

## SECURING HUMAN RIGHTS IN SCHOOL HEALTH

### POLICY BRIEF

#### Proposals to strengthen the Human Rights-Based Approach to health in the proposed National School Health Policy 2018

*Ministry of Education and Sports has drafted a National School Health Policy to guide the design and implementation of interventions to improve health in school settings in Uganda over the period 2018-2023. Basing on results from a review of the latest draft of the policy, this brief highlights areas of the draft policy that the Ministry needs to improve in order to better align the policy with the human rights based approach, enhance its potential to achieve the stated objectives, and maximize its contribution to the achievement of the UN sustainable development goals.*

#### 1. Background.

The National School Health Policy 2018-2023 is being developed in response to not only the poor school health indicators but also to the under-performance of interventions that have so far been implemented. Interventions implemented by government and other actors in recent years include Uganda school health and reading program (SHRP); school health project (SHEP); school health and nutrition program; adolescent reproductive health, guidance and counselling; school water and sanitation; sexuality education and life skills, the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY).<sup>1</sup> There have also been school health programs targeting children above five years for deworming and oral hygiene and girls of reproductive age for vaccination.<sup>2</sup>

In spite of these and other interventions, school health indicators remain appalling. Adolescent pregnancies remain high; UDHS 2016 estimated that one in four adolescent girls aged 15-19 years was either pregnant

or already had a child. In a national study of adolescent health risk behavior in Uganda by Ministry of Health, almost 22% of adolescents reported some form of sexual activity.<sup>3</sup> This not only puts their health at risk, but also their education and future wellbeing. A report by the International Center for Research on Women (ICRW) has revealed that pregnancy is responsible for the drop-out of school of 13.1% of girls aged 14-18 years in West Nile.<sup>4</sup>

According to the 2016 Uganda HIV Impact Assessment (UPHIA), the prevalence of HIV among children aged 0-14 years is 0.5%, translating into approximately 95,000 children. Statistics from the education management information system (EMIS) 2016 show that an estimated 28,674 learners in primary and 5,154 in secondary schools are living with HIV. In addition, school-going children and youth in Uganda are affected by common illnesses, mostly malaria (25.4%), diarrhea (23%), skin infections (18%), cough (15.2%), flue (11.6%) and typhoid (6%).<sup>5</sup>

1 MoES, 2018. Draft School Health Policy; Save the Children. School health and nutrition update 2015-16.

2 Akello, G., Reis, R., Ovuga, E., Rwabukwali, C.B., Kabonesa, C. & A Richters, A., 2007. Primary school children's perspectives on common diseases and medicines used: Implications for school healthcare programs and priority setting in Uganda. African Health Sciences. <https://africanhealthsciences.org/2017/10/18/primary-school-childrens-perspectives-on-common-diseases-and-medicines-used/>

3 MoH (2016). Adolescent Health Risk Behaviors in Uganda: A National Cross-sectional Survey, 2016. Kampala

4 International Center for Research on Women (ICRW). Assessing reasons for school dropout in Uganda. <http://www.icrw.org/sites/default/files/publications/141011%20ICRW%20MacArthur%20Final%20Web%20R.pdf>

## 2. Overview of the School Health Policy.

The stated theme of the draft School Health Policy is, “A healthy mind in a healthy body for better educational outcomes”. The vision is, “A healthy school community for better education outcomes and national development”. The goal is to enhance quality of health in school communities in order to promote education for all.

The draft policy has eight guiding principles: rights-based approach; increasing access to health information for school communities; collaboration and partnerships; needs driven programming; youth-responsive health services; gender equity; commitment of requisite resources (human and financial); and continuous capacity building.

The policy targets school beneficiaries, including learners, teachers, childcare givers and non-teaching staff in education institutions at all levels; school communities, including parents, guardians, parent-teacher associations, school management committees, boards of governors, foundation bodies, and community leaders; and policymakers and implementers, including MPs, ministers, development partners, local governments, cultural leaders, religious leaders, line ministries, CSOs and students associations.

The policy has interventions for health promotion as well as for medical services. Under health promotion, the policy proposes integration age-appropriate sexuality education in school curricula; school-based safe spaces for sexual and reproductive health counselling; school health clubs; guidelines for school retention and re-entry of adolescent mothers; prohibition of tobacco use; compulsory physical education and sports; provision of clean water, sanitation and hygiene; nutrition and food availability; and safety and security of learners with disability.

The medical services include disease prevention through immunization, deworming, food supplements, vermin and vector control, disease surveillance. The medical services include establishment of school sickbays, rehabilitation, adherence support for children chronic illnesses, and counseling.

The Ministry of Education and Sports will take lead in the implementation of the policy and a multi-sectoral committee will be the overall policy making body for the delivery of school health services.

## 3. Grounding of the policy in the Human Rights Based Approach

At the 2005 World Summit, Uganda and other AUN member states unanimously resolved to integrate human rights into their national policies. Health policy making and programming are to be guided by human rights standards and principles and aim at developing capacity of duty bearers to meet their obligations while simultaneously empowering rights-holders to claim their rights.<sup>6</sup> The principles of human rights include universality and inalienability, indivisibility, interdependence and interrelatedness, non-discrimination and equality, participation and inclusion, accountability and the rule of law. The Human Rights Based Approach (HRBA) involves the application of the AAAQ framework – availability, accessibility, acceptability and quality.

The draft School Health Policy recognizes human rights as a guiding principle, and outlines various international human rights instruments in which the proposed policy is anchored, including the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). The rights-based approach is presented as the first of the policy’s eight guiding principles, under which “Every child, adolescent and youth shall have a right to quality health and education services.”

In addition, the policy’s objectives clearly state that it seeks to promote the provision of universal equitable quality health interventions. The draft policy is sensitive to equity and non-discrimination by providing for the establishment/ strengthening of appropriate mechanisms for the safety and security of physically and mentally handicapped or mentally ill learners. Participation is one of the elements of a human rights based approach. The stated process of developing the draft National School Health Policy has been

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5 Akello, G., et. al, 2007. Ibid

6 WHO: A human rights based approach to health

described in the draft as “participatory”. Key steps in the policy development process were: document review, internal consultations within the Ministry of Education and Ministry of Health, regional consultations with education personnel, health officers, religious and cultural leaders, community development officers and Civil Society Organization (CSOs), and “other validation activities”. It further provides for the participation of parents and community in the delivery of school health.

On the availability and quality of services, the draft policy provides for school sickbays, of a standard to be prescribed by Ministry of Health, and to be manned by health professionals, and linked for referral purposes, to the nearest public health facility. Hence, the draft policy takes a rights-based approach in these aspects.

However, the draft policy does not have clear mechanisms for ensuring quality of the medical services to be provided in schools. There have been long standing concerns about the quality of education in public schools. While the introduction of Universal Primary Education (UPE) in 1997 greatly improved access, the resulting congestion compromised quality, and as the population increased, more and more children dropped out.<sup>7</sup> Medical services being rolled out in the context of UPE and under the leadership of Ministry of Education as stipulated in the draft policy are likely to suffer the same fate. The policy should clarify the quality assurance provisions for school medical services and explicitly prescribe quality adolescent friendly services within school settings, and to put school health under the direct stewardship of Ministry of Health.

The School Health Policy should address the question of consent, given that many learners are minors, without the legal capacity to consent to medical treatment. The concept of consent is based on the principle that a person has a right to bodily integrity and must give permission before any medical procedure is administered to them. And for consent to be valid, it must be voluntary and informed and the person giving the consent must have the capacity to make the decision. This means they should understand the information given and use it to make an informed

decision. The Children’s Act (Section 7) provides for the duties of parents, guardians or any person having custody of a child. these duties include maintenance and protection of the child, which comes with provision of consent for medical treatment. The policy should clarify how parents will give consent to medical treatment for their in-school children.

The School Health Policy needs to protect children from physical, sexual or emotional abuse that have been normalized through abusive and illegitimate school rules. Despite having a relatively strong legal framework, violence against children in schools remains widespread in Uganda. Ministry of Education and Sports has found that up to 81% of the children interviewed reported having experienced various forms of violence; 78% of primary, and 82% of secondary school students reported having been subjected to some form of sexual violence; while 68% of the children cited teachers as the main perpetrators of violence. The Convention on the Rights of the Child makes it obligatory for governments to ensure that discipline in school is administered in a manner consistent with the child’s human dignity. Like parents, therefore, people who manage schools have an obligation to provide a caring and safe environment for all learners. The policy should be aligned with the Children’s Act and international law in this regard.

The participatory nature of the policy making process is not well-illustrated and demonstrated the lack of a standard policy making process and the challenges that other stakeholders find in trying to engage with the process. In this case, the criteria for selecting participants, the schedule for consultations, the extent to which consultations have influenced the current draft, and the entry points for stakeholders are all not clear. It appears that the intended beneficiaries of the policy – the learners – were not involved in the formulation of the policy, and provisions on how they will be further involved in the implementation and evaluation of interventions are missing in the current draft.

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7 <https://www.unicef.org/uganda/what-we-do/quality-education>

## 4. Experiences from other countries

There are lessons from other countries in the region and beyond on school health has been handled by policy. Below are some examples:

- **South Africa:** The Integrated School Health Policy directly addresses the country's most pressing challenges, including high HIV incidence, school drop-outs, and gender-based violence, and expressly stipulates the provision of sexual reproductive health services within the school environment and for the integration of health education into Primary Health Care (PHC). On health education, the policy provides for teaching children basic anatomy; recognizing and dealing with abuse; physical and emotional changes during puberty; HIV/Aids and STIs; teenage pregnancy; as well as social determinants of health, has a component on mental health.
- **Kenya:** The Comprehensive School Health Policy takes a holistic approach to school health, covering a wide range of issues under eight thematic areas: i) values and life skills; ii) gender issues; iii) child rights, protection and responsibilities; iv) water, sanitation and hygiene; v) nutrition; vi) disease prevention and control; vii) special needs, disabilities and rehabilitation; viii) school infrastructure and environmental safety. The policy is not elaborate on SRHR because the country has a separate SRHR policy. National School Health Guidelines and Kenya Comprehensive School Health Handbook to operationalize the school health policy.
- **Zimbabwe:** The highlight of Zimbabwe's school health policy is the active engagement of learners who are the intended beneficiaries in the policy development process, and emphasis on their active participation in the design, implementation, monitoring and evaluation of interventions as means to cultivate ownership and sustainability.
- **India** does not have a stand-alone school health policy, but its school health interventions are guided by different policies, including the National Population Policy 2000, the National Youth Policy 2003, and the National Health Policy. The country launched a sex education curriculum in 2007, and later the school health program to address health needs of school going children and adolescents between 6-18 years.

## 5. Conclusion

The National School Health Policy is an opportunity to enhance the quality of school health to enable children and other learners realize their rights to health and education. Strengthening its human rights based approach will fill critical gaps in the current interventions and enable the country address the current challenges in young people's health, including high prevalence of STIs and HIV, unintended pregnancies, unsafe abortions, and high school drop-outs rates. The issues to address include quality assurance of school medical services, consent to medical treatment, enhancing the safety of the school environment, and strengthening participation of beneficiaries in the design and implementation of the policy. A thorough regulation impact assessment will help ensure that no groups with special vulnerabilities and needs are left behind.