

Health Promoting Schools Course

Student Teacher Course Book



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Department of Education
Teacher Education Division

1st Edition, 2009



Papua New Guinea

Department of Education and Department of Health

Health Promoting Schools
Student Teacher Course Book

Approved for use in all primary teacher training institutions

1st Edition
2009

Department of Education & Department of Health
Teacher Education Division

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Teachers, lecturers and schools in Papua New Guinea have permission to use, share and adapt these materials.

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Secretaries' Message

Education and Health are the two key government departments that address important health issues in Papua New Guinea. Families, communities and schools face many challenges: communicable diseases, violence, bullying, drugs and alcohol abuse, poor nutrition and gender inequality. Good health is vital for the development of the country and is a priority for both our Departments. Schools offer an effective opportunity to promote good health.

The Health Promoting Schools teacher training course will ensure that beginning teachers have the knowledge and skills to implement and manage health promotion strategies in their new schools. They will learn how to prevent ill-health and how to mobilise their school to improve the health of the community. Our children are our future and teachers have a crucial role to play in teaching them about life-long health.

It is important that all schools strive to be child friendly and health promoting. Schools must be safe, caring and supportive learning environments. Everyone involved in the school has a role to play: teachers, students, management, parents and the wider community. All stakeholders must actively participate to improve the health of our children.

We encourage all teachers and health workers to work in partnership together and build strong links between schools and health services. Regular school health visits help prevent many health problems. Girls and boys at school also need to learn how to take responsibility for their own health and hygiene and value their own health. Young people can be powerful advocates for improving their family and community.

This new core course for all primary school teacher training institutions aims to expand the number of health promoting schools and improve health across the country. We encourage every school in PNG to become a health promoting and child friendly place to learn.

We commend and approve the Health Promoting Schools Lecturer's Guide and Student Teacher Course Book for use in all teacher training colleges.

Dr Joseph Pagelio
Secretary of Education

Dr Clement Malau
Secretary of Health

Introduction

Schools have an important role in improving the health of children and the community. Teaching about health is one way to improve health but schools can do more. Many schools are becoming Health Promoting Schools (HPS) and the Department of Education is urging all schools to become healthy and child friendly.

This course is designed to help the student teacher learn how to plan, manage and implement HPS strategies in their own school. It will cover the benefits of HPS and child friendly schools. It will introduce a range of strategies and tools to help make their classroom and school health promoting.

There are many health issues in primary schools: communicable diseases like malaria and HIV, bullying, violence, poor sanitation and water, poor food quality, poor infrastructure and environment and abuse of drugs and alcohol. As schools cannot tackle these issues on their own, a key part of the course is about how to work with stakeholders and health services. Community mobilisation and participation are key to successful Health Promoting Schools.

The HPS course will be linked to School Learning Improvement Plans and the implementation of the reform curriculum.

This course builds on content from:

- **Health**
- **HIV/AIDS & Reproductive Health**
- **Making a Living courses such as Community Projects**
- **Gender Equity or Child Friendly Schools**

Other teacher training courses that have links to HPS include:

- **Guidance and Counselling**
- **Classroom Management**

All sessions have been designed for maximum student participation and to model best practice in teaching about health and school management. Many of the strategies you will use in sessions will be adaptable to your own teaching. If there is anything you do not understand in the sessions, please speak to your course lecturer.

The HPS Student Teacher Course Book

The Student Teacher Course Book is designed for beginning teachers and is yours to keep. It contains the background content on Health Promoting Schools. Inside the book are sets of **self study** tasks. These are for you to complete in your own time or as set by your lecturer. There are also tasks to completed during your sessions.

Inside the session there are a series of **case studies** about HPS issues. Many of these are real examples of schools trying to improve the health and well-being of their children.

At the back of the course book there is a **glossary** and **in-service guide**. The guide is to help you conduct in-service for your fellow teachers after you graduate. The **contact list** will help you find partners for HPS work in your school.

What will I need for the course?

- A positive attitude, good punctuality and full participation in group and paired activities
- Good critical analysis, problem solving and discussion skills
- Your own copy of this Student Teacher Course Book brought to each session
- A notebook with dated notes

Evaluation of the course and lecturer

All students have the right and responsibility to evaluate the course and the lecturer. This will happen at the end of the course and your constructive feedback is very welcome. Finally, you can give feedback on the course materials to your lecturer or to the Department of Education. The contact address is on the final page.

Additional materials

The course is deliberately designed to need few additional resources apart from the lectures and the HPS Student Teacher Course Book. However, additional reading can be found in the college library. The PASTEP materials for Health and Community Development are excellent and there should be a range of materials for HIV/AIDS and health.

Some colleges may have additional material available on the intranet.

If you have problems locating additional material, please speak to your lecturer or librarians.

Field trips, interviews and guest speakers

You should be given the opportunity to interview students, teachers, health workers and other stakeholders in school health. Please respect confidentiality and always use pseudonyms in your reports. Remember to explain the purpose of your questions and thank your informants afterwards.

You will be expected to make field trips to local schools. Please be courteous during visits and always make appointments and explain your task to the Headteacher and teachers. Your visit should not disrupt the learning in the school.

Rationale and aims of the course

The rationale for this course is to **improve the health of students, teachers and the wider community through good teaching, effective management and being a positive role model.**

The aims of this course are for students teachers to:

- Plan, implement, manage & evaluate practical health promoting school programs & policies
- Build effective partnerships with students, teachers, community & partner organisations in promoting good health
- Develop, manage and sustain a safe, healthy, friendly, gender inclusive learning environment
- Understand and value the importance of health promotion
- Integrate HPS concepts across the curriculum

Course overview

Health Promoting Schools
 3 credit points
 36 contact hours
 20-40 hours of self study
 Community Development Strand

Module	Learning Outcomes By the end of the course the student teacher can...	Time allocation
Module 1 Health Promoting Schools	<p>Session 1.1 Course overview, resources and assessment tasks</p> <ul style="list-style-type: none"> • Understand each module and their outcomes • Understand the criteria for the assessable tasks • Understand the structure of the Student Teacher Course Handbook <p>Session 1.2 What are health promoting schools?</p> <ul style="list-style-type: none"> • Explain and define health promoting schools • Understand the idea of health promotion • Discuss and identify healthy school concepts in “My Dream School: Is It Possible?” <p>Session 1.3 The benefits of health promoting schools</p> <ul style="list-style-type: none"> • Identify and list the benefits of Health Promoting Schools <p>Session 1.4 The six dimensions of health</p> <ul style="list-style-type: none"> • Discuss and map the six dimensions of health • List specific school health issues for each dimension 	10 contact hours

	<p>Session 1.5 Policies and Health Promoting Schools</p> <ul style="list-style-type: none"> • Explore the School Health Policy and explain how it improves children’s health • Explore the NDoE HIV/AIDS Policy and explain how it improves children’s health • Explore the NDoE Behaviour Management Policy and explain how it improves children’s health <p>Session 1.6 Child rights and child protection</p> <ul style="list-style-type: none"> • List child rights for health and education • Discuss strategies for child protection in schools • Explain the importance of child rights and child protection laws <p>Session 1.7 Gender and health</p> <ul style="list-style-type: none"> • Explain the relationship between gender equity and good health • Discuss the health impacts of gender inequality • Explain the role of schools in promoting gender equity <p>Session 1.8 Roles and responsibilities of stakeholders</p> <ul style="list-style-type: none"> • Identify and list stakeholders who improve health in schools • Discuss the roles and responsibilities of each stakeholder <p>Session 1.9 School Learning Improvement Plans (SLIP) and health</p> <ul style="list-style-type: none"> • Explain what a SLIP is • Justify why health is important to improving learning in schools • List the components of a health promoting SLIP <p>Session 1.10 Health promotion and the reform curriculum</p> <ul style="list-style-type: none"> • Analyse upper and lower primary syllabus subjects for health related learning outcomes • Sort selected learning outcomes into the six dimensions on health 	
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<p>Module 2 Health issues in schools</p>	<p>Session 2.1 Health issues in schools</p> <ul style="list-style-type: none"> • Identify health issues for primary schools across the six dimensions of health • Rank school health issues in order of importance and justify the priorities <p>Session 2.2 Health culture of the community</p> <ul style="list-style-type: none"> • Explain how culture effects the health of their own community • Analyse the positive and negative cultural health practices • List strategies for promoting a healthy culture in the community <p>Session 2.3 Improving nutrition for children</p> <ul style="list-style-type: none"> • Explain the benefits of improved nutrition in school children • List and describe strategies to improve children’s nutrition in schools <p>Session 2.4 Keys to safer food</p> <ul style="list-style-type: none"> • Identify the major types and sources of hazards found in food • Discuss and map the five keys to safer food • Identify practical strategies for ensuring food safety in an HPS <p>Session 2.5 Child abuse</p> <ul style="list-style-type: none"> • Define the different types of child abuse • Describe the consequences of child abuse • List strategies and school procedures for dealing with child abuse and sexual violence <p>Session 2.6 Alcohol and schools</p> <ul style="list-style-type: none"> • Discuss the effects of alcohol abuse on the student, the home, the community and the school • Develop practical strategies to promote an alcohol free environment in schools <p>Session 2.7 Drugs, smoking and schools</p> <ul style="list-style-type: none"> • Discuss the impact of drugs and smoking on health and learning • List strategies for combating drugs and smoking in schools <p>Session 2.8 Reducing violence and bullying</p> <ul style="list-style-type: none"> • Discuss the root causes of violence and bullying in schools • List strategies for reducing violence and bullying in schools 	<p>13 contact hours</p>
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	<p>Session 2.9 Improving sanitation and clean water in schools</p> <ul style="list-style-type: none"> • Explain the impact of poor sanitation and dirty water on learning and child health • Identify practical strategies for improving sanitation and water supplies in schools <p>Session 2.10 Improving the environment and waste management</p> <ul style="list-style-type: none"> • Classify wastes and how to dispose of them safely • Identify strategies for improving the school environment and appearance <p>Session 2.11 Communicable diseases in school</p> <ul style="list-style-type: none"> • List common communicable diseases in primary schools • Explain the impact of these diseases on learning and child development • Plan practical strategies for reducing the impact of key communicable diseases <p>Session 2.12 School health services</p> <ul style="list-style-type: none"> • Explain the importance of health services available for schools • Critically analyse the effectiveness of school health services • Suggest strategies for improving links between schools and health services <p>Session 2.13 Emergency first aid and injuries in school</p> <ul style="list-style-type: none"> • Confidently demonstrate emergency first aid skills • List common injuries in school and describe the correct response <p>Session 2.14 Safety and emergency preparedness</p> <ul style="list-style-type: none"> • List common safety issues in schools and describe strategies for reducing risk • Plan strategies for dealing with emergencies and natural disasters 	
<p>Module 3 HPS planning</p>	<p>Session 3.1 The HPS planning cycle & SLIP</p> <ul style="list-style-type: none"> • Explain the steps to the HPS planning cycle • Link HPS planning with the primary school SLIP • Write a vision statement for a primary school <p>Session 3.2 HPS checklist and audit</p> <ul style="list-style-type: none"> • Understand and use the HPS checklist • Explain the importance of auditing health issues at a school 	<p>10 contact hours</p>

	<p>Session 3.3 Assessment of a local school</p> <ul style="list-style-type: none"> • Use the HPS audit and indicators to assess a local school <p>Session 3.4 HPS situational analysis and health priorities</p> <ul style="list-style-type: none"> • Analyse a health audit of a local school and suggest areas for improvement • Prioritise and justify health promotion activities for the school <p>Session 3.5 Strategies for improving health at the school</p> <ul style="list-style-type: none"> • List a wide range of practical strategies for improving health at schools <p>Session 3.6 Strategies for involving students, staff and the community</p> <ul style="list-style-type: none"> • Brainstorm and list strategies for involving students, staff and the community in planning and implementing an HPS activity <p>Session 3.7 HPS planning best practice</p> <ul style="list-style-type: none"> • Demonstrate best practice in HPS action planning <p>Session 3.8 Case study analysis of a health promoting school</p> <ul style="list-style-type: none"> • Read and critically examine a case study of a Health Promoting School • Analyse and identify the common features of a successful HPS plan <p>Session 3.9 Leadership and sustainability in health promotion</p> <ul style="list-style-type: none"> • Define good school leadership and HPS sustainability • Explain what kind of leadership is needed to improve health in a school • List practical strategies to sustain HPS plans <p>Session 3.10 Course and lecturer evaluation</p> <ul style="list-style-type: none"> • Evaluate and give feedback on improving the HPS course • Evaluate the lecturer and give suggestions for improving their teaching 	
Additional spare sessions	2 sessions available for additional lectures, guest speakers, school visits, additional activities or assessment tasks such as exams	2 hours

How will I be assessed?

All assessment tasks set by the lecturer should assess the learning outcomes in the modules and sessions. The HPS Lecturer's Guide contains a range of sample tasks. All sample tasks are relevant and would be useful to a teacher who will be implementing HPS in their school. **There will be at least two assessment tasks.**

Assessment will follow the College guidelines. You should be told the rationale for the assessment, the timeframe, the criteria, the mark allocation and the learning outcomes the task is assessing.

You are responsible for completing the task on time. Please speak to your lecturer if you are unsure about what to do or have been ill or absent from class. Use the criteria carefully to complete the task.

You will also be assessed on your participation, attendance and participation using the College guidelines. For example,

Assessment of Attendance, Participation and Attitude

Rationale: A professional teacher should show positive professional attitudes including attendance, participation in group tasks, record keeping, self study and punctuality. This assessment is a measure of your professionalism.

Value: 10%

Length: Dated lecture notes are expected from each session in a notebook or folder. These should be added to in self study time and for specific homework/self study tasks.

Description: Formative assessment (i.e. "on-going" or "continuous" assessment) including regular sightings of lecture notes, marking of punctuality, response to questions and contributions to group work and discussions

Assessment criteria:

Attendance: 4% (you will lose 2% for each unauthorised absence)

Punctuality: 2% (you will lose 1% if late for two sessions)

Participation 2%

Note taking 2%

Note: These recommended criteria may vary from institution to institution.

Module 1 Health Promoting Schools

Session 1.1 Course overview, resources and assessment tasks

Session outcomes By the end of the session, student teachers can...

- Understand each module and their outcomes
- Understand the criteria for the assessable tasks
- Understand the structure of the Student Teacher Course Handbook

Welcome to the Health Promoting Schools teacher training course. Please take time to read the Introduction, Course Overview, Module Outcomes and Assessment Tasks.

If you have any questions about the course, please speak to your lecturer.

You will need a notebook, pen, pencil, ruler and this Student Teacher Course Book in every lecture.

Self study

1. List your own perceptions of a Health Promoting School (HPS) and what you think it is.

2. Goal setting. Think about what you aim to achieve at the end of the course. Record these expectations here and share them with a peer.

Session 1.2 What are health promoting Schools?

Session learning outcomes: By the end of the session, you will be able to...

- Explain and define health promoting schools
- Understand the idea of health promotion
- Discuss and identify healthy school concepts in “My Dream School: Is It Possible?”

Definition of health

The World Health Organisation definition of health says that:

“Health is a complete state of physical, mental, social, spiritual and emotional well-being and not merely the absence of disease or infirmity”

Physical health	Mental & emotional Health	Social health	Spiritual health
Refers to physical body & physical environment of the school, clean body, clean drinking water & good sanitation, eating good food, disposal of waste	Refers to decision making, critical & creative thinking, empathy with others, skills for coping with emotions & stress, successful coping strategies, risk factors, how & where to seek help, love, self awareness	Refers to having good social environment, establishing good working relationship with teachers, friends, parents, and others	Refers to belief & value system & practices, ethics & morals, Christianity, loving others

Health Promoting School (HPS) have their roots in the WHO definition of health.

Why is the Healthy Islands concept?

The PNG National Policy on Health Promotion (2003) is based on the Healthy Islands concept.

It means that Papua New Guinea as an island has many settings in which to promote health. Settings are places where people live, work, learn and play. Examples of settings include: a home, village, town, city, school, office, business house etc. Schools are one important setting where health promotion can happen.

Definition of a health promoting school:

“A health promoting school (HPS) is a setting, which offers a comprehensive programme to promote health of young people through appropriate policy, curriculum, school environment, the links between school and the community as well as link with health and welfare services”.

(Health Promoting School Training for Teachers, Participants Reading Material, p 44, 2003)

The five components of health promoting schools:

- The school health policies
- The physical & social environment
- The school and community relationship
- School and welfare services
- Health teaching in lessons

HPS emphasises a people-centred development approach for health.

Activities that come under the components of Health Promoting Schools

The school health policies	Physical & social environment	School & community relationship	School & welfare services	Health teaching
Schools to develop or follow policies on:	Refers to physical body and the environment:	Refers to school and community work together in children's learning	Refers to health services provide by Health Dept.	Health learning outcomes in the curriculum e.g. Health, Personal Development
Gender Equity	School buildings	Parents helping out in school & participating in decisions	Dental health	In-service to improve the teaching of health
HIV/AIDS	Hand washing facilities	Involving parents on school lunch program	Immunisation	Involving health service staff in teaching
Tobacco	Dormitories and toilets	Parents doing school maintenance	Medical check up and screening	Participatory, student centred teaching
Nutrition	Flower gardens & beautification	Agriculture program	First Aid course	Resources such as textbooks
Drugs	Making water safe for drinking	Counselling	Nutrition programs	
Alcohol	Food and nutrition	Students leading awareness in the community	HIV/AIDS VCT & counselling	
School uniforms	Disposal of waste			
Behaviour Management				

HPS case study

Kila is a Grade 5 student. She is 11 years old. She lives at Laloki and comes to school by a PMV Bus.

One day while in class, her class teacher (male) asked her to stand up and answer a health question. When she stood up to answer the question, a boy sitting behind her saw red blood stains on the back of her skirt and started laughing. He began to tell other boys sitting next to him about the stains. They also started laughing. The class teacher told the boys to stop laughing. But the boys continued to laugh but, this time, giggling and looking down to the floor.

The girls sitting next to her told her to sit down. Kila was upset and scared about her period because no-one had told her. During morning break, the girl went and told Mrs Boga, a female teacher, about the incident. Mrs Boga told Kila to sit in her office and wait for her till she finishes her morning duty. However, while Mrs Boga was still out on the field, supervising the children, Kila left. When Mrs Boga came back, Kila's friends told her that she had gone. Kila never came back to her school.

- 1 Why did Kila leave the school without seeing Mrs Boga?
- 2 Who should have helped Kila? Why? Why didn't they?
- 3 What strategies should be used by the class teacher?
- 4 What will be the impact on Kila's health and life?
- 5 Why didn't Kila come back to school?
- 6 What would you do, if you were Kila's teacher?
7. What strategies would a health promoting school have in place to help Kila?

My Dream School: Is It Possible?

*My dream is to be in a special school
A school where I can feel safe
Where I am treated the same as every other child
Where I am treated with respect and dignity
A place where I feel that I belong
Where I feel free to explore myself and my environment
A place where I find love, peace and security
Where I have nutritious food to eat when I am hungry
Where I can turn on the tap and drink
Fresh, cool, clean water when I am thirsty
Where I have a shade tree to sit under when the sun is too hot
Where the grass is green and I have a place to play
A place where I find lots of friends
Where my teachers are caring
And my parents are supportive
A place where I am excited to go each day
A place where I am not abused or harassed
A place free of drugs and full of fun
And lots of beautiful flowers, red, yellow, white and all sorts of colours.
My special school is a place where I am free to love, to learn
And to grow in every way
A place where I am protected from the wind, the sun, the rain and cold.
Regardless of my race, my religion, my culture, or where I come from
I am nurtured as a very, very special person.
This is my dream school.
Is it possible?
Can my dream be fulfilled?
Who can make my dream come true?*

(My Dream School is dedicated to the children of Papua New Guinea and adapted by Pauline Doonar, Chairperson of National Coordinating Committee for Health Promoting School from a speech by Dr. Paul Chen, WHO Representative, to the Health-Promoting School Workshop in Papua New Guinea, 1995)

Self study

1. Which teacher education courses do you think this course links with? Why?
2. Read the poem "My Dream School" again. Which parts of the poem are the most powerful to you? Select the three most powerful parts and explain why they are so important.

Session 1.3 The benefits of Health Promoting Schools

Session learning outcomes By the end of the session, you will be able to...

- Identify and list the benefits of Health Promoting Schools

A health promoting school (HPS) aims to improve the health, hygiene and the welfare of the students, staff and the surrounding community. It has a development plan that is based on the components of HPS:

- *School health promotion policy*
- *Physical and social environment*
- *Link with the community*
- *School and welfare services*
- *Health teaching*

The HPS activities should be part of the broad School Learning Improvement Plan (SLIP). There are many benefits of health promotion for students, the school, the teachers and the wider community.

Why is health promotion important in schools?

The principles of health promotion can be logically explained as:

1. Children learn if they are capable of learning
2. Children will be capable of learning if only they are healthy
3. Children become healthy if the physical, social, educational and emotional environments of school and community are also healthy.
4. Health promotion school programs can help develop healthy environments in the school as well as in families and communities.

Why increase efforts to improve the health environment at schools?

The school environment has a strong influence on children's health for several reasons. First, the environment is one of the major components of children's health. Polluted water supplies can cause typhoid and other disease. Air pollution can cause lung infections and can lead to asthma attacks.

Second, children may be at risk of many diseases. Their bodies are young and have reduced protection, immaturity of organs and functions. Their rapid growth and development can make children more vulnerable to the effects of environmental pollutions than adults. Their exposure to poisons in the air, water, or food will be higher than experienced by adults. Children spend much of their day within school environment.

Third, children's behaviour is very different from adults and places them at risk from environmental threats. For example, placing fingers in their mouths and not washing hands before eating. Children lack the experience to judge risky health behaviour.

The impact of poor health in schools

Poor health is an obstacle that disturbs the development of Papua New Guinea. Children who have poor health do not grow up as well and are more likely to be unhealthy adults.

- Smoking tobacco or marijuana and chewing buai have become common problems in many Papua New Guinea schools. Cigarette smoking accounts for three million deaths a year worldwide. Many people in our country die of preventable illnesses like tobacco smoking. Children who start smoking and chewing while they are young have shorter life expectancy.
- Children who are malnourished perform poorly at school and have lower intelligence levels.
- Children with worms have less energy for play and for learning. They have to have many days off school.
- Children with repeated attacks of malaria have low blood iron and perform poorly at school. They miss many days off school because they are sick.
- Girls who don't feel safe don't come to school. Just building clean and safe girl's toilets improves retention and enrolment.
- Children who grow up in a violent environment are more likely to be bullies and engage in violent crime.
- Good reproductive sexual health teaching reduces the number of sexual partners, increases abstinence, increase condom use, delays sex and early marriage and leads to smaller families and a reduction in HIV/AIDS and STI rates.
- Alcohol related crimes and disturbance can be reduced by strict community laws and good alcohol health education.
- **Universal Basic Education** is critically important. HIV infection rates are halved in young people who finish primary school. Healthy, safe and child friendly schools are vital in getting all boys and girls into school.

What should be done to improve health?

According to the research conducted by the **World Health Organisation (WHO)**, teachers are a powerful tool for changing health behaviour.

For the effective development of the school health programs, teachers need work with students and parents to identify the health problems and then plan strategies to solve the problem. This course will help you do this.

What are the benefits of having a health promoting school?

There are many advantages in implementing the health promoting school programs. These can include:

- Parents are encouraged and empowered to support school.
- Health, well-being and morale of school staff improved.
- Students are more involved and take more responsibility for personal and community health. They become **advocates** or **peer educators** for improving health.
- Students, staff and parents feel a sense of achievement in successes

- Students are healthier and better prepared for learning
- Staff are healthier and better prepared for teaching
- Lower rates of people absent from school
- Increased potential for students to live long, healthy and fulfilling lives as a result of their effective participation in schooling and through having their health and welfare needs met. This is a long term aim.
- Best possible teaching and learning environment for staff and the students.



HPS case study

Pindiu Primary School in Finschafen, Morobe Province implemented a health promotion plan in 2004-2006.

Through their action plan, staff and students planted flowers, set up a healthy market place; parents cooked balanced and local meals at school, the community set up new water tanks donated by the LLG, developed a HPS policy and more.

As the result of implementing the program there were many developments which benefited the students, staff and the surrounding communities.

- Many students developed interest in coming to school
 - Students at balanced meals sold at the school by the parents.
 - Parents earned money from the market.
 - Clean water supply
 - Better learning environment for all
 - Students have lunch in their respective resting houses and learnt good manners and sharing
1. Why are students learning better than before?
 2. What do you think the long term impact of the HPS activities were?
 3. Discuss and explain the benefits gained by the community in general.
 4. Why do you think parents supported the plans?

Case study – deworming programs for PNG?

Worldwide over a billion people suffer because they are infected with worms. Most children in Papua New Guinea are infected by worms. Infected pre-school and school aged children suffer from malnutrition, low physical growth, decreased fitness and lower academic achievement because they have intestinal worms. They have lower enrolment and retention at school. Many have severe anaemia (which is made worse by malaria) and slower intellectual development. Obviously, the long term impacts are poor grades, fewer opportunities and lower productivity.

Deworming involves three strategies:

- Once a year deworming with medication
- Health education to improve community hygiene
- Improved sanitation and clean water (worm eggs are transmitted in faeces)

School deworming programs are cheap, effective and simple to administer. Pills are sent to school and teachers administer them to children once a year and record names. The medication is safe and has no side effects. One dose is enough to deworm children.

A study in Kenya found deworming reduced absenteeism by a quarter in the first two years! In fact, deworming is thought to be the most cost effective strategy for improving attendance and has a significant impact on student achievement.

(Disease Control Priorities Project, August 2008)

1. How would you explain a school worming program to parents?
2. What would be the challenges involved in setting up a national school deworming program in PNG?
3. Would you be happy to administer deworming medication to students in your class? Why? Why not?
4. School deworming programs are hugely effective at improving child health and achievement. Why doesn't PNG have a national deworming program?

Self study

Read and discuss the Deworming case study with a peer and answer the questions. What other health benefits and programs would you expect from a good health promoting school (e.g. malaria control)? Try and think of more than just physical health benefits.

Session 1.4 The six dimensions of health

Session learning outcomes: By the end of the session, you will be able to...

- Discuss and map the six dimensions of health
- List specific school health issues for each dimension

What is good health?

Health is defined by the World Health Organisation (WHO) as the well-being of body, mind and emotions.

The nature of health includes **physical, social, mental, social well-being** and **spiritual health** including **emotional** and **occupational** health for human integral development.

Our body is like a wonderful machine that does many, many things. To do these things it needs many, many parts. All these parts put together are what we are. No part is more important as another but each performs a function. Good health involves all the six dimensions of health.

The six dimensions of health

1. **Physical health** includes a healthy disease free physical body, fitness, working body systems and good nutrition. Physical health also applies to the environment and its surroundings including suitable buildings, toilets, clean water, clean air etc

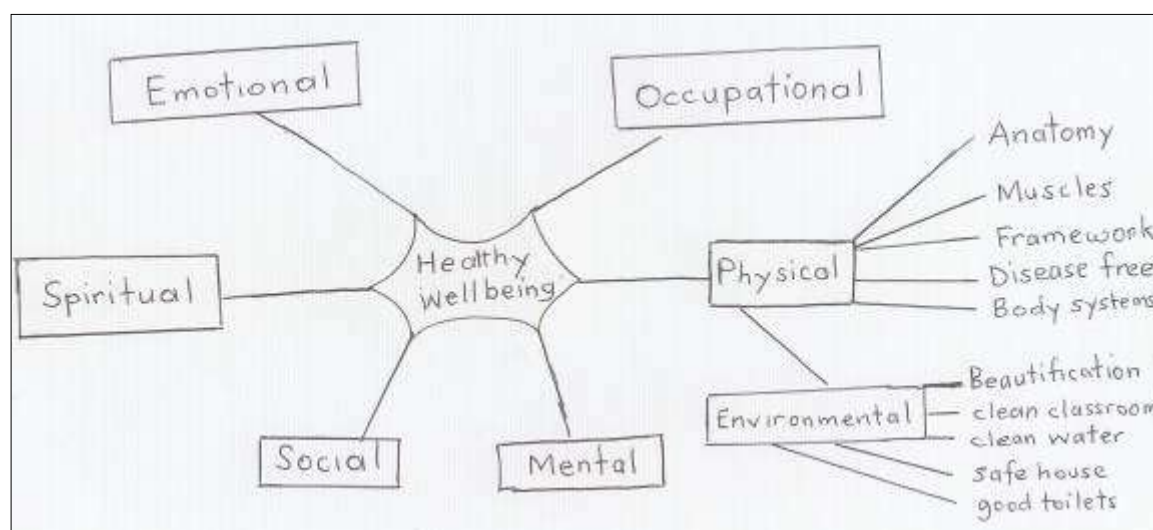
2. **Social health** refers to a peaceful and strong family unit, respectful citizens, well organized, lawful and safe community and safe organized activities such as sports in school and community. Gender equity and fairness are very important for social health. Social health includes rights and responsibilities.

3. **Mental health** refers to a healthy mind of a person, positive thinking, innovative mind, knowledgeable, high self esteem, high confidence and absence of fear, constant stress or worry. Having the support, love and care of family and friends is vital to good health. Being able to love and care for others is also very important.

4. **Spiritual health** refers to a sense of love and care. People have pity, understanding, dream, ideas and faith such as Christian ethics and moral beliefs, love, righteousness, salvation and etc. Spiritually healthy people understand their importance in the world and feel secure. They empathise with others.

5. **Emotional health** refers to positive emotions and feelings about ourselves. Emotions like self control, temper, stress fear, are indicators of emotional health.

6. **Occupational health** refers to a safe, supportive and constructive work environment. Adults and children need to feel their work is valued, relevant, constructive and rewarded. Their work environment should be healthy and help them develop as human beings.



What is poor health?

Poor health in a person is an issue for a person, family, community and society. We should address it. If a dimension, such as a vision problem, is not treated, it can upset a person's balance of normal healthy way of life.

For example, someone with an emotional health problem of 'bad temper' may not enjoy the company of others in sports and feel isolated and unloved. This might lead to worse health behaviour.

Case study

Paul has a weak leg which he got from a polio infection while he was a child. However, he has learned with the help of a splint to walk around well. He is married with children and enjoys life in the village. Paul has a weak leg but he has a feeling of well being in his body, mind and emotions. He is healthy.
(C Smith 1996)

1. Can a person with a disability be healthy? Explain your answer to a peer.

Self study

Research and complete this table with five healthy ways that you can improve each of your health dimensions. Complete this table.

Dimensions of health	Strategies for improving your own health
1. Physical health	1 2 3 4 5
2. Mental health	1 2 3 4 5

3. Emotional health	1 2 3 4 5
4. Social health	1 2 3 4 5
5. Spiritual health	1 2 3 4 5
6. Occupational health	1 2 3 4 5 6

Session 1.5 Policies and Health Promoting Schools

Session learning outcomes: By the end of the session, you will be able to...

- Explore the draft School Health Policy Guidelines and explain how it improves children's health
- Explore the NDoE HIV/AIDS Policy and explain how it improves children's health
- Explore the NDoE Behaviour Management Policy and explain how it improves children's health

Policy is one of the components of HPS. In the Department of Education there are four main policies which promote good health.

1. National School Health Policy (2005)
2. HIV/AIDS Policy (2005)
3. Gender Equity Policy (2002)
4. Behaviour Management Policy (2009)

The purpose of the policy guidelines is to make a school a healthy place. The surroundings can encourage student and teachers to develop self discipline, study, teach, learn and work happily. They should extend to the community. Each HPS should also develop their own specific policies and rules to promote safe and healthy behaviour.

The Department of Education also includes health learning outcomes in the syllabus and teacher guides.

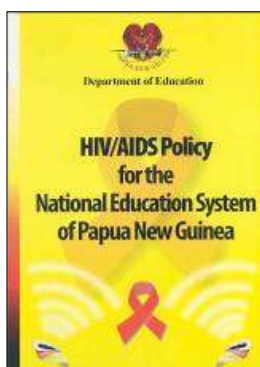
1. HPS School Health Policy Guidelines (2005) – draft

The draft Health Promoting School Health Policy Guidelines were developed by the Departments of Health and Education in 2005. Papua New Guinea has adopted the Healthy Islands approach to improve the health and well being of Papua New Guineans. The emphasis is placed on the following factors:

- Prevention of diseases and health risks factors
- Involvement and participation of various government and non government sectors in health service activities
- Empowerment of people in planning and implementing of health services
- Discourages top down solutions to local health issues

The draft guidelines would help schools develop their own local School Health Policies.

2. HIV/AIDS Policy (2005)




The NDoE HIV/AIDS Policy was launched on World AIDS Day 1st December 2005.

The policy guidelines are for staff, teachers, lecturers and students. It states the rights of staff and students to know the facts about HIV/AIDS, risks and how to protect themselves. It gives clear guidance to prevent stigma and discrimination of people living with HIV/AIDS.


HIV/AIDS is a core curriculum in teachers college. The course is taught to student teachers so they can effectively and confidently teach Health and Personal Development in primary schools.

HIV/AIDS guidelines poster for primary schools – can you see HPS?




HIV/AIDS & Our Primary School

What do we need to do to implement the HIV/AIDS Policy?




- ✘ Train all staff in HIV/AIDS/STIs for at least 2 days including planning & programming and life skills
- ✘ Give all staff the HIV/AIDS/STI Resource Book
- ✘ All staff should read and discuss the HIV/AIDS Policy & HIV/AIDS/STI Implementation Plan 2007-2012
- ✘ Write HIV/AIDS activities & training into your School Learning Improvement Plan
- ✘ Have a First Aid kit (including bleach and latex gloves for cleaning up blood spills)
- ✘ Train your Board of Management and your P&C in the HIV/AIDS Policy, gender equity and basic HIV/AIDS/STI information
- ✘ Talk to your community about the Plan, the Policy & the syllabus. Discuss how to protect staff and students from HIV and how will you teach it to your students. Lead community HIV activities like World AIDS Day (1st December)

- ✘ Teach life skills and HIV/AIDS/STI and reproductive health in Grade 5 Health and Grade 6-8 Personal Development. Demonstrate the correct use of male and female condom from Grade 5 along with how to resist pressure and saying 'no' to risky behaviour.
- ✘ Be a health promoting school. For example, are there separate toilets for boys and girls? Is there water and soap for washing and clean water for drinking? Are both girls and boys treated equally?
- ✘ Male and female condoms and lubricant must be available for all staff. Upper Primary students need to know where condoms are available in their community.
- ✘ Build links with your Church HIV services, testing clinic, AIDS Committee, NGO's and community health workers
- ✘ Zero tolerance for teachers and students who abuse or harass others. Teachers must be role models for behaviour at all times.



Department of Education
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3. Gender Equity Policy (2002)

This policy is addressed in detail in Session 1.7

The constitution of Papua New Guinea states equality for women and men within families, schools, communities and societies. The NDoE Gender Equity Policy calls for gender equality and participation at all levels. Equality means better

It is also a long term focus to break down the 'men dominant culture'. This decreases violence against women which increases the quality of health among women.

4. Behaviour Management Policy for the National Education System of Papua New Guinea (2009)

The National Behaviour Management Policy is an important policy towards effective management of behavioural issues in school. The policy clarifies the statutory roles, rights and responsibilities of schools, teachers, parents and students in improving students' discipline and behaviour. It is in the best interest of our country to develop responsible, educated and skilled citizens who can actively contribute to the future of Papua New Guinea.

The Policy is based on child rights and responsibilities and makes the link between good teaching and management and good behaviour. It states that every child has the right to learn in a safe, healthy and supportive school.

5. Individual school health policy

Every school should develop one of these using the draft guidelines and consultation with students, parents and teachers. They can develop it as part of their SLIP.

6. Department of Health Policies

The Health Department has launched many policies which are relevant to schools:

- National Policy on Health Promotion (2003)
- Healthy Island Framework (NDoE and WHO, 1999)
- National Nutrition Policy (Ministry of Health, 1995)
- National Drug Policy (1998)
- National Tobacco Policy (2004)

Which laws support good health in schools?

There are many laws which promote good health in schools including:

National laws

Education Act 1983

Teaching Service Commission Act 1998

Lukautim Pikinini Act 2008

International laws and agreements

United Nation Convention on the Rights of the Child 1989

Self study

1. Research the draft School Health Policy Guidelines and answer these questions.

Q: What are the key parts of the policy?

Q. Why does each school need a school health policy?

Q. Why is it important that children, teachers and parents are all involved in the writing a school health policy?

Session 1.6 Child rights and child protection

Session learning outcomes: By the end of the session, you will be able to...

- List health and education rights that children have
- Discuss strategies for child protection in schools
- Explain the importance of child rights and child protection laws

What are child rights?

A 'right' is something that a person has automatically as he/she is born in to the world. This 'right' is free and it is a gift from God that no one can take it away. The rights protect the children as they grow up to adulthood. These rights remain with the person until they grow old and die. However some children are denied their rights because of abuse, poverty, poor Government etc. Rights are linked with responsibilities.

In 1989 the United Nations Convention on the Rights of the Child stated the basic rights of children to live a good life and receive quality education and be protected from all forms of abuse. PNG has signed this Convention and now must implement it.

The Child Friendly Schools course at teachers colleges will explore rights and responsibilities in more detail.

What is child protection?

While a child is in school they need to be protected from harm until they leave school. This protection is a legal duty of the teacher and school. The child needs to be protected from discrimination, abuse, intimidation and forced labor by anyone within the school. Teachers also have a responsibility to report suspected child abuse to the Headteacher and Child Protection officers.

Child rights and HPS

An HPS is based on child rights and responsibilities. These can be summarised as:

1. The right to equality, regardless of race, colour, religion, sex or nationality
2. The right to healthy and physical environment
3. The right to a name and nationality
4. The right to sufficient food, housing and medical care
5. The right to social care of the handicapped
6. The right to love, understanding and care

7. The right to free education, play and recreation
8. The right to immediate aid in the event of disaster & emergencies
9. The right to protection from cruelty, neglect and exploitation
10. The right to protection from persecution and to an upbringing in the spirit of worldwide brotherhood and peace.

(Adopted from PASTEP Gender Equity Unit 1 Student Support Material, p18)

Behaviours and attitudes that violate the rights of a child. Complete these tables in your note book.

Teacher's behaviour that violates the education rights of a child	Teacher's behaviour that violates the health rights of a child

Strategies for protecting and promoting child rights in schools

HPS child rights case study

A child has been sent home due to non payment of school fee (K200:00). As a class teacher, you know that the parents are unable to make that much money in a year.

1. How would you protect the child's right to quality education?
2. How can we protect orphans and vulnerable children and ensure they come to school?

Child friendly schools and health

All schools should aim to be health promoting schools and child friendly schools. Every child has the right to an education in a safe, caring learning environment. A healthy school environment and curriculum is crucial for school development. As PNG strives for Universal Basic Education, good health is a vital part of being a child friendly school.

The Department of Education works together with partners such as UNICEF to help schools become child friendly schools.

Self study

1. Read the UN Convention Rights of the Child (CRC) and sort them under four main categories of child rights. (Survival, Development, Protection & Participation)
2. With a partner write 10 rules for teachers which will help them protect themselves and children. For example, "Never be alone in a room with a student when the door is shut"

UN Convention on the Rights of the Child

Article 1

Everyone under 18 has all these rights.

Article 2

You have the right to protection against discrimination. This means that nobody can treat you badly because of your colour, sex or religion, if you speak another language, have a disability, or are rich or poor.

Article 3

All adults should always do what is best for you.

Article 4

You have the right to have your rights made a reality by the government.

Article 5

You have the right to be given guidance by your parents and family.

Article 6

You have the right to life.

Article 7

You have the right to have a name and a nationality.

Article 8

You have the right to an identity.

Article 9

You have the right to live with your parents, unless it is bad for you.

Article 10

If you and your parents are living in separate countries, you have the right to get back together and live in the same place.

Article 11

You should not be kidnapped.

Article 12

You have the right to an opinion and for it to be listened to and taken seriously.

Article 13

You have the right to find out things and say what you think, through making art, speaking and writing, unless it breaks the rights of others.

Article 14

You have the right to think what you like and be whatever religion you want to be, with your parents' guidance.

Article 15

You have the right to be with friends and join or set up clubs, unless this breaks the rights of others.

Article 16

You have the right to a private life. For instance, you can keep a diary that other people are not allowed to see.

Article 17

You have the right to collect information from the media – radios, newspapers, television, etc – from all around the world. You should also be protected from information that could harm you.

Article 18

You have the right to be brought up by your parents, if possible.

Article 19

You have the right to be protected from being hurt or badly treated.

Article 20

You have the right to special protection and help if you can't live with your parents.

Article 21

You have the right to have the best care for you if you are adopted or fostered or living in care.

Article 22

You have the right to special protection and help if you are a refugee. A refugee is someone who has had to leave their country because it is not safe for them to live there.

Article 23

If you are disabled, either mentally or physically, you have the right to special care and education to help you develop and lead a full life.

Article 24

You have a right to the best health possible and to medical care and to information that will help you to stay well.

Article 25

You have the right to have your living arrangements checked regularly if you have to be looked after away from home.

Article 26

You have the right to help from the government if you are poor or in need.

Article 27

You have the right to a good enough standard of living. This means you should have food, clothes and a place to live.

Article 28

You have the right to education.

Article 29

You have the right to education which tries to develop your personality and abilities as much as possible and encourages you to respect other people's rights and values and to respect the environment.

Article 30

If you come from a minority group, because of your race, religion or language, you have the right to enjoy your own culture, practise your own religion, and use your own language.

Article 31

You have the right to play and relax by doing things like sports, music and drama.

Article 32

You have the right to protection from work that is bad for your health or education.

Article 33

You have the right to be protected from dangerous drugs.

Article 34

You have the right to be protected from sexual abuse.

Article 35

No-one is allowed to kidnap you or sell you.

Article 36

You have the right to protection from of any other kind of exploitation.

Article 37

You have the right not to be punished in a cruel or hurtful way.

Article 38

You have a right to protection in times of war. If you are under 15, you should never have to be in an army or take part in a battle.

Article 39

You have the right to help if you have been hurt, neglected, or badly treated.

Article 40

You have the right to help in defending yourself if you are accused of breaking the law.

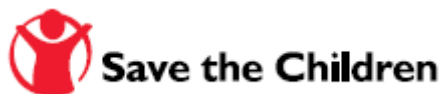
Article 41

You have the right to any rights in laws in your country or internationally that give you better rights than these.

Article 42

All adults and children should know about this convention. You have a right to learn about your rights and adults should learn about them too.

This is a simplified version of the United Nations Convention on the Rights of the Child. It has been signed by 191 countries. The convention has 54 articles in total. Articles 43 – 54 are about how governments and international organisations will work to give children their rights.



Session 1.7 Gender and health

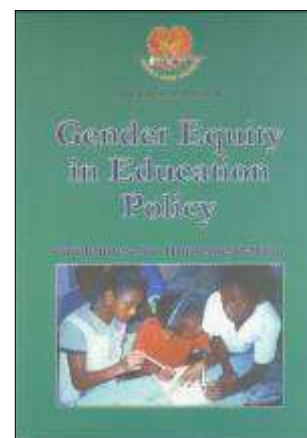
Session learning outcomes: By the end of the session, you will be able to...

- Explain the relationship between gender equity and good health
- Discuss the health impacts of gender inequality
- Explain the role of schools in promoting gender equity

Introduction

There should be equality between boys and girls in every aspect of life in the school. In most schools in PNG there is much gender imbalance. These imbalances can be seen in the enrolment, participation in class activities, leadership in school activities and distribution of resources. These imbalances affect girls in particular.

In many areas in PNG girls do not stay long enough to complete their education. The girls leave school early because they see that they are not treated the same way as the boys or their families do not want to pay school fees for girls. This puts them more at risk of future ill health: marrying too young, teenage pregnancy, HIV/AIDS, STIs, malnourishment and more.



When girls are given equal treatment and are taken care of by the school then they stay on to complete their education. The education they receive in school prepares them to live a healthy life when they grow up. Boys, too, can learn about looking after their own health. In particular boys are at risk of drugs, alcohol, violence and peer pressure. **Gender equity leads to improvements in the health of the whole nation, the family and the individual.**

Gender issues will be covered in more detail in the Gender Equity, HIV/AIDS & Reproductive Health and Child Friendly Schools courses. Gender equity is part of the PNG Constitution and promoted by the Gender Equity Policy and the reform curriculum. It is a vital part of being an HPS.

Case study - gender health facts for HIV/AIDS and sexual health!

- In a recent analysis of eight sub-Saharan African countries, women with eight or more years of schooling were up to 87% less likely to have sex before the age of 18 compared to women with no schooling.
- Evidence from Zimbabwe shows that among 15-18 year old girls, those who are enrolled in school are more than five times less likely to have HIV than those who have dropped out.
- Surveys in Haiti, Malawi, Uganda, and Zambia have shown a strong link between higher education and fewer sexual partners.
- Recent household surveys in 11 countries show that women with some schooling were nearly five times more likely than uneducated women to have used a condom the last time they had sex.

- A recent study in Swaziland found that 70% of in-school youth – girls and boys – were not sexually active, whereas more than 70% of out-of school youth were.

Source: Educate Girls, Fight AIDS; the Global Coalition on Women and AIDS, UNAIDS (2007)

1. Read these sample statistics and discuss them with a peer. What do you learn from them?
2. These facts are all from other countries. We do not yet have reliable data in Papua New Guinea. Do you think the situation will be the same or better or worse in PNG? Explain your answer.
3. Parents who are educated to primary level have fewer children than parents who are not educated. Why do you think this is?
4. What can HPS do to reinforce the facts above?

School environment

The school management is required to provide an essential environment for gender. There ought to provide toilets for boys and girls, playgrounds and other facilities to promote gender and health. School rules should be equitable. Teaching and learning should be equitable. Boys and girls should have equal opportunity to participate, to lead, to learn and play.

People who are responsible for promoting gender equity

1. Parents

Parents are the first group of people who must provide the environment in the home where it promotes gender equity and good health. In some families, boys are treated far better than the girls (for example, with school fees or eating first or playing while the girls work). This discourages the girls and makes them feel less important. It reinforces the low status of women.

2. Teachers

Teachers take the place of the parents while the child is in school. Teachers must show love and care to each child that comes to school. They must be fair to every child in their care. Their approach to the child must show the kind of love and respect they would normally find in the home.

The teacher must provide the learning environment suitable for both girls and boys. They must give equal opportunities to both boys and girls in classroom routines and activities.

When every child is taken care of by the teacher in a manner that is fair to both genders, it makes the child feel happy and helps them to continue their education in



school. **Every teacher has the duty to ensure all children are treated equally, regardless of gender, disability, race or HIV status.**

Teachers should also be **advocates** for gender equity and promote its value in improving health. They should be role models in their own life.

3. BOM and school management

The management of the school has a big responsibility in taking care of the child in the school. Their responsibility is to make sure that all boys and girls are enrolled.

They must provide adequate toilet facilities and playing areas for both gender groups. Good toilets, clean water and a safe environment are essential to making more girls come to school.

The BOM must conduct awareness to the community members to enrol their daughters and encourage them to keep them in school until they complete their education. There should be active female participation in the BOM.

4. Standard Officers

The Standard Officers in the Provinces must make sure that the teachers in the schools provide a safe and healthy environment that foster equal participation in all activities in the school. They must make sure that the teachers must follow and implement the Department of Education Gender Equity Policy.

They must conduct in-services to the teachers in their clusters to provide information on how to plan activities suitable for both gender groups in a Health Promoting School.

Teachers should be encouraged by the Standard officers to work very hard to promote the health promoting concepts in the schools that will provide equal opportunities for both girls and boys.

5. Other organisations such as churches, NGOs and other Government officers also work to improve the gender situation in PNG.

How boys and girls are affected by inequality. Complete this table in your note book.

	How girls' health is affected	How boys' health is affected
Teacher behaviour E.g. Always choosing a boy as class captain	E.g. Feeling of inferiority and frustration	E.g. Feel superior to girls; may bully girls
Student behaviour E.g. Making girls clean the classroom while boys play	E.g. Miss out on play and reinforces gender roles	E.g. Feeling of superiority & do not learn to take care of their environment
Community behaviour E.g. Only paying school fees for boys	E.g. No education, early marriage and poor health	E.g. Feeling of superiority & spoilt & unrealistic expectations

Self study

- 1) Read the NDoE Gender Equity policy in the college library and list the parts which promote good health for boys and girls
- 2) Check either a nearby primary school or your own college to see if they are fully implementing the NDoE Gender Equity Policy and report back to your class later during tutorial.

Session 1.8 Roles and responsibilities of stakeholders

Session learning outcomes: By the end of the session, you will be able to...

- Identify and list stakeholders who improve health in schools
- Discuss the roles and responsibilities of each stakeholder

HPS stakeholders

Stakeholders are individuals, groups and organizations who support and promote good health in schools. These partners work with the school management to implement the HPS plan and activities.

The joint health activities will help increase confidence and co-operation from all stakeholders and should also enable the school to get support, funding and resources more easily.

A school cannot become an HPS without the help of all the stakeholders. Each stakeholder has its particular role and responsibilities.

Who are the stakeholders?

1. Teachers

The support of all the teachers in the school is crucial. They will lead the change and have to be good role models for healthy behaviour. Teachers have to promote safe, child friendly and healthy teaching and learning. They must care for and protect their students.

They will consult with students and parents and teach the curriculum. They are responsible for implementing the policies. In class time their classes will carry out health promotion activities. Teachers have to work in a team.

2. Students

These are the most important stakeholders because if they learn healthy habits when they are young they will develop into healthy adults.

Students must participate in the planning and decision making. They can also learn about health in the reform curriculum. They could be peer educators.

Other activities students can help with include building toilets, digging rubbish pits, practice healthy habits, beautifying the school grounds and classrooms, participating in community health programs, maintaining classrooms and school buildings, carrying out awareness in the community, doing community cleaning, washing their hands, stopping bullying and educating their parents.

3. Parents

Parents are key stakeholders because children learn health habits in the home. They need to know the benefits of good health, good hygiene, good nutrition, gender equity and the importance of sending their children to school.

Parents should be involved in the planning and implementation of HPS. They can take part in many activities. For example, building physical facilities in the school, reinforce learning by encouraging children to apply health skills at home, joining the P&C or BOM, ensuring home life is safe, clean, happy and healthy, avoiding drugs, violence and alcohol, ensuring students get to school safely and participating in school health activities.



4. Community and Board of Management

These are also important groups because they often have access to small amounts of money for purchasing equipment and infrastructure. They should be involved in the planning and implementation of HPS.

5. Government services

There are several Government services which support health in school and are valuable resources. For example,

- Local aid post or clinic
- Local health worker
- School based counsellor (most secondary schools have a male and female SBC)
- Welfare officer
- Provincial health promotion officer
- Provincial school guidance officer
- Police

NGOs, churches and community based organisations

These are also valuable resources and can support school health plans and development. For example, by providing technical experts, providing health services, building hospitals and clinics, supplying text books and teaching materials, giving talks at schools and construction of water supplies.

Examples of these stakeholders include:

- Basic Education Development Project (BEDP- AusAID)
- Save the Children child rights training and peer educators
- UNICEF child friendly schools project
- PNG Family Health Association
- UNFPA Population Education Project
- Hope Worldwide
- Anglicare StopAIDS
- World Vision
- Rotary Clubs
- Childfund

Other stakeholders

These can include the Headteacher, In-service Coordinator, Cluster Coordinator, Regional In-service Adviser, Church Education Secretaries, Provincial AIDS Committee, local politicians and more. Every school will have a different set of stakeholders and a different HPS plan. The school must identify who its key health stakeholders are.

Case study

Sagalau Primary School in Madang is a good example where the village leaders, the community, National Health and Education Departments, the Provincial Health Office, the World Health Organisation and the local church groups have contributed significantly towards developing a healthy school.

The Provincial Health Office has assisted with water tanks and the building of two ventilated pit latrines. The school also benefited from the malaria bed net program. Every child received a long life treated mosquito net to use at home in 2005. The National Health and Education Department officers visited the school and provided technical support in creating awareness about the HPS program. The Sagalau village community and the church have supported in providing local resources to build the school toilets and the beautification program. Funding was made available by the Provincial Education Office to support the coordinators of HPS to run in- service on HPS to other interested schools.

1. List the names of the stakeholders mentioned in the case study.
2. Write down each service provided and how it will help improve the health and learning of the children.

Self study

1. For your local area research and find the contact details of the services that work in schools to improve health. Record these details in your STCB.

Name of person who helps improve health in schools	Address and physical location	Landline	Mobile phone
Welfare officer			
Guidance officer			
School based counsellor			
Local HPS Coordinator			
Health Promotion officer			
Male health worker			
Female health worker			

Basic Education Development Project District Women's Facilitator			
NGO/Church contacts			

Session 1.9 School Learning Improvement Plans and health

Session learning outcomes: By the end of the session, you will be able to...

- Explain what a school learning improvement plan is
- Justify why health is important to improving learning in schools
- List the components of a health promoting school learning improvement plan

1. Better health improves learning

Better child health and well-being = better learning
 Healthy, safe and child friendly environment = better learning

2. What is a School Learning Improvement Plan?

A School Learning Improvement Plan (SLIP) is a whole school plan drawn up by the school management, teachers, students and parents. The main focus of this plan is to improve the teacher's teaching and the children's learning which will be later reported to the community for their information and support.

The SLIP will include what the school has in terms of infrastructure, various services required by the school, an in-service plan, gender equity strategies, HIV/AIDS activities, and other issues such as behaviour management and enrolment. Because a SLIP is a requirement of the Department, it will also be assessed by the Standards officers and reported to parents.

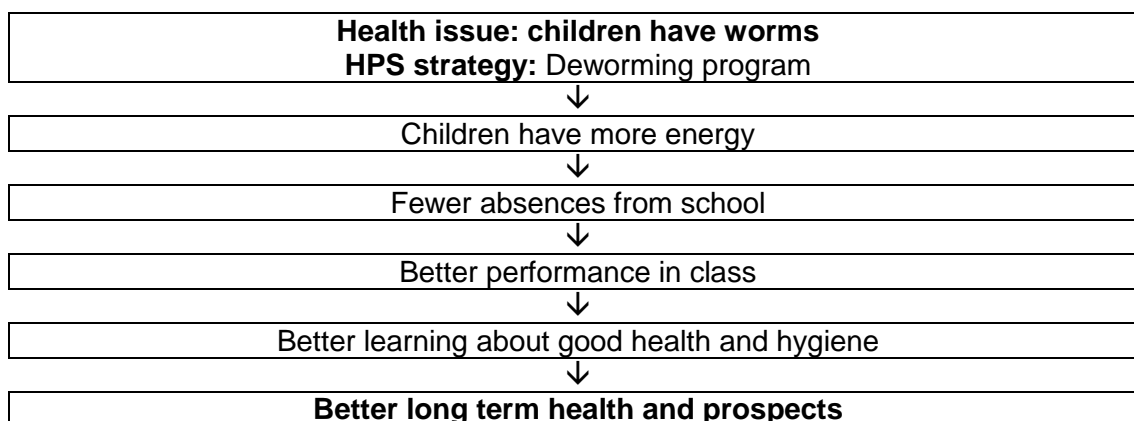
Most schools now have a SLIP which includes a school vision statement which is a description of the school that the school community agreed on and will plan towards.

SLIPs depend on effective school management and full participation. As health and well-being is such a critical area in improving learning HPS activities and plans will be integrated into the SLIP.

What is the HPS vision statement for this school?



Sample flow chart of effects of health on learning



Case study – a health promoting SLIP

School health promotion was first introduced to **St John Bosco Primary School**, Minj, Western Highlands Province in 1996 by a teacher Mrs Karmel. She was later appointed as the HPS co-ordinator to plan and oversee the progress of the HPS concept.

Mrs. Karmel later had a meeting with her Headteacher. She learnt from the meeting that the school has no SLIP. A staff meeting was later held and a committee was tasked with formulating a school learning improvement plan. The Committee comprised of the Head teacher, the BOM Chairperson, the HPS co-ordinator, a community representative, a business representative and two students from the school SRC.

In their discussions they focused on the area of health. They felt strongly that if their children's health is improved, their learning will improve as well. During the meeting, the committee also identified key areas they need to put on their improvement plan. Each committee member was allocated an area to write and report on as part of their plan.

The Committee addressed the areas of;

- plan to improve teaching and learning
- plan on infrastructure
- teacher in-service plan
- implementing of gender equity and HIV/AIDS policies
- health services in the school

When the plan was ready, the BOM endorsed it and the parents were informed. After the plan was executed, the Head teacher reported that the school and the community benefited and the children's behaviour and attitude changed tremendously.

1. What do you think about the composition of the committee?
2. How important are the key areas addressed in the plan?
3. What is your opinion about the process the committee followed in coming up with their SLIP?

Self study

1. Working with two peers, interview a local Head teacher or Standards Officer on their SLIP program. How does their SLIP program promote good health? Which SLIP programs are the best examples of improving health? What makes a good SLIP?
2. Write down ten ways that good health behaviour improves learning.
E.g. If children wash their hands with soap or wood ash, they are less likely to catch worms and they will have more energy for learning and better attention span.
3. Make a note of the key headings in a SLIP and compare them with a sample HPS plan. How are the concepts and planning cycles the same? How are they different? Complete this table in your note book.

Key headings in a SLIP

Similarities with HPS planning

Differences with HPS planning

Session 1.10 Health promotion and the reform curriculum

Session learning outcomes: By the end of the session, you will be able to...

- Analyse upper and lower primary syllabus subjects for health related learning outcomes
- Sort selected learning outcomes into the six dimensions on health

Which reform curriculum syllabi have health related outcomes?

The right to healthy living is one of the curriculum principles stated in the

- Social science syllabus
- Personal development syllabus
- Community living syllabus
- Health syllabus

In the reform curriculum documents, the following lower primary syllabi have health related outcomes.

- Health
- Environmental Studies
- Community Living
- Physical Education



The following upper primary syllabi have health related outcomes.

- Personal Development
- Social Science
- Science
- Making a Living (MAL)



For example, the Aims of Health and Personal Development are:

Aims

The aims of the Lower Primary Health curriculum are for students to:

- raise self-esteem and improve social and physical wellbeing
- understand the multidimensional nature of health and the factors that influence health
- gain relevant knowledge and skills to make informed decisions about healthy living
- acquire relevant decision-making skills to manage health problems
- acquire skills to take appropriate action to promote personal health and the health of communities
- value and promote personal health and safety, healthy relationships, health products and services and healthy environments
- develop attitudes of respect and care towards protecting and promoting personal health, community health and the health of environments.

Aims

Students develop:

- self esteem and social and physical well-being,
- the motivation to become part of a moving force for social change that improves the quality of life,
- body movement skills and physical fitness,
- an ability and commitment to make and act upon informed and responsible health decisions,
- the willingness to participate and to cooperate as part of a team in community activities,
- problem-solving and decision-making skills at appropriate levels,
- a commitment to live useful and productive lives,
- a spirit of enjoyment, appreciation and tolerance of their own and other cultures,
- a sense of personal worth through healthy mental, physical and spiritual growth,
- moral values and standards of personal conduct based on integrity, respect and consideration for others.

The following learning outcomes in the lower primary and upper primary syllabi have health related information. Complete these tables in your note book.

1. Lower primary syllabi learning outcomes

Health	Environmental Studies	Community Living	Physical Education

2. Upper primary syllabi learning outcomes

Personal Development	Making a Living	Science	Social Science

HPS case study for Personal Development

Wardstrip Demonstration Primary School

Teachers and students were preparing for the “**World No Tobacco Day**” celebration. The teachers prepared students to conduct various research topics under the Personal Development syllabus on the dangers of taking drugs and smoking tobacco.

The upper primary students carried out research and were assessed on it.

During World No Tobacco Day the students carried out awareness on health

promotion and education by carrying out peer education to lower primary students in small selected groups. Teachers were there to assess the students.

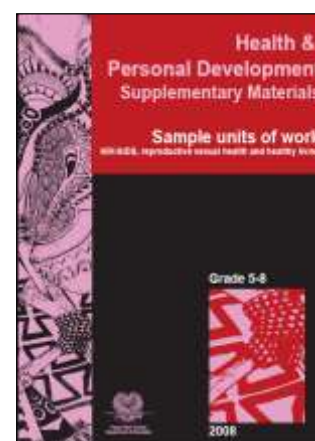
The students were able to research, bring real marijuana, tobacco and cigarettes and taught their peers themselves. They were able to demonstrate their skills and knowledge (and positive attitudes).

Children were given the opportunity to not only learn but present their knowledge and understanding of the issue in a practical way using the curriculum.

1. What did the students learn from doing the above activity?
2. Why do you think the children brought in real marijuana and tobacco?
3. How is the reform curriculum integrated and used meaningfully in health promotion?
4. Was this an effective way of using the reform curriculum for health promotion? Why? Why not?

Self study

1. Read a unit of work for Health or Personal Development that you wrote earlier or one from the NDoE Personal Development sample units of work book. Review it in light of the six dimensions of health and add 3-5 new teaching and learning activities that promote good health in the school and community. Share these with a partner.
2. Review the health days in PNG schools. Which ones would you celebrate if you are a health promoting school? Why ones are the priorities? Don't forget you can plan your units of work around the special days.



Health days in PNG schools

Use this table to help with your planning and programming when you teach Health and Personal Development. Celebrating health days can be part of your HPS plan.

Date	Event
March 08 th	International Women's Day
March 22 nd	World Water Day
March 24 th	National Women's Day
April 07 th	World Health Day
May 15 th	International Family Day
May 31 st	World No Tobacco Day
June 5/6 th	World Environment Day
June 26 th	International Day against Drug Abuse
July 11 th	World Population Day
October 01 st	International Day of Older Persons
October 11 th	International Day for Natural Disaster
October 16 th	World Food Day
October 17 th	National Day for Eradication of Poverty
November 20 th	Universal Children's Day
December 01 st	World AIDS Day
December 02 nd	International Day for Disabled Persons
December 10 th	Human Rights Day

Module 2 Health issues in schools

Session 2.1 Health issues in schools

Session learning outcomes: By the end of the session, you will be able to...

- Identify health issues for primary schools across the six dimensions of health
- Rank school health issues in order of importance and justify the priorities

The six dimensions of health

- Physical
- Mental
- Social
- Emotional
- Spiritual
- Occupational

There are important health issues across primary schools. These health issues affect the six dimensions of our total well-being.

What are the major health issues for primary schools?

- Smoking tobacco
- Alcohol
- Chewing buai
- Marijuana abuse
- HIV/AIDS and STIs
- Diarrhoea
- Worms
- Malnutrition
- Tooth decay
- Bullying
- Violence
- Gender inequality
- Poor infrastructure & dirty environment
- Sexual harassment
- Cough and colds
- Typhoid fever and other communicable diseases
- Malaria
- TB
- Pneumonia
- Injuries & cuts
- Neglect

Some example of health issues classified under 6 dimensions of health. Now add some more. Complete this table in your note book.

Physical	Mental & emotional	Social	Spiritual	Occupational
Injuries and cuts	Bullying	Gender inequality	Poor moral guidance	Poor teaching of health

Prioritising health issues in schools

It is important that schools prioritise which health issues they will tackle. Which ones are the most harmful to children’s development and learning? You will try this for a real school in Module 3. Complete this table in your note book.

Health Issue	Order of importance (Priority)	Why is it important? (Justify)

HPS case study – prioritising health issues in planning

Ranu is a Grade 7 student. She goes to **Kwikwi Primary School**.

One day, she fell very ill and complained of severe abdominal pains, headache, fever, and vomited, loss of appetite. She was rushed to hospital by her class teacher.

A blood sample was taken from her to be tested. When the doctor came out of the Laboratory, they told the teachers that Ranu had typhoid fever.

A team of medical officers were sent to the school to conduct a survey on the school environment.

The team found that there was no hand washing facility and no soap available. The toilets were in an appalling state, full up, badly maintained and with many flies. Students could be seen using the bushes for toilets. The gutter filling one tank was broken and had not been fixed so there was no clean water to drink. Students were

allowed to go to the near by river to wash and play.

However, the school had just finished building a new library. The Headteacher said this was part of their SLIP and they were now planning to build a computer room!

1. What is wrong with the management of the school?
2. What priorities had the school chosen? Why? Were these good choices?
3. How would you persuade this school to change its priorities?

Self study

1. For your own college try and list the five biggest health priorities. Justify why you have chosen them. Which dimensions are they from?

Session 2.2 Health culture of the community

Session learning outcomes: By the end of the session, you will be able to...

- Explain how cultures effects the health of their community
- Analyse the positive and negative cultural health practices
- List strategies for promoting a healthy culture in the community

Cultural practices that affect health

Papua New Guinea has many different cultural practices in its different societies. Many of these cultural practices have a direct or indirect impact on the health of individuals, families and communities.

The culture and socio economic transition of our country means that communities have adapted and are changing with time. Many cultural practices may be positive but we are concerned about those cultural practices that hinder gender, socio economic and health development. Complete the table below in your note book.

Healthy cultural practices	Unhealthy cultural practices

Gender and cultural practices

A health-related cultural practice often affects young men and young women differently.

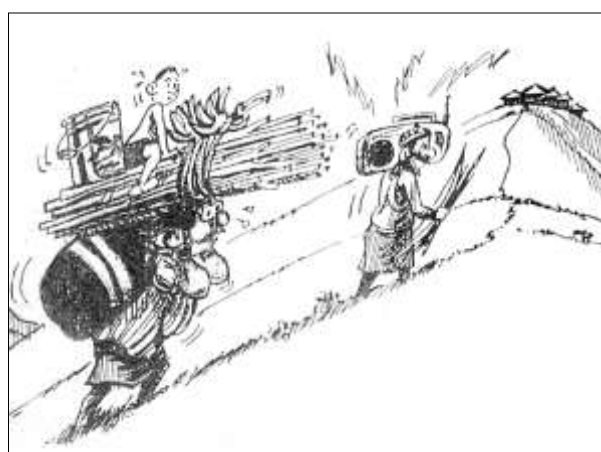
For example, boys are allowed to play while their sisters clean the house and help cook. Boys don't learn to take part in household chores, family hygiene practices or learn to cook healthy meals. Their work ethic also suffers. Complete the table below in your note book.

Harmful cultural practice	How it harms the health of young women	How it harms the health of young men	How it affects the school	How it affects the community and society
Polygamy	Early marriage. Vulnerable to HIV/AIDS & STIs	Pressure to have many sexual partners	Conflict in the community. Girls leave school early to get married	Reinforces low status of women & can lead to conflicts
Taboos about sex education				
Menstruation customs				
Initiation ceremonies				
Abusive substances (smoke, alcohol, marijuana, home brew)				
Large families and poor spacing of births				
Others e.g. food taboos, traditional medicine, sorcery				

Strategies to improve unhealthy cultural practises

Schools have an important role to educate our children on good cultural practises and gender issues about roles of women and men in society

Reinforce and link to gender equity in schools and follow the reform curriculum that supports both sexes. The churches, non governmental organisations, key government agencies and even private or organisation must be involved to help change bad cultural practices.



HPS case study

Peter has two wives and twelve children. His young wife Eli is expecting their number eight child. Peter has plenty of land. He wants all his sons to take over when he grows old and daughters to give him more bride price when they get married. He has told his wives that he for as long as he is alive he will have plenty of children. Yet Peter is a villager and has no formal income to sustain his family financially.

1. What are Peter's reasons of having two wives and many children?
2. State the likely health problems the wives may face in future?
3. Explain why it is important that we reduce family size.

Self study

1. Write a short opinion piece on this statement (400-500 words).

Traditional culture is healthier than Western culture

Session 2.3 Improving nutrition for children

Session learning outcomes: By the end of the session, you will be able to...

- Explain the benefits of improved nutrition in school children
- List and describe strategies to improve children's nutrition in schools

Many efforts have been put into improving nutrition for children. People who are well nourished enjoy good growth, health and well being.

Reasons why schools are a good place to teach about good nutrition:

- Schools reach young people at an early age of development in which lifestyles and eating patterns are established
- Schools teach students to resist unhealthy social pressure as eating is a behaviour that is learned which is influenced by social pressure
- Schools provide opportunities for children to practice healthy eating and food safety with teachers and older students as role models
- Studies of school-based nutrition education have shown the benefits. For example, studies in Honduras, Kenya and the Philippines have found that academic performance and mental ability of pupils with good **nutritional status** were significantly higher than those of pupils with poor nutritional status (WHO Global School Initiative, 1996 The status of school health)
- There is a ripple effect of children teaching parents at home about good nutrition.

Benefits of improving nutrition in school children

School children need to be healthy but many are faced with nutritional problems. Children need a **balanced diet** to grow and develop properly.

Malnutrition can be a lack of essential food groups or an excess of one particular harmful food group. For example,

- Obesity caused by too many calories and not enough exercise
- Tooth decay caused by too much sugar in drinks and sweets
- High blood pressure caused by too much salt
- Kidney damage and constipation caused by a lack of water
- Weak bones caused by a lack of calcium
- Various problems caused by lack of essential vitamins like A and D
- Slow growth and intellectual problems caused by lack of protein
- Goitres caused by lack of iodine
- Lack of fibre in the diet leads to constipation

Many malnutrition problems begin with the poor diets of pregnant mothers and then reinforced by cultural food taboos and traditions (e.g. women eating last) and subsistence farming. Over consumption of fats, salt and sugar come from consumption of Western processed food or poor quality products (e.g., lamb flaps). These nutritional health issues were summarised in your Health course.

Children who do not eat properly before and during school have poor attendance, poor concentration and poor results. Complete this table in your note book.

Poor diet	Consequence for child's health and future
Not enough protein	
No breakfast before school	
Not enough fruits and vegetables	
Not drinking enough water	
Too much salt	
Too much sugar	
Too much fat	
Too much protein	
Not enough fibre	

School children and parents who are given nutrition education at a very early age are more likely to eat well later in life. As the saying goes, "What you eat and drink today walks and talks tomorrow!"

Strategies to improve children’s nutrition at school. Complete this table in your note book.

Classroom strategies for improving nutrition
e.g. teach about, prepare and eat balanced meals in Making a Living, Health and Personal Development
Whole school strategies for improving nutrition

HPS case study - malnutrition

Usisi Embo is nine years old and is in grade 3 at primary school, located at the foot hills of Mt Lamington. He is fat, has a moon face and does not actively take part in school activities. Although he is nine years old, he looks and acts more like a six year old child. His parents think that the village sorcerer has put a magic spell on their son. One day, the health workers at the district health centre came to the school to give health talk and do medical checks. Usisi’s mother came to hear what the health workers had to say. The health workers talked about diseases and nutrition. A medical check was done on Usisi and the nurse told Usisi’s parents that their son had a disease called **Kwashiorkor**.

1. Kwashiorkor is one type of protein energy malnutrition (PEM) Find out more on the different types of PEM.
2. What are the effects on school children?
3. If you are the class teacher what will you do to help Usisi’s parents and the other parents in the community to help their children?

Self study

1. Research more on the different types of malnutrition. What are the long-term effects on school children?
 2. If you were Headteacher of a school which three strategies for improving nutrition would you plan and implement first in your HPS plan? Why?
-

Session 2.4 Keys to food safety

Session learning outcomes: By the end of the session, you will be able to...

- Identify the major types and sources of hazards found in food
- Discuss and map the five keys to safer food
- Identify practical strategies for ensuring food safety in a health promoting school.

What is food safety and what causes foodborne illness?

Food safety is the confidence that food will not cause harm to the consumer – but how safe is our food? Foods may be naturally toxic to some individuals. For example, some people are allergic to nuts, seafood, milk and other forms of food and if they eat these foods they will become ill. Food may also be contaminated with biological, chemical or physical hazards.

Poor Practices	Likely Hazard	Key message most useful in controlling the hazard
Thaw frozen chickens at room temperature		
Catching fish from polluted water		
Using the same chopping board and knife for raw meat and ready-to-eat food		
Store rice in open container and allowing access by insects		
Ask for your hamburger meat to be cooked so it is still pink inside		
Place egg sandwiches and hamburger on display for sale at room temperature		
Buy pre-packaged food at cheaper prices because it is after its use-by date.		
Return to the handling of food after using the toilet without washing hands properly		
Poor use and control of pesticides on the farm		
Storing chemicals in drink bottles		
Poor manufacturing practices result in glass or metal in food		

Biological hazards (bacteria, viruses, and parasites like worms) are a common cause of food borne illness. Bacteria can be found on/in a food handler's body (hands, nose, intestines etc); on meat, poultry and fish (from the animal's own intestine, faeces or skin), and may get on to food from air, water (particularly polluted water), or soil.

Some bacteria may need to multiply to cause illness and many grow best in the danger zone between 5°C and 60°C. Food stored at room temperature for a long

time is perfect for allowing bacteria to multiply to higher numbers. Food processors provide a use-by date (a label found on some food packages where the food allows bacteria to grow) after which it may be unsafe to eat.

Viruses are also important biological hazards. They are much smaller than bacteria and cannot grow in most food but they can survive in contaminated food and in polluted water and they can cause illnesses including diarrhoeal diseases and Hepatitis A and E. Worms or parasites too can be found in many foods that have become contaminated from their environment or from food handlers.

Chemical hazards present in food may come from industrial pollution of the environment (e.g. lead, mercury, cadmium, and arsenic); from careless use of agrochemicals (e.g. pesticides, fertilisers); plant, marine or fungal toxins; and from food processing (e.g. chemical additives not safe to use in food may be added by mistake or on purpose). Poor storage of hazardous chemicals may also lead to contamination of food e.g. used drink bottles may be used to store toxic chemicals or chemicals may be stored where they can spill on to food.

Physical hazards usually affect individuals rather than groups. Physical hazards are those that can cause injury to the consumer if they contaminate food (e.g. bottles used in packaging of food can be damaged and glass chips can get into the food; metal from fish hooks or equipment, stones, wood, bones, nails, pins, staples, paper clips, screws and plastic). Other foreign objects sometimes found in food include sand, fish scales, rodent hair, human hair, and bandages. While these may not cause ill health, their presence does indicate poor hygiene, handling and storage.

What can we do to make food safer?

- Keep clean
- Separate raw and cooked food
- Cook thoroughly
- Keep food at safe temperatures
- Use safe water and raw materials

Why is food safety important for school children?

School children confront food safety issues each day of their lives. They may be given food at home or at school and may be involved in the preparation of food. They often transport, store and consume food during their school day. They may buy food from school canteens, street food vendors or kai bars. Children are also an at-risk group in regard to foodborne diseases. These children can also become victims of the food they prepare themselves in the school in Making A Living or domestic science.

A school must create an environment where children learn how to make safe food choices, how to handle food safely and empower the children to help family members and friends to learn the Five Keys to Safer Food. Complete this table in your notebook.

Strategies to increase student understanding of, and access to, safe food

Under-reporting of foodborne illness

Foodborne illness is generally under-reported to health services so the problem of foodborne illness is likely to be much larger than is currently reported. Think of the last time you may have been ill with gastrointestinal symptoms of nausea, vomiting, stomach pains and diarrhoea from something you ate and whether or not you reported it to your health worker.

Reflection - The next time you buy or are given foods such as ice cream, ice, an ice block, hamburger, salad, or fruit, what do you need to ask yourself to determine if they are safe to eat?

Self study

1. Interview a local environmental health officer to determine what food hygiene issues exist in the local community.
2. Survey food handlers in the local community or in your college mess to determine if they are aware of the key food handling practices for safer food.

Five keys to safer food



Keep clean

- ✓ Wash your hands before handling food and often during food preparation
- ✓ Wash your hands after going to the toilet
- ✓ Wash and sanitize all surfaces and equipment used for food preparation
- ✓ Protect kitchen areas and food from insects, pests and other animals

Why?

While most microorganisms do not cause disease, dangerous microorganisms are widely found in soil, water, animals and people. These microorganisms are carried on hands, wiping cloths and utensils, especially cutting boards and the slightest contact can transfer them to food and cause foodborne diseases.



Separate raw and cooked

- ✓ Separate raw meat, poultry and seafood from other foods
- ✓ Use separate equipment and utensils such as knives and cutting boards for handling raw foods
- ✓ Store food in containers to avoid contact between raw and prepared foods

Why?

Raw food, especially meat, poultry and seafood, and their juices, can contain dangerous microorganisms which may be transferred onto other foods during food preparation and storage.

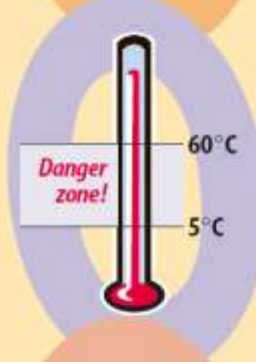


Cook thoroughly

- ✓ Cook food thoroughly, especially meat, poultry, eggs and seafood
- ✓ Bring foods like soups and stews to boiling to make sure that they have reached 70°C. For meat and poultry, make sure that juices are clear, not pink. Ideally, use a thermometer
- ✓ Reheat cooked food thoroughly

Why?

Proper cooking kills almost all dangerous microorganisms. Studies have shown that cooking food to a temperature of 70°C can help ensure it is safe for consumption. Foods that require special attention include minced meats, rolled roasts, large joints of meat and whole poultry.



Keep food at safe temperatures

- ✓ Do not leave cooked food at room temperature for more than 2 hours
- ✓ Refrigerate promptly all cooked and perishable food (preferably below 5°C)
- ✓ Keep cooked food piping hot (more than 60°C) prior to serving
- ✓ Do not store food too long even in the refrigerator
- ✓ Do not thaw frozen food at room temperature

Why?

Microorganisms can multiply very quickly if food is stored at room temperature. By holding at temperatures below 5°C or above 60°C, the growth of microorganisms is slowed down or stopped. Some dangerous microorganisms still grow below 5°C.



Use safe water and raw materials

- ✓ Use safe water or treat it to make it safe
- ✓ Select fresh and wholesome foods
- ✓ Choose foods processed for safety, such as pasteurized milk
- ✓ Wash fruits and vegetables, especially if eaten raw
- ✓ Do not use food beyond its expiry date

Why?

Raw materials, including water and ice, may be contaminated with dangerous microorganisms and chemicals. Toxic chemicals may be formed in damaged and mouldy foods. Care in selection of raw materials and simple measures such as washing and peeling may reduce the risk.

Session 2.5 Child abuse

Session learning outcomes: By the end of the session, you will be able to...

- Define the different types of child abuse
- Identify the consequences of child abuse
- List strategies and school procedures for dealing with child abuse and sexual violence

Sexual health and sexual behaviour HPS strategies are covered in detail in the HIV/AIDS & Reproductive Health course. School procedures for rape and sexual assault are covered in this session.

What is child abuse?

Child abuse refers to a child being treated very badly or treated in an inhuman way. It is a severe mistreatment of a child by a parent, guardian, another child or other adult responsible for the child's welfare. These includes: physical violence, neglect, sexual assault, or emotional abuse.

The types of child abuse

Child abuse includes wide range of actions that result in physical, emotional or mental harm being caused to the child.

The types of abuse inflicted vary from one age group to another. Infants and elementary school age children are more likely to suffer from physical abuse or neglect. For example, fractures, burns and bruises. Older boys and girls are at risk of bullying or sexual abuse.

The most common type of abuse is neglect. It can be physical or emotional harm that results from parent's failure to provide a child with adequate food, clothing, shelter, medical care and education. A common type of neglect in infants and young children is underfeeding. Children who are undernourished are often sick and absent from school. Severe malnutrition can kill.

There is also prenatal and post natal abuse of children. Prenatal abuse is when a mother is pregnant and takes in harmful drugs such as tobacco or alcohol that are very damaging to the baby's development. Sometimes there can be wife beating during pregnancy. Postnatal abuse occurs when the baby is neglected after birth or not cared for well (for example, not being fed or changed regularly).

Another type of abuse is sexual abuse which is becoming common these days in Papua New Guinea. We hear and read about cases where adults are assaulting the children sexually. Some of the sexual assaults may include: swearing, touching children on their sexual organs and getting the children to touch the adults on their sexual organs, vaginal rape, oral rape, anal rape, sexual harassment etc.

Emotional abuse is another common abuse where parents or guardians call children names, bully the children, always stress on children's faults or failures, tell them empty promises and even make the children live in fear. An example of an emotional abuse is given below in the case study. Children who are adopted or orphans are vulnerable to abuse.

HPS Case study child neglect

Lexy's real mother died on the day Lexy was born due to birth complications. Therefore, Lexy was adopted by his aunt. His aunt had 5 children, 3 girls and 2 boys. Lexy grew up in a home where he was not treated fairly. He was never given new clothes but the used clothes that his cousin brothers gave him. When ever food was served, he would be the last to receive his plate of food with just a little protein or no protein in it. He missed a lot of schools days because his aunt always told him to stay back to go the garden with her while his cousins went to school. Every morning before school, he would be asked to climb coconut trees to collect kulau for his aunt to go the market. After school, his eldest cousin would send him to the buffalo paddock to ride the buffalo to go and load dry coconuts for market. Lexy did very poorly in his grade 8 exam and is now in the village, doing the same old jobs.

If you were the teacher.....

1. What would you do to help Lexy gain some status in the family?
2. What should Lexy do to help himself live a fair life?
3. What advice can you give to Lexy's foster parents?

What are the signs of child abuse?

Child abuse has a lot of negative effects or consequences on the child physically, emotionally, psychologically, spiritually and socially. Some of the indicators of child abuse are:

- a child is often sick or ill or off school
- a child has unexplained burns, bruises, cuts, broken limbs, broken fingers
- a child is always sad or worried all the time
- a child is very violent, is short tempered and bullies other children
- a child cannot concentrate in class
- a child is always in fear and shy
- a child has a very low self esteem, etc

What are the consequences of child abuse? Complete this table in your notebook.

What are the different types of child abuse? Give examples	What are the consequences of child abuse?
Physical abuse (e.g. hitting, smacking, locking up, pinching, burning, not treating illness etc)	Child is often sick or ill or off school
Emotional abuse	
Neglect	
Sexual abuse	
Prenatal and post natal abuse	

Why should we prevent child abuse?

Children are God’s gifts to us. They have rights. We must look after and take good care of them as they will be the future citizens of Papua New Guinea. They will be the very ones to build our communities in future. Therefore, the onus is on the parents, guardians and even teachers to raise healthy children without any form of abuse for a better tomorrow.

Our culture changing so that encourages us to value money, possessions or a perfect house and not spending time with our children or even valuing them. It is how we treat or bring up our children that make them what they are in future. Children should be praised for their achievements and encouraged to improve other areas they find difficult. There should be school procedures to deal with child abuse and sexual violence at the school to prevent child abuse happening at the school.

What are the strategies and procedures for schools to address child abuse?

Add more strategies and procedures to this table.

Strategies of addressing child abuse	School procedures for dealing with child abuse and sexual violence
<ul style="list-style-type: none"> • Teachers have to be role models and love and care for their students • Inform students of their rights • Inform parents and children of the laws about abuse • Include number of help lines and abuse services in lessons to students • Get to know your children well, what their capabilities are and what they are unable to do • Teachers need to treat every student fairly • Life skills must be taught well in the Personal development and other related subjects 	<p>E.g. The schools should have policies on zero tolerance of abuse in schools</p> <p>E.g. Have written policy and procedures for dealing with suspected abuse and maintaining confidentiality</p> <p>E.g. have a contact in the police and welfare for reported suspected cases</p> <p>E.g. teachers accused of having sex with a student must be reported immediately to the police and Standard office/PEA and suspended from duty immediately.</p> <p>E.g. Call in parents and talk to them about their children’s behaviour or problems at the school.</p> <p>E.g. Rape victims should be taken immediately to the hospital and given post exposure prophylaxis for STIs and HIV</p>

Activity: In pairs, list other strategies of addressing child abuse and the school procedures for dealing with child abuse and sexual violence.

Self study

1. Listening triangles. In groups of three, one student becomes the talker, another a listener and the third person to be an observer. The talker is given 2 mins to say what he/she plans to say based on the question. The teacher then gives them a question to base their talk on.

- Q1: “What are the consequences of child abuse?”
- Q2: “What can we do about it as teachers?”
- Q3: “How can we protect children in our community?”

2. Individually, write another fictional case study of children who have been abused and write a happy ending with a possible solution.

Session 2.6 Alcohol and schools

Session learning outcomes: By the end of the session, you will be able to...

- Discuss the effects of alcohol abuse on the student, the home, the community and the school.
- Develop practical strategies to promote an alcohol free environment in schools.

What is alcohol?

Alcohol is a **drug** that acts as a **depressant**

- Ethyl alcohol (ethanol) is the active ingredient.
- There are 4 types of alcohol beverages
 1. Beer, 3-6% alcohol
 2. Wine , 12-14% alcohol
 3. Fortified wine, 18-20% alcohol such as port
 4. Liquor, 40% alcohol such as vodka, whiskey or rum
 5. Mixers (fruit flavoured drinks with vodka, whiskey or rum)
- Alcohol can be made easily with yeast, sugar and water. This is called homebrew or steam and is illegal.

You can find more information about alcohol abuse in your Year 1 Health course materials and in the library PASTEP materials.

How does alcohol damage the body?

Alcohol damages the following organs of the human body: stomach, oesophagus, liver, pancreas, brain, and the heart. As well as these, a pregnant mother who consumes large amounts of alcohol will affect the foetus resulting in foetal alcohol syndrome (FAS) that causes poor development in the baby.

As well this damage, alcohol can also cause respiratory failure, coma or even death, sleeplessness, depression, hallucination, accidents, domestic violence, and social issues. Alcohol is the most harmful drug in PNG communities.



How does alcohol harm our people and society? Complete this table.

	Student	Home	Community	School
Effects of alcohol abuse on...				
Strategies for promoting an alcohol-free environment				

Reasons young people consume alcohol

The table below shows some possible reasons for alcohol consumption among school children and suggested strategies to promote alcohol free school.

Reasons why students may be consuming alcohol	Suggested strategies to promote alcohol free school
celebrations & relaxation peer pressure experimentation escape from problems at home & school influence of family & relatives boredom, loneliness, poverty, or insecurity gain attention feel better	<p>At school</p> engage in students in such activities as sports, community work/projects/service provide counselling services provide pastoral services life skills training on saying 'no' to alcohol invite NGOs that deal with alcohol problems to talk to student body teach Health and Personal Development
	<p>At home</p> engage in choir, sports and church activities program on saying 'no' to alcohol get involved in community activities/ services/ projects parents to monitor the whereabouts of their children supervise students going to and from school

How does alcohol harm health?



Self study

1. In pairs, research the effects of alcohol on the body and the six dimensions of health. Using the diagram of the body provided above label the effects of alcohol on the six dimensions.
2. Self reflection. Think about your own life and alcohol. How are you good role model for your students? What would you need to do to improve your own health? How could you be a better role model about alcohol?

Session 2.7 Drugs, smoking and schools

Session learning outcomes: By the end of the session, you will be able to...

- Discuss the impact of drugs and smoking on health and learning
- List strategies for combating drugs and smoking in schools

Common drugs in PNG include tobacco, buai, alcohol and marijuana. Only marijuana is illegal but all can cause serious harm to the health of children, families and the community. For more background information please refer to the Year 1 Health course and the PASTEP materials in the college library.

Tobacco

Tobacco smoking is a cause of worry to many in the community and in schools. We have a trend that many of our children are engaged in smoking. Tobacco is widely available and widely shared. All cigarettes are very harmful to health and children are also at risk of second-hand smoke from adults.

Impact of smoking on health and learning

The table below shows some possible impact tobacco has on children’s health and learning.

Reasons why students may smoke	Possible impact tobacco has on health and learning
<ul style="list-style-type: none"> - to self-satisfaction - celebrations & relaxation - peer pressure - experimentation - escape from problems at home & school - influence of family & relatives - to boredom, loneliness, poverty, or insecurity - gang pressure - gain attention - feel better - avoid depression 	<p>Impact on health:</p> <ul style="list-style-type: none"> - breath & hair smells - lung capacity decreases, less oxygen in blood - increase of pulse rate, brain activity increases - decrease in sense of smell and taste - restricted blood flow to skin, drop in skin temperature, fitness decreases - lung disease, heart disease <p>Impact on learning:</p> <ul style="list-style-type: none"> - slow and impaired learning & low grade - turning in incomplete and untidy work - homework not done or incomplete - late to school appointments - dirty and scruffy looking to school, low self-esteem - constant absence from school

Betelnut

Chewing betelnut was traditionally a coastal and island custom and not highlands. However, in the most recent times chewing betelnut has become a national past-time. The effect of chewing betelnut varies from relaxed, happy feeling to unpleasant feelings such a dizziness, sweating, weakness of the limb and loss of appetite.

The constant betelnut chewing can result in mouth cancer. Spitting betelnut in public places spoils the environment and can increase the risk of spreading TB.

Marijuana

Marijuana has no physical addictive properties but long-term users can develop a psychological dependence.

<ul style="list-style-type: none"> • thinking processes become disrupted by fragmented ideas and memories • increased appetite, • heightened sensory awareness, • pleasant feeling • confusion, • acute panic reactions, 	<ul style="list-style-type: none"> • anxiety attacks, • fear, • a sense of helplessness, and • loss of self-control. • like alcohol consumption, marijuana consumption impairs reading comprehension, memory, speech, problem-solving ability, and reaction time.
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Case study – marijuana abuse

In a school, two grade eight male students were involved in cultivation, consumption and sale of marijuana, both within the school and in the community. You are the Head Teacher of the primary school, and you know that two of your grade 8 male students are involved in this illegal activity.

Q. How would you deal with the students (and the situation)?

Q: How could this have been prevented?

Drugs and alcohol learning outcomes

<p>3.1.4 Identify harmful substances in the home and propose ways to reduce the risk of harm to family members</p>	<p>4.1.4 Describe the effect of harmful substances on personal health and demonstrate ways to make wise choices about their use</p>	<p>5.1.4 Evaluate the impact of harmful substances on young people and take action to encourage healthy choices</p>
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A sample unit of work for drugs and alcohol is available in the Personal Development units of work book from NDoE.

<p>Health of Individuals and Populations</p>	<p>6.4.11 Describe the beneficial and harmful effects of drugs on health</p>	<p>7.4.11 Describe decisions people make about drug use and the result of these decisions on the community and individuals</p>	<p>8.4.11 Evaluate the effects of drug use on the community</p>
	<p>6.4.12 Identify reasons people use drugs</p>	<p>7.4.12 Propose ways of responding to pressures to use harmful substances</p>	<p>8.4.12 Describe the programs offered by support agencies and counselling programs in the community</p>

HPS and drugs of addiction. Complete this table in your notebook.

	Tobacco	Betelnut	Marijuana
Effect of these drugs on the health and learning of children			
School based strategies to combat the effects of these drugs			

Self study

1. In groups of 4 research the effects of smoking tobacco, betelnut and marijuana on the body and the six dimensions of health. Show these health effects on one male and one female body map (as you did in Session 2.5)
2. Self reflection: Give some serious thought about your own life in relation to smoking and drugs. How will you be a good role model for your students? What could you do to be a good role model as far as smoking and drugs are concerned? Add these to your personal health action plan.

Session 2.8 Reducing violence and bullying

Session learning outcomes: By the end of the session, you will be able to...

- Discuss the root causes of violence and bullying in school
- List strategies for reducing violence and bullying in school

What is violence & bullying?

Violence is described as physical force that can cause injury or damage to someone or something.

Bullying is the way of teasing or mistreating someone weaker or someone who has less power. Bullying is an issue that involves the whole community. It does not occur only in the school environment but everywhere.

Violence and bullying at school are now becoming a major issue and a great concern to the teachers, parents, stakeholders, and the Department. Violence and bullying do have great impact on physical, emotional, social, psychological, spiritual and cultural impact on the behaviours of children in school and at home. Violence and bullying are now key issues for health and for becoming a child friendly, safe and healthy school. Bullied or scared children will not want to go to school.

Remember adults can also bully children and all teachers must follow the Code of Ethics and never hit or bully children. Corporal punishment is banned in PNG

schools. Hitting, smacking, pinching, caning or being cruel to students is a disciplinary offence.

HPS case study – gender based violence

Ann is 12 years old and in grade 5 in a local community school. She comes home from school one day and tells her mother that she had bad experiences with boys in the school. Lately, her classmate pushed her aside along the road, threw a stone on her foot, scalded her, say abusive words, and later ate her food in her lunch box. At lunch Ann did not have anything to eat and was hungry. As a routine in the school, students' lunch has to be checked. Ann was found to have nothing for lunch. As a school rule Ann had to remain after 3 o'clock to clean the dirty toilets. She told her mother that she will not go to school any more.

1. What are the different types of violence and bullying Ann had experienced? Is her school child friendly?
2. What influence did culture have on the bullying?
3. How can you as a teacher help Anna change her mind to go back to school? How should a school deal with bullying?

What are the different types of violence and bullying children encounter?

Complete this table in your notebook. .

Different types of violence	Different types of bullying
E.g. Tribal or racial violence	E.g. Sexual harassment



In PNG schools and communities there are many different types of violence and bullying experienced by children in their school and in their home that prevent them having access to education. Bullying is a major cause of absenteeism, unhappiness and poor achievement.

Root causes of violence & bullying in school

- Poor school and classroom management
- Poor supervision and lack of interest from teachers
- Lack of fairly enforced rules and behaviour management strategies
- Lack of support from teachers and parents
- Gender inequality
- Stealing from someone else
- Jealousy
- Thinks that he/she is in power
- Poor relationship skills
- Lack of empathy skills
- Lack of assertiveness skills
- Traditional roles (especially aggression in young men)
- Child neglect at home
- Child abuse at home
- Violence, alcohol abuse and drug abuse at home
- Nepotism/favouritism
- Hatred/anger/frustration/aggression – poor management of emotions
- School culture ownership(school boys fighting against each other)

Strategies for dealing with violence and bullying in school

In order to have a safe, secure, caring and healthy environment for children to feel free and to express themselves and to improve behaviour and attendance in school, suitable strategies for dealing with violence and bullying must be effective.

There are different ways that schools, students and teachers can help reduce different types of violence and the types of bullying. Complete these tables in your notebook.

A student could do the following:

A teacher could do the following:

The school could do the following:

A child friendly and health promoting school must strive to be free of bullying and violence. The National Behaviour Management Policy is clear on the responsibilities of teachers, students and schools in dealing with bullying and violence quickly and effectively. Everyone has a right to learn in safe and supportive environment.

Self study

1. There are different forms of violence and bullying in schools. Interview four male and four female students from your nearby primary school on the forms of violence and bullying they encounter. Which are the most common? Which ones affect boys more? Which ones affect girls more?

Session 2.9 Improving sanitation and clean water in schools

Session outcomes By the end of the session, student teachers can...

- Explain the impact of poor sanitation and dirty water on learning and Health
- Identify practical strategies for improving sanitation and water supplies in schools.

The component of healthy environment

Without good functioning toilets, children will **defecate** and **urinate** in and around the school compound. Consequently the physical environment becomes infested with **worms** (see the Deworming case study in Session 1.3) and there is a risk of diarrhoeal diseases. It is important to have good sanitation facilities.

Poor sanitation facilities = poor health = poor education

A faecal-free environment is dependent on:

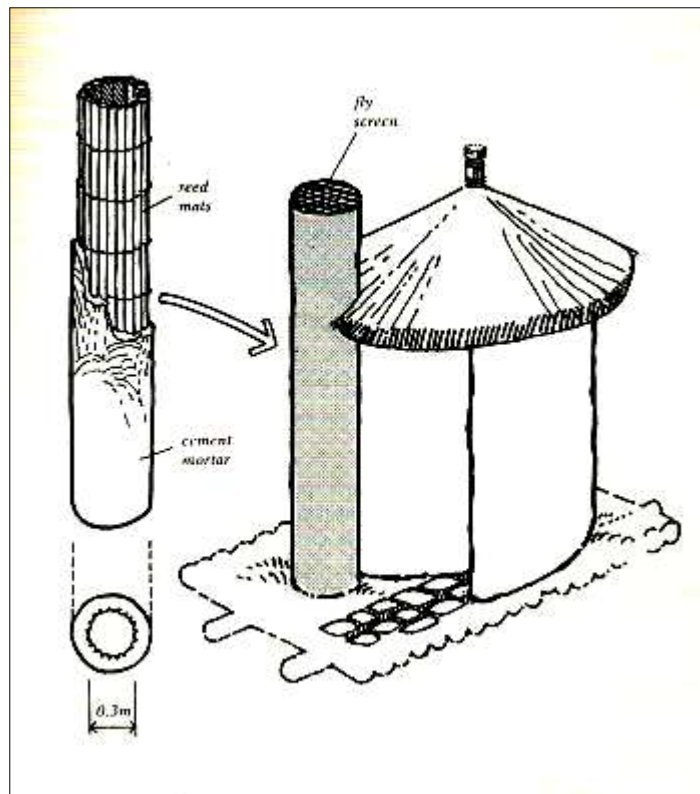
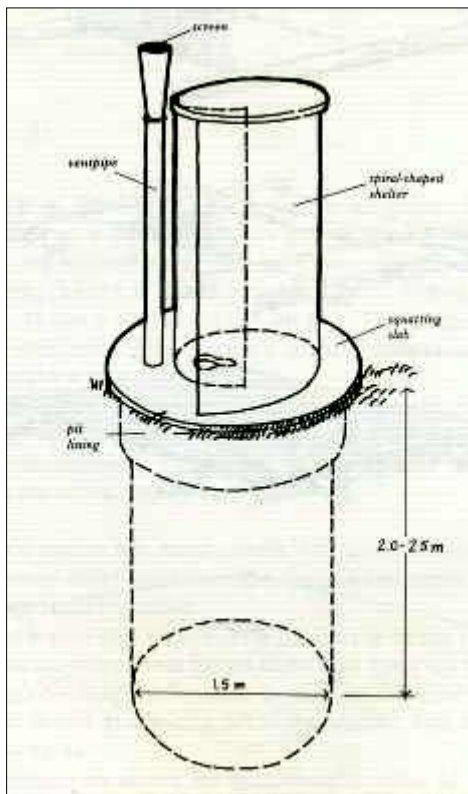
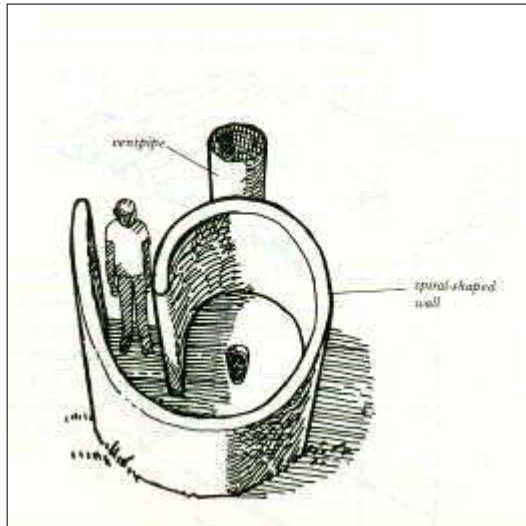
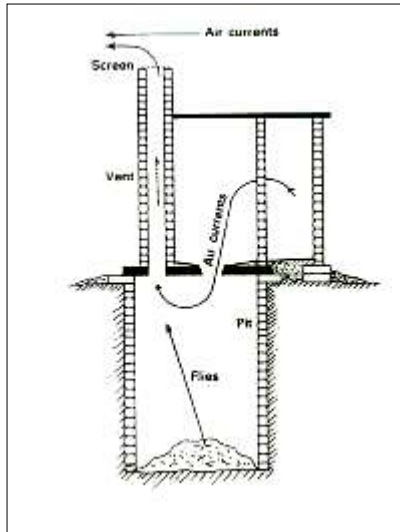
- Fenced compound to stop animals and outsiders defecating in the school
- Cleaning up human waste immediately
- Supervision of young children
- Well informed and responsible pupils
- Odour free, conveniently located, clean, lockable and reliable toilets with toilet paper and soap/wood ash to clean hands afterwards
- Both boys' and girls' latrines should be constructed and maintained (see Session 1.7 on Gender and Health)

My life as a fly

I'm a filthy floppy fat fly that rules the house when food is on the table. I was living very happily with all my family and friends in a house. Our friends who lived in that house were very friendly and understanding by leaving their food exposed, dirty utensils and their latrines open all the time. I laid my eggs in the faeces and rotting meat and walked bacteria all over their food. They didn't mind I came from the latrine! They left rubbish all around their houses. This made life comfortable for me and my friends. One day their children came in from school..... Complete the story!

The construction of a ventilated pit toilet

Many school lack adequate, well built latrines. Ventilated pit latrines (VPL) are most hygienic and less smelly. NGOs and Churches like AT Projects, ADRA and World Vision can help with construction methods. The European Union and the Basic Education Development Project can also assist. Healthy sanitation is a right and responsibility of the students and community at the school.



Uno Winbald and Ken Kilama, Macmillan (1985) & WHO School Health Initiative, Uno Winbald and Eric Dudley (1997)

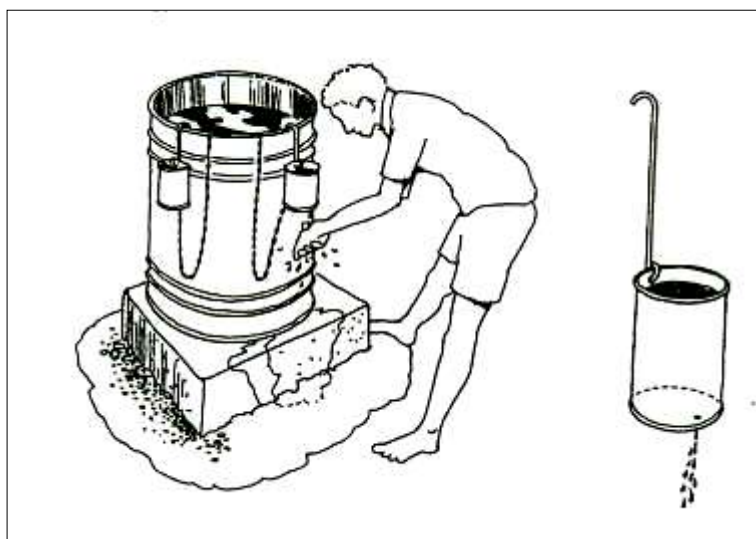
The ventilated pit latrine has a squatting slab made of reinforced concrete/ wooden sticks covered by soil. The slab with two openings one for ventilation and the other squat hole that covers a deep pit. The pit hole must be more than 2 metres deep and diameter of 1.5m and can be rectangular or circular. Care should be taken to site toilets in a safe location, close enough to the classroom but away from water sources.

The vent pipe serves two purposes. By drawing air from the pit, it creates down draught through the drop hole and making the toilet odour free. Placing a fly screen at the top of the vent pipe acts as a fly trap.

There should be an external and internal lock for students and they should be cleaned and restocked with toilet roll daily.

Convenient hand washing container

A water dispensing apparatus as shown should help children wash their hands. It should be placed at a convenient location and all ages should be able to reach to wash their hands



(Picture on pp 23 WHO School Health initiative 1997 Uno Winbald and Eric Dudley)

An empty oil drum is placed on an accessible platform. The small leaking container with a hole in it is used to dispense water, to control amount and contamination of water used. Used water is directed to the school garden or fish pond. Make sure the hand washing container is empty or covered at night to prevent mosquitoes breeding in it.

Students should always use soap or wood ash to scrub their hands. Making soap is an excellent MAL project.

Obtaining clean water to drink and wash with

Clean drinking water is hard to find in many areas of Papua New Guinea. Poor hygienic practices such as defecating or washing upstream and animal faeces can cause diseases such as diarrhoea, typhoid, and hepatitis. Clean fresh water can be obtained by:

- Boiling water before drinking
- Installing rain water tanks beside classrooms or under rain catchers
- Asking children to bring their own water bottles to school
- Writing up rules to be followed for children to follow to use and drink water from school tank
- Obtaining help from other organisations to put up water bore well/supply system for the school

“School shall ensure that the provision of adequate, clean water, waste disposal facilities are provided, personal hygiene and proper school sanitation practises are followed.”

Edited and adapted from Dept of Health, Health Promoting School and Dept of Education Health Policy Guidelines – 2005.

Water and sanitation checklist ideas

- Enough clean functioning ventilated pit latrines for students
- Doors on latrines with secure lock
- Latrines cleaned daily by boys and girls
- Toilet roll in each latrine
- Soap or wood ash by the water tank for washing hands after going to the toilet and before eating
- Rain water tank or piped water supply with cup for students to use to drink out of
- Mosquito screen on water tank
- No faeces from animals or babies/small children on school grounds
- Health and Personal Development taught well
- Towels and pads available for menstruating girls

Self study

1. List other physical environment features that affect learning and write down strategies that you suggest would improve learning and health. For example, what could you do with a classroom which gets extremely hot during the day?
 2. Observation. Visit the latrines of your local primary school. Are they correctly placed? Are there enough for boys and girls? Are they healthy for both boys and girls? Why? Why not? What does the school need to do to improve sanitation and water?
 3. How is the ventilated pit toilet different from ordinary latrine? What are the advantages for having a ventilated pit latrine? Draw up a plan for construction of a ventilated pit latrine for use in your future school. Estimate cost of building one pit latrine.
 4. Calculate the cost and labour needed to install a water tank on a classroom.
-

Session 2.10 Improving the environment and waste management

Session learning outcomes: By the end of the session, you will be able to...

- Classify wastes and how to dispose them off safely.
- Identify strategies for improving the school environment and appearance.

Waste management is:

- Knowing the different types of wastes that are produced
- Implementing the most appropriate ways of disposing them in an environment-friendly manner

Types of waste

Rubbish/wastes produced are in solids, liquids and gaseous forms. There are many examples of types of waste:

paper, tins, glass, metals, rubber, leaves, clothing, wood, bones, hair, fur, feathers, synthetics, animals and plant materials, sprays, refrigerators, air conditioners, cars, machines, trucks

In the table below, select the types of wastes listed above and fit them in the appropriate box. Write the table in your notebook. One waste type for each category is done for you as an example.

Solid	Liquid	Gaseous
Plastics including shopping bags, wrappers, containers.	Oils	Smoke

Healthy and safe disposal of wastes. Complete the table in your notebook.

Waste	Biodegradable?	Recyclable?	Strategies for safe and healthy disposal
Batteries			
Paper			
Human faeces and urine			
Tin cans			
Plastic containers			
Smoke from fires			
Litter			
Food waste			

Pesticides			
Scrap metals			
Engine oil			
Cooking oil			
Tyres			
Others			

Self study

1. Carry out one environmental improvement in your own classroom or dormitory. For example, build a bamboo compost bin for vegetable waste
 2. Research wastes such as old medicines, mercury, pesticides, fertilisers, carbon dioxide and coolants from fridges. How should schools and communities dispose of these safely?
-

Session 2.11 Communicable diseases in school

Session learning outcomes: By the end of the session, you will be able to...

- List common communicable diseases in primary schools
- Explain the impact of these diseases on learning and child development
- Plan practical strategies for reducing the impact of the key communicable diseases

What are communicable diseases?

Disease is another name for an illness or sickness. Diseases happen if the body cannot fight against a microbe or parasite and it becomes damaged.

An infectious disease is any sickness caused by living things like germs or worms. Infectious diseases are also known as communicable diseases. Communicable diseases are those that can be spread from person to person or animal to person. The germs or agents which carry disease can be passed from one person to another in different ways. For example,

- Coughs and sneezing
- Blood to blood
- Through unprotected sex
- By touching
- In contaminated food or water
- Through insect bites

Each communicable disease is spread in a different way. Your Health and HIV/AIDS courses have more information on these. School children are vulnerable to certain communicable diseases because of their behaviour and their environment.

Examples of infectious diseases are diarrhoea, typhoid, measles, scabies, tuberculosis, malaria, hepatitis, worms and HIV.

What are non-communicable diseases?

These are life style diseases such as tooth decay, malnutrition, diabetes, heart disease, lung disease from smoking or environmental diseases like asthma.

Some children also have disabilities such as blindness or mental disability.

Impact of diseases on child development and learning

1. Loss of appetite and growth loss

Children lose their appetite when they are ill especially if the illness is diarrhoea or measles. There will be less absorption of the food that is eaten, as well as loss of appetite. If this happen several time a year, the child will not grow well.

It is essential to keep on encouraging a child who is ill to eat and drink. This can be very difficult if the child does not want to eat. When the illness is over, extra meals should be given so that the child 'catches up' on the growth lost. A good rule is to give a child an extra meal every day for at least a week after the illness is over. Children are not fully recovered from an illness until they are at least the same weight as when the illness began.

2. Inactivity (not being active)

Children learn by doing. So as the children grow they need freedom to explore and to play. Play is not purposeless. It is one of the most essential parts of growing up. It helps to develop mental, social, and physical skills- including talking and walking. It helps children grow in curiosity, competence, and confidence. It provides the foundation for school work and for learning the skills necessary in later life.

2. Damaged mental or physical development

Some diseases have serious long-term side effects on the health and development of children. For example, malaria.

3. Frequent absences from school

This means missing out on a lot of school learning activities.

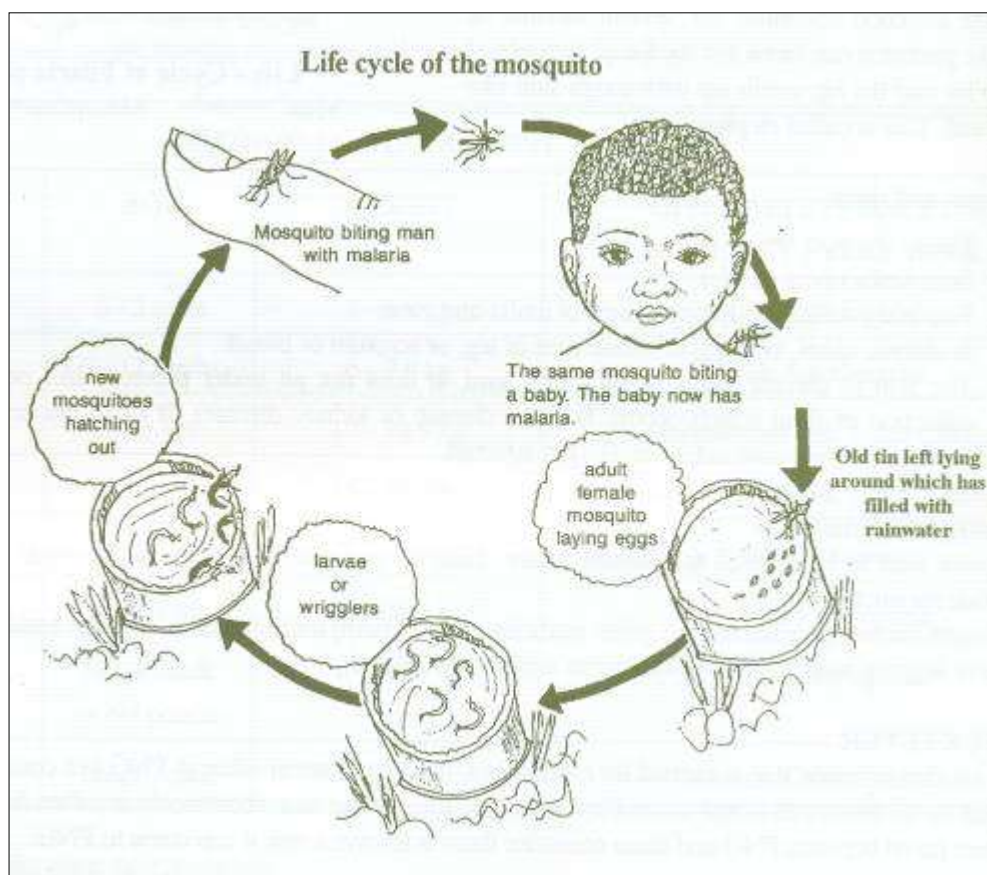
Practical strategies for reducing the impact of communicable diseases

1. Malaria control

Malaria is a killer disease. Schools have an important role to play in reducing the malaria epidemic. Many children and their teachers are absent or sick from malaria and therefore frequent absences can mean that their learning opportunities are affected. Through Health Promoting Schools;

- The school environment is clean, grass cut short, swamps drained and rubbish pits dug to bury empty containers that may hold stagnant water as breeding places for mosquitoes.

- Children learn more about malaria and how to prevent it and can reinforce and ensure that the school grounds and classrooms are clean places so mosquitoes are kept away.
- Long life mosquito bed nets can be distributed through Health Promoting Schools for students to take home for parents and families
- Ensure that children be referred to a health worker as soon as possible. All children should be given a complete dose of anti-malarial tablets as prescribed by health workers when being sick. This means that children must complete their medication even if they feel better.
- Schools can keep a track of which children and staff are frequently getting malaria and do something about it
- Staff housing should have good screens and teachers should be role models for using mosquito nets



2. Immunisation

Immunization refers to the process by which the child or adult becomes immune to (protected from) a particular disease.

The Expanded Program of Immunisation in Papua New Guinea provides protection against seven communicable diseases which can cause serious illness or death. They are tuberculosis (TB), diphtheria, whooping cough, tetanus, polio, measles and hepatitis B.

The vaccinations given while children are at school are summarised in the table that follows.

Disease	Vaccine & route	When to give	What immunisation can do
Tuberculosis (TB)	BCG (Left upper arm muscles)	Soon after birth Elementary Sch and Grade 6/7	The vaccine reduces the risk of a child dying from severe forms such as TB meningitis
Tetanus	DPT (infant) Tetanus Toxoid (booster)	Elementary sch. Grade 6/7 & every pregnancy	The vaccine prevents tetanus, a disease of severe spasm, which may lead to death, caused when tetanus spores in dirt enter the body
Hepatitis B	Hep. B	Given to infants 2 months after birth, school children and older people can receive a booster to prevent infection as well	The vaccine reduces infection of the hepatitis virus and stops acute infection from turning into chronic infection. This virus can infect a very young infant from its mother. If it is acquired early in life, there is a high risk of chronic liver disease. The vaccine can also prevent hepatitis B infection in older people.

Strategies schools can use to promote immunisation include:

- Consult and work closely with the local nurses in providing routine immunization checks for children
- Having immunisation days
- Promoting immunisation through the P&C and BOM
- Teachers must know the appointed health worker at the nearest health facility for easy and effective referral

3. HIV/AIDS & STIs

These serious communicable diseases and strategies for reducing the epidemic are discussed in detail in the HIV/AIDS & Reproductive Health course. Reproductive sexual health issues for schools and communities are also addressed.

HPS case study for immunisation

Shirley is a Grade 5 student in one school who learnt about the importance of immunization from local health workers. She went home and discussed this with her mother who was not really educated. Her brother had died from polio when he was just three years old. She also learnt from her teacher about tetanus Toxoid which protects young pregnant women. When she grows older, gets married and becomes a mother.

1. What may have motivated Shirley to share the knowledge about immunization with her mother?
2. Why is tetanus vaccine important for a pregnant woman?
3. How will Shirley help her family to see the importance of immunization?
4. Who is responsible for the immunization program in PNG?

Self study

Complete the table on non-communicable diseases in your notebook.

Non-communicable disease	Impact on learning and child development	Strategies for schools to reduce impact of these diseases
Tooth decay		
Ear infection		
Diabetes		

Session 2.12 School health services

Session learning outcomes: By the end of the session, you will be able to...

- Explain the importance of health services available for schools
- Critically analyse the effectiveness of school health services
- Suggest strategies for improving links between schools and health services.

The importance of school health services

School health services are those services which help assess health status of the students and staff, provide first aid care and minor treatment with the assistance from the existing health facilities in the school and/or the community. This is one very important component of HPS and schools must build a good working relationship with their local health workers and support services.

Components of school health services

1. Periodic health check or screening

This includes health check-up of eyes, ears, nose, skin, hair or scalp, temperature height, weight, etc. This process helps teachers to know warning signs of health and illness status of school children. A record of these activities should be maintained for a review of the HPS program.

2. Immunization/vaccination services

Schools should maintain immunization records and can provide a good location for vaccination campaigns.

3. Oral and dental care services

To prevent tooth decay and gum diseases, oral health services can be organised in the school with the help of the local health facility.

4. Provision of “sick bay” for emergency situation

Larger schools can have a rest room with necessary equipment and materials to take care of injured and sick students and teachers temporarily before they are referred to health care facilities as required. Minor injuries and illness can be managed at the sick bay and serious cases should be referred to an established health facility as soon as possible.



5. First Aid kit and its use

All teachers should have basic knowledge of first aid care. There must be first aid kit provided at the school to use in case of emergencies such as cuts, insect bites, fever, etc. There should also be a simple blood spill kit for cleaning up blood from accidents safely. Session 2.12 has more details on these issues.

6. Counselling

Students and teachers may fall into health related problems for which they may need **counselling**. The HPS teacher or someone with special skills in counselling can establish counselling services to help teachers and students. All secondary schools and large urban primary schools should have trained school based counsellors (HIV/AIDS Policy, 2005). The Guidance Branch of the Department of Education can provide counselling training for teachers. Guidance officers in Provinces and many churches can also provide basic counselling.

7. Birth registration

Every individual student in the school must be formally registered at the school and given a birth certificate. Student numbers and ages must also be recorded in the annual School Census.

8. Water and sanitation

There must be facilities available to provide adequate water for drinking and washing provided at the school and a proper waste disposal system in place which should include toilet facilities and rubbish disposal avenues.



Strategies of introducing, improving and maintaining health services in schools

There should be a close relationship between health teaching and health services. If well established, the health service at school can be used as demonstration class for teaching first aid care and diseases.

However in many communities in PNG there are not close links between schools and health services. The health system in PNG is struggling with the high population growth, demand for more services and a shortage of health workers and resources.

School health services are important component of HPS course. Therefore services are necessary to be introduced, improved and maintained. This may involve:

1. Assessing cases of health problems of students and teachers that may have been observed and/or reported.
2. Sharing ideas among school administrations, parents, communities including health facility staff on the need for introducing, improving or maintaining health services to support health and learning of the students.
3. Organizing screening, treatment and counselling services together with staff of the local health facility.
4. Organizing in-service for teachers on health topics together with health facility staff.
5. Providing first aid kit and its use.
6. Building a good rapport with your local health workers
7. Inviting health workers into school regularly and going on excursions to the local health services
8. Making sure students value health services and health workers

Summary of health services. Complete this table in your notebook.

School health service	Functions	Health benefits from this services	Local contact and phone number
Dental			
Vaccination			
Medical screening			
Nutrition			
Birth registration			
Counselling			
Water and sanitation			

Self study

1. Research the importance of immunisation and list the types of vaccines, the disease they prevent and when they are given to children.
 2. Interview a local health worker about the school health program and how effective it is in the local schools. Ask them to list the challenges to an effective health screening program in schools and what some solutions would be.
-

Session 2.13 Emergency First Aid and injuries in school

Session learning outcomes: By the end of the session, you will be able to...

- Confidently demonstrate emergency first aid skills
- List common injuries in school and describe the correct response

What is First Aid?

First Aid is the first help given to a **casualty** before medical aid arrives. The **first aider** or teacher must have some knowledge on how to deal with emergencies such as fainting, heavy bleeding from the head, heavy bleeding from the arm or leg (e.g. from broken glass), muscle strain, fractured wrist, fractured collar bone, sprained ankle, first menstruation, asthma, ear ache, diarrhoea etc. The teacher must be equipped with the knowledge and skills on how to help students when emergency occurs at the school.

You will learn more First Aid techniques in the Health course.

The Principles of First Aid are:

- Preserve life
- Protect the unconscious
- Prevent the injury or illness from getting worse
- Promote recovery

Basic First Aid skills the teacher should have /know

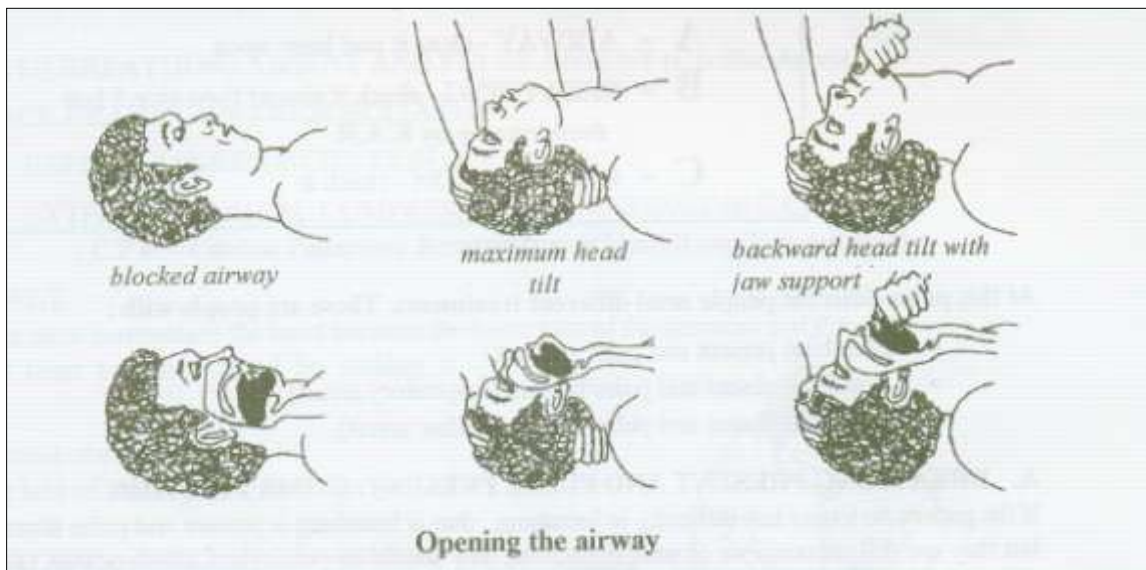
1. DRABC – Danger, Response, Airways, Breathing, Circulation

DANGER – remove the patient from danger, e.g. burning fire
RESPONSE – check to see if the patient responds by talking or squeezing fingers
AIRWAY – if it is blocked, clear it
BREATHING – if absent, start expired air resuscitation
CIRCULATION – if pulse is absent – start cardiac massage

Remember

- ✓ If casualty is unconscious – place in recovery position
- ✓ If casualty is seriously bleeding – control bleeding first
- ✓ If there are fractures, splint all fractures and dress wounds

2. EAR – Expired Air Resuscitation



3. CPR – Cardiopulmonary Resuscitation – do when a patient is not breathing and has no pulse

4. RICE – Rest, Ice, Compression, Elevation – done when muscles or joints are strained

What are the common injuries and sicknesses at school?

The most common injuries that occur at schools are:

- cuts and scrapes
- ankle sprains from too many holes on the playing fields or obstacles lying around
- fainting from long outdoor assemblies and from being sick or hungry

- bruises and knocks
- stings and bites
- asthma or choking
- diarrhoea or vomiting
- malaria

What are the possible causes of injuries at school?

The possible causes of most injuries at schools are:

1. Very crowded classrooms
2. Broken walls and floors, doors etc.
3. Schools located near main highways
4. Student playing in the bushy field or fields that are not level
5. Playing games in the rain or playing violent physical games
6. Playing while sick
7. Playing with knives or dangerous tools
8. Eating while playing etc.
9. Nails sticking out on floors, doors or walls.
10. Tools such as bush knives, spades, and forks placed underneath students' desks
11. Classrooms are not well ventilated
12. Children coming to school without breakfast and lunch
13. Lack of teacher supervision
14. Falling out of trees

What are the correct responses for those injuries or sicknesses?

Complete the table by filling the correct responses of the following injuries. You should be able to deal calmly and quickly with these injuries and situations.

Common injuries	Correct responses
Fainting	
Heavy bleeding from the head	
Heavy bleeding from the arm or leg (e.g. from broken glass)	
Muscle strain	
Shoulder or knee or finger dislocation	
Fractured wrist	
Fractured collar bone	
Choking	
Unconsciousness and not breathing	
Vomiting	
Diarrhoea	
Burn	

Snake bite on the ankle	
Swallowed poison	
Drunk on alcohol	
Child birth	
Asthma attack	
Drowning	
Animal bite	
Ear ache	
First menstruation	
Suspected heart attack	
Blood spill in the classroom or on the playing field	

Why is it important for the children to have a school safe from injuries?

Children at this age are physically active and need to play, run around, jump, climb, etc. They need a safe school to do all that. For children, play is serious learning and if they get injured or infected injuries their learning will suffer. All children should learn First Aid skills (see Personal Development outcomes).

Safety	6.2.4 Identify rules and demonstrate safety procedures in play and games	7.2.4 Develop procedures for dealing with unsafe or emergency situations	8.2.4 Demonstrate behaviour that influences personal safety and the safety of others in games and play
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HPS case study – sport and exercise

Exercise is essential to get oxygen to your cells. God created us to be physically active. Oxygen brings life to our body.

1. How can we prevent children from being injured in sports and PE lessons?
2. Why is it important that children participate in sport at schools? Think of the six dimensions of health.
3. What are the challenges to teaching PE well in primary school?

Self study

1. Every school must have a First Aid kit and a blood spill kit by law. List what should go into each of these and where they should be kept.

<p>What should be in the school First Aid kit?</p>
<p>What should go in the blood spill kit?</p> <p>Disposable medical gloves Strong bleach to kill any microbes in the spilled blood Bucket of sand to cover up the blood spill</p> <p>Remember – The HIV virus is killed by strong bleach and cannot survive in dry blood</p>
<p>Where should the kit be kept?</p>

2. Practice each of the situations above with a friend until you are confident in dealing with an emergency medical situation.

<p>Rehydration solution – the most important recipe you will ever make!</p> <p>Act quickly to deal with vomiting and diarrhoea. Mix:</p> <p>1 litre of clean water ½ level teaspoon salt 8 level teaspoons sugar</p> <p>Sip every 5 minutes. Make one litre for a child and three litres for an adult.</p> <p>Coconut juice can also be used.</p>
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Session 2.14 Safety and emergency preparedness

Session learning outcomes: By the end of the session, you will be able to...

- List common safety issues in schools and describe strategies for reducing risks.
- Plan strategies for dealing with emergencies and natural disaster.

Common safety issues in schools

Safety issues in school	Strategies for reducing risks and improving health
Old buildings	Frequent inspection and maintenance to classroom furniture and building, Maintenance budget annually
Busy roads	Crossing sign & flag with the teacher on duty. Signs to get motorists to slow down. Speed bumps. Look left, Look right, look left again and walk on crossing.
Dirty and dusty classroom with rat droppings	Daily cleaning including washing floors, desks and blackboard. Cleaning Duty Roster, Close louvers at night. Don't eat or leave food in the classroom. Clean classroom prizes.
Stones, broken bottles, and empty tins on the play ground	Develop and use a school waste disposal and management policy. Students pick and collect these accident prone objects and dispose them off correctly
Fruit trees; mango, guava, pawpaw, laulau	Prune the trees. Develop a school policy that will monitor and manage the collection and distribution of ripe fruits to all students to eat
An over grown or big tree beside the classroom	Cut it down or prune it and use as fire wood in the teacher's kitchen or MAL project
Add more to your notebook	

Natural disasters

Natural disasters are common in PNG. School teachers need to be educated and drilled with skills that are needed so that they are be able to deal with different emergency situations in their school. An emergency is a crisis situation which risks the lives of the staff and students.

Some examples of natural disasters and emergency are tsunami, earthquake, tropical storm, bushfire, tribal fights or violence on school ground and hailstorm.

How to deal with disasters and emergencies in schools

Natural disaster or emergency situation	Crisis management in an emergency
Heavy rain and flood	Keep students inside classroom until rain stops, make sure children avoid rivers, and educate children about the dangers of playing near rivers
Bushfire	Clear all bushes surrounding the school buildings. Keep children at school. Apply some of the emergency evacuation drills.
Hailstorm or very strong winds	Keep children in the classroom until the hailstorm subsides. Stay or move away from big heavy trees and tall buildings that might be blown down.
Earthquake	Apply emergency evacuation drill. Evacuate the classroom immediately or hide under desks. Watch for tsunamis.
Tsunami	Apply emergency evacuation drill and move children very quickly inland to higher grounds. Keep children calm and together and be prepared to rescue others.
Tribal fights	Children must stay close with their families (parents at home) away from the fighting zone, injured students must be given first-aid treatment and referred to a medical facility for serious cases
Violence on school ground	School rules and behaviour management policy must be applied. Protect lives. Restrain students if safe to do so.

Emergency evacuation drill:

- Leave the room immediately
- Do not push or run
- Do not shout
- Do not stop to collect bags or personal possessions
- Line up away from the building in class order quickly and silently
- Call the register quickly
- Wait for instructions and do not allow students to leave the school grounds until safe to do so.

HPS case study – emergency/crisis management

1. During a PE lesson the teacher spots a swarm of bees moving towards the students on the playing oval.

What should the teacher do? Why?

2. It is dry season and it is windy. The field of kunai grass next door starts to burn. The flames and ash are starting to move closer to the bush material classroom.

What should the teacher do? Why?

3. Your school is next to the beach. There is a strong earthquake and the sea suddenly flows away from the beach.

What should the teacher do? Why?

Self study

1. Draw up school rules on safety and emergencies for a lower primary class.

Module 3 HPS Planning

Session 3.1 The Health Promoting School planning cycle

Session learning outcomes: By the end of the session, you will be able to...

- Explain the steps to the HPS planning cycle
- Link HPS planning with the primary school SLIP
- Write a vision statement for a primary school

Planning

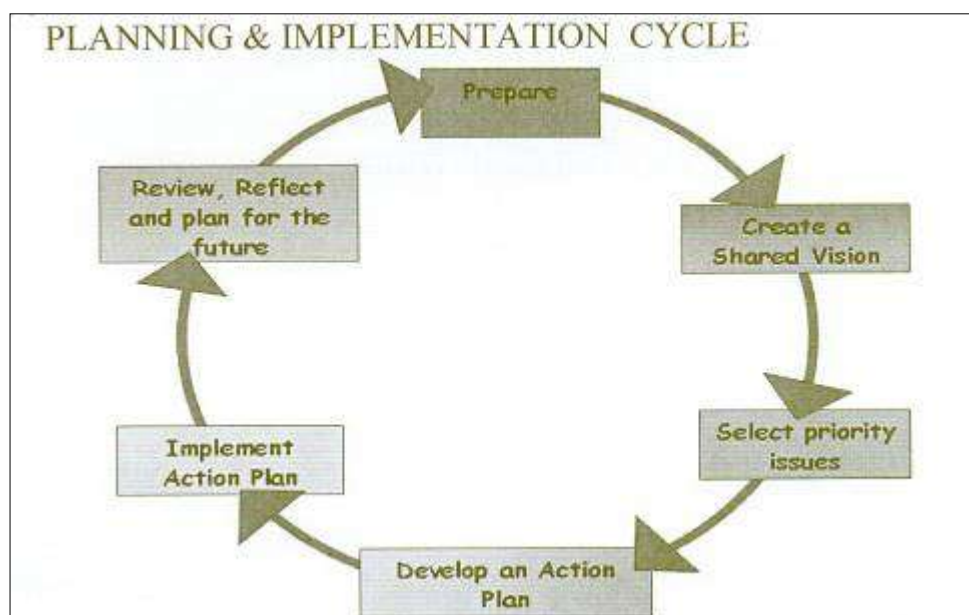
Planning is one of the most important parts of Health Promoting Schools. Well designed and feasible plans lead to effective and sustainable development of the project to improve the health of students and teachers.

Action plan

An action plan describes strategies for the development and implementation of the Health Promoting School. It brings together partnership of people such as HPS Health Advisers, teachers, students, Board of Management members, parents and non government groups.

Planning cycle

It is important that planning is a cycle with participation and evaluation built in. The simple way to view a planning cycle is: "SEE- PLAN- DO- SEE."



1. Create a shared vision

As part of the SLIP process a school will develop a **vision statement**. Teachers, students and parents create a shared dream or vision which states what kind of school they want. This should be written in child friendly language and agreed upon by all stakeholders. Often schools will display it in each classroom and on the school notice board.

For example,

Bonga Primary School Vision

Bonga Primary School is a child friendly school where every child is welcome and every child has every opportunity to learn and grow. Our school is a friendly and healthy environment. We value each person's strengths and achievements. We support and respect each other.

Students graduate from Bonga Primary School as responsible, well behaved, hard-working, kind, creative and confident young people. They have strong morals and values and want to improve their community. They have good Language and Maths skills and know how to make a living.

Our motto: **Your best always**



A well-led committee representing the each stakeholder in the school community then begins its work. They should work to a tight timeframe so activities can begin quickly.

2. Selection of priority issues

In preparation for the Health Promoting School program, the committee surveys and gather information about the school from interviews, focus groups, surveys and observations. They will use the **HPS checklist** to help audit the school and identify health issues. All stakeholders must be consulted.

Then, the committee chooses the needy areas. They **prioritise** the areas (it may not be practical to try and improve everything at once).

(See Session 3.3, 3.4 and 3.5)

3. Develop an action plan

The committee develops a plan of action. Normally this would be integrated into the school SLIP but sometimes this can be a separate but linked plan. This plan of action includes:

The health outcomes of the plan

- Strategies (activities) for achieving those outcomes
- Who is responsible for those strategies
- Resources (who, what, money)
- Timeline for implementation
- Indicators for success and monitoring and evaluation

(See Session 3.4 and 3.5)

4. Implementation of action plan

In this section the committee launches and starts the actual process of doing it. The project coordinator ensures the project is put into action. Good leadership is important (see Session 3.9)

5. Review, reflect and plan for future

Regularly, the committee needs to review the plan and the successes and problems. They should report this to the wider school community. They could use the checklist to assess progress towards the outcomes. A planning cycle process does not end – it is sustainable, on-going and new health priorities can be added as activities are completed.

Links with SLIP

The health promoting school concept is a way to support students learning. It is linking up the school learning improvement plan within the school programs to make a school a better learning environment. An HPS action plan is part of the SLIP and can be a separate document or integrated in the main SLIP depending on the needs of the school. The HPS plan should be regularly reported to Standards officers and parents.

Self study

1. Complete the vision statement for your dream primary school. Ask a peer to critique the statement and suggest improvements.
2. Read a sample school HPS plan from a local school. Can you see where each stage of the planning cycle would be in the plan?
3. Visit a local school and analyse their SLIP and vision statement. What are the main features? Where are the health activities?

HPS planning format

Our school vision statement					
Our school health priorities (from checklist and discussion with all stakeholders)					
Health outcomes	Strategies (activities) to achieve those outcomes	Resources needed for those strategies (people, materials, money)	Who is responsible for leading this activity?	Time frame	Indicators – how will we measure the success of the strategies?

Session 3.2 Health Promoting School checklist and audit

Session learning outcomes: By the end of the session, you will be able to...

- Understand and use the HPS checklist
- Explain the importance of auditing health issues at a school

The HPS checklist

Checklists are valuable assessment tools. There is an HPS checklist in this book for primary schools which you can use and adapt.

A checklist provides...

- opportunity to get information on the present status of an HPS
- information needed for planning HPS activities
- evaluation information on the progress achieved
- information to advocate for health promoting school program
- a baseline for measuring the success of the HPS activities

Main components of an HPS checklist

There will be different checklists for different levels of schools but the broad components of a checklist are similar. For example,

- Health curriculum and teaching
- Safe and healthy school environment
- School health services
- School and community participation in HPS
- School health policy
- Observation of special yearly health events

Using the checklist

Below are some pictures of some HPS in different parts of the country.

Using the checklist and identify the components that are present or not present in the pictures. For this exercise assume that these pictures are from one school.



Self study

1. Reflect on the checklist, refine and modify it in three ways before the school visit.

Health Promoting School checklist (primary)

Name of the school

Type of school: (elementary/primary/secondary/high)

Address of the school:
 Village/Town or cityDistrictProvince

Total number of students: Male ... Female...

Total number of teachers: Male ... Female

Number of men and women on the BOM: Male ... Female ...

Name of the school Health/Personal Development coordinators

Name/s of School Based Counsellors

Name of Standards officer

Name of nearest health facility and school health worker

Stakeholder groups (e.g. churches, NGOs)

Section 1 Health Curriculum and Teaching

SN	Checklist	Yes	No	Don't know
1.01	Are the Health & Personal Development Syllabi and Teacher Guides available in the school?			
1.02	Are Health and Personal Development lessons taught to the correct time allocation?			
1.03	Are there teacher in-service sessions each year on health issues such as HIV/AIDS?			
1.04	Do teachers understand the Health & Personal Development Syllabi and Teacher Guides and how to use it?			
1.05	Do the teachers have sufficient knowledge on all the Health and Personal Development outcomes to teach confidently?			
1.06	Are the children given adequate opportunities to learn about health through practical classes or activities?			
1.07	Are the children given opportunities to work together in pairs and in groups to learn about health?			
1.08	Are there adequate teaching materials (posters, models, booklets, pamphlets, charts etc.) on health topics available in school library?			
1.09	Do the teachers prepare detailed units of work for Health and Personal Development?			
1.10	Are all Health and Personal Development learning outcomes taught?			

Number of "Yes" answer

Percent of "Yes" answer %

Total Number of question = 10

Areas of concern in this section:

Section 2 Safe and Healthy School Environment

SN	Checklist	Yes	No	Don't Know
2.01	Is there enough seating for everyone in the classroom?			
2.02	Are the classrooms clean, well lit, ventilated, and dampness free?			
2.03	Are the administration blocks clean, well lighted, ventilated, and dampness free?			
2.04	Is there a school canteen or school market?			
2.05	If there is a school canteen or market; is it clean and hygienic?			
2.06	If there is a canteen or market; does it serve rice, corn, kaukau?			
2.07	If there is a canteen or market; does it serve fruit and vegetables?			
2.08	If there is a canteen or market; does it serve meat or fish or beans?			
2.09	Are there adequate student toilets for male and female students? (at least 1 toilet for 25 boys or girls)			
2.10	Are the number of adult toilets adequate for teachers?			
2.11	Are the toilets clean, well lit, ventilated, and dampness free?			
2.12	Is there enough toilet roll in each toilet with easy access to more toilet roll?			
2.13	Are there female sanitary towels and pads easily accessible to girl students?			
2.14	Is the safe drinking water facility adequate according to the number of students, teachers, and staff?			
2.15	Is there a hygienic hand washing facility with soap or wood ash for washing hands?			
2.16	Are the drinking water and hand washing facilities used to teach hygiene and sanitation topics?			
2.17	Is there a safe and hygienic shower facility for students?			
2.18	Is the school compound free of rubbish, litter or waste?			
2.19	Are there adequate and frequently emptied rubbish bins placed in different parts of the school?			
2.20	Is there a safe and sanitary rubbish pit in the school?			
2.21	Is there provision for disposing rubbish such as leaves, vegetable and fruit peels in one pit and rubbish such as plastics, bottles, canes in another pit?			
2.22	Is the rubbish or waste reused or recycled in the school itself?			
2.23	Are the school grounds free of animal faeces?			
2.24	Is there a vegetable garden in the school?			
2.25	If yes; is the vegetable garden used for teaching nutrition topics?			
2.26	Are there plenty of colorful flowers grown in the school?			
2.27	Are there enough shady trees in the school for children to rest under when the sun is hot?			
2.28	Are there adequate dry walking paths inside the school			
2.29	Are there adequate, safe and open play grounds in the school for children to play?			
2.30	Are the students supervised by teachers during break and lunch time?			
2.31	Is there a sign-post erected in the school compound and in each classroom with behaviour rules and school vision?			
2.32	Does the school have a student representative council in which both girls and boys are equally represented?			
2.33	Does the school have monitors/prefects/class captains in which both girls and boys are equally represented?			
2.34	Is there an enforced ban on corporal or humiliating punishment including all physical violence towards students?			
2.35	Does the school celebrate cultural, religious, and tribal events, such as food festivals, dance, displays and exhibits?			

2.36	Does the school deal immediately and seriously with bullying, harassment and abuse?			
2.37	The students of this school do not use drugs or alcohol.			
2.38	The students of this school do not smoke or chew on school grounds.			
2.39	The teachers of this school do not smoke or chew on school grounds.			
2.40	Do students participate in decision –making on school activities?			
2.41	Does the school undertake periodic safety inspection of all the buildings, plants and equipments to ensure they are safe?			
2.42	Do the students participate equally in keeping the school and classroom clean?			
2.43	Do the students participate equally in beautifying the school e.g. by planting flowers and trees?			
2.44	Is there a students committee to look after cleanliness of school compound, rubbish pit areas, toilet, flower plants etc. in the school?			
2.45	Is there a system of regular inspection of cleanliness and hygiene conditions of the children?			
2.46	Is there a teacher or staff designated for regular inspection of cleanliness and hygiene conditions of the school compound?			
2.47	Is the school protected with fences?			
2.48	Is the school free of graffiti?			

Number of “Yes” answer
 Percent of “Yes” answer %

Total Number of question = 48

Areas/problems in this section:

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Section 3 School Health Services

SN	Checklist	Yes	No	Don't Know
3.01	Is there a provision for periodic health check up (dental check up, eye and ear tests, general physical examination etc.) in the school?			
3.02	Is there a first aid treatment kit with essential materials?			
3.03	Are there teachers or staff trained in first aid procedures?			
3.04	Is immunization for students in collaboration with the local health facilities given?			
3.05	Are there male and female school based counsellors?			
3.06	Do the school based counsellors have adequate time and a safe place to counsel students?			
3.07	Is there referral service to refer sick children to the health facilities?			
3.08	Is there a system of keeping records of sick children and monitoring which illnesses keep children away from school?			
3.09	Is there a provision for “sick room” or “sick bay”?			
3.10	Is there an easily accessible blood spill kit?			
3.11	Are male and female condoms available for staff?			
3.12	Are male and female condoms demonstrated to students at an appropriate age?			

3.13	Are male and female condoms available and accessible for students (if age appropriate)			
3.14	Are all students trained in emergency first aid?			
3.15	Has the school got an emergency action plan for natural disasters or emergencies?			
3.16	Do all classes practice safe evacuation in preparation for natural disasters and emergencies?			
3.17	Does the school have a health worker who visits frequently and takes part in Health and Personal Development teaching?			
3.18	Does the school have a police officer who visits frequently?			
3.19	Does the school and community have procedures to protect young women and girls on their way to and from school?			
3.20	Are all teachers aware of child rights and their responsibilities in child protection?			

Number of "Yes" answer
 Percent of "Yes" answer %

Total Number of question = 20

Areas/problems in this section:

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Section 4 School-Community Partnership for HPS

SN	Checklist	Yes	No	Don't Know
4.01	Do teaching activities encourage students to help their families improve their health?			
4.02	Do the local groups, NGOs and community members participate in school's health related activities?			
4.03	Do the family and community support in construction and maintenance of school facilities (water supply, beautification, fencing, market)?			
4.04	Does the school organize health education activities, such as school open days, healthy school day etc. for parents and communities?			
4.05	Does the school report to families on how well their children are learning health and Personal Development lessons?			
4.06	Does the P&C and BOM have health, HIV/AIDS and gender equity on their agenda at each meeting?			
4.07	Is there a peer education or school health club program at the school?			
4.08	Do the local health personnel provide training for teachers on health issues, e.g. HIV/AIDS, immunization, diseases?			
4.09	Has the school arranged annual health and HIV/AIDS training for the local community, BOM and P&C?			
4.10	Are school facilities used by health workers or NGOs for outreach clinics?			

Number of "Yes" answer
 Percent of "Yes" answers %

Total number of question = 10

Areas/problems in this section:

Section 5 School Health Policy

SN	Checklist	Yes	No	Don't Know
5.01	Does the school fully implement the HIV/AIDS Policy?			
5.02	Does the school have a Behaviour Management Policy which follows NDoE guidelines?			
5.03	Does the school have a School Health Policy which follows NDoE guidelines?			
5.04	The school does not expel girls for becoming pregnant			
5.05	Does the school include health and HIV/AIDS in the SLIP?			
5.06	Does the school fully implement the Gender Equity Policy?			

Number of "Yes" answer
 Percent of "Yes" answers %

Total number of question = 6

Areas/problems in this section:

Section 6 Observation of Special Health Events

SN	Checklist	Yes	No	Don't Know
6.1	Does the school observe World TB Day?			
6.2	Does the school observe World Health Day?			
6.3	Does the school observe World Environment Day, World Water Day?			
6.4	Does the school observe Universal Children Day?			
6.5	Does the school observe No Tobacco Day?			
6.6	Does the school observe World AIDS Day?			

Number of "Yes" answer
 Percent of "Yes" answer%

Total number of question = 6

Areas/problems in this section:

Total number of "Yes" answers
Percent of "Yes" answer %

Total number of questions = 100

Checklist filled up by: (Name) Date

Session 3.3 Assessment of a local school

Session learning outcomes: By the end of the session, you will be able to...

- Use the HPS audit and indicators to assess a local school

How do we assess a health promoting school?

Methods of collecting data

You will use two different methods of collecting data.

1. You can interview students, teachers and community members.
2. You can use observation method. This requires that you will move around to see different sites and activities.

For both methods you will need an HPS checklist to ensure you assess all aspects of health in a school.

Assessment recording tool

The checklist in Session 3.2 has been designed to use for assessing the various characteristics of a Health Promoting School. This check list gives a detail list of all the components. You can use this in your interviews and observations.

Timing

Schools can use the checklist to help agree the priorities for the health action plan. The next phase of the assessment can be some time during the middle of the year when some of the projects are in progress or assumed to be completed. You can use the checklist to monitor the outcomes of the activities and strategies. Then make a second phase of assessment during the end of the year.

Monitoring and evaluation

This checklist will also help you to monitor the development and progress of a HPS. The coordinator of the HPS program in the school can use the check list from time to time and report progress to the students, teachers and parents. The checklist will also be useful in comparing other HPS within their districts or neighbouring schools so schools can help each other.

You will now use this checklist with a local school. **Remember you are a guest at the school.**

- Dress smartly
- Try not to disturb classes
- Greet students and staff politely, give your name and explain what you are doing
- Ask permission before speaking to students
- Be a good health role model – do not chew, smoke or spit
- Thank the students and staff
- Write a thank you letter

Case study – how to use the checklist

Some of the school HPS school such as **Ketrobo** in ESP, **St Mary’s Primary**, Lae and **Namatanai Primary** in Kavieng have been using the checklist.

A teacher who has been trained to use the checklist assesses the progress of their school. The checklist is used to monitor the school’s own progress. The same checklist is also used to compare its self against other schools in the implementation of the HPS program. This happens at sessions where HPS coordinators from the different schools get together (for example, as part of the Teacher In-service Plan cluster meetings).

They can give themselves certain percentage of the total score (checklist) and aim to improve the score through an HPS plan and their SLIP.

Self study

1. Individually review the school visit and make sure the checklist is complete before the next session.
2. Use the checklist to assess your own college. Does it do better than your local primary school? How?

Session 3.4 HPS situational analysis and health priorities

Session learning outcomes: By the end of the session, you will be able to...

- Analyse a health audit of a local school and suggest areas for improvement.
- Prioritise and justify health promotion activities for the school.

In this session you will analyse the checklist you completed at your local school. You should have looked at the results and your additional notes in your own time.

The checklist and the consultation with students, teachers and staff is the second part of the HPS planning cycle (see Session 3.1). The first is creating a shared vision.

Evaluating the checklist

A good teacher is a reflective teacher. Evaluate the checklist you have used. How is it useful? How can it be improved? Make your reflections in your notebook.

How is the checklist useful?	How could it be improved?

Priorities for our local school

Once the checklist and discussions with students and parents are complete the school needs to draw up its list of priority areas. It is best not to have too many priority areas. Which are the ones which will have the largest impact on enrolment, retention and learning?

For example, if lots of children miss school because there are no toilets, then toilets must be a priority.

You should also choose priorities that are **achievable** and **affordable**.

For example, do not choose vaccination as a priority if your local health centre is closed and there are no available health workers. Vaccination might be important but the target is not achievable.

For example, it may be a priority to build a new permanent classroom but if the school has limited funds and no realistic way of getting additional money this is not an achievable medium term target.

Remember to think of the full six dimensions of good health and sort the priorities into order of importance. Complete this in your notebook.

Health priorities for my local school (based on checklist and discussions)	Why is this health issue a priority?
1. Most important	
2.	
3.	
4.	
5.	

Changing priorities into achievable outcomes

The next stage is to change your health priorities into outcomes to write into your plan. Remember that outcomes need to be written as the end point for activities – a small goal for the school. The HPS plan must be SMART

- **Specific**
- **Measurable**
- **Achievable**
- **Realistic**
- **Time related**

You may have more than one outcome for each priority area. Here are some examples of outcomes for a primary health promoting school:

For example,

- The teachers support students and do not use unfair or harsh punishment
- The school provides clean water to students to drink and wash their hands
- The school and teachers deal effectively with student injuries
- Teachers confidently plan, assess and teach Health and Personal Development
- Teachers and students follow school policy on HIV/AIDS, Gender Equity, Behaviour Management and Health

Complete this table in your notebook.

Health priorities for my local school (based on checklist and discussions)	Health promoting outcomes
1. Most important	
2.	
3.	
4.	
5.	

You have now completed the **Vision Statement, Situational Analysis** (including the **HPS assessment checklist** and discussions with stakeholders), **health priorities** and **outcomes** for your local school's HPS plan.

The next step will be to complete the SMART parts of the action plan – **Strategies, Timeline** and **Indicators**.

Self study

1. Individually read other groups results, reports and recommendations. Make note of differences in opinion. You can change and update your key areas ready for the detailed planning in the next section.
2. Complete five to ten outcomes for your school from the priority areas. Ask a peer to check them.

Session 3.5 Strategies for improving health at the school

Session learning outcomes: By the end of the session, student teachers can...

- List a wide range of practical strategies for improving health at schools

Writing the health promoting strategies

After you have completed the **priorities** and **outcomes** in your school HPS plan you will need to write the **strategies**. These are the specific activities which will lead towards achieving the health outcome. You may have 1 or more strategy for each outcome.

What makes a good health promoting strategy in schools? Complete this table in your notebook.

For example, inexpensive

What are good strategies for the six dimensions of health in schools?

Using the information in Module 2, the case studies and your own experience make a list of effective health promotion strategies that schools could use in their plans. Complete the table in your notebook.

For example, improved toilets, after school health club, policy, curriculum, celebrating health days, health rules, planting gardens, school worming program etc

Six dimensions	Practical strategies for schools
Physical health	
Social health	
Emotional health	
Spiritual health	
Mental health	
Occupational health (e.g. policy and curriculum)	

Completing your HPS action plan

Now select from these excellent strategies to complete your first HPS action plan. Each outcome will need one or more strategies.

Don't forget to list:

- Who will be responsible for leading the activity
- What resources you will need (money, materials or people)
- How long it will take/when will it be completed

The final stages are to review the plan, review how the plan will be evaluated and how you will involve all the stakeholders.

HPS case study – a successful plan

Ketrobo Primary School is in Goroka, EHP. Ketrobo is an HPS with an excellent beautification program. They have completed beautiful foot paths made of concrete. This helps a lot in avoiding mud and dust getting into the classroom and getting mud all over the lawn. They have made beautiful flower beds and are planting new flowers to beautify the school to make it look attractive.

Besides the beautification program Ketrobo has installed new water tanks and sanitation facilities. Students have clean water. They have also built new teachers' toilets.

They plan to build rest seats for students to seat on and have lunch and just relax. They have integrated this with the Making a Living program.

In addition, Ketrobo has classrooms that are clean and well ventilated for students to sit and learn. They have their tables organised in ways that avoid crowding.

1. Did the school have a range of strategies?
2. Did their strategies cover the six dimensions of health?
3. Who were the stakeholders involved in implementing the HPS plan?
4. Why do you think their plan was a success?

Self study

1. For each outcome and its strategies make a note of who will be responsible for managing the activity and how long it will take. Try and estimate the resources you will need. Don't forget human resources!
-

Session 3.6 Strategies for involving students, staff and the community

Session learning outcomes: By the end of the session, you will be able to...

- Brainstorm and list strategies for involving students, staff and the community in planning and implementing an HPS activity

School and community partnership

All people involved in designing, planning and implementation of all HPS activities must also be involved in the evaluation process. Achieving the health outcomes depends on the full participation of students, teachers, the community and the board of management in the implementation of the activities. How can the people leading the HPS plan get all stakeholders involved?

1. Strategies for involving students

For example,

- Have at least one male and one female student on the HPS committee
- Have a student HPS committee with equal representatives from each class
- Have an HPS class prize each month
- Use focus groups with students to discuss the plan, priorities and strategies
- Build HPS activities into Making a Living lessons
- Celebrate health days
- Make HPS activities a part of every class routines and chores
- Write the vision and plan in simple, student friendly language
- Make sure all HPS activities have students involved in the planning, monitoring and implementation
- Students leading advocacy and awareness campaigns in the home and community

More strategies for involving students...complete in your notebook

2. Strategies for involving parents

For example,

- Mothers and fathers on the HPS committee
- Regular reports to P&C meetings
- HPS plan written in language parents will understand
- Every activity include parents planning, evaluating or implementing HPS strategies
- Physical work in schools, cleaning, building, cutting grass etc



- Resource support – donation of materials and money
- Health open days for parents
- After-school or weekend health classes for parents

More strategies for involving parents...complete in your notebook

3. Strategies for involving teachers and the Headteacher

For example,

- In-service program for teachers on HPS to promote the benefits of HPS
- Guest speakers from health services during in-service sessions
- Making sure HPS activities also include teacher housing and teacher's families
- Units of work include HPS activities in Personal Development, Health and Making a Living
- Teachers involved in all parts of HPS planning cycle
- Teachers on HPS committee
- Praise and reporting of successes – certificates of thanks

More strategies for involving teachers and the Headteacher...complete in your notebook

4. Strategies for involving local health services

For example,

- Involvement in the whole planning cycle
- Invited to join the HPS committee
- Visits from students to health services to help clean up etc
- Regular invitations as guest speakers and screening programs
- Praise to their superiors and thank you letters
- Help with transport/food when visiting school

More strategies for involving local health services...complete in your notebook

Self study

1. Return to your strategies and now add how you will involve stakeholders.
-

Session 3.7 HPS planning best practice

Session learning outcomes: By the end of the session, you will be able to...

- Explain what is meant by planning **best practice** in HPS
- Demonstrate/show correct skills in planning best practice in HPS

What is best practice?

Planning is an everyday event for everybody in our work of life. Before the implementation of a given job, plan what need to be done, when, where and how it should be done and what resources are needed.

For example, a parent who wants to prepare a meal for their family needs to know what to cook, the number of people to feed, when to start cooking and the appropriate method needed in cooking the food. The indicators would be each part of the meal finished and each member of the family fed and satisfied. The outcome would be a healthy, well fed family!

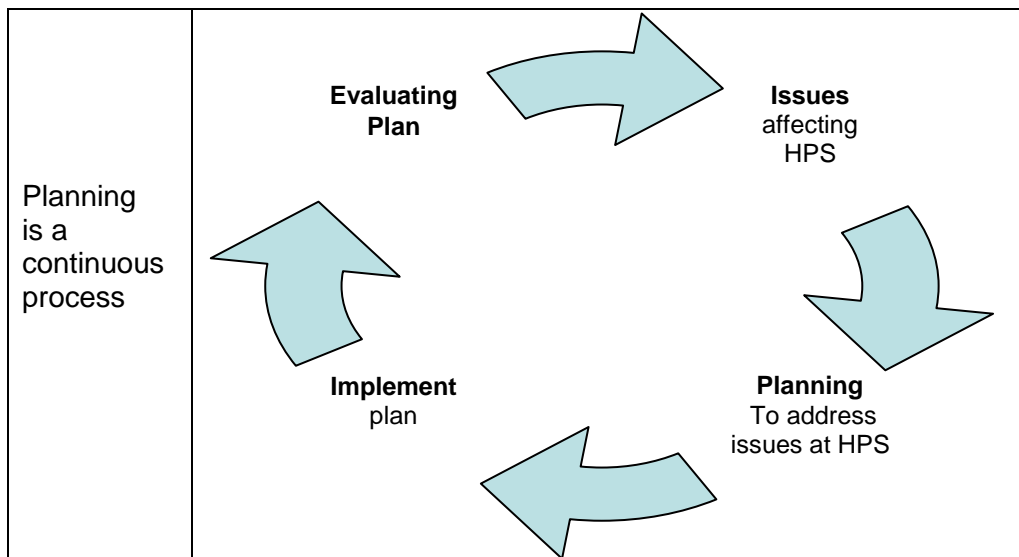
In planning people imagine or dream of something special that they want to achieve. A well organised plan is more likely to achieve its outcome.

Best practice is the most effective example.

Planning best practice in HPS

1. Use the full planning cycle

All planning follows this cycle. Best practice in HPS also includes this cycle. If you miss out any of the steps the plan is more likely to fail.



2. Do a full situational analysis

Complete the HPS checklist and speak in depth to all the stakeholders. Bear in mind gender issues.



You need to know where you are flying from! Knowing where to go and taking off is better than taking off without knowing where to go!

3. Participation from all

This is crucial. The plan must include all the stakeholders including boys, girls, teachers, management, community, health services and parents.

4. Other elements of HPS planning best practice

- Participatory – everyone feels ownership, everyone is consulted
- Everyone can understand the plan – simple language
- Public document
- Specific to that school and their needs and priorities
- Realistic plan – not too many objectives or activities
- Short and medium time frame
- Sustainable
- Seen as valuable by both the school/community
- Plans are measurable
- Adaptable
- Low cost
- Builds on what the school already does well
- Would survive the departure of key staff
- Gender equity
- Linked to national initiatives and policy
- Regularly reviewed

Self study

1. There are many different ways of planning for community activities. You will have seen slightly different models in HPS, Community Development/Projects, SLIPs and Making a Living. This is ok because all planning shares the same principles.

Look at the planning cycle you learnt another course. What are the similarities and what are the differences between them and HPS? Which planning process do you prefer? Why?

Session 3.8 Case study analysis of a health promoting school

Session learning outcomes: By the end of the session, you will be able to...

- Read and critically examine a case study of a Health Promoting School
- Analyse and identify the common features of a successful HPS.

Monitoring and evaluation of HPS activities

Monitoring simply means measuring whether the health promoting school program strategies and outcomes have been met.

Evaluation involves assessment of HPS activities to determine how well the program is working. It is a critical analysis of the plan, the implementation, the achievements and the failures.

Participatory monitoring and evaluation involve students, teachers, board of management, parents, community and district officers of education and health.

What are indicators?

Indicators are measurable steps towards an outcome. Each outcome will have indicators which can be measured.

For example,

- Improvement in nutrition and promote local foods
- Improvement in variety of school lunch
- Building of water tank
- Improvement in number of hours or units of work for teaching health content included in the syllabus
- First Aid kit available in school
- Reduction in the number of students smoking, chewing betel nut and taking drugs.
- Improvement in community participation in HPS activities
- Reduction in the number of violence and bullying incidents in the playground
- Decrease in illness status among students, teachers and staff
- Decrease in absenteeism among students, teachers, and staff due to sickness
- Improvement in students' learning
- Improvement in student discipline
- Improvement in class attendance
- Reduction in the number of student pregnancies
- Decrease in female harassment.

Steps in monitoring and evaluation of health promoting-school activities

1. Discussion on importance of participatory monitoring and evaluation among the teachers, students, community and stakeholders.
2. Checking or reviewing the plan of action: what activities are included in the HPS plan and when to achieve them?
3. Decide the time for monitoring. Is it convenient?
4. Prepare monitoring check-list and guide
5. Talking to students, teachers, parents, P&C representatives using the checklist as a guide
6. Checking the attendance and grade points of the students
7. Compiling the information collected
8. Sharing the information among the members of monitoring team
9. Evaluating what is achieved, what is not achieved as planned and reasons for achievement and non-achievement.
10. Identify the action to be taken to achieve the unachieved activities
11. Modify the activity plan.

Case study – an HPS plan's first year

St. John's Primary School is a Catholic school and has an enrolment of 280 children. There were nine teaching staff and two ancillary staff. Health promoting school committee was established to plan and oversee the progress of the program and its activities.

The school program had five priority areas to work towards.

1. Improving the physical environment
2. Better nutrition
3. Health care
4. Healthy lifestyle
5. Better toilets

These priority areas were categorised into long term and short term goals by teachers, Headteacher, students and parents.

Manpower was very much needed. The BOM and the community members were very supportive but were not involved in the implementation and evaluation of the school activities. The BOM gave K1000.00 and there were donations from the Nutrition Office (cooking utensils were used for promoting healthy lifestyle), Colgate Palmolive (toothpaste and brushes), and fun run T-shirts were given by a local business house.

After one year the HPS plan was reviewed as part of the planning cycle.

- Students' behaviour and attitude towards learning improved
- Sanitation still needed improvement because no funds were available to buy tanks and toilet building materials
- Teachers and the community members used sustainable resources that were locally available for implementation of activities. Many of the activities to improve the physical environment were accomplished on time.

1. What are the strengths and weaknesses of their HPS plan?
2. How did the school succeed in improving health?
3. What were the challenges and problems for the next phase of the plan?
4. What can you learn from this school's HPS plans? Did they have good outcomes, strategies and indicators? Were the plans realistic?

Self study

1. Read another case study and analyse the successes and failures before the next session. Share with others the evidence of a successful HPS plan.
2. There has been a lot of HPS training and initiatives since 1997 but not every school has an HPS plan. Why do you think this is the case? How is the Department trying to make HPS more sustainable? Explain to a peer why poor monitoring and evaluation may have a negative impact on a school health program.

Session 3.9 Leadership and sustainability in health promotion

Session learning outcomes By the end of the session, you will be able to...

- Define good school leadership and HPS sustainability
- Explain what kind of leadership is needed to improve health in a school
- List practical strategies to sustain HPS plans

What is leadership?

Leadership derives from a word leader. To become a leader means the ability to manage, guide, direct or influence the affairs of an organisation.

A leader is not necessarily the loudest person in a school!

Some of the characteristics of good leadership in schools include:

- Good knowledge of the curriculum, Universal Basic Education, gender equality, health issues and child friendly principles
- Fair
- Clear about their goals and the steps to achieve them
- Able to motivate others
- Good communication skills – especially listening skills
- Open minded and accepts criticism
- Reflective planner and learns quickly from mistakes
- Problem solving and critical analysis skills
- Honesty
- Willing to try new strategies
- Able to train others to enhance their skills and knowledge for future leadership roles and responsibilities
- Positive attitude and energetic
- Well organised
- Good health role model in their own life and family
- Good values and morals – leads by example

What is sustainability?

The term sustainability means to maintain using the resources available. Sustainable development is the use of resources in ways that do not harm the health and well being of future generations. If an HPS plan is not sustainable then improvements in health will be lost when the resources run out or the management changes.

For example, building a water pump but not having anyone who knows how to maintain it is not sustainable.

For example, having one person responsible for initiating all the HPS activities is unsustainable because they may leave.

The strategies used in sustaining leadership in health promotion

In order to sustain the development programs of the health promoting school, there should be:

1. Guided rules and policies

The set up of these rules enable the staff, students and their surrounding communities in careful management of the environment, understanding the roles and the responsibilities of students and staff, guiding students in doing the right things, developing their interest in continue doing the work relate to HPS programs.

2. Stakeholder involvement

Involve the community, parents, teachers and all students in planning, implementing and evaluating the HPS plan. People need to feel they own the plan.

3. Training

Training programs are important in any organisations. Through this process people learn new ideas, information in order to develop. Regular health training motivates staff, students and parents.

4. Be realistic

It is better to have fewer outcomes in the first years. Often schools are tempted to have expensive projects first but these will take a lot of fund raising and are often not achieved. It is better to start with small successes. These motivate the parents and students.

5. Integrate health into the curriculum

Health should be a core part of most subjects. By including HPS in Making a Living activities the work will be more sustainable.

6. Being a team

Don't rely on one person! Work as a team and share the roles and responsibilities. Share the leadership and ownership of tasks.

7. Learn from others

Learn from what other schools have achieved and share your successes with them. Too many schools work on their own. Host cluster in-service on HPS. And, of course, learn from your own mistakes!

HPS case study - Ineffective leadership

This is a case study of a principal of a large Primary School in Momase.

The leadership role of a principal is very poor because he has two new girl friends that he goes around with. During the weekends he would go out to town drinking and gambling and all the community knew it. Staff and students were unhappy.

The students discipline was very poor because there was no control from the principal of the institution. There was little academic achievement or maintenance. He turned up late, so his teachers turned up late. The sellers at the school market broke the school rules by selling smokes and betelnut to the students and staff. The BOM did not seem to be interested in sorting out the problems and there were almost no parents on the BOM. There were no women on the BOM.

The school was suspended early by both the Standards officers because of the poor condition of the school and the failure to improve.

1. How had poor leadership affected the school? Why had this situation developed?
2. What are the solutions to this problem?
3. What lessons do you learn for when you are a senior teacher or Headteacher?

Remember that health can be improved through the leadership of a dedicated and hard working group of people. Everyone is responsible for improving health and you have an important role in leading the change to a better, safer, healthier society. Be a health promoting leader and teacher!

Self study

1. Choose one male and one female teacher you admire and list how they promote good health and how they are a leader in their home, their class, their school and their community. If you can, show this list to the teacher and ask them what they think about your observations.
 2. Select a well managed and well led healthy school that you know well and explain why it is good. Focus on the leadership and management.
-

Session 3.10 Course and lecture evaluation

Session outcomes: By the end of the session, you will be able to...

- Evaluate the HPS course and give suggestions for improvements
- Evaluate the lecturer and give suggestions for improving their teaching

Evaluation is an important aspect of teaching and learning and determines how far the HPS course outcomes have been achieved and evaluating whether its lecturers have met the requirements outlined in the course guides.

At the end of the course all student teachers should be able to plan and implement HPS activities in their school.

There will be two evaluations:

- The HPS course
- The HPS lecturer

The feedback will be either individually or pairs depending on the college and it will be anonymous and constructive. You will be asked to evaluate both the course and lecturer. Please be constructive and reflective.

How to conduct HPS in-service in schools

Every school and their community can make a difference to health. When you graduate you will need to run in-service for your fellow teachers. This will be part of the national teacher in-service plan and SLIP. You might be asked to train teachers from a cluster of schools.

You are encouraged to use fellow teachers as well as external trainers, teachers from other HPS schools, NGOs, Standards officers, health workers and Churches to facilitate sessions.

These sessions are ideas for HPS in-service. You can also use the Student Teacher Course Book as a resource. Good luck and good training!

	In-service session (approx 1 ½ hours)	Session outcomes By the end of the session teachers can...	Who could help facilitate this session?
1	What are the benefits of HPS?	<ul style="list-style-type: none"> Identify and list the benefits of Health Promoting Schools Explain and define health promoting schools 	Newly trained teachers, teachers from an HPS school
2	What is good health and well being?	<ul style="list-style-type: none"> Discuss and map the six dimensions of health List specific school health issues for each dimension 	As above
3	Health policies	<ul style="list-style-type: none"> Explore the NDoE HIV/AIDS Policy and explain how it improves children's health Explore the NDoE Behaviour Management Policy and explain how it improves children's health Explain the relationship between gender equity and good health 	Teachers trained in health, HIV/AIDS, gender equity and school based counselling or Standards officer
4	Child rights and a child friendly school	<ul style="list-style-type: none"> List child rights for health and education Discuss strategies for child protection in schools 	Child rights NGO, teacher from a Child Friendly School, school based counsellor
5	Good health equals better learning	<ul style="list-style-type: none"> Explain what a school learning improvement plan is Justify why health is important to improving learning in schools List the components of a health promoting school learning improvement plan 	Headteacher, Standards officer, teacher who knows about SLIPs

6	Health issues in primary schools	<ul style="list-style-type: none"> • Identify health issues for primary schools across the six dimensions of health • Rank school health issues in order of importance and justify the priorities 	Newly trained teachers, teachers from an HPS school
7	The HPS planning cycle	<ul style="list-style-type: none"> • Explain the steps to the HPS planning cycle • Link HPS planning with the primary school SLIP • Write a healthy vision statement for their school 	As above
8	Is our school a healthy, child friendly school?	<ul style="list-style-type: none"> • Understand and use the HPS checklist • Prioritise their own school health needs 	As above
9	HPS planning best practice	<ul style="list-style-type: none"> • Explain what is meant by planning best practice in HPS • Demonstrate/show correct skills in planning best practice in HPS • Understand and use the HPS plan format 	As above
10	Action planning – starting to become a HPS	<ul style="list-style-type: none"> • Explain what kind of leadership is needed to improve health in a school • List practical strategies to sustain HPS plans • Set up an HPS Committee 	Headteacher or teacher from an HPS school

Glossary and acronyms

Advocate	Someone who campaigns and promotes change in society using a variety of strategies
Balanced diet	Taking in foods from all the food groups in correct, healthy amounts at all meals
Best practice	Strategies and behaviours which are the most effective and most sustainable. Examples of good management and good teaching.
Bullying	When a victim is made to feel emotional, mental or physical pain by someone else
Casualty	A wounded, sick or injured person
Communicable diseases	Diseases that can be passed from person to person (e.g. HIV, TB, malaria, measles, worms). Different diseases have different modes of transmission.
Child abuse	When a child is harmed emotionally, physically or mentally by another person, usually an adult. Abuse can take different forms including neglect and sexual abuse
Child Friendly School (CFS)	A school that is safe, inclusive, friendly and welcoming to both boys and girls and which has an effective and equitable learning environment for all children
Defecate	Producing faeces
Drug	A chemical that alters normal body functions such as marijuana or alcohol or nicotine
Emergency	A crisis situation when a person's life or health is suddenly threatened
Empathy	Understanding the feelings of others and being able to imagine what they feel like
First Aid	Initial emergency assistance offered to someone who is injured or sick
Gender equity	Equal opportunities and treatment of boys and girls
Hazard	A potentially risky situation such as a flooding river or unsafe object such broken glass.
HPS	Health Promoting Schools. These are schools which plan and manage strategies to improve the health of students
Immunisation	Protecting someone against a communicable disease by giving them a vaccine to prepare their immune system to fight the disease later in life
Natural disaster	A major emergency event which is caused by a natural process and harms many people. For example, tsunami or earthquake.
NDoE	National Department of Education
NDoH	National Department of Health
Non-communicable disease	An illness that cannot be passed to someone else. Usually caused by the environment, genetics or lifestyle. E.g. heart disease, lung cancer, asthma, diabetes
Nutritional status	Whether someone is getting a balanced diet
Occupational health	Well being at work. For example, at school. Having the opportunity to do productive, valued and interesting work. Having a safe working environment
Parasite	A living creature that uses the body of another living thing as a home and as a free source of nutrients or energy. For

	example, malaria, worms, lice
Peer educator	Someone who is trained to share their knowledge and skills with their peer group. Usually in one-to-one or small group interactions.
Peer pressure	When a person's friends and peers persuade them to do something or a person does what their friends do to be part of a group. Can be negative or positive
Planning cycle	The whole process of planning. It is a continuous process. SLIP and HPS have planning cycles.
Rape	When a person forces another person to have sexual intercourse (vaginal, anal or oral sex) against their will. Rape is a criminal offence. Schools must help rape victims to get medical attention including Post Exposure Prophylaxis for HIV
Safety	When a person is not at risk of mental, emotional or physical harm from their environment or from people
Sanitation	Clean drinking and washing water and safe, healthy toilets
School based counsellor	A trained teacher or staff member who counsels students and staff. There should be one male and one female at all large primary schools and all secondary schools
SLIP	School Learning Improvement Plans. School plans for managing school improvements in teaching, health, in-service, infrastructure etc. HIV/AIDS and gender equity are compulsory parts of a SLIP
Sexual assault	When a person physically attacks another person in a sexual way. Sexual assault is a criminal offence.
Sexual harassment	When a person bullies another person using sexually explicit words, jokes or sexual touching.
Stakeholder	Someone who must be involved and consulted in a process for the plan to work well
UNCRC	United Nations Convention on the Rights of the Child. An international agreement signed by PNG and most other countries.
Universal Basic Education (UBE)	Free and compulsory education to Grade 8
WHO	World Health Organisation. An international organisation which promotes and supports health programs

Contact list

Health Promotion, Department of Health
301 3826

Your local health centre and Church health service

Your local Provincial AIDS Council or District AIDS Council

Your Provincial Guidance Officer and Standards Officers

Your District Women's Facilitator, Basic Education Development Project (BEDP – AusAID)
323 2210

Primary Curriculum Officer- Health
Mr Harold Ure, Curriculum Development & Assessment Division, Department of Education
Harold_Ure@educationpng.gov.pg
325 7555

UNICEF (including Child Friendly Schools)
321 3000

Save the Children PNG
732 2473

Childfund
323 2544

World Vision
311 2530

Population Education Project (UNFPA), Department of Education
324 6487

PNG Family Health Association
472 6523

ADRA
472 7058

Hope Worldwide
325 6901

Red Cross PNG
325 8759

BAHA HIV/AIDS Advice line (Mon-Fri 8-5) 7200 2242

References

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NDOE (2003) *Upper Primary Personal Development Syllabus & Teacher Guide*

NDOE (2004) *Lower Primary Health Syllabus & Teacher Guide*

NDOE (2005) *HIV/AIDS Policy for the National Education System of Papua New Guinea*

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PASTEP (2002) *Health & Gender Equity & Community Development Lecturer & Student Support Materials*

Approved health resources for use in schools and in your library

Oxford University Press (2005) *Personal Development Teacher Resource Book, Student Book 1&2*

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NDoH (2004) *National Tobacco Control for Policy PNG*

NDoH (2006-2009) *Strategic Plan for PNG Health Sector*

NDoH (2003) *National Policy on Health Promotion*

How to give feedback on these units of work

We encourage all lecturers and teachers to give us feedback on these materials. If you have any comments, suggestions for improving these materials or if you find any errors in the text, please contact:

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