

Frequently asked questions

1. What is the Integrated School Health Programme (ISHP)?

Government is strengthening school health services in the country in support of children's health throughout their school years, from the moment they start school to their last year in Grade 12. School health services will comprise health education, health screening and some on-site health services. This is called the ISHP, which is a joint programme of the Departments of Basic Education, Health and Social Development. The aim of the ISHP is to improve children's health, reduce health barriers to learning, and assist learners to stay in school and perform to the best of their abilities. The Integrated School Health Programme also aims to promote attitudes and behaviours that will positively impact the current and future health status of learners.

Government wants each and every learner to benefit from the ISHP. During 2013/14, the programme will target learners in grades 1, 4, 8 and 10 in Quintile 1 and 2 schools. Learners in other grades who are repeating grades and those experiencing health or learning problems will also be targeted. Over time, all learners will be included in the programme.

2. Who will implement the ISHP?

School health teams will be responsible for providing most school health services, visiting schools on selected dates. Each team will be led by a professional nurse and include an enrolled nurse or a nursing assistant and an oral hygienist. Health promotion and education will be provided by health promoters, who are members of the ward-based primary healthcare (PHC) teams of the Department of Health.

There are also plans to introduce specialised school health mobile units, staffed by a professional nurse, an enrolled nurse/nursing assistant, a dentist, a dental hygienist and an optometrist.

3. What does the school nurse do?

The school nurse will perform individual health screening, health education, providing basic treatment, immunisation and deworming. He/she will also be

responsible to ensure that the learner goes to a health facility for further assessment or treatment if needed. A letter will be given to the learner to be passed on to the parent/guardian/caregiver for this purpose. In addition, the school nurse will conduct follow up visits to ensure that whatever additional healthcare is required is being provided by the local health facility.

4. What services will the ISHP provide?

School health nurses will provide health screening, health education and treatment for minor ailments. They will also provide catch-up immunisation and deworming where needed. Grade 8 and 10 learners will receive information and counselling on sexual and reproductive health as well as an offer of services where indicated. These services will only be provided by a professional nurse in a private, one-on-one consultation.

The health promoter will provide age-appropriate health education to all learners in grades 1, 4, 8 and 10.

Learners in Grades 1, 4, 8, and 10 will receive health screenings for the following:

- oral health conditions (teeth and mouth)
- eyesight
- hearing
- speech
- height and weight measurements to check nutritional status
- walking and hand coordination
- Tuberculosis
- mental health
- minor ailments
- psychosocial wellbeing.

Grades 1 and 4 learners will receive the following additional services:

- deworming (where indicated)
- assessment of immunisation status (tetanus and diphtheria vaccines for children aged six, vitamin A) (where indicated)

- Grade 4 only: education and counselling about “knowing your body” e.g. menstruation for girls and male medical circumcision for boys.

Grades 8 and 10 learners will receive the following additional services:

- immunisation (tetanus and diphtheria for children 12 years and older)
- screening for anaemia
- education and counselling about sexual and reproductive health e.g. menstruation, abstinence from sex, contraception, avoiding pregnancy and sexually transmitted infections, including HIV
- offer of sexual and reproductive health services if indicated / required.

5. Is it compulsory to participate in the ISHP?

Participation in the ISHP is **voluntary**. Learners are not compelled to participate. However, learners are encouraged and advised to participate. In addition, parents and learners have the right to participate in all or some of the health services. This can be stipulated on the consent form completed by parents and the assent form completed by learners.

6. What is the Department of Basic Education (DBE) position on sexual reproductive health (SRH) and rights for learners?

- The education system provides knowledge and skills for learners to make good decisions about sexual and reproductive health in the curriculum from Grade R-12 in the Life Orientation subject in an age- and developmentally-appropriate manner.
- The curriculum is supplemented by co-curricular programmes such as peer education, arts, culture and sport to re-enforce messages and build skills.
- The DBE has developed an Integrated Strategy on HIV, STIs and TB 2012-2016, that charts the path over the next five years, aligned to the country’s National Strategic Plan for HIV, STIs and TB 2012-2016 and the available evidence with successful intervention.
- Ensuring good quality basic education is perhaps the greatest contribution that the schooling sector can make to sexual and reproductive health in general, and to the HIV response in particular, as evidence is abundant that education is protective of the reproductive health outcomes of girls, in particular.

- There is abundant evidence of the burden that teenage pregnancy and HIV amongst young people is placing on health, education and economic systems of the country. According to the 2008 Youth Risk Behaviour Survey, 37% of our grade 8-11 learners are sexually active. According to the School Annual Survey, in 2011, 36 702 pregnant adolescents attended school.

7. Will sexual and reproductive health services be provided?

The parent community, per school, will be consulted before the provision of sexual and reproductive health services as this is a sensitive matter. The role of the SGB Associations, Teacher Unions and the School Principals in this consultation will be critical. Guidelines will be developed and provided to the DBE stakeholders to assist them in the consultation process that will unfold to ensure clear and consistent communication.

Only a professional nurse in a confidential one-on-one consultation will provide sexual and reproductive health services.

8. What do sexual and reproductive health services include?

Sexual and reproductive health services include one or all of the following:

- education on preventing STIs and pregnancy;
- contraception including condom distribution and dual protection;
- screening for Sexually Transmitted Infections (STIs);
- pregnancy testing where indicated;
- voluntary HIV Counselling and Testing (VCT); and
- education on medical male circumcision (this service will only be offered during school holidays).

8. How will sexual and reproductive health services be provided?

Sexual and reproductive health services will be provided only by a professional nurse in a private setting, in a confidential manner and after receiving a signed consent by parents /care-givers. Learners older than 12 years may sign their own consent form as per the Children's Act (2005). All participation will be voluntary.

9. What is the benefit of the Integrated School Health Programme in general, and the sexual and reproductive health services in particular?

- The promotion of good health amongst learners may contribute to the attainment of better grades in school.
- Learners will feel free to access sexual and reproductive health services and exercise personal choice in decisions guided by friendly, non-judgmental and empathetic nurses.
- Learner pregnancy and the dropout rate of learners will be reduced.
- Learners will show more assertive behaviour when it comes to decisions regarding their sexual and reproductive health.
- The involvement of male learners will educate boys from a young age to take responsibility when engaging in sexual activity.
- Gender stereotyping may be reduced amongst learners.
- Learners will take active responsibility for their sexual and reproductive health.

10. What is the Department of Basic Education's policy on the distribution of condoms in schools?

The National Policy on HIV/AIDS, for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions (1999) states that the decision as to whether condoms will be made available to learners at a particular school rests with the School Governing Body of that school. The School Governing Body must take into account the needs and values of the specific school and the specific community it serves in making the decision as to whether condoms should be made accessible within a school as a preventative measure, and if so under what circumstances.

This policy also applies to condom distribution as part of the sexual and reproductive health package, implemented through the Integrated School Health Programme. Before services are provided, School Governing Bodies must engage parents at the school, to solicit their advice and approval. Services will be accompanied by health education, information and counselling.

11. How will condoms be distributed in schools?

Condom distribution for learners in schools must be consulted with the parents, guardians or caregivers in the school first, prior to services being provided. Condoms may only be provided by a professional nurse, as part of a private and confidential consultation. They may not be put in unsupervised condotainers and / or in toilets. Learners requiring condoms when the nurse is not at school will be advised by the nurse as to where they can access them in communities and health facilities.

12. Should HIV testing be provided to learners in schools?

The Department of Basic Education actively participates in the South African National AIDS Council and contributed in writing the current National Strategic Plan for HIV, STIs and TB (NSP) 2012-2016. The Department of Basic Education has also crafted its own Integrated Strategy on HIV, STIs and TB 2012-2016 aligned to the NSP (2012-2016). The DBE also supports the call by the President for every South African to know their HIV status. In order for learners to receive HIV testing in schools, it is essential that:

- the parents of that school are actively consulted and given the opportunity to agree to, or decline the service (see section on SRH and rights above);
- human and infrastructure resources are available to maintain privacy and confidentiality;
- ongoing psychosocial support is available;
- HIV testing and counselling services are offered by a professional nurse in a private consultation; and
- active parental consent and learner assent (12 years and older) are sought.

Notwithstanding all the above, learners can access HIV counselling and testing services from any health facility. The challenge is to make the services accessible and acceptable to young people.

13. What will happen if my child tests positive?

Your child will:

- Receive counseling and support from the school nurse
- S/he will be referred to the local clinic for medication (if needed)

- S/he will be encouraged to disclose his/her status to his/her parents/caregivers as parental support is valued
- Support may be acquired from social workers
- Nurses will always uphold the confidentiality of each individual case and may not discuss information with anybody except for health purposes

14. Will the nurses inform me of the results of the HIV counseling and testing of my child?

All nurses are obliged to uphold confidentiality and therefore may not disclose any information, except if your child agrees to that. However, learners will be encouraged to disclose their status to their parents /caregivers as your support is valued.

15. What will happen if a parent, guardian or caregiver declines the provision of sexual and reproductive health services to his/her child?

The sexual and reproductive health services including the whole ISHP package is not compulsory. All participation is voluntary. Parents and learners have the right to refuse participation in such services. Active parental consent will be sought as well as learner assent for those 12 years and older, as per the Children's Act (2005). If a school community agree to the provision of sexual and reproductive health services at the school, but a parent, guardian or caregiver does not want his/her child to receive the service, he/she may say so on the consent form. Parents, guardians or caregivers have the right to decline services.

In accordance with the Children's Act, learners who are 12 years and older must provide their assent to participate in the programme. Where children assert their right to access services independent of their parents, they will be counseled on the importance of adult support, but services will be provided.

The health services that the ISHP offer include health education (such as how to lead a healthy lifestyle and drug and substance abuse awareness), health screening (such as screening for vision, hearing, oral health and tuberculosis) and onsite services (such as deworming and immunization). **All of these are essential and must be supported.** The sensitivities on the sexual and reproductive health (SRH)

service package must not detract from the value of the ISHP in addressing potential and real health barriers to learning.

16. What will happen if there is no privacy at the school?

Where private facilities are not available in schools, the Department of Health (DOH) will make available closed gazebos in which services can be offered. DOH is also in the process of procuring primary health care mobiles in which services will be offered. Where privacy cannot be guaranteed, learners will be referred to health facilities.

17. How will parents be consulted?

The role of School Governing Bodies in this regard is critical. School Governing Bodies will be given guidelines (standardized information) to mediate practical implementation with parents in general and, in particular on the provision of sexual and reproductive health services. The consultation with school communities led by the School Governing Bodies will take place before the provision of sexual and reproductive health services are made available.

18. What can educators do to support the ISHP?

- Inform the larger staff body and School Governing Body (SGB) about the ISHP.
- Inform the SGB about the need to convene a parent meeting and discuss the approach towards the ISHP in general, and sexual and reproductive health services in particular.
- Provide an update of the enrollment of Grades 1, 4, 8 and 10 as well as learners repeating grades to the school health nurse.
- Determine on which date(s) the school nurses will visit the school and provide feedback to the principal so that planning can be done.
- Determine the needs of the school health team (e.g. space for health screening, number of tables and chairs needed) and make arrangements to meet those needs on the agreed date(s).
- Disseminate and retrieve signed parental consent forms for all learners to receive health services.

- Disseminate and retrieve signed assent forms for all learners that are 12 years and older, who wish to access health services.
- Collect the **original** Road to Health Charts for learners younger than 14 years so that the team can ensure that learners receive the correct immunization and it is recorded on the child's Road to Health Chart.
- Inform learners about the ISHP and what to expect on the day, allay their concerns and fears and encourage participation.
- Accompany grade 1 learners on the day of the screening to assist with the history and manage the flow of the learners. For older learners, 2 learners per health screening team must to be released at a time from class to receive health services.
- Ensure availability of Learner Profiles or alternatively individual learner health files to store health assessment forms safely and confidentially. These will be handed to the principal by the school health nurse at the end of the service.
- Receive a list of names of all learners referred for further assessment and treatment from the school nurse once the health services are delivered.
- Ensure that all learners who need additional assessment or treatment receive the following:
 - A letter explaining to the parent what services are needed by the learner and to whom they are referred;
 - A referral letter to a health professional, explaining why the referral was deemed necessary and requesting feedback.
- Follow up referred learners to ensure that recommended services were received.
- Involve the Department of Social Development in cases where parents are unable to take their children for further assessment and treatment.

19. What can parents, guardians or caregivers do to support the ISHP?

- You can **raise awareness** among members of the community about the importance of the school health screening day at your child's school.
- **Offer your help** to the principal to assist the school health team on the day of screening.
- All parents (regardless of their children's age) are asked by the school to **sign and return the consent form** to the school, giving permission for your child to

be checked. Adding to the parental consent, learners who are 12 years and older must also sign an assent form to access the school health services.

- **Explain to your child** about what will happen on the day and **put them at ease**.
- If your child is 14 years and younger, send your child's **original Road to Health Card** to the school so that the team can ensure that he/she receives the correct immunisation and it is recorded.
- **Accompany your child**, where possible, on the day of the screening to provide his/her medical history. Parents/guardians/caregivers who want to participate during learner's assessment should arrange with the school principal or the child's class teacher.
- If the school nurse identifies any health problems, you will receive a letter that you need to take with **your child to the clinic or hospital** for further assessment and treatment. Once you have taken your child to the local clinic, the health professional will give you a letter to take back to the school.
- **Inform the school** of the outcome of further assessment and treatment received at the clinic or hospital.

If you have any concerns about your child, you can ask the school health nurse to see your child at any time during a routine school visit. Your child can also ask to see the school nurse if he or she is concerned about his / her own health but still needs your consent to access the service.

22. What do I do if I have any questions about school health services?

For more information on the ISHP, contact the school principal, the school health nurse or your nearest health clinic, or call the toll-free lines of the Department of Basic Education (0800 202 933) or Department of Health (0800 012 322).