

DRAFT

SCHOOL HEALTH POLICY OF LESOTHO

**MINISTRY OF EDUCATION AND TRAINING
LESOTHO**

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FOREWORD

In 2002, about 61.4% of the Lesotho population was estimated to be between the ages of 0-24 years old. About 86.3% was estimated to have completed Primary School Education in 2001. In Lesotho, as is the case in other African countries, girls and boys of school-going age have not been spared from psychosocial impact of HIV and AIDS. The number of AIDS orphans in Lesotho was reported to be 73,000 in 2001. As the number of HIV and AIDS cases rise in the country, poverty and other social issues also compound the Government burden to provide Care and Support because of numerous competing needs against limited resources. However, Lesotho is cognizant of the fact that its school-age population remains the nation's window of hope in terms of reversing or halting the spread and/or impact of HIV and AIDS, and other social problems likely to derail national development goals.

The Government of Lesotho (GOL) regards the School Health Policy as its guide in development and management of interventions that target the school age population. The school setting provides the best opportunity to impart critical knowledge and life-skills given the length of time young people spend in school from ECD to Senior Secondary level. Furthermore, this age group is also at a stage when they are amenable to learning new information and behaviors. Ultimately, the school setting gives young people the opportunity to interact with peers, teachers and the community as they acquire information and life-skills needed later in life to deal with challenges of adulthood.

The School Health Policy of Lesotho seeks to establish and promote policies for the development and management of vital services within the school setting for both learners and employees. The School Health Policy is a result of an extensive consultative process involving various players in and outside Lesotho. The needs and expectations of the learners, employees and society were considered and reconciled in arriving at the policies. The Policy encourages the participation of other players through a multi-sectoral approach. Ultimately, the School Health Policy is envisaged to also make an impact on Care and Support issues that threaten to retard the gains made in Education over the years specifically, HIV and AIDS.

The Ministry of Education acknowledges the cooperation and support of other line Ministries, civil society groups, Churches and development partners. The Ministry is most grateful for the technical and financial support UNICEF and WHO provided.

The **School Health Policy of Lesotho** is a turning point in the Ministry of Education and Training's desire to reach the school-age population.

LONG LIVE OUR COLLECTIVE SOLIDARITY!

Hon Mohlabi Kenneth TSEKOA (MP)
MINISTER OF EDUCATION AND TRAINING
ACKNOWLEDGEMENT

School Health Policy of Lesotho was developed through a collective effort of many individuals and organizations. The Policy development process was accomplished through the leadership of the Ministry of Education and Training and the technical and financial support from UNICEF and WHO. Special mention go to all participants of the multi-sectoral stakeholder meeting including line Ministries, private companies, non-governmental organizations, faith-based groups, development partners and the youths for their participation and commitment throughout the process. We are sincerely grateful that the Principal Secretary for Education and Training, Ms Ntsebe Kokome chaired the consultative meeting and participated in the group discussions and plenary. The enthusiasm and collective solidarity that was demonstrated during the development of the School Health Policy should be carried over to the implementation stage for the benefit of Basotho nation.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual Reproductive Health
CBO	Community Based Organization
CRC	Convention on the Rights of the Child
ECD	Early Childhood Development
FGM	Female Genital Mutilation
FNCO	Food and Nutrition Coordination Organization
GOL	Government of Lesotho
HIV	Human Immunodeficiency Virus
HAS	Health Services Areas
IEC	Information, Education and Communication
LCE	Lesotho College of Education
LSHA	Lesotho School Health Association
LSHN	Lesotho School Health Network
MOET	Ministry of Education and Training
MOHSW	Ministry of Health and Social Welfare
NCDC	National Curriculum Development Centre
NGO	Non-governmental organizations
NHTC	National Health Training College
OI	Opportunistic Infections
PLWHA	People Living with HIV/AIDS
PSTA	Parent-Student-Teacher Association
SHSL	School Health Society of Lesotho
STI	Sexually Transmitted Infections
TOT	Training of Trainers
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization
YFS	Youth Friendly Services

1.0 PREAMBLE

- 1.1 The Government of Lesotho (GOL), through Government Gazettes, policy documents and position papers on national development issues such as Vision 2020 has clearly expressed its desire to efficiently use the available limited resources to address the various national competing needs including those of young people;
- 1.2 Over the years, the GOL has developed various Policies and Legislative Frameworks that seek to promote, protect and support the welfare of young people, namely:
- The Youth Policy (1999);
 - The National AIDS Strategic Plan (1999);
 - The Gender Policy (2002);
 - The Policy Framework on HIV/AIDS Prevention, Control and Management (2002);
 - Development of Vision 2020
 - The Social Welfare Policy (2003);
 - The Adolescent Health Policy (2003);
 - Sexual Offences Act, Vol. XLVIII (2003);
 - The Child Protection Bill (in progress); and
 - Gender and Development Policy (work in progress);
- 1.3 Further, the GOL has adopted the Millennium Development Goals and Objectives and is a signatory to several international Conventions and Charters, and has also participated in major international dialogue on issues pertaining to the growth and development of young people, among them:
- World Summit for Children (1990);
 - the World Conference on Education for All (1990);
 - The Dakar Declaration on Education for All (EFA) Goals (2000);
 - UN General Assembly Special Session on HIV/AIDS (2001)
 - The UN General Assembly Special Session on Children (2002);
 - UN Convention of the Rights of the Child (CRC);
 - Convention on the Elimination of Child Labor;
 - Africa Charter on Child Rights and Welfare;
 - Convention on the Elimination of Discrimination Against Women;
 - Ouagadougou Conference on the Education of women and girls (1993);
- 1.4 By ascending to the regional and international Conventions, Treaties and Charters as well as participating in regional and international debates, the Government of Lesotho has demonstrated political will and commitment to promote and protect the welfare of young people a majority of who are of school age population.
- 1.5 About 48% of the population in Lesotho is between the ages 5 years to 24 years, and approximately 70% of this population is enrolled in formal schools.
- 1.6 The school age is a period for learning and adoption of both positive and negative information and practices that are likely to influence the achievement of one's life goals.
- 1.7 Therefore, if young people are not equipped with basic information, life-skills and/or services to address social issues they are not likely to be able to address the various challenges they face as young people or as adults.

2.0 TITLE

2.1 This Policy may be cited as **SCHOOL HEALTH POLICY OF LESOTHO** and comes into operation on the date of its publication in the Government Gazette.

2.2 INTERPRETATION

In this Policy, unless otherwise stated, “LEARNERS” refers to pupils enrolled in a formal education system (public or private) beginning with early childhood development (ECD) to Senior Secondary and those enrolled in a non-formal education system including learning posts and learning centers. Further, the School Health Policy seeks to reach out to Initiation Schools, which currently are neither formal nor non-formal schools but influence significantly the growth and development of the child in Lesotho. The term “EMPLOYEES” refers to a person working in any capacity in either the formal or non-formal Education sector.

2.3 VISION

- To create an enabling environment for the implementation of a wide range of initiatives that seeks to promote the health and welfare of the school-going age population in formal and non-formal learning settings;
- To legitimize the advocacy and social mobilization activities for the protection of Children’s Rights through education, services, regulations and legislation.
- To facilitate the participation of various players including the family, civil society and development partners in promoting and supporting the health and wellbeing of young people.

2.4 RATIONALE: WHY SCHOOL HEALTH?

2.4.1 The school setting provides the best opportunity for delivering a variety of structured health activities e. g., instruction, health services including care and support;

2.4.2 The school-age population is at stage where it is anxious and willing to learn and discover new things. Therefore, any positive interventions are likely to have a significant impact on character building including behavior;

2.4.3 The school-going years make the learner a captive audience and therefore easy to access with valuable information and skills;

It is economic to prevent rather than to cure. Since School Health activities places greater emphasis on prevention, it is considered a wise, social investment.

2.5 GUIDING PRINCIPLES

The development, management and implementation of the School Health Policy of Lesotho shall be guided by the following principles or values:

- Health is a fundamental Human Right;
- Leadership, political will and commitment at all levels is essential;
- Equity must be applied in School Health;
- School Health must adhere to principles of Social Justice;
- Partnerships, networking and alliance building are critical to resource mobilization including service delivery;
- The public and private sectors has a social responsibility in promoting School Health;

- School Health activities shall be integrated across the school curriculum;
- Any form of abuse against a child shall be investigated and perpetrators prosecuted;
- Cultural practices known to be harmful shall not be promoted;
- Purposeful targeting of health information and services according to needs of the intended beneficiaries shall be a pre-requisite for implementation;
- The practice in School Health shall be based on Professional Standards of Practice and Ethics.

3.0 SCHOOL HEALTH POLICY OF LESOTHO.

3.2 GOALS OF THE SCHOOL HEALTH POLICY

The Goals are to:

- Guide the development, delivery and evaluation of a planned school health curriculum from pre-school through basic education;
- Advocate for the implementation of School Health components from pre-school through senior secondary education level;
- Give direction to the Government of Lesotho for harnessing new alliances and networks for mobilizing resources for School Health at local, national, regional and international levels.

3.3 OBJECTIVES OF THE SCHOOL HEALTH POLICY

The Objectives are to:

- Promote, protect and support provision of health instruction, health services, and a healthful environment in both formal and non-formal education settings;
- Facilitate establishment of an organizational structure, capacity building mechanism and the mobilization of resources toward the School Health programme;
- Ensure participation of parents, guardians and the community in promoting, supporting and protecting the health and general welfare of young people in both formal and non-formal education settings;
- Promote and sustain multi-sectoral collaboration in School Health through partnerships and alliance building at local, regional and international levels.

4.0 MAJOR COMPONENTS OF THE SCHOOL HEALTH POLICY

The School Health Policy shall seek to address issues evolving around the following components among others:

- Implementation and Coordination Mechanism
- Curriculum Development
- School Health Instruction
- School Health Services
- School Health Environment
- Capacity Building
- Partnerships and Alliance Building
- Care and Support Issues
- Research, Monitoring and Evaluation
- The Role of Government

4.1 IMPLEMENTATION AND COORDINATION MECHANISM:

In order to promote, protect and support the health and welfare of school age population in Lesotho, a multi-sectoral approach shall be adopted and shall involve all relevant line Ministries, non-governmental organizations, faith-based organizations, institutions of higher learning, intended beneficiaries (learners and teachers), and international development partners including the UN agencies. The implementation and coordination mechanism shall be cognizant of the following:

4.1.1 Proposed Coordination and Management Structure

The School Health Policy proposes that:

- Monitoring of the implementation of the School Health Policy shall be the mandate of the Inspectorate in the Ministry of Education and Training;
- Coordination and management of School Health activities shall be the joint responsibility of the Directorate of Curriculum Services and Non-formal Education Inspectorate;
- A National Curriculum Committee shall advise the Minister regarding curriculum issues related to coordination and management;
- A multi-sectoral Advisory Forum to the Principal Secretary of the Ministry of Education and Training on issues evolving around joint planning, implementation and evaluation of all School Health initiatives at national and District levels be constituted;
- All institutions of higher learning shall have representation in the Advisory Forum to the Principal Secretary;
- At the District level, a Local Government multi-sectoral Task Force on School Health comprising of the Ministry of Education and Training, and other line Ministries, civil society groups, learner associations, faith-based organizations, the private sector and community based organizations shall be established for purpose of monitoring the implementation and coordination of all School Health initiatives;
- The oversight for the implementation and monitoring of School Health initiatives at the school level shall involve the School Committees and School Boards and shall work with the Health Services Area Management team.

4.2 CURRICULUM DEVELOPMENT

The School Health Policy seeks to ensure that:

- Curriculum development adopts a multi-sectoral Panel system involving learners, teachers, parents, health professionals, community representatives, education policy makers and development partners among others;
- The multi-sectoral Panel on School Health Curriculum establishes a process and criteria for determining the range of topics that are essential and relevant at each level;
- Learner Associations, Boys and Girls Forum, parents and the community participate in the development of curriculum;
- The multi-sectoral Panel on School Health Curriculum recommend the allocation time within the school time-table to deliver School Health activities and also avail instructional resources and qualified personnel;

- Integration and sequencing of health topics takes into consideration developmental growth patterns of youngsters and behaviors sought at the various maturity levels;
- The school health curriculum shall seek to stress positive behavior outcomes expected in the learner throughout the delivery of the school health content.

4.3 SCHOOL HEALTH INSTRUCTION

This is a critical component of the School Health programme that seeks to impart content and skills to learners and employees to help them optimize their wellbeing and quality of life. The body of knowledge in school health is drawn from public health, medicine, physical, biological and social sciences. The framework and methodology of delivery is derived from pedagogical sciences, educational psychology, the performing arts, communication and the behavioral sciences. The School Health Policy shall ensure that:

- Health instruction is planned and sequenced from ECD to Senior Secondary Education level;
- The content and skills imparted are based on needs of learners, societal expectations, research, current and emerging health concepts or social issues;
- Health instruction provides opportunities for learners to develop and demonstrate health-related knowledge, attitudes, practices and skills as well as integration of the physical, mental, emotional, social and spiritual dimensions;
- Health instruction develop specific program goals and objectives, formative and summative evaluation procedures, and an effective management system;
- The cost of implementing Health instruction is calculated to include instructional materials, supervision, training and capacity building, remuneration, logistics and consultation among others;
- Teachers, peer educators and facilitators are trained and equipped to deliver a variety of services under school health instruction;
- The content taught and the methodology used shall be adapted to meet the needs of the learner including language, culture, religious views and developmental characteristics;
- Concepts presented at ECD and the lower education levels shall focus primarily on the individual and family, and expanded by end of Senior Secondary to include community, national and global health;
- Content and skills taught under school health are reinforced across the entire school curriculum in science, social studies and arts courses among others;
- Health information services extend to the family and community in order to fully exploit the potential of health instruction to produce behavior change among learners and employees;
- Learners participate in all health courses and are required to complete the course for graduation purposes;
- Sensitive and controversial health topics such as sexuality are to be taught under the direction of the Ministry of Education, and the School Committees and School Boards;
- Exclusion or exemption of any learner from attending parts of or all the health courses shall be based on guidelines set by the Ministry of Education.

4.3.1 Structuring the Body of Knowledge for Health Instruction.

Structuring knowledge assists the teacher / facilitator determine what to teach and also helps the learners to cope with large volumes of health knowledge. The School Health Policy shall ensure that:

- The health teacher / facilitator shall structure and organize the body of health knowledge systematically for purposes of planning and conducting meaningful health instruction;
- The health teacher / facilitator shall formulate goals and objectives to further specify that which is to be stressed in health instruction;
- Outcome behaviors of the learner shall be centered on objective categories such as, “information acquisition,” “skill development,” “concept development,” “opinion expression and development” or “values awareness,” and that these outcome behaviors are consistent with age, gender and culture among other variables;

4.3.2 Teaching Strategies and Techniques

Teaching strategies are means by which instructional objectives are best attained while teaching techniques are specific tools of the teacher / facilitator.

- The maturity of the learner, class size, time allotment, time of day, content to be covered, environmental conditions, points of view of the school and community including cultural beliefs, practices and language are among the factors that shall influence the selection of a technique or strategy to be used;
- Each teacher or facilitator or peer educator shall need to possess a repertoire of teaching techniques and to be aware of the values and limitations of each technique;

4.4 SCHOOL HEALTH SERVICES

School teachers, nurses, physicians, nutritionists, dentists, counselors, environmentalists and others provide health services to schools daily and continuously. Their services include all procedures to promote, appraise, and protect the health of every child in formal or non-formal education system including ECD level. The School Health Policy shall advocate that:

- Each school shall promote preventive health screenings in order to make early diagnosis and/or referral;
- Each school shall establish a school feeding programme, clean drinking water, sanitation, and recreation /outdoor education among other services that seek to promote growth and development among young people;
- Schools shall share financial resources and personnel (school nurses), as well as mobilize community support and partnerships to provide the needed services in formal and non-formal education system.
- Each school shall enforce the Convention on the Rights of the Child and any other legislations meant to protect the child from any form of abuse;
- Health clinics within each Health Services Areas shall compliment school-based initiatives by rendering health services to school pupils with unmet health needs through prevention education, screening, testing, diagnosis, counseling or treatment of any ailment;

- Records of vital statistics regarding growth and development, and cause of illness among learners and employees be kept at each school or local health clinic or health center.

4.5 HEALTHY SCHOOL ENVIRONMENT

This is a broad component of the School Health programme which refers to a healthful physical and emotional environment, healthy school personnel, and a healthy school day. The School Health Policy seeks to ensure that:

- Each school establishes and maintains a positive, supportive, and safe climate for learners to enhance opportunities for learning;
- The school does not permit any form of discrimination;
- Safety procedures including those dealing with hazards and emergencies are provided in written form and disseminated to each school employee;
- Schools, particularly those in urban areas, make traffic safety a vital element of a School Health programme;
- Sale and/or consumption of alcohol, tobacco and other mind-altering drugs are prohibited in school;
- Clean drinking water and facilities for the disposal of waste are established and maintained;
- Each school establish a committee to address school security before threatening incidents or injuries occurs;
- Regulations to prevent and stop sexual harassment or unwanted sexual behavior and other forms of child abuse are developed and strictly enforced;
- Education and prevention activities for all school personnel and students about sexual harassment, the law, and the school policy are established and provided;
- Sanitation, classroom lighting, room temperature and noise levels are properly maintained and monitored in order to support the learning of students.
- School children with disabilities have access to all school buildings;
- Ministry of Education and other line Ministries (Environment and Tourism, Forest and Land Reclamation, Health and Social Welfare, Agriculture, Gender and Justice) shall collaborate to provide and maintain a safe school environment.

4.6 CAPACITY BUILDING.

Training of those who end up teaching or facilitating in school health activities is critical for programme success. It is therefore prudent that institutions learning that train teachers, health professionals and other allied fields take an active part in all school health initiatives including any policy development and implementation dialogue related to school health.

4.6.1 Pre-Service Training

- All institutions of higher learning in Lesotho including the National University, the Lesotho Education College and the National Health Training College shall periodically review and revise its curriculum in order to make it relevant to the needs of the country;
- The Education Secretaries representing Churches in Lesotho shall form part of the Advisory Forum on Curriculum at all national training institutions;

- Fellowships and/or scholarships shall be made available to enable individuals with appropriate background to pursue further studies in and/or outside Lesotho;
- Tertiary institutions in Lesotho shall in the future offer formal training in school health education for Basic Education teachers;

4.6.2 In-Service Training

- The Ministry of Education shall periodically offer school health workshops, conferences, study tours or exchange visits to teachers with support from development partners;
- The Ministry of Education and in collaboration with its partners shall source financial support to provide stipends or release time for School Health teachers to go on staff development;

4.6.3 Continuing Education.

- All school health teachers shall maintain a high level of professional competency in terms of knowledge and instructional skills through Continuing Education;
- Any Tertiary institutions responsible for teacher training shall offer Continuing Education and other refresher courses on School Health throughout the country;
- All senior management in School Health shall be required to attend conferences, seminars or workshops in and/or outside the country in order to stay abreast with the latest developments in School Health.

4.7 CARE AND SUPPORT ISSUES

In Lesotho, as is the case in most developing countries, young people of school-going age face a multitude of emerging and chronic social problems that are likely to prevent them from realizing full potential in life. Among the social issues threatening young people to date include HIV and AIDS, sexual and reproductive health issues; poverty and drug use/abuse which manifest themselves in the form of premature deaths, school dropout, unwanted early pregnancy and delinquency among others. The broad Policy directives shall seek to:

- Create an environment within the learning setting that promotes and supports the delivery of care and support services to both learners and employees;
- Promote care and support activities that are consistent with national social norms, culture and/or legislations;

4.7.1 HIV/AIDS Prevention

The School Health Policy shall ensure that:

- Information, education and communication (IEC) activities are delivered in a language that is appropriate for the target group;
- Guidance and counseling, and other HIV/AIDS life skills activities promote values and beliefs on sex and sexuality that are consistent with the culture and orientation of the beneficiaries;
- Learners and employees participate throughout the development of all educational materials and programme plans for HIV and AIDS intervention activities;
- Multiple channels of communication including traditional and modern channels are utilized in disseminating HIV and AIDS information and skills;

- Views of parents and the community are considered along with the needs of the learners when developing HIV/AIDS activities for the school-age population.

4.7.2 HIV/AIDS Voluntary Counseling and Testing (VCT)

a) HIV Counseling:

- Learners and staff shall have access to guidance and counseling provided by trained and competent persons as part of the life skills education at both the school and community levels;
- Each young person below the “age of consent” who is sexually active shall receive professional counseling and given advise based on the level of risk for HIV, pregnancy or STIs;

b) HIV Testing:

- HIV testing shall be voluntary, confidential and anonymous;
- No child may be tested for HIV except when this is in the best interests of the child and consent has been given;
- Partner notification also known as “shared confidentiality” shall be encouraged as a way of protecting the Rights of the other partner;

4.7.3 Anti-Retroviral Therapy (ART) and Other Treatments

- Ministry of Education shall liaise with the Ministry of Health and set up a referral system for teachers and learners requiring ART to access it;
- Ministry of Health shall promote client-friendly services toward prevention, care, support and treatment targeting young people in formal and non-formal education systems;

4.7.4 People Living with HIV/AIDS (PLWHA)

- The responsibility to protect oneself and others from HIV infection through responsible sexual behavior shall be upheld by each PLWHA;
- No staff or job applicant shall be discriminated against based on their HIV status in terms of promotion, training or employee benefits;
- Advocacy campaigns, legislations and policies shall be used to counter stigma and discrimination against PLWHA;
- A supportive environment at community and school levels is necessary to implement and sustain services such a counseling, nutrition, home-based care and clinical care for PLWHA and their dependencies;
- All abuse cases reported to the Ministry of Education and Training including those alleging willful transmission of HIV shall be referred to appropriate authorities.

4.7.5 Orphans and Vulnerable Populations (OVP)

The School Health Policy seeks to:

- Promote a shared responsibility for the care and support of orphans and other vulnerable groups within each community through mobilization of financial, material and psychosocial;
- Protect the identity of any learner or employee testing HIV positive both at school and community;
- Ensure that the performance of orphans and other vulnerable children particularly at primary education level is being monitored as part of care and support;
- Protect orphans and vulnerable children from being denied access to education;
- Ensure that orphans and vulnerable children, particularly girls, have access to HIV and AIDS life skills education specifically guidance, counseling and character building in order to prevent early marriages, unwanted pregnancies, HIV and STIs;
- Ensure that all learners and employees are protected from any form of abuse by peers, employees or members of society in general;

4.7.6 Adolescent Sexual and Reproductive Health (ASRH)

The School Health Policy shall ensure that:

- No person shall be denied access to reproductive health information;
- Young people below the “age of consent” get access to reproductive protective devices following consent;
- Sexual reproductive health (SRH) content and skills provided through the School Health activities are age, gender and culture-responsive in order to prevent early sex, unwanted pregnancies, HIV and STIs;
- Each young person below the “age of consent” who is sexually active shall receive professional counseling and given advise based on the level of risk for HIV, pregnancy or STIs;
- Pregnancy and/or motherhood shall not be used to exclude girls from attending school;
- Each School District shall establish guidelines based on Ministry of Education and Training Regulations for handling reported cases of child abuse in the school setting;
- Cultural practices that are known to be harmful to the child such as female genital mutilation (FGM) or spouse inheritance or forced marriage for girls shall not be promoted.

4.7.7 Access to ASRH Protective Devices

- Condom dispensing and distribution in schools shall be determined through a collective decision making process of the School Committees or School Boards;
- Condom promotion through social marketing in school premises shall be through invitation by School Committee or School Board and shall be restricted to consenting adults to promote safer sex;
- Youth Friendly Services (YFS) including health corners, peer counseling clubs and recreation facilities are established to cater for young people in rural and urban areas;

4.7.8 Alcohol, Tobacco and Other Drugs

In order to ensure that the school environment is free of illicit drugs, the School Health Policy seeks to:

- Prohibit the sale and/or consumption of alcohol, tobacco and any other illicit drugs in the school setting;
- Ensure that learners and employees have access to information and prevention education activities on the harmful effects of drug use/abuse;
- Ensure that schools refer learners and employees in need of drug abuse counseling and treatment to appropriate service providers.

4.7.9 Rights of the Child

In an effort to uphold the Rights of the Child in Lesotho, the School Health Policy shall seek to ensure that:

- A sense of respect for the parents, guardians, superiors and elders at all times and willingness assist them in cases of need is cultivated in young people;
- Roles and responsibilities of parents, family and community in the welfare of the child are clearly articulated and sustained;
- The child's right to freedom of thought, conscience and religion, subject to appropriate parental guidance is respected;
- The child is protected from all forms of abuse by parents, peers, teachers and others;
- Any form of punishment is administered according to Ministry of Education regulations;
- It is an offence to engage in a sexual act with a person below the age of 16 years; and/or recruit any person below the age of 18 years to engage in commercial sex work.

4.7.9 Physical Education and Recreation

Regular exercise and recreation is a well established component of a healthy lifestyle. Physical Education and Recreation seeks to promote and support wellness. The School Health Policy shall require that:

- Every school child takes part in Physical Education and Recreation activities in order to enhance the health of the child;
- Children with disabilities are involved in appropriate physical activities under supervision.
- Physical Education and Recreation activities implemented at the school setting focus on both recreation and competition;
- Safety of playgrounds surroundings, equipment and playground surface be inspected and repaired;
- Children are supervised when on the playground;
- Coaches and physical educators are trained in the management of athletic injuries and administration of First Aid.

4.7.10 Food and Nutrition Services

- Feeding services shall be setup in schools to provide a balanced and varied meals to all students;

- The Ministry of Education shall coordinate and manage the supplementary feeding programme for children in school;
- The school feeding programme shall maintain high standards of sanitation and hygiene during preparation, storage, serving and disposal of waste;
- The school lunch menu shall meet the minimum dietary and nutritional requirements as set by a Panel of Food and Nutrition experts in Lesotho;
- Nutritional requirements and menu planning shall be updated periodically and enforced to meet the needs of the learners;
- All the food including beverages for consumption in schools shall be required to meet approved standards of hygiene, nutrition content and safety.

4.7.11 Psychological Guidance and Counseling Services

Services to help school children overcome social and psychological obstacles are best left to those with special training such as school psychologist, guidance counselors, or social workers. The School Health Policy shall ensure that:

- Both learners and employees have access to psychosocial services including authoritative and non-directional guidance on a wide variety of issues including career guidance, decision making, discipline or assertiveness;
- The Ministry of Education and Training expands and strengthens the current guidance and counseling services through the training of trainer (TOT) approach, peer counseling clubs and study tours among others;
- Children with special needs e. g., orphans, abused children, disabled and herd boys shall receive professional counseling and guidance in the school and at home;

4.7.12 Employee Wellness

School-based health promotion activities also seek to enhance behaviors and health knowledge of employees. The School Health Policy shall ensure that:

- Each school implements a structured school-based health promotion programme for employees including their dependencies;
- The content and skills are derived from the needs, interests or concerns of the intended beneficiaries as well as national priority issues such as HIV/AIDS, SRH or any other health-enhancing behaviors.
- The programme utilize multiple sources of information as well as channels of communication to reach employees and dependencies e. g., print and audiovisual materials, drama, poems, song and dance, health assessments, counseling, the school nurse, health educators, computer software (when available) and employee assistance programs;
- A data bank on disease patterns and health care needs of employees is established and maintained at the school level;
- Teachers and other school employees participate in community activities that seek to promote health and development including poverty alleviation;
- The delivery of services among employees is based on professional standards and upholds the values of voluntary participation, safety and confidentiality.

4.7.13 School Code of Conduct for Pupils and Teachers

- The Code of Conduct for pupils, teachers and other support staff shall be guided by the need to promote discipline and create an environment conducive to work;
- Each School District, through the Senior Education Officer (SEO) shall establish a Code of Conduct Guidelines in accordance with the Ministry of Education and Training Regulations and State Laws;
- Each Headmaster or Principal in collaboration with the School Committees and School Boards shall enforce the Ministry of Education and Training Code of Conduct Guidelines;
- Each pupil shall receive a copy of the Code of Conduct at the time of enrollment;
- Disciplinary measures that incorporate rehabilitation shall be promoted;

5.0 PROFESSIONAL STANDARDS AND ETHICS

- Standards shall be set for school health curriculum development, instruction, as well as assessment of student performance;
- Standards shall be designed to promote health literacy, the capacity of individuals to obtain, interpret, and understand basic health information and services in ways that enhance health;
- Standards shall serve as a framework for organizing health knowledge and skills into a curricula and to give direction for moving toward excellence in teaching health;
- Standards shall be set to guide teachers and policy-makers in allocating instructional resources, assessment of school children achievement and progress and creating a healthy school environment;
- Standards shall be set to guide parents, NGOs, local school districts, institutions of learning, national associations and organizations in improving the health of school children through networking and alliance building; and
- Standards shall be set to guide ethical conduct of both teachers and learners.

6.0 BUILDING PARTNERSHIPS AND ALLIANCES FOR SCHOOL HEALTH.

A partnership is any cooperative or collaborative effort on the part of individuals, groups, agencies, or business working toward a common goal.

6.1 Networks and Alliance Building.

- Networks and alliance building for School Health shall be initiated at local, regional, national and international level in order to organize partnerships and coalitions for school health;
- A partnership between Government and development partners, professional organizations, tertiary education institutions, corporate/business organizations, private foundations, social service organization, community organization, health-care providers and influential individuals within the community shall be forged to support School Health through various ways.

6.2 The Lesotho School Health Association (LSHA).

- The association shall be composed of health professionals and associates with training and professional working experience in School Health or health and development issues affecting young people;

- The function of the association among other duties shall be to provide leadership in setting norms, standards and professional ethics for the School Health practice in the country.

6.3 The Lesotho School Health Network (LSHN)

The national network, comprising of all civic organizations with interest in school age populations, shall provide a forum for sharing school health information and practices, resource mobilization and advocacy of children's rights among other activities;

6.4 The School Health Society of Lesotho (SHSL).

All people interested in the health and welfare of school age populations in Lesotho shall participate in this forum. The main aim of the Society shall be infrastructure development as well as care and support of orphans in Education Sector.

7.0 RESEARCH, MONITORING AND EVALUATION

The School Health Policy shall require that:

- The Ministry of Education and its partners develop and adopt a national research agenda and action plan relevant to the formal and non-formal Education Sector in Lesotho;
- All research shall observe strict ethical and professional standards including safeguards for protecting the rights of minors such as confidentiality, anonymity, right to choose participate or not, and risk from injury;
- Unlinked anonymous testing among selected sentinel groups for surveillance purposes shall be encouraged to determine epidemiological trends of HIV infection, teen pregnancies, nutritional status or drug use/abuse among other diseases and social issues;
- Evaluation of School Health involve teachers, school children, parents, health and allied health personnel, administrators, School Committees and School Boards, Learner Associations, evaluation specialists or officials from the Ministry of Education and Training and other line Ministries;
- Evaluation findings influence the continuation, modification, expansion, replication or termination of School Health activities or its components;
- Evaluation of School Health include but not be limited to values, needs and interests, societal health problems, content, objectives, teaching strategies and techniques, curriculum development process and structure, the school environment and the evaluative process;
- Students, teachers, supervisors, health personnel and education administrators, parents, the community, civic organizations, the curriculum, and textbooks shall be evaluated;
- External evaluators including local and international professionals with expertise in the areas to be evaluated shall be commissioned to provide technical assistance; and
- Evaluation of School Health is conducted before, during and after implementation.

8.0 INFORMATION DISSEMINATION AND EXPERIENCE SHARING

- The Ministry of Education shall act as a clearinghouse for all local and international IEC materials on various School Health issues for use by learners and employees;

- Multiple channels of communication shall be used to reach young people in formal and non-formal educational settings throughout the country;
- The School Health management and coordination teams shall maintain open channels of communication in order for implementing partners, teachers, learners and/or the community to air their views related to the activities;
- The School Health secretariat shall create a data bank of existing resource organizations and persons with expertise in school health at national and district levels that is accessible to school Heads, teachers and pupils;
- In order to ensure that the School Health Policy remains relevant to the needs of the Ministry of Education and the country, it shall be reviewed at least once every year.

9.0 COSTING AND FINANCING SCHOOL HEALTH ACTIVITIES

- The cost of implementing the School Health Policy shall be computed and presented in the form of a Strategic Plan of Action;
- The Ministry of Education and other line Ministries shall set aside financial support toward School Health activities as part of the annual budget;
- The Government of Lesotho shall expand and sustain partnerships with the donors, private sector and non-governmental organizations to mobilize financial and human resources toward School Health;
- All learning institutions shall be encouraged to utilize available voluntary services in mobilizing resources as well as service delivery;

10.0 MANAGEMENT OF SENSITIVE AND CONTROVERSIAL ISSUES

- Each School District shall establish a set of guidelines for managing sensitive and controversial issues in line with Ministry of Education regulations;
- Each young person below the “legal age of consent” and is sexually active, shall receive personal professional counseling and the advise based on the level of risk for HIV, pregnancy or STIs;
- In the event of pregnancy or a sexual offence, the school authorities shall engage the parent or guardian or the Children’s Court in all the deliberations in accordance to the established guidelines;
- Schools shall establish guidelines for allowing girls who fall pregnant to return to school after giving birth;
- In the event of controversy regarding any School Health activity or service, there shall be an open debate and participation by all concerned with the Ministry of Education as the final authority;
- In the case of sexual violence including rape or defilement, the School authorities shall make a written report to the authorities without delay.

11.0 EMERGING ISSUES IN SCHOOL HEALTH

- Under School Health, the Ministry of Education and Training shall put in place a mechanism for:
- Reacting to emergencies such as disease outbreaks or negative media publicity on school health issues;

- Care and support for orphans and other vulnerable groups including retention of orphans in school;
- The management and accountability of all School Health resources by schools and collaborating implementing partners;
- Engaging Initiation Schools in mainstream School Health activities in order to provide services to its beneficiaries;
- Addressing legislations that are likely hinder the delivery of school health activities e. g., Media laws; Child Rights; Sexual Offences Act;

12.0 THE ROLE THE FAMILY AND COMMUNITY

Long-term health status of learners is promoted by adoption of health-enhancing behaviors and this could be achieved if consistent support reaches young people in places where they make daily decisions such as the home, school and the community. The School Health Policy shall:

- Promote family values and traditional social expectations among young people regarding discipline, respect, honesty and marital values among others;
- Make a concerted effort to expand the availability and accessibility of education and prevention services at family and community levels in order to detect and re-mediate health problems at home and community that can negatively affect learning;
- Mobilize the public and private sectors including faith-based groups to participate in School Health activities including infrastructure development and maintenance, curriculum development and implementation, financial and technical support, and enforcement of regulations against any behaviors likely to disrupt the learning environment e. g., crime, sexual violence, discipline, absenteeism, etc.,
- Recognize the emerging family unit structure and the special needs including the child-headed family, children living with grandparents, step-parents or living in institutions as orphans;

13.0 THE ROLE OF GOVERNMENT

The role of Government shall be to:

- Promote and sustain an environment in the country that supports learning and the delivery of other essential services related to Education;
- Create and maintain linkages with the local and international development partners in order to facilitate the mobilization of financial and technical resources;
- Establish legislations, regulations and policies with mechanisms for enforcement that are consistent with the Child Rights and the vision advocated for by the School Health Policy;
- Set guidelines for all line Ministries to actively participate in the promotion of the health and welfare of young people in both formal and non-formal education system;
- Review and rescind any existing legislations or policies that may be viewed as injurious to the intended beneficiaries or prohibitive to the delivery of school health activities.

GLOSSARY: DEFINITION OF CONCEPTS

In this document, unless otherwise stated, the following concepts or terms are defined as:

1. **“Child”** means a person who is below the age of 16 years. Any person who commits a sexual act with a child below the age of 16 years commits an offence.
2. **Health**
3. A state of complete, physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity (WHO, 1948).
4. **Health Life-style**
5. It is a set of health-enhancing behaviors, shaped by internally consistent values, attitudes, beliefs and external social and cultural forces.
6. **Health Educator**
7. A professionally trained practitioner in the field of health education and demonstrates competence in both theory and practice, and accepts responsibility to advance the aims of the health-education profession.
8. **Horizontal Organization (Thematic Approach)**
9. This refers to the building of interrelationships between or among traditional courses, units, and lessons so that relationships among a topic, specific related objective, relevant content and appropriate teaching strategy are revisited during health instruction.
10. **Integration**
11. It refers to the relationship of one subject-matter area to another or of one health area to another. This underscores the fact that health topics do not exist in isolation from one another.
12. **Life Skills**
13. These are personal and social skills and values needed by individuals to live and relate to themselves and other people in life.
14. **School Health Programme**
15. An organized set of policies, procedures and activities designed to protect, promote and support the health and well-being of learners and employees which is traditionally included in health services, school environment and health education. It should also include but not limited to, psychological guidance and counseling or social services, physical education, nutrition services, community and family involvement and health promotion for employees.
16. **School Health Education**
17. It is one of the components of the School Health Programme, which includes the development, delivery and evaluation of a planned instructional programme and other activities for learners from preschool through basic education, for parents and for

school staff, and is designed to positively influence the health knowledge, attitudes and skills of individuals.

18. School Health Services

19. It is that part of the School Health Programme provided by health educators, allied health personnel, social workers, teachers, dentists, nurses, physicians, NGOs, faith-based organizations and others to appraise, protect and promote the health of learners and school personnel. These services are designed to insure access to prevention and control of communicable disease, emergency care for injury or sudden illness, promote and provide optimum sanitary conditions as part of promoting the school environment, individual and group counseling, Child Rights advocacy, nutrition and feeding services and learning opportunities which are conducive to the maintenance and promotion of individual and community health.

20. School Health Educator / Facilitator

21. A practitioner who is professionally prepared in the field of school health education, meets teaching requirements and demonstrates competence in the development, delivery and evaluation of curricula for students and adults in the school setting that enhance health knowledge, attitudes and problem-solving skills.

22. School Health Instruction

23. This is instruction intended to promote wellness and motivate health maintenance, and not merely prevent disease. It refers to the development, delivery, and evaluation of a planned, sequenced curriculum from preschool to secondary school level. The goals, objectives, content sequence, and specific classroom lessons include, but are not limited to the following major content areas: (a) mental and emotional health, (b) family living, (c) consumer and community health, (d) environmental health, (e) growth and development / human sexuality, (f) nutrition, (g) personal health, (h) communicable and chronic disorders, (i) injury prevention and safety, (j) substance use and abuse and (k) gender and human rights.

24. Sequence

25. This refers to the arrangement of health topics at various levels. Health topics are placed at various levels not only to introduce new issues, but to allow students to review and reinforce what they have been previously taught. In addition, school philosophy and goals, parental and community values, research findings, and legislative mandates play a role in the sequencing of health topics.

26. Scope

27. This refers to the range or coverage in terms of target population or health topics that could be delivered. Factors that influence the relevancy or essentiality of topic are, health needs, interests, maturity levels, current knowledge levels of school children, the urgency of the topic/issue, the need for reinforcement of past learning and availability of resources.

28. Teaching Strategies

29. A set of instructional decisions which when made and implemented yield a particular learner outcome. These steps include explicit roles of the learner and the teacher.

30. Teaching Techniques

31. These are the specific tools of the teacher. They are means to ends but one technique is not suitable for implementing all of the steps of a particular teaching strategy.

32. Vertical Organization (Spiral Organization)

33. This refers to the sequential arrangement of topics, content, objectives or teaching strategies and techniques so that lessons build one upon the other as to provide continuity and reinforcement of relationships among topics and lessons.