



POLICY BRIEF

BRINGING THE NATIONAL SCHOOL HEALTH POLICY TO FRUITION

BACKGROUND

The Vision of the National School Health Policy (NSHP)¹ is a healthy school community for better education outcomes and national development. The Ministry of Education and Sports (MoES) define a safe and healthy school environment as one that protects learners and staff against immediate injury or disease and promotes prevention activities and attitudes against known risk factors that might lead to future disease or disability. The gap in the school health programmes in Uganda is constraining the education system with young people not able to have access to SRH information and services.²

Uganda has signed various international and national commitments holding the country accountable to meeting high standards of child health and education.³ Notably, Uganda is a signatory of the United Nations Convention on the Rights of the Child (UNCRC).⁴ Central to this agreement is that all children have basic fundamental rights, including access to an education that enables them to fulfil their potential and protection from violence.⁵ Despite this, there is a large gap between these international and national policies existing and their enforcement.

EXISTING STRATEGIES

Existing strategies as recommended by the NSHP include; school medical facilities, school-based health clubs and safe spaces, and improved monitoring and tracking.⁶

School medical facilities aim to strengthen linkages and referrals between education institutions and the health care providers.⁷ Many young people don't feel comfortable seeking out sexual and reproductive health services due to concerns surrounding stigma and lack of privacy.⁸ These issues are compounded by the lack of youth-friendly services in Uganda's healthcare sector.⁹ Only 5% of Ugandan public health facilities offer sexual and reproductive health services which are youth friendly.¹⁰ This is particularly alarming considering 70% of the population are below 25 years old.¹¹ Creating safe and confidential spaces within these health centers is essential to first establish in order to increase uptake of referrals from educational medical facilities to health centers.¹²

The school-based health clubs and safe spaces are providing sexual and reproductive health counselling as well as re-introducing adolescent mothers into education.¹³ The quality of counselling that can be provided is constrained by the National Sexuality Education Framework¹⁴ that limits the information surrounding SRHR. The framework is narrow-minded and ignores the drivers of SRHR challenges such as adolescent pregnancy.

Challenges in establishing safe spaces within schools arises from the violence that is perpetrated by teachers. Nearly half (45.7%) of girls and 60.4% of boys who experienced physical violence by an adult in the community experienced the first incident by a male teacher.¹⁵ Despite the 2016 Amendment to the Children Act¹⁶ extending its corporal-punishment ban to all schools and colleges, violence at the hands of teachers remains commonplace.

The violence that occurs in schools is to be addressed by "increasing accountability of duty-bearers". This refers to the very individuals being violent towards children within schools. The pupils who are victims to the physically violent teachers are unlikely to trust them.¹⁷ This could create a culture of distrust where the pupils are wary of all the adults employed at the school, including the health workers and counsellors. Consequently, students may not feel comfortable confiding in these staff members and so may not receive the healthcare they require. Further, teachers are often role models to their young pupils. If the students witness their teachers exhibiting violence, they are likely to be desensitised to this behaviour and may begin condoning it. The Violence Against Children (VAC) survey found that survivors of sexual or physical violence were more likely to be amongst the one in four 13-17 year old boys who admitted to committing intimate partner violence.¹⁸

The Multi-Sectoral Committee¹⁹ established to improve monitoring and tracking falls short of ensuring accountability. The Committee are tasked with "integrating health issues into existing structures" among other roles.²⁰ However, these existing structures such as sexual and reproductive health counselling have already been described as inadequate. Further, the Guidance and Counselling Curriculum²¹ currently used in schools falls short in ensuring proper support in the cases of Sexual and Gender Based Violence. Thus integrating the strategies into the existing frameworks and policies will be challenging. The evaluation indicators being used in the monitoring and tracking hides accountability specifically within the "Proportion of the Education and Sports Sector Budget allocated to school health" indicator.²² It doesn't address the geographical gaps found in the previous policies, to prevent inequitable distribution between rural and urban areas in expenditure. Further, a lack of accountability in how the funds are being used and whether they are reaching their intended targets is neglected in this policy.

¹ National School Health Policy 2018-2023

² <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-11-59> ³ International legal instruments and programmes on the right to education <http://www.unesco.org/new/en/social-and-human-sciences/themes/advancement/networks/larno/legal-instruments/right-to-education-international-instruments/>

⁴ Convention on the Rights of the Child <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

⁵ <https://www.savethechildren.org.uk/what-we-do/childrens-rights/united-nations-convention-of-the-rights-of-the-child>

⁶ National School Health Policy 2018-2023 ⁷ Schools and Health: Our Nation's Investment <https://www.ncbi.nlm.nih.gov/books/NBK232689/>

⁸ <https://www.hindawi.com/journals/ijrmed/2019/6725432/> ⁹ <http://www.ideas42.org/wp-content/uploads/2015/09/SRHR-draftlay.pdf>

¹⁰ https://www.rutgersinternational/sites/rutgersorg/files/PDF/Advocacy_Uganda_0.pdf

¹¹ Harnessing Uganda's Demographic dividend: report by UNFPA Uganda. <https://uganda.unfpa.org/sites/default/files/pub-pdf/harnessing-a-demographic-A4%20Book-email.pdf>

¹² <https://www.ncbi.nlm.nih.gov/books/NBK442185/> ¹³ *Ibid* ¹⁴ The National Sexuality Education Framework 2018 ¹⁵ Uganda Violence against Children survey by UNICEF <https://www.unicef.org/uganda/media/2156/file/Violence%20Against%20Children%20Survey%202018.pdf> ¹⁶ Children's Act of 1997 Chapter 59

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RECOMMENDATIONS:

For the National School Health Policy to be successful, various factors first must be addressed. For the safe spaces within schools to be effective, training and monitoring must be enforced and the Corporal Punishment Law adhered to. For a healthy school community to be realised, as per the NSHP, the teachers must first be aware of their position as a role model and must be expected to not exhibit violent behaviour. A change in attitude, not just legislation, is imperative if any progress towards creating a safe and healthy school environments is to occur. For this to occur, the cultural acceptance of corporal punishment must be eliminated. If the law banning corporal punishment is fully enforced, young people are less likely to condone violence in any form, be that physical, sexual or emotional.

In addition, healthcare providers must be trained in delivering youth friendly services.²³ The health workers must not stigmatise the patient and ensure all information is kept confidential. This should boost treatment seeking behaviour and uptake in services. Thus, the health of Uganda's school pupils should improve.

Indicators of progress for monitoring and tracking need to ensure accountability. The proportion of the budget allocated to the policy needs to be disaggregated into different districts and schools to ensure there are no geographical gaps in service delivery. There also needs to be accountability from the committee wherein the allocated funds are reaching the targeted areas and there is no mis-use of funding. Furthermore, stakeholders who can advocate for the individualised needs of the schools health concerns, such as district leaders, are missing from the Multi-Sectoral Committee.

¹⁷ <https://sws.mak.ac.ug/sites/default/files/docs/Violence-against-Children-in-Uganda.pdf>

¹⁸ <https://www.unicef.org/uganda/media/2156/file/Violence%20Against%20Children%20Survey%202018.pdf>

¹⁹ Uganda Multi-Sectoral Nutrition Committee

²⁰ <https://www.fantaproject.org/sites/default/files/resources/Uganda-Orientation-for-LGs-FACILITATOR-July2017.pdf>

²¹ <https://education.go.ug/data/smnu/18/Guidance%20and%20Counselling.html>

²² https://www.iser-uganda.org/images/downloads/Status_of_Implementation_of_SDG_4_on_Education_Is_Uganda_on_Track.pdf

²³ https://www.fhi360.org/sites/default/files/media/documents/Training%20Manual%20for%20the%20Providers%20of%20Youth-Friendly%20Services_0.pdf