Government of Sierra Leone

School Health Policy

September 2020

UKaid
from the British people

FOREWARD

It is with absolute pleasure that we present Sierra Leone's first comprehensive School Health Policy and Strategy, to guide the systematic provision and scale up of comprehensive Sierra Leone school health services as defined in these documents. These developments speak to the determination of the Government of Sierra Leone (GoSL) to strengthen health and education in this country.

The advent of Free Quality School Education for all school-aged children in 2018 has re-ignited the need for more sustained and equitable provision of school related services. Top of this agenda is school health which is a pre-requisite to quality education – you cannot have one without the other. The government of Sierra Leone has always acknowledged that health and education are the two cornerstones of human development. This policy therefore, seeks to give credence to the need to provide the child with all the tools required to be the best that they can be physically, socially and mentally.

The GoSL together with its partners have come together to make this generation of school children fit and ready to catapult this nation to economic prosperity. Healthy children grow up to become healthy adults who will go on to raise healthy families that will produce healthy communities capable of contributing to economic development.

The Global COVID-19 Pandemic came in the middle of the development of this policy and strategy. This was a wake-up call. Disease prevention and control have taken-centre stage in the way the world looks at health, and schools are seen as strategic platforms for delivering preventive health & care services. School children, adolescents and teachers have become major players in the fight to stay healthy. Schools provide an efficient and effective way to reach large numbers of young people especially in Sierra Leone where they account for a significant proportion of the entire population.

This policy and strategy are therefore a call to action – a call to level out the inequities that exist in society with regards not just to education and health, but other social drivers such as poverty and gender issues. It is hoped that through this enduring policy and legal framework, we can all work together to ensure successful implementation of school health. We have a duty of care to our children; let us start when they are young.

Endorsed by:

Prof. Alpha Tejan Wurie, Minister of Health & Sanitation

Dr. Moinina David Sengeh, Minister of Basic and Senior Secondary Education

ACKNOWLEDGMENTS

The Ministries of Health and Sanitation (MoHS) and of Basic and Senior Secondary Education (MBSSE) wish to acknowledge the immense efforts of the following teams and individuals who supported the development and finalization of the School Health Policy & Strategy:

The work of the Core team was anchored by the National School and Adolescent Health Programme in the Ministry of Health and Sanitation, under the able leadership of the Director of Reproductive & Child Health Dr. Sartie Kenneh; and Mrs. Patricia Bah and her entire team.

We gratefully acknowledge the technical and financing support provided by DFID, through the MoHS-DFID Saving Lives in Sierra Leone Programme, (SLiSL).

The work of the Core team was anchored by the MoHS's Secretariat of Teenage Pregnancy, under the able leadership of the Director of Reproductive & Child Health Dr. Sartie Kenneh; and Ms. Patricia Bah and her entire team.

The World Health Organisation (WHO) - Dr. Erin Maughan and Ms. Junova Ellis - provided expert technical assistance and facilitation for the development of the Policy and Strategy

The inter-ministerial School Health Core team comprised the following members:

- Representation from the Office of the Chief Medical Officer, and representation from various MoHS Directorates, led by the Directorate of Reproductive & Child Health
- Representation from the Ministry of Basic and Secondary School Education
- Representation from the Ministry of Youth Affairs
- Representation from the Ministry of Gender and Children's Affairs
- Representation from the Ministry of Social Welfare
- Representation from the Ministry of Planning and Economic Development
- Representation from the Ministry of Water Resources
- Representation from the Ministry of Local Government & Rural Development
- Ministry of Agriculture
- Ministry of Finance
- DFID
- UN Agencies – WHO, UNFPA & UNICEF

We would like to acknowledge in a special way the school children who attended and participated fully during the national and regional consultative meetings. They brought a fresh perspective to the proceedings and gave us that additional motivation to make school health as responsive as possible to their needs

Finally, we would like to extend our deepest appreciation to all who helped in diverse ways in the development and completion of the all documents – the Policy, Strategy and an M&E Framework.

Table of Contents

FOREWARD i
ACKNOWLEDGMENTS ii
Table of Contents iii
Table of Figures iv
ACRONYMS v
INTRODUCTION 1
1. Background 1
1.2 Rationale for Policy 1
2. Situational Analysis 3
3. Goals, Objectives and Guiding Principles 4
3.1 School Health Goals 4
3.2 Objectives of School Health Policy 5
4. The Six Pillars 5
4.1 Physical School Environment 5
4.1.1 **Physical Building, Grounds and Wash Facilities** 5
4.1.2 **Toilet/Drop Hole** 6
4.1.3 **Waste Management** 7
4.1.4 **Drinking Water** 7
4.1.5 **Free from tobacco, alcohol and other harmful substance use and abuse.** 7
4.2 Social School Environment 7
4.2.1 **Violence** 7
4.2.2 **Inclusion** 8
4.3 Health Skills and Education 8
4.3.1 Comprehensive Sex Education (CSE) 8
4.3.2 Life-Skills Curriculum 8
4.3.3 **School Feeding** 9
4.4 Linking with Parents and Community 9
4.4.1 **School Health Councils** 10
4.4.2 **Parent and Community Ownership and Participation** 10
4.4.3 **Out of School Adolescents** 10
4.5 **Access to School Health Services** 10
4.5.1 **First Aid, Hand Hygiene and Respiratory Hygiene Supplies** 10

4.5.2 Adolescent/Youth Friendly Services 11
4.5.3 Chronic Condition Management 11
4.5.4 Regular Outreach Service, Screening and Follow-Up 11
4.6 School Health Regulations 11
4.6.1 School-Level Regulation and Procedures 11
5. MONITORING AND EVALUATION 12
APPENDIX 1 13
5 Existing policies that support school health policies. 13
6.4 Physical and Social Health I
6.5 Health Skills and Education III
6.6 Parent/Community Links V
6.7 Access to Health Services VI

Table of Figures

Table 1: Physical and Social Health II
Table 2: Health Skills and Education IV
Table 3: Parent/Community Links V
Table 4: Access to Health Services VII

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
AYFC	Adolescent and Youth Friendly Clinics
AYFHS	Adolescent and Youth Friendly Health Services
BECE	Basic Education Certificate Examination
BPEHS	Basic Package of Essential Health Services
CARITAS	International Confederation of Catholic Organisations for Charitable and Social Action
CHC	Community Health Centres
CHO	Community Health Officer
CHW	Community Health Worker
CRS	Catholic Relief Services
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organizations
DFID	Department of International Development
DIO	District Inclusion Officer
ENT	Ear Nose and Throat
FHCI	Free Health Care Initiative
FHI	FHI 360
FSU	Family Support Unit
GATES	Girls Access to Education and Services
GAVI	Global Alliance for Vaccines and Immunizations
GBV	Gender Based Violence
GoSL	Government of Sierra Leone
HED	Health Education Division
HIV	Human Immunodeficiency Virus
IMNCI	Integrated Management of Neonatal and Childhood Illness
INHGSFP	Integrated National Home Grown School Feeding Programme
JSS	Junior Secondary Schools
JAM	Joint Aid Management
MBSSE	Ministry of Basic and Secondary School Education
MEST	Ministry of Education Science and Technology
MGCA	Ministry of Gender and Children's Affairs
MOHS	Ministry of Health and Sanitation
Mott Mac	Mott MacDonald
MSW	Ministry of Social Work
MTNDP	Medium-Term National Development Plan 2019-2023
MWR	Ministry of Water Resources
MYA	Ministry of Youth Affairs
NGO	Non-Governmental Organization
NPSE	National Primary School Education
NSASRHP	National School and Adolescent Sexual and Reproductive Health Programme
NSHC	National School Health Committee
NSRTP	National Secretariat for the Reproduction of Teenage Pregnancy
PARHA	People's Alliance for Reproductive Health Advocacy
PHU	Peripheral Health Unit
PS	Primary schools

PWD	Person/People Living with Disability
RISE	Radical Inclusion to Strengthen Education
RMNCAH	Reproductive, Maternal, New-born, Child, and Adolescent Health
SFP	School Feeding Program
SGBV	Sexual Gender-Based Violence
SHP	School Health Policy
SLiSL	Saving Lives in Sierra Leone
SLRSA	Sierra Leone Road Safety Authority
SRH	Sexual and Reproductive Health
SSS	Senior Secondary School
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation, and Hygiene
WASSCE	West African Senior School Certificate Examination
WFP	World Food Program
WHO	World Health Organization

INTRODUCTION

1. Background

Sierra Leone first established a National School Health Programme in 1963. In 1972, it was reviewed as an essential part of child health care services. In November 2008, the programme was expanded to the National School and Adolescent Sexual and Reproductive Health Programme (NSASRHP) and it now includes all adolescents in and out-of-school.

In 2010, the Government of Sierra Leone (GoSL) launched the Free Health Care Initiative (FHCI) which abolished health user fees for pregnant and lactating mothers and children under 5. The current Government has committed to improve and expand the FHCI to cover school going children, as part of GoSL's Human Capital Development initiative. It promises 'to transform the health sector from an under-resourced, ill-equipped, and inadequate delivery system into a well-resourced and functioning national health-care delivery system that is affordable to everyone and accessible for all' (MTNDP 2019-2023)

In 2018, the GoSL chose Free Quality School Education (FQSE) as its flagship programme. Through this programme, all Sierra Leonean children regardless of their gender, physical, intellectual and socio-economic conditions, religion, geographical location or disability will have equal access to free quality school education. In addition to focusing on all youth obtaining an education, there is also a concerted effort to ensure girls graduate from school. Quality education as envisioned through the FQSE provides for the development of the learner as a whole, and supports the learner across the life course – including enhancing individual well-being, transitioning from one education level to another, into the workforce, and as a contributing member of society(GoSL, 2019).

According to the 2019 Demographic and Health Survey, 29% of men and 46% of women in Sierra Leone do not have any education. Children and youth make up a significant portion of Sierra Leone's population, with 15.18% of the population aged 5-9 years, and 22.86% of the population aged 10-19 years. Well over half (66%) of the children in Sierra Leone are considered poor (UNICEF, Nov 2019).The rates of children with disabilities is unknown, although it is estimated that nearly 70% of persons with disabilities live in rural communities, making it even harder to attend school due to distances required to get to a school.

Due to early pregnancies and gender inequalities, only 41% of women in Sierra Leone have a secondary education or higher (2019 Demographic and Health Survey). In fact, 20% of adolescents have begun childbearing, and by 19 years of age, 45% of girls in Sierra Leone had children. Researchers have found that rates of teenage pregnancy are highest among girls with no education (43.5%) and lower when girls have basic education (22.4%) and decrease even more (16.5%) if they have a secondary education.

The concurrent investments in quality education and the health of young people are central to the human capital development agenda in Sierra Leone, which has some of the worst human development indicators world-wide, and a large youthful population. Healthy children learn better, and quality education improves the health outcomes of children, and their children in the future.

1.2 Rationale for Policy

The World Health Organization (WHO) has identified schools as an appropriate location to address youth health, as nearly 90% of the world's youth attend schools (UNESCO). The first 20 years of a person's life are critical to their lifelong health and well-being.

The early childhood years are a critical time of physical, social, mental and emotional development. Schools not only address current concerns of the youth, but can help prevent future health concerns of adults, as many of the risky behaviours associated with poor health as adults, begin as youth (Baltag, Pachyna, Hall, 2015).

A hallmark of the Sierra Leone FQSE programme is equity. The Free Quality Education (FQSE) has increased the number of youth able to attend school, which means that vulnerable children who would never otherwise have had the opportunity to go to school will be entering school for the first time. Children, girls, who might otherwise not have graduated will graduate. For these children, a package of simple evidence-based school health interventions delivered consistently at the same standard and in all schools can help level the playing field.

On the contrary in Sierra Leone, despite a long history of School Health Programmes, the lack of a National School Health Policy has led to varied implementation of school health activities, making it difficult to standardise, prioritise, cost, finance, and measure the impact of these initiatives across the country.

The school health policy will streamline and support ongoing efforts under the National Strategy for the Reduction of Adolescent and Child Marriage (2018-2022, GoSL, 2018), and guide the expansion of the Free Healthcare Initiative (FHCI) to include school-age children. It will enable all school-age students' access to a basic package of school health, as outlined in Sierra Leone's Basic Health Package 2015-2020:

> 'The school health package consists of child health services including routine immunization, deworming and vitamin A supplementation, IMNCI, oral / ENT / sight screening, and basic first aid. It also consists of progressively age-appropriate sexual and reproductive health education and services, and dialogue with communities around adolescent health issues. This package is delivered directly in pre-primary, primary, and secondary schools by school personnel (teachers and administrators) and as outreach service by health workers (PHU staff). It is managed and supervised by the MoHS in collaboration with the Ministry of Education, Science, and Technology (MEST)' (*Sierra Leone Basic Package of Essential Health Services, 2015-2020, MoHS, 2015)*

With this in mind, in September 2019, the Inter-ministerial meeting on School Health commissioned the development of a National School Health Policy, Strategy & Monitoring& Evaluation Framework. These national instruments would be informed by a current situational analysis of School Health in Sierra Leone. This document focuses on the Policy.

While the Policy was in development, the COVID-19 outbreak which was first reported to WHO on December 31st, was declared a Public Health Emergency of International Concern, (PHEIC) on 30 January 2020. On March 11th it was characterized by the World Health Organization as a global pandemic. On March 30th, Sierra Leone confirmed its first case. Guided by the National COVID-19 Response Strategic Plan, the GoSL is implementing several strategies to mitigate the spread of COVID-19, minimize deaths, protect social services and mitigate the impact on livelihoods. Some of the public measures that have been adopted have directly impacted schools. Nationally all schools were closed effective 31st March 2020; and on 1st July 2020, were re-opened partially for a sub-set of students taking their NPSE, BECE

and WASSCE examinations. A guidance note and protocols for operating safe and protective learning environments in the context of COVID19 were issued by the Ministry of Basic & Secondary School Education, (MBBSE), to guide preparations for re-opening schools, (MBSSE, 2020).

For Sierra Leone, a Country which remains at high risk for outbreaks of infectious diseases, the ongoing COVID-19 outbreak has shone a spotlight on the potential for schools to contribute meaningfully to the prevention and control of priority outbreak prone diseases, if so enabled through effective educational and school health policies.

2. Situational Analysis

On the request of the Inter Ministerial Steering Group, DFID contracted Montrose, the Monitoring Evaluation Learning and Research, (MELR), contractor for the MoHS-DFID Saving Lives in Sierra Leone Programme to conduct a situational analysis of school health in Sierra Leone, to better understand the barriers to improved health and educational outcomes and map existing school health efforts on the part of schools, government and development partners.

Two key **strengths** were found:

- the number of policies already in existence that address school health issues (see Appendix 1) was substantial; and
- Sierra Leone used to have a successful school health program that was remembered by adults, so there was general support from teachers and parents to re-institute school health.

The analysis also revealed several **challenges**, which include the following:

- **Major challenges affecting school learning –** Malaria continues to account for the majority of morbidity in school-going population. Respiratory infections in younger children and in the older ones, STIs and management of menstrual hygiene featured highly. Environmental health factors, such as poor water sanitation and hygiene, (WASH), facilities in schools and unsafe recreational grounds, are also highlighted as problematic. Corporal punishment, especially flogging is being used in schools (According to SABI data, 56% of students indicated they were flogged weekly).

- **Inventory and effectiveness of current school health intervention**– In general most of the interventions were perceived as effective, however, most of them were project-based, limited in geographical scope, and services are not being provided to many students, particularly in rural areas. Targeting of programmes and inclusion of persons with disabilities was a gap. WASH standards were not being met in many of the schools. This impacted school attendance, especially for female students during their menstruation. The quality of AYFC varied greatly due to resources, including staffing and training of the clinics. The recurring theme however, is a lack of coordination across actors, leading to duplication of services in the urban areas while those in remote areas were underserved.

- **Policy environment for successful school-based health interventions –** All the appropriate policies and strategies are in place for a successful school health promotion. However, implementation of these strategies is weak due to several factors – poor funding, inadequate

human resources, contradictions in some of the existing laws and policies, negative cultural attitudes and poor coordination of donor and government efforts.

- **Organisational capacity and resources availability -**There are appropriate institutional structures in place to administer and monitor the implementation of the school health programme at national and district level. Low staffing levels and inconsistent funding present major challenges that will impact the implementation of school health interventions, particularly at the district level.

- **Feasibility of collecting data for baselines and targets for the School Health Policy -** Data was difficult to obtain. This was due to a lack of data collection on some data points; difficulty gaining access to other data; and a differing use of age categorization in PHUs than that used for school-age children (e.g. 5-11; 11-18). There was no systematic tracking of students with disabilities in order to help address their needs and keep them in schools (although the school census does have a tracking of students with disabilities, so there is a disconnect here).

- **Feasibility of the proposed health package in schools -** The proposal to re-introduce provision of health care services to schools is widely appreciated. The proposed package seeks to add this onto the FHCI, which already targets some of the diseases and areas responsible for most of the morbidity in school age children. However, the cost implications of adding this onto a budget already under pressure, is quite significant. The government will need to balance this cost against the potential benefits of a healthier and more engaged student population.

A critical gap underscored by the School Health Situational Analysis and subsequent multi-stakeholder consultations was the lack of a unified understanding on what constitutes a Sierra Leone school health package. This Policy presents the consensus arrived at through a series of national, regional as well as bilateral consultations with key line GoSL Ministries and implementing partners and donors.

In addition, through the series of stakeholder consultations, the findings of the situational analysis were drilled down to the major bottlenecks impeding a comprehensive School Health Programme for which the Policy & Strategy must provide guidance. These are: i) Coordination; ii) responsibility & accountability; community and parent buy-in and participation; training and knowledge/capacity building; and resources and scaling up.

3. Goals, Objectives and Guiding Principles

3.1 School Health Goals

This policy aims to improve the health of school-age children in Sierra Leone. Healthy children are able to stay in school ready to learn in a healthy and safe environment, so that they can graduate and become productive adults. The Vision of the school health policy adopts Sierra Leone's Medium-Term National Development Plan, to **"have a nation with educated, empowered and health citizens capable of realizing their fullest potential".**

Under this human capital goal, the first five foci, are directly relevant to school health:

- Ensuring free quality basic and senior secondary education.
- Strengthening tertiary and higher education
- Accelerating health-care delivery
- Enhancing environmental sanitation and hygiene
- Increasing social protection.

The various foci illustrate that school health is more than education or services. A school health policy must therefore address the whole child: physical, mental, emotional, and social well-being.

3.2 Objectives of School Health Policy

The overall objective of the school health policy is to create a safe, healthy and enabling school environment for learning, free from disease, prejudice and violence. The specific objectives of the policy are:

- To promote students' physical, cognitive and social developmental wellbeing.
- To provide age appropriate health information on healthy behaviours and life skills
- To provide the appropriate infrastructure and a healthy, safe and hygienic school environment, that enables the consistent practice of positive behaviours
- To facilitate screening by health workers for early and accurate diagnosis of health conditions in school children and prevent the spread of communicable diseases.
- To treat minor ailments such as headaches, cuts and grazes, and refer children to improved primary care services where required
- To facilitate greater engagement and strong links with parents and local communities

3.3 Guiding Principles

The school health policy (SHP) will be guided by the principles of inclusion, diversity, social and gender equity, accountability, multi-sectorality, transparency and coordination. It will be based on evidence-based practices.

4. The Six Pillars

The WHO outlines six pillars or focus areas that should be included in a school health policy. These include:

- Healthy school policies (leadership, institutional capacity)
- Physical school environment (playgrounds, WASH)
- Social school environment (anti-bullying, equity)
- Health skills and education (life skills, comprehensive sexuality Education, [CSE])
- Links with parents & communities, community ownership
- Access to health services (school-based health centres or partnerships with PHUs)

Each of these pillars is included in the Sierra Leone National School Health Policy and serve as the organizational structure of the policy.

4.1 Physical School Environment

In order for students to learn their physical school building and environment must be safe and conducive to learning. This area includes the overall building condition, playground, and WASH facilities.

4.1.1 Physical Building, Grounds and Wash Facilities

a) All school facilities shall be built according to recognized safe school regulations, including taking steps to ensure optimal temperature control in the classrooms.

b) Classroom sizes should be managed to avoid overcrowding and enable physical distancing

c) All schools will be built in locations that are child friendly and conducive to learning.

d) All facilities will have the proper furniture and supplies as outlined in school regulations and FQSE.

e) School will be alcohol, smoke and drug free environments, which teachers, other education personnel and parents will have responsibility to maintain

f) All facilities will have an appropriate, well-maintained, accessible, and safe playground/playing field as outlined in school regulations.

g) All facilities should have posted signs on the roads in front of schools to decrease traffic speed as outlined in the road safety guidelines.

h) All school facilities should have universal access to hand hygiene facilities. Hand hygiene stations can consist of either water, such as sinks attached to a piped-water supply, refillable water reservoir or clean, covered buckets with taps equipped with plain soap or alcohol-based hand rub dispensers.

i) Functioning hand washing facilities with water and soap should be available within 5m of all toilets

j) The number or size of these hand hygiene stations should be adapted to the number and the age of children, as well as for those with limited mobility, to encourage use and reduce waiting times.

k) The installation, supervision and maintenance of equipment, including where necessary, regular refilling of water and soap and/or alcohol-based hand rub should be under the overall leadership of local school authorities

l) Maintaining supplies should be the responsibility of the local school authorities

m) School buildings, classrooms and especially water and sanitation facilities are to be cleaned at least once daily. Frequently touched surfaces e.g. door handles, toilet seats, will require more regular cleaning during the day.

n) Clear instructions should be issued on the safe and correct use and storage of cleaners and disinfectants, including keeping them out of reach of children to prevent harms from misuse including poisoning

4.1.2 Toilet/Drop Hole

a) All facilities will have separate boys and girls latrine blocks that are clearly labelled for boys, girls, or staff. The number will be according to SL WASH in Schools Policy (1per 45 girls: 1 per 45 boys).

b) Each latrine should have a door that can be securely latched by the person when in use. One block of latrines for boys should also have one urinal.
c) For schools with pour flush toilets, there will be 2.5 litres of water per student per day: and 2 to 8 litres/cubicle/day for toilet cleaning
d) One toilet per latrine block will be allocated for use by teachers (1 for women, 1 for men).
e) One toilet per latrine block should be accessible to those with special needs.
f) At least one drop hole/toilet for the girls will allow for addressing menstruation need
g) Each girl will be given a reusable menstruation kit.
h) All facilities should have at least one hand washing station in front of the classroom block.
i) All facilities should have hand hygiene stations with proper supplies of water and soap, with at least 2 taps per latrine block (and a ratio of 1 tap per every 3 functional toilets).
j) Each school should have one focal point trained teacher responsible for hand hygiene and sanitation
k) Toilets should be at least 30 m away from any water source and school building.

4.1.3 Waste Management

Each classroom and office should have a waste bin, following SL WASH in School policy. A waste site pit should be constructed at each school and protected by a fence and burned when the pit is full. This area will be extended to teaching children about responsible waste management, recycling and other environmental issues.

4.1.4 Drinking Water

All facilities should follow the WHO standards for drinking water. All facilities will have 1.5 litres of safe water (from a protected or treated source) per student per day. Safe water includes no faecal coliforms per 100ml of water at the point of delivery and use.

4.1.5 Free from tobacco, alcohol and other harmful substance use and abuse.

All school facilities shall be free from tobacco, alcohol and other harmful substance use and abuse, as provided for by all existing and upcoming related national legal and policy frameworks.

4.2 Social School Environment

The culture or social environment of the school must support student well-being and health. These means that students must feel safe, nurtured and have the ability to attend school.

4.2.1 Violence

a) Bullying is not tolerated or allowed in or around schools. Teachers and students who bully will receive the appropriate reprimand.

b) Teachers and other staff will implement the MBSSE Guide for Reducing Violence in Schools; as well as follow the Code of Conduct for teachers and other education personnel of 2009

c) The Code of Conduct sets out standards of professional behaviour for teachers and other education personnel in their relationships with learners, their colleagues, parents and the general public, which includes promoting a safe and conducive learning environment; and "maintains zero tolerance for all forms of sexual and gender-based violence, exploitation and abuse, physical and humiliating forms of punishment, psychological abuse, and child labour….[and] employ positive methods of corrective discipline." This includes NOT using corporal punishment, including flogging, or sex for grades.

4.2.2 Inclusion

a) Schools will have ramps or other accommodations so that students with disabilities can attend school.

b) Students with disabilities should be included in all programmes, including health education and physical activity.

c) Schools will provide female guidance counsellors and teachers to help support female students in their academic progression as well as with issues related to health and menstruation hygiene. This may also be delivered through school health clubs.

d) Schools will support girls who are pregnant to stay in school, as well as return to school after giving birth under the Radical Inclusion to Strengthen Education (RISE) policy.

e) Schools will provide inclusion education curriculum for all.

f) Teachers will be trained on how to work with students with special needs.

4.3 Health Skills and Education

4.3.1 Comprehensive Sex Education (CSE)

Schools are an appropriate location to teach health skills including CSE that can be used throughout a person's life. Students will receive education and skills, starting in primary and continuing through secondary school that is appropriate for their developmental stage, related to healthy behaviours, relationship and skills. Principles of health promotion as outlined by the Sierra Leone Health Promotion Strategy should be followed. Classes will be taught by teachers, guidance counsellors, and health staff from the local PHU, or through radios and other technological means.

4.3.2 Life-Skills Curriculum

Education should focus not just on facts, but on skills to grow well-rounded and adjusted adults capable of navigating a world that is multi-dimensional. The school and PHU will coordinate as needed to ensure all subjects are taught regularly. Trained health workers or specialists will come in on scheduled dates within the school year to re-energise schools around the area of school health. A suggested schedule following the global health days may be used to guide practice and ensure topics (not covered in the school curriculum) are covered (see Appendix 2).

A standard curriculum based on current evidence and current needs of the community, which emphasises prevention, should include the following topics:

- Hand hygiene
- Respiratory hygiene
- Comprehensive Sexual Education (formal and informal), including life skills
- Nutrition
- Physical activity
- Mental health
- Substance use, alcohol, and tobacco
- Oral Health
- Road safety
- Sickle Cell
- Epilepsy
- Prevention of malaria and other common conditions in the area
- Basic first aid

4.3.3 School Feeding

All facilities(providing school feeding) will follow the School Feeding Programme policy, including the preference for locally produced and processed foodthat reaches adequate nutritional standards, teaching of nutrition in the school setting, and screening (as appropriate) for malnutrition.

a) School gardens or farms(either on a small or large scale)will be established and maintained by every school not only to support each school's program but to teach children how to become resourceful.

b) The Integrated National Home-Grown School Feeding Programme (INHGSFP) will be rolled out to every school until universal coverage is achieved.

c) Parents and school communities will be encouraged to be part of the programme by contributing time, money or skills. They will also be contributors to the design of school meals, suppliers of food to be procured and monitors of the quality of programme implementation.

d) Regulations regarding food safety in sourcing, storage, preparing, cooking, and serving will be strictly followed including by independent food vendors.

4.4 Linking with Parents and Community

Messages and information that are taught in school must be supported by parents and communities to create behaviour change. Due to low literacy rates, the information may be new for parents and the community, and so efforts will be made to provide evidence-based health messages that support key issues being taught in school. It will be delivered to parents and communities regularly using creative ways to engage them and get their buy-in. The community in turn may enhance skills and programs with practical experiences of their own. Community stakeholders may be a great resource on various subjects and help create a sense of community ownership of school health. It is through the community that adolescents not in school can still gain valuable health information as well as get information on how they can access health care that is non-discriminatory in their communities.

4.4.1 School Health Councils

National, district, chiefdom and school level school health coordinating councils will be formed to include inter-ministerial members, as well as community stakeholders, school management council members, community teacher association, parents and members of the school alumni associations. The school health councils will assist in coordinating activities at their respective level. The NSHC could also serve as the school feeding advisory board outlined in the school feeding policy or other pre-established committees.

School health council meetings will be held –at least once each quarter during the school year to ensure communication and coordination of services.

4.4.2 Parent and Community Ownership and Participation

Schools will find ways to connect with parents and community members to share what is being learned in school. This may be done through community meetings, parent clubs, radio, or social media. The population-based health promotion messages should follow the Sierra Leone Health Promotion Strategy.

There will be growing benefits for local farming communities with the increasing demand for fresh food produce for school feeding as required under INHGSFP. This will in turn create viable jobs and opportunities for improvement of households' income.

4.4.3 Out of School Adolescents

Ensure out-of-school adolescents' access CSE through informal learning centres, community-based interventions, and knowledge-based outreach teams, using the standardised life skills manual.

4.5 Access to School Health Services

In addition to education, students need access to health services to address acute health needs, as well as preventative services such as immunisations and contraceptive services. A cost analysis showed that having a school clinic in each school is cost prohibitive and not feasible. As a result, priority will be accorded to the 12 boarding schools in the country where a comprehensive school health clinic will be established. For the rest of the schools, pupils and students will have access to health information and services, including through linkages and referrals to convenient, equipped, quality health facilities at no or low cost.

4.5.1 First Aid, Hand Hygiene and Respiratory Hygiene Supplies

a) All schools will have as minimum a first aid kit to address basic first aid needs and at least 2 trained staff on administering first aid.
b) All schools will have in place equipment and supplies to enable hand hygiene.
c) All schools will provide face masks for teachers, learners and staff in situations where these are called for, with clear instructions as to their use and disposal.
d) The local school health management council will oversee the stocking of the first aid kit and hand hygiene equipment and supplies according to standards established by the MoHS.

e) Hand hygiene equipment and supplies provide for hand washing with soap and water, and alcohol-based hand rub (ABHR).

4.5.2 Adolescent/Youth Friendly Services

All students should have access to adolescent/youth friendly services. The services may be provided in the school or a local contiguous PHU. The services should address acute needs, as well as provide counselling and services related to reproductive health, sexually transmitted diseases (including HIV), and contraceptives. Immunizations, specifically HPV, will be provided to female students according to MoHS guidelines.

a) Stakeholders will apply the age of consent - 15 years as per global best practices – as soon as approved for Sierra Leone.
b) Clinics will have a system in place to identify students, as well as track the number of students who use their clinic whilst maintaining the confidentiality of the patients.
c) All youth clinics will be clearly identified and used solely for adolescents and youths with health messages and posters that are specific to them.
d) A more comprehensive focus for adolescents attending boarding schools will be available and provided by full time effort, skilled, mid-level healthcare providers in the schools. The comprehensive approach includes the services listed above, as well as chronic condition management and screenings (as listed below).

4.5.3 Chronic Condition Management

PHUs will work with schools to address students with chronic conditions so that the school knows what to do in an emergency. Students will be able to access regular management of their conditions through scheduled appointments at health facilities, preferably out of school hours to minimise disruption to learning. Medication for chronic conditions (i.e. asthma, epilepsy, sickle cell) will be provided through the PHUs.

4.5.4 Regular Outreach Service, Screening and Follow-Up

a) Childhood Immunization schedules will be continued at schools to ensure maximum uptake. HPV (when it commences) will be administered to female students according to MoHS guidelines.
b) Schools will coordinate with PHUs and community stakeholders to provide regularly scheduled (at least 2 times per year) screening and follow up to identify students with disabilities. This includes vision, hearing, nutrition, oral health, mobility, and developmental disabilities.

4.6 School Health Regulations

Many national level policies exist. However, schools and communities should have protocols and procedures in order to provide guidance and standards in practice.

4.6.1 School-Level Regulation and Procedures

Schools will develop local protocols and procedures regarding all aspects of school health. Protocols will include clear processes for addressing age of consent, how students will be identified in PHUs to receive

free care, school inclusion policy, keeping the first aid kit, hand hygiene and respiratory hygiene supplies, emergency preparedness, coordination of local efforts, and other procedures identified by the school health committee. A procedure manual with more specific guidelines should include: how to address basic first aid concerns, helping female students who are menstruating, communicable disease protocol, and non-communicable disease protocol.

a) Regular review of the school protocols and procedures (at least every 5 years) should be conducted to ensure the policies remain current and up to date.
b) A discussion should be had of the protocols and procedures at least once a year to ensure teachers and staffs are familiar and adhere to the School Health Policy.

5. MONITORING AND EVALUATION

Monitoring and Evaluation will be critical in not only tracking progress and outcomes but also in addressing accountability of various agencies.

The NSHC must establish mechanisms for monitoring and evaluating the school health policy. Reporting, monitoring and evaluation of the ISHP must be integrated into existing district and school health information systems as well as interfacing with the education management information system.

Monitoring and evaluation need to focus on:

- Coverage of services
- The impact of the service on the health of school children and on access to schooling, retention and achievement of these learners
- Quality of services
- Sustainability of school health services in all districts

The M&E framework must propose a set of national indicators that will be used to monitor the SHP. This is captured more comprehensively in a separate document called School Health Policy (2020) M&E Plan.

APPENDIX 1

5 Existing policies that support school health policies.

6.4 Physical and Social Health

Component	Topic	Specific Standards	National Policy	Accountable Agency	Partners
Physical School Environment	School and playgrounds/fields	Safe school building Proper supplies and furniture Safe playgrounds Road signs	School Regulations SL Road Safety Policy	MBSSE Ministry of Gender & Children's Affairs (MGCA)	
	WASH	**Toilet/Latrine:** • 45 girls/drop hole • 45 boys/drop hole • 1 drop hole/toilet per block will be allocated for use by teachers (1 woman, 1 man) At least 1 hand washing station with soap **Waste Management** Waste bin and waste site pit. **Safe Water** 1.5 litres clean water per student per day	Education Sector Plan 2018 – 2020 WASH in Schools SL National Strategy on Sanitation and Hygiene	MOHS MWR MBSSE	UNICEF DFID
	Menstrual Hygiene	Each girl has access to a kit. Guidance Counsellors Girl clubs Latrine standards	National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (2018 – 2022)	MBSSE	UNICEF, Mott Mac (menstruation kits)

Social School Environment	Safe environment	No bullying No violence No corporal Punishment	Reducing Violence in School Restless Development (UNITE Consortium) Child Right Act 2007	MSW MGCA	UNICEF, MottMac, DFID
	Inclusion pregnant girls		Radical Inclusion Policy	MBSSE SRH Task Force	
	Inclusion of those with disabilities		Education Sector Plan 2018 – 2020-ramps for disabilities	MBSSE	Save the Children Cambridge Education

Table 1: Physical and Social Health

6.5 Health Skills and Education

Component	Topic	Specific Standards	Policy	Accountable Agency	Partners
Health Skills & Education (Free Quality School Education Initiative (2018)) Sierra Leonne Health Promotion Strategy	Hand hygiene	Handwashing stations with soap & water	WASH in Schools SL National Strategy on Sanitation and Hygiene	MBSSE	
	Comprehensive sex education -guidance counsellors -formal and informal -life skills	Health clubs Guidance Counsellors Informal education Life Skills Manual (9-13 yrs; 14+)	National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (2018 – 2022) National Population Policy (2018) Education Sector Plan 2018 – 2020 Education Act of 2004 Teacher Code of Conduct National Youth Policy 2014	MBSSE MOHS MSW MGCA	Mott Mac/DFID-radio education programs UNFPA (life skills, CSE, guidance counsellor training, girls' clubs) Marie Stopes-contraceptives
	Nutrition -under/ over weight		School Feeding Program	MBSSE MoHS MOA MOF	WFP, CRS, Caritas, JAM GATES Project, MOHS annual events such as on AIDS day, People's Alliance for Reproductive Health Advocacy (PARHA), GOAL,

					Sierra Leone Red Cross, Four Roots
	Physical Activity		*School Curriculum	MBSSE	
	Mental health		Teacher Code of Conduct	MOHS	
	Substance abuse, Tobacco, alcohol		National Youth Policy 2014	MOHS	WHO (Tobacco Control), Pink Foundation (cancer), Adventist Mission
	Oral Health			MOHS	
	Road safety		SL Road Safety Policy	SLRSA	
	Sickle Cell			MoHS MBSSE	
	Malaria (how to prevent, clarifying myths)			MoHS MBSSE	
	Basic First Aid			MoHS MBSSE	
	School feeding		Education Sector Plan 2018 – 2020 School Feeding Program (draft)	MBSSE	MOA, WFP, CRS, CARITAS, JAM

Table 2: Health Skills and Education

6.6 Parent/Community Links

Component	Topic	Specific Standards	Policy	Accountable Agency	Partners
Parent/ Community Link	Parent buy-in		The Child Welfare Policy (2013) National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (2018 – 2022)	MBSSE	Marie Stopes-radio programs, TV shows, jingles, theme songs
	Community	The Health Newspaper (idea)	National Strategy on Sanitation and Hygiene Health Promotion Strategy National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (2018 – 2022) School Feeding Program (draft)	MBSSE	SABI-Christian Aid

Table 3: Parent/Community Links

6.7 Access to Health Services

Component	Topic	Specific Standards	Policy	Accountable Agency	Partners
Access to School Health Services	First Aid Kit			MOHS MBSSE	
	Deworming		Sierra Leone Basic Package of Essential Health Services (2015-2020)	MOHS	WHO, Sight Savers, FHI, Heller Keller International, UNICEF
	Diarrhoea			MOHS	
	Reproductive health, STIs/HIV & contraceptives		Free Health Care Initiative (2010) Free Family Planning The Prevention and Control of HIV and AIDS Act (2007) National Population Policy (2018)-access National Standards for Adolescent and Young People Friendly Health Service	MOHS	Marie Stopes-contraceptives UNFPA-support for refer and follow up at AYFC WHO-AYFC, rape/SGBV management
	Immunizations-HPV		Sierra Leone Basic Package of Essential Health Services (2015-2020)	MOHS (co-funding by GAVI)-awareness	WHO, UNICEF,
	Oral Health			MOHS	
	Malaria (treatment)		Free Health Care Initiative (2010) Free malaria services	MOHS	

	Sickle Cell		A Sierra Leonean Guide to Sickle Cell and School Inclusion	MOHS	Sickle Cell
	Epilepsy			MOHS	Epilepsy
	Screening & follow up disabilities		Child Rights Act (2007) (disabilities)	MOHS MGCA	MottMac
	Eye health			MOHS	Sight savers, Vision Aid Overseas, Christian Blind Mission
	Anaemia			MOHS	co-funding by GAVI WHO, UNICEF
	Vitamin A		Sierra Leone Basic Package of Essential Health Services (2015-2020)	MOHS	

Table 4: Access to Health Services

ADDENDUM TO SCHOOL HEALTH POLICY

This addendum contains information on additional services that may not have been adequately articulated in the school health policy. The addendum provides further clarity on the services that the MOHS/MBSSE and its partners will provide for school children

EYE CARE

The MOHS/ MBSSE and partners will

- Provide yearly outreach screening services to schools.
- Train teachers on the detection of eye defects in children and advice appropriately
- Refer school children with eye defects to nearby health care facilities for further management.
- Provide, information, education and sensitization on eye care for better vision in schools
- provide basic learning materials including audio-visual aid and braille to enhance learning for children living with disabilities

DENTAL CARE

The MOHS/ MBSSE and partners will:

- Conduct outreach dental services to schools at list twice a year. These outreach services will involve dental screening /dental examination, health talks on oral hygiene to prevent dental defects. School pupils with dental abnormalities will be referred to dental clinics for further management

EAR, NOSE AND THROAT (ENT) SERVICES

The MOHS/ MBSSE and partners will

- Provide health information and education on basic ear care, prevention of hearing loss and early detection of disorders that could affect hearing.
- Conduct screening for the ear and hearing health, provide treatment for basic ear conditions, and make appropriate referrals for further care and follow-up

IMMUNIZATION

The MOHS/ MBSSE and partners will support the following immunization services

- Education and Sensitization on vaccine preventable diseases (HPV, Tetanus, Hepatitis, etc)
- HPV vaccination of girls between ages of 9 to 13 years both in and out of schools as part of wider effort to eliminate cervical cancer in Sierra Leone
- Tetanus toxoid (TT) vaccination to girls in schools as part of the tetanus elimination strategy
- Routine immunization services for under – five children (Pre-primary and primary -Schools**)**

NON-COMMUNICABLE DISEASES and MENTAL HEALTH

The MOHS/ MBSSE and partners will

- Promote healthy lifestyles using health promotion strategies to reduce risk factors for NCDs
- Provide enabling environment for activities that enhance healthy lifestyles

MENTAL HEALTH

The MOHS/ MBSSE and partners will

- Provide training of teachers for the Identification of mental and psychosocial illnesses by teachers and referral to district mental health unit.
- Provide outreach services to schools to provide education on the prevention, treatment and referral pathways for mental illness in youth, as well as anti-stigma information for staff and students
- Support education and awareness raising on the prevention of drug and alcohol abuse
- Referral by medical and social welfare providers to child and adolescent mental health services where accessible.
- Launch awareness campaigns in schools to support students/pupils and their families and caregivers to identify and promote mental health and prevent mental illness.
- Provide life-skills training in schools with support from partners

COMMUNICABLE DISEASES

- Provide education and awareness raising on the prevention of communicable diseases (Malaria, Cholera, TB, STI, HIV, Hepatitis, Skin infection, Ebola, Lassa fever, and Corona virus etc.).
- Basic education on the prevention of corona virus disease in schools
- Information, education and provision of corona virus vaccination to school age children based on target age for vaccination

HIV

- Primary prevention of HIV infection- PRONDG -1
- Sensitization on HIV and STI prevention, mode of transmission, voluntary counselling and testing if age of consent reached and referral to HIV services as appropriate

- Conduct focus group discussion for adolescents boys and girls including adolescent pregnant girls living with HIV

NUTRITION

- Provide nutrition education and counselling in schools
- Train teachers to identify poor nutritional condition amongst Children
- Work with MBSSE, school feeding directorate and partners for effective school feeding programmes in schools using the school feeding policy

Conduct sensitization on school garden to augment the school feeding programme with community involvement input and ownership.

NEGLECTED TROPICAL DISEASE

- Provide health education and services geared towards the prevention and elimination of Neglected Tropical diseases (Schistosomiasis (SH), Lymphatic Filariasis (LF) Trachoma and Onchocerciasis) where possible in schools and communities targeting school age children.
- Work with NTD partner to Conduct deworming campaigns in school as accelerate the control and elimination of neglected Tropical Disease
- Train Service providers to deliver NTD services in schools (prevention, detection, treatment and surveillance.
- Conduct disease specific assessment to determine the impact of mass drug administration