that promotes and protects their health
Homebrew	Is the brewing of local beer and other beverages through fermentation on a small scale as a hobby for personal consumption.
Disease Outbreak	An occurrence of disease greater than would otherwise be expected at a particular time and place. It may affect a small and localized group or impact upon thousands of people across an entire continent.
Readiness	The condition of being ready to meet a situation and carry out a planned sequence of action
Sensitized	The process of making someone aware of something. Train school teachers to teach health curriculums to make a difference in school health promotion.
Sick Bay	An area or room where sick or injured persons are treated in an institution
School Community	The entire community involved both directly and indirectly with the learning site or school settings; students, parents, teachers, school management boards which includes the principal and members of the school governing body.



School Health Services	School Health Services are services from medical, teaching and other professionals applied in or out of schools to improve the health and well-being of children and in some cases whole families.
Tobacco Product	Any product containing tobacco in any form, in an amount that is more than an incidental ingredient or component, and that is intended of human consumption and includes all parts and materials, such as filters, rods, portion pouches, and similar matters, as applicable.





# CHAPTER ONE - BACKGROUND

## *Intent of Policy*

The intent of this policy is to provide better co-ordination, protection and promotion of quality health care for all children in school.

### **1.1 Historical Context**

School Health Service has been around since pre independence and provision of school vaccination, physical examinations, health promotion and school curriculum to improve the health and wellbeing of school children are not new to PNG.

On 23<sup>rd</sup> October, 1968 DoH and DoE signed a Memorandum of Agreement on the School Closure due to Health Issues. The agreement strengthened the school health visit program since then until decentralization of Provincial Governments in 1996.

National Health Plan 2000 – 2010 strategies were focused on improving the Tetanus Toxoid vaccination coverage for school entry and exiting in all schools in PNG.

In 2003, the Health Promoting Schools (HPS) Project was established in PNG and a National Health Promoting School Health Policy was then developed in 2005. The Education Department together with Health Department put together a HPS curriculum. However, it never got published and implemented due to poor sustainability of the Health Promoting School (HPS) program in the country.

In 2010 the DoE developed its Education Policy. The education policy absorbed most of the health promotion school policies and strategies. The indicators for the school health services tend to deteriorate over the last ten years (NHIS 2000-2010). The decline in school health indicators has enhanced the restructure for the Family health and health promotion branch to create positions for Technical officer school health service and Technical officer health promoting school. (Family Health Services report, 2009).

In 2013 after several consultations meeting with DoE, stakeholders and development partners established a school health working committee. The committee worked on the Memorandum of Agreement (MOA) together with the School Health Policy.

On 2<sup>nd</sup> June 2014 the MOA for school health services was signed by secretaries of Health and Education.

This policy provides a platform within which detailed strategies and areas of cooperation and responsibility are outlined is based on the principles of good governance,

accountability, transparency, compliance, openness, equality, partnership, commitment and mutual benefit that are an integral part of primary health care services.

## **1.2 Audience**

The School Health Policy targets the following institutions;

### **Governmental Departments:**

- National Department of Health,
- National Department for Education,
- Department of Community Development,
- National Disability Commission;
- Teaching Service Commission

### **Development Partners**

- Development Assistant Financial Team (DFAT)
- United Nation Fund for Population Activities (UNFPA)
- United Nation International Children Emergency Funds (UNICEF)
- World Health Organization (WHO)

### **Non-Governmental Organisations;**

- Faith Based Organisations. (FBOs)
- School Children
- Parents and Communities.

## **1.3 Policy Development Process**

It took three years to complete the School Health Policy. Within this period of time there were six meetings conducted with stakeholders from the Department of Health and the Department of Education at Health Headquarters' Conference Room.

From these meetings the School Health Working team was established in 2013 to guide the development of the School Health Policy.

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

In lead up to this policy; a visit to Madang was done in 2013 and 2014 by School Health Working Team to have a way forward view in implementing the School Health Policy. The final review of the policy was done at the Bluff Inn Motel in Port Moresby, 2014.

# CHAPTER TWO - POLICY CONTEXT AND DIRECTIONS

## **2.1 Goal**

To provide school health service in partnership with DoE and other organizations' to strengthen the overall wellbeing of PNG children using a school focus approach that is responsive to evolving children's needs.

## **2.2 Vision and Mission**

### **Vision**

To provide better school health service for school children to become part of the Healthy, Wealthy, Wise, Fair, and Happy generation of PNG.

### **Mission Statement**

Our mission is to ensure all school children have access to school health service with appropriate programs. A conducive and safe learning environment for their personal growth and social and economic development is paramount.

## **2.3 Objectives**

The policy objectives are:

- a) To ensure the school health service is delivered to students, teachers and the surrounding community.
- b) To protect and promote the health and wellbeing of school children through school health services and health education.
- c) To ensure active collaboration and partnership between the Department of Education, Department of Health and other stakeholders in school health service.

## **2.4 Principles**

Our core principles and values underpinning this policy are:

1. Child Rights- where every child has the right to be protected in the schools and received school health service
2. Gender equality- where every school child regardless of gender has equal access to school health services.
3. Integrated- inter program and partnership in supporting school health programs in delivery of school health service.
4. Safe and supportive school environments.
5. Provide support and training needs to education services.
6. Provide and promote leadership quality in all schools
7. The School health service should contribute to addressing national health priorities including HIV/AIDS Tuberculosis, other non and communicable diseases
8. The quality of the school health service should be ensured through relevant monitoring, evaluation and research that will inform its constant development.

## **2.5 Core Government Legislations and Policies**

The following PNG government policies were consulted in the development of the School Health Policy:

- Vision 2050 Launched (2009)
- National Health Plan 2011-2020,2010
- PNG National Sexual and Reproductive Health Policy 2011-2020
- PNG Child Health Policy 2009
- PNG Health Sector Gender Policy 2014
- PNG Education Policy 2010-2019
- PNG Education Plan 2005-2014
- PNG National Policy on Disability 2007
- Gender Equity in Education Policy 2009
- PNG National HIV /AIDS Strategy 2011-2015
- Health Promoting Schools Policy -2005
- Mental Health Policy 2010
- HIV/AIDS Policy for National Education System of PNG 2012-2016
- Gender Equity Policy in Education 2002

- Research Policy 2010
- PNG National Nutrition Policy, 1995
- Health Promotion Policy 2003
- Lukautim Pikinini Act 2008
- Youth and Adolescent Health Policy 2014
- Free Primary Health Care and Subsidized Specialist Services Policy 2013
- Behaviour Management Policy 2009

The following PNG government legislations were consulted in the development of the School Health Policy;

- Juvenile Justice Act (2005) for children under 18 years old
- Lukautim Pikinini Act (2007) for children under the age of 18
- Teaching Service Commission Act, 1998
- Education Act 1983 (Consolidated to No. 13 of 1995)
- Relevant criminal law including Summary of Offences Act
- National Education Plan 2005-2014
- Public Health Act 1973
- Free Primary Health Care and Dental Charges Regulations 2013

## **CHAPTER THREE - POLICIES AND STRATEGIES**

### **3.1 Current Situation on School Health**

Evidence from the School Health Service (SHS) indicator assessment have found that less than one quarter of children enrolled in community schools are screened and treated each year. Only two third of the government and church run schools in Papua New Guinea are visited by the health workers (National Health Information System 2000-2010)

School health visits to provinces and districts (2011-2014) has revealed that school health programs have slowly declined. The use of manufactured alcohol, home-brewed alcohol, tobacco and marijuana, school violence; poor school environmental hygiene and unsafe water and lack of sanitation, sexual harassment, exploitation and other forms of abuse are now seen to be major problems in schools (Madang School Health visit report 2013).

Insufficiency of health curriculums used in schools was identified in school (School Adolescent Report for Buka 2013). These issues are only part of the many problems affecting the School Health Programs in PNG and they are further detailed below.

Various stakeholders including government departments, development partners, civil societies, NGO's and FBO's deliver health services to schools. However, currently there is a lack of collaboration and coordination between these parties. School Health Unit at

NDoH is under the Child Health unit which reports to Family Health branch. The coordination of school health related activities at the national level is integrated to other Public health programs (Child Health Report 2012).

School health statistics are reported to the NDoH mainly through the National Health Information System (NHIS), using pre-formatted reporting forms on a monthly basis. School Medical Indicators reported over the past decade show inefficiency on implementation of the program. However, the current format for the NHIS does not reflect other activities of school health programs which may affect the accuracy of the data.

The school health services covers, general physical examinations, oral checks, eye screening tests, deworming, nutritional assessments and school vaccination for school entry and exiting. Recently, health programs have begun the dispensing of vitamin supplements and albendazole to school children once a year. However, the actual activity of school health services being carried out has declined over time, particularly for government and church run schools.

Health Promoting Schools were established as part of the Healthy Islands Concept in which Health Promoting Schools were promoted as a voluntary arrangement between the school and NDoH; however those that were established lacked coordination and support which lead to activities in health promoting schools to decline.

In general, Health awareness on relevant health messages is verbally presented to the student population. Information Education System (IEC) materials and school medical resources are not reaching all schools.

Students are generally encouraged to bring lunch to school however many are not able to afford it. Most schools have canteens or dining facilities (for boarding schools) however they are often given less nutritious foods. Markets located near schools provide foods for the school population to access but the foods lack nutritional value.

Children that are beginning and continuing in school come from different environments and backgrounds. Socialization and interaction with other children is promoted in schools to support their personal development. Adapting to the new environment is a common situation for school children and many take time to adapt, while being affected by bullying and behavioral issues. These issues affect their mental health and consequently student's ability to learn. Counseling services are provided at some schools by designated teachers or trained counselors, however most schools do not provide this service.

Sexual Reproductive education is taught through the Personnel Development Curriculum at upper primary and secondary schools. Teachers are pre-trained to teach Personal Development which covers HIV/AIDS and STIs. However, the curriculum does not cover sexual reproductive health in depth and teachers are not sensitised adequately to teach it. Family Planning is also addressed through the curriculum however according to UNFPA report 2013; PNG still experiences high levels of teenage pregnancy (13%) (Country Report for PNG on Teenage Pregnancy, UNFPA, 2013).



Children living with disability are denied equal opportunity to education and access to school health services. They suffer many times from stigma, exclusion and marginalization in school and society in general. The needs of school children with disabilities are not adequately catered for at schools in general and school health services. Special schools for children with disabilities are minimally not supported by government health services but are rather left to families and non-government entities to care for.

Oral health problems such periodontal diseases and dental carries are common amongst school aged children. Oral services such as education and screening are carried out occasionally at schools and referrals given where necessary.

All children are encouraged to receive all their vaccines from birth to school entry and exit. Currently not all children are immunised at birth and at school age due to a lack of access to health services.

Health facilities, such as school clinics are open to student in some schools. However, not all schools have a school clinic or sick bay to cater for students. Students who are sick during school days are sent home or referred to the nearest health centre.

There is an increasing trend of marijuana abuse and alcohol consumption among young people. The students, teachers and staff of schools are directly affected by the practice of alcohol and substance abuse (Nanawar *etal* substance abuse admissions; 2011)

Smoking causes many health problems, including cancer, heart attacks, and liver and kidney diseases. It reduces physical performance and can distract young people from their learning opportunities. Cigarettes and tobacco products are easily accessible to school children through informal markets and due to poor enforcement of smoking regulations. School children begin smoking due to peer pressure, stress and bad role models. The combination with alcohol increases the risk of acquiring other illnesses.

Currently many schools lack adequate safe water and proper sanitation facilities. Waste disposal facilities that are present are often in bad condition which leads to contamination of the environment. Students, teachers, staff and their families are exposed to unsafe drinking water and potentially suffer from water borne diseases and others.

Schools and the surrounding environment can create a high risk area for disease outbreaks due to the lack of immunisation, overcrowding and poor water and sanitation facilities among other issues. Currently, the response to disease outbreaks at schools lacks any coordination and is addressed reactively. Our preparedness for outbreaks in schools has not been properly established (WASH & Neglected Tropical Diseases in Papua New Guinea 2013).

## **3.2 Analysis of Issues**

### **3.2.1 School Health Data in PNG.**

The format used by the NHIS needs to be reviewed to include other activities that are being implemented in school health programs. This will enable implementers to report on the actual activities performed during the visits to schools.

### **3.2.2 School Health Services**

School health programs in most provinces have ceased school medical services. The services have deteriorated due to lack of support, resources and coordination between DoH and DoE. Services need to be revived to have a maximum of one visit every year for each school in PNG.

### **3.2.3 Health Promoting schools / Health Education**

Effective delivery of interventions reaching school children with information to improve their knowledge is still lacking in Schools. Health promoting schools need to be revived and supported to raise awareness of health messages among school children.

### **3.2.4 Nutrition at Schools**

Markets providing food to schools are convenient and allowed as part of the informal sector. The informal sector has created a vendor services to school population by the public. The regulations are available but are not effective to monitor food that is sold outside of the school gates which the children are accessing. School canteens continue to sell less nutritious foods as they are affordable and easy to store for school children. Better awareness on nutritional food, food safety and other issues is needed to improve the nutritional status of school children.

### **3.2.5 Mental Health**

A sound mind is essential for proper growth and development of the children. Fear of failing, bullying physical and mental abuse, body and hormonal changes and coping with school requirements are major problems faced by the children. Better counselling services and curriculums are essential for children's learning.

### **3.2.6 Sexual Reproductive Education**

A visit to the provinces and districts schools has shown that many school children lack basic knowledge and information on sexual and reproductive health. Evidence shows that young children engage in risky and unprotected sexual behaviours as early as 15 years (Country Report for PNG, on Teenage Pregnancy, UNFPA, 2013).

Unwanted or early pregnancies STI cases, including HIV/AIDS amongst young school aged children are on the rise. Many young children leave school due to unwanted pregnancies and STI infections.

Teachers and Health workers are not sensitised to teach sexual reproductive health to school children. It is necessary that all school children are well informed about sexual and reproductive health to take appropriate and early actions about their behaviours.

### **3.2.7 Partnerships**

Partnership with the government departments and other stakeholders lacks coordination. Coordinated engagement of partners in school health activities is needed to improve partnership and avoid duplication of services. Encouragement of effective partnerships will enable the development of better curriculums and programs for school children.

### **3.2.8 Coordination**

Poor coordination of School Health Programs (SHP) had resulted in it being shared between various sections of the Health department without any clear ownership. Thus ensuring the effective management of the program and monitoring of its progress.

### **3.2.9 Alcohol and Substance Abuse**

The early use of alcohol and illicit drugs can have harmful effects on the health and well-being of school children. The consumption of drugs and alcohol can lead to;

- law and order problems, including school fights
- students being suspended or expelled from schools
- poor concentration
- poor grades
- high dropout rates and; health problems in the future such as alcoholism, mental health, liver and heart conditions

School students turn to alcohol and drugs due to peer pressure, depression and bad role models. Schools in PNG must reinforce that they are drug and alcohol free and promote better health practices. Any injuries related to drug and alcohol abuse in schools should be properly treated and referred according to its severity. Harm reduction activities must be promoted to effectively deter students from drug and alcohol abuse

### **3.2.10 Children with Disability**

Many schools do not provide enabling environment for children with disabilities. Disabled children are often ignored, disrespected, uncared for and often left to cope by themselves.

This leads to lack of active and meaningful participation in educational, social and physical activities. Accepting children with all forms of disability and respecting the nature of the child should be encouraged and child friendly environments promoted.

Access to health checks and information on diagnosis, and treatment of disabilities must be made available to schools, teachers and school children living with disabilities.

### **3.2.11 Oral Health**

Dental carries is prevalent among school children and most school children are exposed to sweets and foods high in sugar without being made aware of the effects on teeth and proper dental care. Good oral health must be promoted amongst children as it facilitates digestive functions, reduces emotional stress caused by tooth-ache and other oral problems.

Prevention of dental carries by avoiding high sugar diets is encouraged for school children. Teachers to teach oral health in school curriculum and health workers to visit the school's annually for oral check-ups.

The availability of dental school health services will promote better treatment and care for school children. Partnership with organizations promoting oral health needs to be strengthened.

### **3.2.12 Vaccination (Immunization) Coverage**

Low access to health services in schools at the districts and provinces have contributed to the low coverage of immunization in schools. All children must receive their vaccines from birth to school entry and exit. The vaccination of school children shall be an annual activity. Readiness of vaccination programs in schools need to be addressed to identify and/or prevent any outbreaks of vaccine preventable diseases.

Vaccines must be given to all babies during their childhood to school entry and exiting. The students who have not been immunised before school entry will have to get their vaccines.

### **3.2.13 Access to health facilities**

There is a lack of access to clinics for school children at schools and most schools do not have sick bays with necessary first-aid equipment. Schools depend on referral systems and parents or guardians to take students to health facilities.

Direct standard referrals for many schools are not made available due to health facilities requiring referral from health personnel. The establishment of a sick bay or similar facility at schools and proper referrals should be made available for school children.

### **3.2.14 Tobacco Use**

Knowledge of the harmful effects of tobacco use must be shared with school children to deter them from smoking as it will lead to health problems. Dormitories, Canteens and Markets must be discouraged from selling cigarettes and tobacco products on or near school premises in line with tobacco regulations.

### **3.2.15 Water and Sanitation**

Poor water and sanitation conditions have bad effects to the population. Schools are faced with vector borne and gastro intestinal diseases which are preventable. Poor water and sanitation conditions are a result of a lack of awareness on proper waste disposal, water management and general hygiene and cleanliness of the school community. Proper water usage and waste management shall be encouraged at all schools through regular visits to raise awareness and share skills and knowledge to avoid these issues.

### **3.2.16 Disease Outbreaks**

Schools are high risk areas for disease outbreaks due to overcrowding, low immunisation coverage and poor water and sanitation facilities. Proper screening and regular checks of school children must be promoted.

Schools must have a better knowledge and awareness of potential disease outbreaks and preparedness. By establishing this, schools can better understand and coordinate responses to potential disease outbreaks in cooperation with the closest health facility.

## **3.3 Policy Response**

**Policy Statement One: HEALTH INFORMATION-** NHIS reporting forms on school health shall capture all the activities for the programs

Strategies;

1. Review NHIS reporting form for School Health
2. Develop NHIS reporting form for School Health
3. Data must be monitored for quality by the School Health Program Coordinator
4. Any research, surveys or data collection conducted by non-government organisations and private individuals regarding school health services must follow the standard procedures set out in the National Health Research Policy

**Policy Statement Two: SCHOOL HEALTH SERVICE-** Every School shall be visited once a year to conduct school health services

Strategies;

1. General physical examinations to be done for school entry, exiting and school children that may be involved in competitive sports and the students that teachers are concern off.
2. Rural outreach programs shall include school medicals as part of their annual activities
3. Mobilize resources to support school medicals in rural and urban settings of PNG
4. Training of health workers to conduct school medicals shall be strengthened
5. Coordination of School Health Services will be led by the DoH in cooperation with DoE.
6. DoH will support church run and privately run schools to conduct their school medicals.

**Policy Statement Three: HEALTH PROMOTION SCHOOLS-** All schools shall be encouraged and given the opportunity to become health promoting schools

Strategies;

1. Advocate for health promoting schools and the healthy islands concept to schools in PNG
2. Assist schools that become health promoting schools by using the HPS curriculum
3. Develop and disseminate user friendly IEC materials on key health messages for health promoting schools to use
4. Encourage school community involvement and partnerships in health promoting schools

**Policy Statement Four: NUTRITION-** Parents, vendors and owners of canteens at schools must be educated to provide safe and nutritious food for school children

Strategies;

1. Schools should provide a variety of nutritious foods in schools to support health and nutritional needs of all students



2. School canteens and markets shall be monitored by school and health authorities to provide safe and nutritious food and drinks for school children
3. Educate owners of school canteens and market sellers on good food handling practices
4. Educate parents on the importance of proper nutrition for the development of their children
5. Health workers to assist teachers on strengthening nutrition curriculum

**Policy Statement Five: COUNSELING SERVICE**-Schools, communities and school children shall have a better knowledge of mental health issues and access to mental health services

Strategies;

1. Counselling services shall be provided to all school children
2. Proper referrals for those identified to be suffering behavioural disorders or emotional stress.
3. Health workers and teachers shall be trained to provide counselling services for school children using existing curriculum.
4. Advocate and educate school children on mental health issues and their causes.

**Policy Statement Six: SEXUAL REPRODUCTIVE EDUCATION**- Sexual reproductive education shall be made compulsory for upper primary and secondary schools

Strategies;

1. Conduct compulsory sexual reproductive education a minimum of once a year at all upper primary and secondary schools
2. Health workers are trained to teach curriculum on sexual reproductive education.
3. Teachers are trained and or supported by health workers to teach curriculum on sexual reproductive health.
4. Curriculum on Sexual Reproductive health to be reviewed and made more user friendly and comprehensive for students and teachers

5. Ensure that teachers and parents are sensitised properly to provide sexual reproductive education for school children
6. Promote the importance of family planning for adolescents in schools

**Policy Statement Seven: PARTNERSHIP-** Effective partnerships between stakeholders in school health will be encouraged at all levels to better coordinate and implement school health programs

Strategies;

1. Develop Memorandum of Agreement between the DoH and DoE on School Health Programs
2. Encourage free dissemination of information by all stakeholders in School Health Programs
3. Identify and engage existing and new partners to support school health programs
4. Promote collaboration between all stakeholders in school health programs

**Policy Statement Eight: COORDINATION-** School medical programs will be coordinated effectively at central, provincial and local levels

Strategies;

1. Establish School health Programs centrally at the DoH and DoE.
2. Establish a joint department committee between DoE and DoH to oversee school health program.
3. DoE and DoH School Health Programs will support provinces and districts to conduct, monitor and review their activities in schools.

**Policy Statement Nine: DRUGS AND ALCHOL-**All schools in Papua New Guinea shall be drug and alcohol free

Strategies;

1. Strengthen and support activities and policies to ban alcohol and drug use in all schools
2. Ban the promotion of alcohol products in schools
3. Develop and disseminate user friendly IEC materials to schools on the harmful effects of alcohol and drugs.
4. Educate students on the dangers of drug and alcohol abuse through formal and informal curriculum
5. Provide counselling services at schools for alcohol and drug abuse
6. Educate and encourage parents, teachers and the school communities on the importance of being good healthy role models for school children.

**Policy Statement Ten: DISABILITY-** Disabled children shall be given an equal opportunity to be educated with access to health services without any fear of discrimination

Strategies;

1. Advocate for and support the rights to education for disabled school age children
2. Educate schools on the needs of school children with disabilities
3. Educate parents, teachers and the school communities on rights of disabled student to have access to school health services
4. Develop standard guidelines for schools and teachers on how to provide Education to disabled school children with care and understanding.

**Policy Statement Eleven: ORAL HEALTH-**Good oral health shall be promoted among all school children and free dental care services should be provided in all school.

Strategies;

1. Oral health is included as part of health program
2. Health workers advocate for good oral health care in students during school visits
3. Encourage partnerships with stakeholders in oral health to promote good oral health for students in school
4. Produce suitable IEC materials to promote oral health programs.
5. Sweets and sugary foods that may affect dental care shall be discouraged from being sold at schools

**Policy Statement Twelve: IMMUNISATION-** All children entering and exiting school shall be immunised during health visits once a year.

#### Strategies

1. Identify students who have not been immunised before school entry and ensure they receive vaccines
2. Tetanus toxoid, Measles Rubella and Human Papilloma Virus immunisation is made compulsory for school entry and exiting
3. School health vaccination activities shall include current and in the future emerging diseases
4. Educate teachers, students and parents on school vaccination program
5. Schools must maintain records of immunization for their students
6. Albendazole tablet shall be given to every child in school every year.

**Policy Statement Thirteen: SICK BAY-** All school children shall have access to a health facility and basic health services within the school vicinity

#### Strategies

1. All schools should provide a sick bay

2. All schools should have a first aid kit or similar supplies within their sick bay
3. Teachers and school staff shall be trained in first-aid
4. All schools should establish adequate referral systems for school children to access nearby health facilities

**Policy Statement Fourteen: TOBACCO.** All schools in Papua New Guinea shall be tobacco free

#### Strategies

1. Strengthen and support activities and policies to no tobacco use in schools
2. Develop and disseminate user friendly IEC materials to schools on the harmful effects of tobacco use
3. Ban the promotion of tobacco products in schools
4. Educate students on the dangers of tobacco use through formal and informal curriculum
5. Provide counselling services at schools for tobacco users and tobacco cessation
6. Educate and encourage parents, teachers, surrounding school communities and school children on the importance of being good healthy role models for school children

**Policy Statement Fifteen: WATER AND SANITATION-** All schools should have safe water and proper sanitation facilities in place

#### Strategies

1. Inspect schools water and sanitation must be carried out annually during school visits
2. Promote hand washing and safe water and sanitation practices (e.g. World Hand washing day and world toilet day)

3. Educate schools and students on the importance of safe water and sanitation practices through user friendly IEC materials
4. Educate schools on proper disposal of waste and waste management

**Policy Statement Sixteen: OUTBREAKS**-All schools must have the knowledge and readiness to respond to and manage disease outbreaks

#### Strategies

1. Develop guidelines for schools to identify, assess and respond to disease outbreaks in both standard and emergency situations
2. Equip schools with information and procedures from these guidelines to identify, assess and respond to disease outbreaks in a safe and timely manner

### **3.4 Resource, Staffing and Service Implications**

#### **3.4.1 Resource implication**

The National Government has introduced the Free Education Policy which increases the risk of infections in schools such as communicable disease increase in student population needs to be protected.

- NDoH is responsible for policy, planning monitoring and evaluation
- NDoH to provide coordination role to Provinces, Districts and LLG
- Provinces, PHA and Districts to make available resources
- Development Partners and Stakeholders to partner NDoH in sharing resources and coordinate activities
- DoE to collaborate with NDoH with resource sharing

#### **3.4.2 Staffing Implication on School Health Policy**

- NDoH to create and fund a position for school health unit
- Provinces and PHA to create and fund school health position



### **3.4.3 Service Implication to Implement School Health Policy**

- This policy will strengthen the partnership and direct involvement of the Department of Education, Government departments, and other stakeholder involved in school health.
- Better program planning by Provinces and Districts
- The NDoH to support the policy through the Annual Implementation Planning and (AIP) Budgetary process to achieve its objectives in the National Health Plan (NHP) 2011-2020.
- The service provided to the school population are free and facilities are user-friendly
- Promotion of better standards, safety environments and produce healthier children contributing to good academic results.

## **CHAPTER FOUR - IMPLEMENTATION PLAN**

The main sectors to implement this policy are the Health and Education with the assistance of the Department of Community Development, stakeholders and development partners.

Provinces, Provincial Health Authorities (PHA) and Public Hospitals will plan their implementation through their respective Strategic Implementation Plans and normal Annual Implementation Planning (AIP) and budgeting processes to assess the roll out of the policy as its one of the priorities in the health system.

Non-Government Organisation (NGOs) and Development Partners will implement this policy through their own jurisdiction but will be encouraged to align their activities to government priorities as specified by relevant policies, plans and guideline. Teachers, health workers, parents, communities and school children shall be part and partial implementers of the policy.

### ***ROLES AND RESPONSIBILITIES***

#### **4.1 National Level**

- Provide leadership, advice and support on school health services at all levels of the health delivery system.
- Develop and review policies, operational guidelines and standards on school health service to guide implementers.
- Coordinate the implementation, monitoring and evaluation of the school health policy and programs.

- Advocate for and facilitate review of existing training curriculum on school for both in-service and pre-service
- Encourage and advocate for provinces, hospitals and provincial health authorities to create staff positions for school health program at all levels.
- Strengthen partnerships with all relevant stakeholders at the National Level
- Coordinate, endorse and support research
- Facilitate data base on school health in PNG.
- Organize and facilitate national conferences, workshops and public events on school health

## **4.2 Provincial Level**

- Coordinate implementation of the School Health Policy at the Provincial Level.
- Advocate and establish school health services in the province according to approved NDoH standards and guidelines.
- Coordinate implementation of the policy at the provincial, district and hospital facilities.
- Provide technical support to education divisions at Province, district, local levels, NGOs and other relevant partners.
- Maintain effective collaboration and liaison with all relevant stakeholders at the provincial, hospital, district and local levels.
- Coordinate planning and budgeting for school health services at the provincial, district and local levels.
- Participate in, monitor and report on program activities to national level on a regular basis.
- Advocate for and create school health staff positions in province, districts and local level government.
- Support research
- Support training of staff to provide school health services.

## **4.3 District Level**

- Advocate for and create school health positions in district hospitals.
- Participate in, monitor and report on program activities to provincial level on a regular basis.
- Support training of health and education staff
- Support research activities.
- Participate in planning and budgeting for school health services.
- Maintain effective collaboration and liaison with all relevant stakeholders at the district and local levels.
- Provide technical support to education sector in the district and local level government.

## **Local Level Government**

- Conduct awareness on school health activities to local schools
- Provide organizational support to local NGOs and other relevant local partners implementing school health programs.

#### **4.5 Non-Government Organizations**

- Conduct awareness on school health activities to schools.
- Participate in health promoting school activities.
- Support research and evaluation of the school health activities.
- Maintain effective collaboration, liaison and organizational support amongst all relevant stakeholders at all levels.
- Monitor and report on program activities to provincial level at monthly intervals.

### **CHAPTER FIVE - MONITORING AND EVALUATION**

Implementation of the policy at each province, district and LLG will be monitored at the national level. The national level will develop a monitoring and evaluation frame work that will be used to track progress made.

All staff will receive training on M&E. Information generated through the review will be analysed regularly and documented in quarterly and annual monitoring reports.

The data base will be established to monitor the number of teachers and Health Workers trained in the school health program curriculum.

<b>School Health Indicator</b>	<b>Measure</b>	<b>Process</b>
School Planned	% of school planned to be visited	NHIS monthly reporting forms
School Health Visits	% of schools visited	NHIS monthly reporting forms
Tetanus Toxoid	% of Tetanus Toxoid given to school entry and exiting	NHIS monthly reporting forms
Measles Rubella	% of Measles Rubella given to school entry	NHIS monthly reporting form
Human Papilloma Virus	% of Human Papilloma Virus given to school entry	NHIS monthly reporting form
Deworming	Total number of schools receiving deworming tablets (Albendazole tablet)	Monitored through schools deworming register
Teenage pregnancy	% of pregnancies (15-19)	NHIS monthly reporting forms
Sexual reproductive education	No of teachers teaching ASRH in Schools  Number of teachers sensitised	Monitored through PD Lessons  Number of workshop conducted

## **Appendix**

The following are resource officers for school health program

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