



FIJI SCHOOL HEALTH POLICY

2016

Ministry of Health and Medical Services, Fiji
&
Ministry of Education, Heritage & Arts, Fiji



MINISTRY *of* HEALTH & MEDICAL SERVICES
Shaping Fiji's Health





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1.0 POLICY GOALS/OBJECTIVES

1.1 Goal

To institutionalise wellness in all schools in Fiji through an enabling environment and multi-sectorial partnership to ensure that children achieve their optimal growth and development.

1.2 Objectives

- 1.2.1 Wellness activities are supported and implemented in all schools through inclusion in the school curriculum by Ministry of Education, Heritage and Arts (MoEHA).
- 1.2.2 Integrated approach to School Health Programs (SHPs) within the Ministry of Health & Medical Services' (MoHMS) public health programs.
- 1.2.3 Strengthened multi-sectorial collaboration and coordination of wellness activities targeting the health of children in schools

2.0 POLICY STATEMENT

- 2.1 MoEHA and MoHMS shall engage in coordinated approach for the consistent promotion of school health and wellness programs through multi-sectorial partnership and collaboration.
- 2.2 MoHMS shall remain an integral partner of the MoEHA in the development of school curriculum that refers to student's health and wellbeing.
- 2.3 MoHMS and MoEHA shall promote and monitor schools' compliance and adherence to existing regulations and guidelines on health.
- 2.4 MoEHA shall take a progressive approach to include wellness programs into their Annual Corporate Plans which shall be reflected in school planning documents.
- 2.5 MoEHA and MoHMS shall collaborate and strengthen the financing mechanisms that support the School Health Programs.
- 2.6 The World Health Organization's Health Promoting School guidelines shall be recognised as the guiding documents for School Health Programs.



3.0 BACKGROUND

An overarching policy that provides integrated and comprehensive guidance on the SHP is currently not available. There needs to be a coordinated approach and guidelines for ministries and partners involved in school health and wellness programs. Both the MoHMS and MoEHA need to develop a collaborative approach with other stakeholders to ensure that the health and wellness of children is given prominence.

- 3.1 An overarching policy that provides integrated and comprehensive guidance on the SHP is currently not available. There needs to be a coordinated approach and guidelines for ministries and partners involved in school health and wellness programs. Both the MoHMS and MoEHA need to develop a collaborative approach with other stakeholders to ensure that the health and wellness of children is given prominence.
- 3.2 There are different policies and legislations guiding the various programs and divisions within MoHMS, and additionally there have been developments and new initiatives introduced over the past five years that have created the need for an overarching guiding document. The following issues further highlight the need for an overarching policy:
 - a. There was an analysis undertaken that resulted in a number of issues being raised that require policy responses. Food safety including food sales by hawkers and from school canteens, and food provided at boarding schools were identified as issues. Furthermore, water, sanitation and hygiene at schools were also highlighted.
 - b. There is a need to address the concerns of students with disabilities and those students who may be at high risk if these issues are left unaddressed. The need to consider safety and security in and around the school is also seen as an important issue.
 - c. The following issues have been identified as possible challenges to the SHP and will need to be addressed through collaboration between MoHMS and MoEHA:
 - i. Difficulties for the MoHMS in accessing private schools, meaning students in those schools do not benefit from the SHP.
 - ii. Registration of MoHMS school health team personnel to gain permission to enter schools is delayed, affecting the ability to implement the SHP in a timely manner.
 - iii. The time allocated by schools for the SHP is insufficient to achieve its objectives in some cases
 - iv. Difficulties in convincing and obtaining consent from parents/guardians e.g. for immunisation

4.0 DEFINITIONS

- 4.1 **Healthy child** is a child who is physically, mentally, emotionally and socially well and can enjoy the highest attainable standard of health.
- 4.2 **Wellness** is a state of optimal and balanced well-being of body, mind and spirit oriented towards maximising an individual and community's potential at every stage of development.
- 4.3 **School** includes all Early Childhood Education Centres, Special, Primary and Secondary schools and Vocational Centres registered with MoEHA.
- 4.4 **School Health Programs** – refers to school health related programs and activities targeting the health, safety and wellbeing of children in schools
- 4.5 **School Health Team a team**—including, but not limited to, nurses, environmental health officers, oral health officers, dietitians and peer educators that is responsible for planning and implementing school health programs.

5.0 ACRONYMS

- DHS – Divisional Health Sister
- DMO – Divisional Medical Officers
- DSPH – Deputy Secretary Public Health
- FEMIS – Fiji Education Management Information System
- HPS – Health Promoting Schools
- MoEHA – Ministry of Education, Heritage and Arts
- MoHMS – Ministry of Health and Medical Services
- NBC – National Biomedical Committee
- NCPC – National Clinical Products Committee
- NMTC – National Medicines and Therapeutics Committee
- PHIS – Public Health Information System
- SHP – School Health Program
- SHT – School Health Teams
- NSAAC – National Substances Abuse Advisory Council



6.0 RELEVANT LEGISLATIONS & AUTHORITIES

- Public Health Act
- Food Safety Act
- School Food and Nutrition Policy
- Food Safety Regulation
- School Canteen Guidelines
- Environmental Management Act
- Child Welfare Decree
- Wellness Policy
- OHS Act
- National Disaster Management Act
- Mental Health Decree
- Medical and Dental Practitioners Decree 2010
- Education Act Cap 262
- Other relevant policies and guidelines of MoEHA and MoHMS

7.0 LEADERSHIP/GOVERNANCE

7.0.1 A national level committee shall be appointed to monitor and advise on school health issues.

7.0.2 This committee shall consist of the following members:

Chairperson: Deputy Secretary Public Health - MoHMS

Co-chairperson: Deputy Secretary Professional Standard - MoEHA

MOHMS representatives

1. Deputy Secretary Public Health
2. National Advisor Non- Communicable Diseases
3. National Advisor Oral Health
4. National Advisor Dietetics & Nutrition
5. Director Nursing
6. Director Policy and Planning
7. National Advisor Family Health
8. Health Promotion Services Coordinator
9. Manager National Food Nutrition Centre
10. Technical Officer - Health Promotion (WHO)

MOEHA representatives

1. Deputy Secretary Professional Standard
2. Director Corporate
3. Director Primary
4. Director Secondary
5. Director NSAAC
6. Director Curriculum Unit
7. Senior Education Officer Policy
8. Senior Education Officer Health
9. Senior Education Officer Family Life
10. Health Promoting Schools Coordinator

7.0.3 Role of MoHMS

7.0.3.1 The MoHMS Public Health Division shall take the lead role in the implementation of this, and the policy shall be monitored by the MoEHA Corporate Services Section.



7.0.4 Public Health Division

7.0.4.1 The Public Health Division, under the leadership of Deputy Secretary Public Health (DSPH), shall take the lead role in implementing this policy supported by various programs such as Family Health, Non-Communicable Diseases, Environmental Health, Communicable Diseases, Oral Health and Nutrition.

7.0.4.2 The Public Health Division shall be responsible for:

7.0.4.2.1 Mainstreaming and implementation of all relevant public health programs in schools.

7.0.4.2.2 Monitoring and reporting on all school health programs.

7.0.4.2.3 Undertaking evaluations to inform decision making and provide recommendations for evidence based changes.

7.0.4.2.4 Stakeholder engagement.

7.0.5 Divisions

7.0.5.1 The Divisional Medical Officers shall be responsible for coordinating between the Public Health Division and mobilising resources as directed by the DSPH and national advisors. Resources shall be sought according to the needs of each division.

7.0.5.2 The Divisional Medical Officers shall oversee and coordinate the administration of resources and programs.

7.0.5.3 The divisional medical officers shall ensure that stakeholders operating across the division remain actively engaged with the program.

7.0.6 Sub-divisions (School Health Teams)

7.0.6.1 School Health Teams (SHTs) shall plan and implement the SHP and coordinate with the divisional level to procure resources.

7.0.6.2 SHTs shall monitor and report on school health and recommend changes or requirements from divisions.

7.0.6.3 SHTs shall ensure that stakeholders operating at the sub-divisional (program-specific) level remain engaged and committed to the program.



7.0.7 Role of MoEHA

- 7.0.7.1 MoEHA division and district education officers shall plan, coordinate and support the implementation of the SHP with the MOHMS' SHTs.
- 7.0.7.2 A quarterly report on the implementation of the SHP shall be submitted by all education districts to the Corporate Services Section.

7.0.8 Schools

- 7.0.8.1 All school principals and head teachers shall ensure that the SHP is incorporated into their school's strategic plans and annual plans.
- 7.0.8.2 All schools shall actively engage their students and teachers in the SHP activities.
- 7.0.8.3 Each school shall have a school health officer who shall remain the focal point for all school health related activities.
- 7.0.8.4 The school canteen guideline is deemed to be part of this policy.

7.0.9 Curriculum Development Unit

- 7.0.9.1 The Senior Education Officer Health and Senior Education Officer Family Life shall collaborate with the MOHMS while reviewing the existing school "Healthy Living and Family Life" syllabi.
- 7.0.9.2 The Health Promoting Schools Coordinator shall harmonise with the MOHMS in implementing plans and projects for Health Promoting Schools.

7.0.10 Partnership

- 7.0.10.1 All MOHMS and MOEHA departments/units involved in the SHP shall collaborate to form and maintain effective partnerships with other relevant Government ministries as well as civil society organisations and corporate sponsors.
- 7.0.10.2 MOHMS and MOEHA shall collaborate with their partners in prioritising the implementation of school health programs.

7.1 Financing

- 7.1.1 The MoHMS shall provide a budget for the implementation of the SHP. The budget shall be a specific line item for school health as a percentage of the public health budget.
- 7.1.2 Appropriate allocation of finances will be based on the needs of each program and the outputs of the SHP.



7.2 Workforce/Human Resources

- 7.2.1 Adequate investment shall be made in human resources for the SHP i.e. for its effective implementation as well as future sustainability.
- 7.2.2 MOHMS shall ensure that adequate human resources and posts are available to support the SHP in the areas of dietetics and nutrition, physiotherapy, nursing, oral health, ophthalmology, adolescent health and development, mental health, rheumatic heart disease, and family health amongst others.
- 7.2.3 The SHTs shall be formally established, comprising of but not limited to:
- Nurse(s), depending on size of sub-division
 - Environmental health officer
 - Oral health officer
 - Dietitian
 - Peer educators

7.3 Medical Products/Technologies

- 7.3.1 The MoHMS shall supply innovative and appropriate technologies specific for the SHP within the available resources. New materials shall be provided at the request of the divisions, based on the needs of the SHP and based upon respective committees (NMTC, NCPC and NBC) endorsement.
- 7.3.2 The MoHMS shall ensure consistent and reliable availability of these resources especially medical consumables.

7.4 Health information systems

- 7.4.1 The exchange of information between MoHMS and MoEHA shall be strengthened. MoHMS shall provide feedback to the schools (through MoEHA) and ensure free exchange of information so that the impact of the SHP is maximised. All information gaps shall be noted and the Public Health Division shall embark on research in these areas.
- 7.4.2 There shall be an integrated information system that ensures accurate and consistent data is available to guide program implementation. The information system shall provide school health information (detailed in 11.1.3 below) to the Public Health Information System (PHIS) and Fiji Education Management Information System (FEMIS).
- 7.4.3 The SHT shall implement the following activities for gathering information on school health. These projects shall be regularly reviewed after full implementation:



- A single National School Health Card shall be developed and used for consistency.
- SHT registers shall be developed and maintained.

7.5 Service delivery

- 7.5.1 The SHTs shall assess schools' compliance to safe building provision, sanitary requirements, and food and water safety.
- 7.5.2 The implementation of the SHP shall be through a collaborative approach alongside other stakeholders with an interest in school health.
- 7.5.3 SHTs shall always provide general feedback report to school heads and refer children/families/patients to relevant health facilities if necessary.
- 7.5.4 Transportation shall be provided for school health teams to ensure effective implementation of the SHP.

7.6 Implementation Plan

7.6.1 Multi-sectorial partnerships

- 7.6.1.1 Consultations shall be held with MoEHA to develop their health curriculum with MoHMS.
- 7.6.1.2 Other partnership opportunities shall be continuously explored with other organisations involved in school health activities.

7.6.2 Health Information System

- 7.6.2.1 Current reporting mechanisms shall be reviewed and strengthened, especially the mechanism used to report information back to schools.
- 7.6.2.2 MoHMS shall work with MoEHA on further collaboration on FEMIS and the integration of all school health information.

7.6.3 Integration of SHP into business plans in MOHMS

- 7.6.3.1 The Public Health Division shall develop an integrated approach to the SHP which needs to be reflected in the business plans of each unit. All plans shall be supported through sufficient and secure funding in order to implement the respective SHP activities.



7.6.4 School environments

7.6.4.1 A review of the current health program activities shall be completed which will verify the adherence to existing regulations with a focus on safety, and provide information to the SHP on future improvements.

8.0 EFFECTIVE DATE

8.1.1 This policy is effective from the date of signed endorsement in section 11.0 below.

9.0 REVIEW DATE

9.1.1 This policy should be assessed in accordance with all guidelines and will be reviewed every two (2) years or as and when deemed necessary by the MoHMS and/or MoEHA.

10.0 KEY SEARCH WORDS

Fiji Education Management Information System, Health Information System, Integration of SHP into business plan, Public Health Information System, school environments, School Health Information, School Health Program

11.0 APPROVED BY

Minister for Education, Heritage and Arts – Honourable Dr Mahendra Reddy



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Signature

23rd September 2016

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Date

Minister for Health and Medical Services – Honourable Ms Rosi Akbar



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Signature

23rd September 2016

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Date



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