

4



WORKING PAPER SERIES

*An initiative of the DST/
NRF South African Research
Chair in Welfare and Social
Development in collaboration
with the CSDA.*

Community of Practice for Social Systems Strengthening to Improve Child Well-being Outcomes

Challenges experienced by a sample of
school health nurses working in the City
of Ekurhuleni, South Africa

October 2023

Nompumelelo Ntshingila | University of Johannesburg, Department of Nursing
and Tintswalo V Nesengani | University of Pretoria, Department of Nursing

The Community of Practice is a multi-sectoral and inter-disciplinary collaboration between academic researchers, practitioners, governmental and non-governmental agencies and is supported by the National Research Foundation.

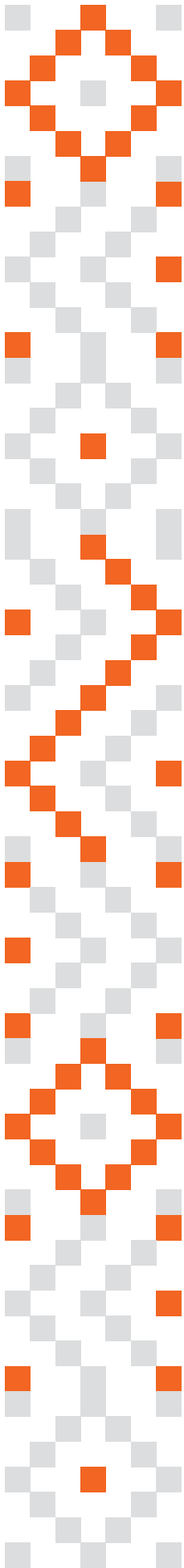


National
Research
Foundation



UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG





Abstract

Globally, as countries strive to attain Sustainable Development Goals (SDGs) 3 and 4, it is imperative to recognise how coordinated school health services and education improve school-going children's wellbeing. However, in South Africa the shortage of trained school health nurses to render healthcare services at schools, together with inadequate allocation of resources, both financial and non-monetary, result in an inappropriate allocation and composition of school health teams. All of this negatively impacts the implementation of the government's Integrated School Health Programme (ISHP) the goal of which is to improve children's wellbeing.

The aim of our research was to gain deeper insights into the challenges facing integrated school health services in Ekurhuleni, South Africa, and to formulate recommendations to improve the implementation of the ISHP. We used a qualitative, exploratory, descriptive, and contextual research design. To collect data, six participants were selected through purposive sampling for individual in-depth interviews. Thematic coding was used to analyze data. Four themes relating to the programme emerged from this study: the challenges linked to parental engagement during the programme's rollout, challenges with school involvement, challenges with the programme itself, and recommendations to improve the programme's services to all stakeholders.

Keywords: *children's wellbeing, Integrated School Health Programme, policy, school health nurses, integrated school health services, parental engagement, recommendations*

Introduction

Sustainable Development Goal (SDG) 3 focuses on good health and wellbeing and Sustainable Goal 4 focuses on quality education (United Nations, 2022). Despite this, in South Africa factors such as the shortage of healthcare workers and lack of resources, both financial and non-monetary, stand in the way of providing youth with sustainable school health services. Good health and quality education were a critical foundation identified when the National School Health Policy (NSHP) was formulated. The NSHP and its implementation guidelines were introduced in 2003. The aims of the policy were to:

- ensure that children go to school at the right age;
- help children stay in school until completion;
- reduce absenteeism due to health-related factors;
- address and minimise health-related barriers to learning; and
- contribute to educational performance.

Management4health. (2021).

Following the NSHP, South Africa's president launched a more comprehensive package of services which is outlined in the Integrated School Health Policy. The revised policy was introduced as a framework for the new school health programme launched in 2012 (National Department of Health, 2012). The policy emerged against the historical background of apartheid segregation and inequalities before 2000 (Shuro & Waggie, 2021). According to Zembe-Mkabile (2021), it was a response to childhood poverty and vulnerability in South Africa with a focus, among others, on providing basic healthcare services and education.

The policy is set within national, regional, and global frameworks to promote education and health in South Africa (WHO, 2012). The ISHP framework advocates for intersectoral, multisectoral, and multidisciplinary collaboration. The policy was rolled out nationwide, with greater emphasis on an integrated approach between the departments of health, education and social development. These departments were charged with linking children's health to schools as institutions that work well as health services delivery sites to improve the wellbeing of the country's upcoming generation. The framework considers children's multilayered and complex contexts and environments in which they live, seek, and access education and healthcare services. The essential health package includes learner assessments, health screenings, onsite services, and health education (Zembe-Mkabile, 2021). The ISHP 2012 health package focuses on:

- health education and promotion;
- assessment and screening of learners;
- provision of on-site services;
- follow-ups and referrals;
- coordination and partnership between all parties;
- community involvement; and
- parent and student participation.

Various healthcare providers, such as professional nurses are expected to provide school health services and are key members of the Integrated School Health Programme (ISHP) Team, they can work with other categories like enrolled nurses in terms of the policy. Their responsibility is to visit schools and screen up to 2000 learners a year and to refer children they identify with health and social problems to the relevant services (Management4health, 2021).

In their study, Lenkokile et al. (2019) evaluated the implementation of the ISHP in public schools in one region in Gauteng Province. They found that a shortage of professional nurses and financial constraints such as for providing health services were key challenges. Lack of transport for nurses was also raised, with schools in rural areas being particularly disadvantaged. Despite South Africa spending a greater proportion of its health budget than any other African country, with 60% spent on human resources (Health Systems Trust Health Promotion, n.d.), it still experiences a shortage of healthcare workers, particularly in the public health sector.

Lenkokile et al. (2019) found that for the ISHP to be successfully implemented, the government needs to allocate appropriate and adequate resources to public health. The absence of skilled and experienced professional nurses was highlighted by Lenkokile et al. (2019). Such nurses were reported to be placed at the provincial instead of at the school level thereby making little contribution to implementing the ISHP. Naturally, this has led to the failure of achieving some policy goals. Appointing adequately trained staff with the necessary expertise is required for effective policy implementation (Lenkokile et al., 2019). Mojapelo (2019) indicated that lack of resources and knowledge were identified as the main obstacles to school health nurses providing healthcare services, along with weak teamwork between the departments of health and education and parents. Rasesemola et al.'s study (2019) into the school health programmes in schools in the city of Tshwane found that stakeholder involvement was insufficient. Lack of stakeholder collaboration in delivering school health services will result in a fragmented, uncoordinated and unsustainable ISHP delivery.

Aim of this study

The aim of this study was to gain deeper insights into the challenges school health nurses face in implementing integrated school health services in the City of Ekurhuleni, Gauteng Province, South Africa, and to recommend some ways forward to strengthen the implementation of the Integrated School Health Policy (ISHP).

Methods and design

Here we outline the methods used in our research, including ethical considerations. A qualitative, exploratory, descriptive, and contextual research design (Gray et al., 2017) was applied.

Population and sampling

The study was conducted in the City of Ekurhuleni, one of three metropolitan municipalities in Gauteng Province, where 3,774,638 people live in 1,299,490 households (Municipalities of South Africa, 2022). The research target population was nurses working in the Integrated School Health Programme who deliver health services to schools within the region. The nurses worked in schools in Ekurhuleni. Participants met predetermined inclusion criteria so they could provide rich data. The criteria were:

- all nursing categories offering ISHP at the identified clinics in Ekurhuleni;
- must have worked at least one year in the ISHP; and
- be willing to participate.

Data collection

Participants were recruited from the research coordinator in Ekurhuleni upon ethical approval, who was the designated gatekeeper. The gatekeeper informed the Integrated School Health Programme (ISHP) coordinators who then provided contact details of the school health nurses. Researchers were introduced to the school health nurses and appointments were arranged for in-person or telephonic in-depth interviews. Researchers approached participants telephonically to schedule times to introduce the study. The researchers met with the participants and explained the aims of the study. The recruitment process is outlined in Figure 1.

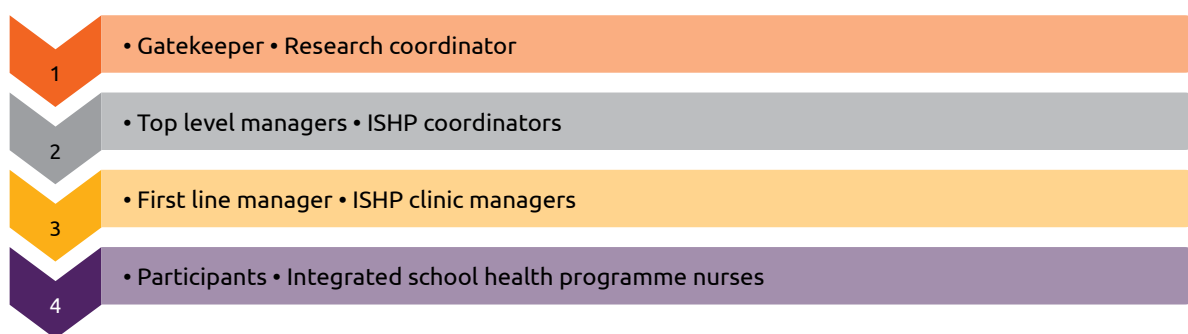


Figure 1: Recruitment process followed to recruit the ISHP nurses

Data collection took place between 8 and 27 June 2022. Interviews were audio-recorded with participants' permission. All interviews were conducted in English. Participants were asked the following questions:

- What steps are to be followed when referring a child to the ISHP?
- What are the challenges experienced with the ISHP?
- What can be done to improve ISHP services?

Further communication prompts were used, such as clarification, exploration, and probing participants' responses. Field notes were taken after each interview. The in-depth interviews were transcribed.

Ethical considerations

This study received ethical clearance from the University of Johannesburg¹ and permission to interview the ISHP nurses was obtained from the Department of Health. Informed consent was obtained from all participants, participation was voluntary, participants remained anonymous, and they were protected from any harm. The recorded interviews, transcripts, and reports were stored safely. The data will be kept for two years after the study's publication.

Data analysis

The steps for thematic data analysis proposed by Tesch (Polit & Beck, 2017) was used and units of meaning were identified and organized from the data. Clusters of similar entities were placed together with the transcribed interviews and field notes. They were collated into themes with supporting categories. In addition, the raw data was handed to an independent coder for analysis. The independent coder was purposely selected because of her experience in the qualitative research approach using the same protocol for data analysis. The first author and the independent coder met for a consensus discussion on the results of the data analysis.

Findings: Implementation is challenging

Findings show that implementing the Integrated School Health Programme is challenging. The challenges are linked to different stakeholders, including parental engagement, the school's involvement, and the programme itself. The challenges include difficulty in obtaining consent forms from the parents to provide their children with school health services and poor coordination of the programme between the school, the provincial Department of Health and other multidisciplinary team members. The ISH programme nurses experienced lack of support from their seniors during the provision of services. The nurses make recommendations to improve ISHP services amongst all stakeholders. Refer to Table 1 for a summary of themes and subthemes.

¹ (REC-01-050-2020). Further ethical permission was obtained NHRD No: GP _202203_036 with the research project number 18/03/2022/05.

Themes	Subthemes
Theme 1: Challenges linked to parental engagement during the rollout of the ISHP	<ul style="list-style-type: none"> ■ obtaining consent from the parents; and ■ weak parental involvement in the ISHP services.
Theme 2: Challenges linked to school involvement in the ISHP	<ul style="list-style-type: none"> ■ minimal teacher engagement; ■ poor school infrastructure and resource availability; and ■ lack of coordination of the ISHP services within the school.
Theme 3: Challenges linked to the programme	<ul style="list-style-type: none"> ■ poor follow up processes; ■ uncoordinated services, including linking with other multidisciplinary team members, the school and the Department of Education; and ■ lack of support.
Theme 4: Recommendations to improve the ISHP services to all stakeholders	<ul style="list-style-type: none"> ■ teachers assist ISHP nurses; ■ improved parental support; and ■ improve coordination and school involvement in the ISHP services.

Table 1: Themes and subthemes arising from the data

Theme 1: Challenges linked to parental engagement during the roll out of the ISHP

Challenges included not obtaining consent from the parents, and weak parental involvement in the ISHP services.

Obtaining consent

It was reported that parents did not to play their role with requests and requirements from the school to get involved with the ISH programme. Requests included giving parental consent for vaccinations or other required services for their children. The ISHP nurses reported the following:

“Eish, mostly the problem is the consent form itself ... it’s written in English. It’s that they don’t understand but most of the time we tell them.” – ISHP Interview #6

“The parent must sign the consent form because we couldn’t do anything without [it].” – ISHP Interview #2

“So the main problem that we have is that most parents do not sign the consent form. Our realisation is that some parents do not understand the language on the consent form.” – ISHP Interview #3

“So sometimes you get there then the consent form wasn’t distributed. Just a breakdown in communication.” – ISHP Interview #5

Weak parental involvement in the ISHP services

Participants said parents were not involved and had limited understanding of the ISHP. At times, this was caused by the breakdown of communication at the school level.

“You can see that ... mostly the problem is the parent. The teacher will be concerned about a child but only to find out the parent doesn’t care, [or] even understand these things.” – ISHP Interview #1

“... most parents do not understand. So, it becomes difficult. We do explain to the teachers. And the other thing, it depends on the teachers that are working with us. But there are those that do not take an extra mile, you know, to help explaining to the parents.” – ISHP Interview #3

Theme 2: Challenges linked to school involvement in the ISHP

Our research found minimal teacher engagement, poor school infrastructure, and lack of coordination of the ISHP services within the school.

Minimal teacher engagement

Participants reported that there were often challenges from teachers, including declining to be a part of the process, or purposely not supporting the ISHP.

“Teachers are sometimes present when the nurse examines the child, and sometimes not. Teachers say they are too busy to sit with nurse and child.” – ISHP Interview #4

“Not getting, not receiving help from the educators themselves, sometimes they give us [nurses] trouble.” – ISHP Interview #2

Poor school infrastructure and resource availability

Participants identified challenges with infrastructure and lack of appropriate resources.

“There isn’t a private room to see children in. Sometimes, they put you in a dirty room, or in a computer room where other people are coming in and out.” – ISHP Interview #4

“Sometimes the hearing machine doesn’t work, so you see that’s a problem.” – ISHP Interview #1

“The working environments, it’s so bad. They are not even in good condition, you know.” – ISHP Interview #3

“I think definitely the resources are lacking because they don’t always have photocopying machines that are working for the consent forms that need to be stamped and given to the learners.” – ISHP Interview #5

Lack of coordination of the ISHP services within the school

There was a lack of coordination of the ISHP at the school level. This was indicated through the lack of communication at school management level, and lack of preparation.

“Schools don’t always prepare themselves for the ISHP visits. Coordination isn’t good.” – ISHP Interview #4

“So you communicate with the principal who probably forgot it during her meetings with this and that.” – ISHP Interview #5

Theme 3: Challenges linked to the programme

This theme describes the poor follow-up process, uncoordinated services, and lack of support the ISHP nurses experienced.

Poor follow-up processes

Participants spoke of the poor follow-up process with the children. The reasons they gave for this were lack of time and lack of support for the child from home.

“And the other thing, we don’t have time for follow-ups because the schools are many.” – ISHP Interview #6

“We’re also having a lack of follow-up on that for now.” – ISHP Interview #3

“You’ll find that the child does not have a parent or a guardian at home, or [someone] who is responsible enough to take the child for the services. So we come do what we do and refer the child. But at the end, you come back again trying to do a follow-up. You find that the child is still the same like there’s nothing that has been done. The child did not get help.” – ISHP Interview #3

Coordinated services include linking with other multidisciplinary team members, such as the school and the Department of Education.

Participants indicated a lack of coordination between the important ISHP stakeholders.

“I feel like there is a very big gap between the communication from Department of Education and Department of Health. Nothing gets done. The Department of Education knows these things.” – ISHP Interview #5

“The social workers, the psychologists, will be telling you there are a lot of kids. So they are not able to reach out to all of them.” – ISHP Interview #3

“There is a social worker from Department of Health so we end up referring that child to a social worker of health [department]. And the correct procedure is to refer the child to the social worker of education [department] but we don’t know any of those guys.” – ISHP Interview #5

Lack of support

Participants identified lack of support from their managers as another challenge.

“We only get it [support] from our managers, like our school health manager. If it has got anything to do with the [health] facility managers, we never get any support. Not even a single day; they never come. So they keep on saying, ‘No, school health is just a light job, you know.’ They’re just taking it light though they don’t know what is happening in school health. They just see us going out, you know, so it’s that. It’s a very neglected service of which we don’t feel good about that.” – ISHP Interview #5

“It’s been a challenge that we voiced so many times, and we’ve held meetings about it. And there is no formal recognition of the structure [ISHP], and it makes it difficult.” – ISHP Interview #5

“Because once there is no working together between us and the teachers then the child is the one who ends up not getting help. The other thing would be we have got health promoters in the government. The health promoters, we don’t have enough.” – ISHP Interview #3

Theme 4: Recommendations to improve the ISHP services to all stakeholders

The ISHP nurses’ recommendations include improved teacher engagement, improved parental involvement, and improved coordination and school involvement in the ISHP services.

ISHP nurses need teachers’ assistance

Participants indicated that improving teacher engagement in the ISHP would assist in improving the ISHP services.

“Having teachers present when children are attended to by the nurse will help with background information.” – ISHP Interview #4

“What we need to improve is to tell the teachers not to organize the meetings with the parents without us ... We also need to be there.” – ISHP Interview #1

Improved parental support

Participants recommended that parental involvement could be improved when they are informed about the school health services. This needs to be done using languages that parents would easily understand.

“[I] think that parents need to be aware of the programme we are doing because most of the parents do not know what school health is about. So I think they need more information about school health and the programme that we do [to help their children].” – ISHP Interview #2

“Our realization is that some parents do not understand the language on the consent form. It’s written in English. Unfortunately, at the moment we don’t have our languages for the consent forms. So, for example, HPV [Human Papilloma Virus] is one of the services we render to the Grade Five learners. So, some parents might not know what HPV means and hence she might not sign, tick on the HPV column that the child should be checked.” – ISHP Interview #3

Improve coordination and school involvement in the ISHP services

Participants recommended improving coordination and school involvement to improve the ISHP.

“[There should be] better coordination from the schools for the ISHP visits.” – ISHP Interview #4

“[We need] more support from schools to manage the behavior of children when they wait to see the nurse.” – ISHP Interview #4

“I think when it was drafted, the Integrated School Health Policy, conditions were very different. But there is no review of that policy.” – ISHP Interview #5

The findings of this study highlighted the challenges the ISHP nurses experienced in implementing the ISHP. The next section is the discussion of the findings.

Discussion of the findings

We analyzed the challenges school health nurses experienced in implementing the ISHP in Ekurhuleni, Gauteng. We found there were significant challenges impeding the provision of children’s health services.

The Integrated School Health Policy (2012) states that learners under the age of eighteen should have signed parental consent forms returned to the school before any evaluation or provision of health services. In a school-based setting, the requirement for written parental consent presented the greatest barrier to some children accessing required vaccines (Ferrer et al., 2014). Lack of parental consent was also a barrier in HPV vaccinations in a study conducted in Australia (Brotherton et al., 2013). Similarly, in a study by Clavé Llavall et al., (2021) parental consent was also identified as a major factor that could impede the successful delivery of the school-based health programmes. In the same study, nurses and teachers thought parents were uninformed about what they were consenting to, which caused the non-consent. Another study in Australia found that school-based interventions, such as sending short message services (SMS) reminders led to parental involvement improving (Tull et al., 2019). Clavé Llavall et al. (2021) found there needs to be community education programmes, a revision of the process of obtaining parental consent, improved communication between professionals, and involvement of grassroots staff in policy-making. Shuro and Waggie (2021) said that if parents are regularly empowered, they can detect and solve many issues at the family level.

Barr and Saltmarsh (2014) define parental involvement as a shared responsibility by parents in their children’s upbringing. It has been shown that school leaders who create an atmosphere of caring and trust, consistently share and communicate

their visions about the importance of parent-school partnership, and welcome and support parental involvement are more likely to involve parents in their children's education (Barr & Saltmarsh, 2014). Literature on parental involvement suggests that schools, in collaboration with parents, should develop written policies establishing how parents can be involved in their children's education, and how schools and teachers can help parents to be involved (Heinrichs, 2018; Hornby & Witte, 2010; LaRocque et al., 2011).

In this study, teachers were reported to have minimal engagement in the ISHP. The custodians of the ISHP are the Gauteng Department of Health (GDoH) and the Gauteng Department of Education (GDE). The revised Integrated School Health Policy (2012) is driven by a cross-sectoral approach to policy implementation to achieve improved health and education performance. This means stakeholders from GDoH and GDE should be equally involved in its implementation. The ISHP nurses reported that teachers were minimally involved in assisting with the children. Several challenges hampered the sustainability of integrated school services with the teachers as reported in other research. Teachers found that additional activities such as assisting with ISHP were time consuming given their workload, which, in addition to the low staffing, contributed to a higher workload (Reddy, 2018). Ofove and Ofili (2007) indicated that teachers' knowledge of ISHP is critical to the success of the programme. A successful implementation of the ISHP requires the availability of qualified, interested, and enthusiastic teachers because they play a strategic role in the effective implementation of the ISHP, which is largely determined by the adequacy of teachers' knowledge of it (Oyinlade et al, 2014).

The Department of Health (2012) states that "the district management team will, with support from provincial and national offices, ensure that adequate human, financial and other resources such as transport and equipment, are available for the delivery of the service." However, in this study the ISHP nurses said they experienced lack of resources and lack of infrastructure.

The Integrated School Health Policy Project (2021) study conducted in the Eastern Cape reported that lack of resources was due to a lack of coordination. A study by Keothaile (2016) found the lack of space for health screenings was a challenge because most schools did not have infirmaries. Shung-King et al. (2014) found budget allocations do not cater for any personnel and infrastructural challenges despite this hampering successful implementation of the ISHP. Lack of resources, such as transportation, can severely limit school health teams' ability to deliver health services (Shung-King et al., 2014). In addition, previous research (Mohlaba et al., 2010; Rispel, 2016), has raised further concerns about the level of collaboration in the public health sector in South Africa. Rispel (2016) notes that there is a clear lack of coordination in the South African public health sector.

The ISHP 2012 health package focuses on health education and promotion, assessment and screening of learners, the provision of on-site services, follow-up and referrals, coordination and partnerships, community involvement, and parent and student participation (National Department of Health, 2012). Furthermore, Sonawane (2017) highlights that school health services are provided to learners to prevent disease and promote their health through the provision of a healthy environment, early detection, treatment, and follow-up. In this study, the purpose of ISHP is not served as there is poor follow-up of the children.

The different sectors are used to working in silos. The lack of coordination between the sectors is a key cause for the weak implementation of the ISHP. In the context of the ISHP, the Department of Health, which provides the actual service, tends to dominate the other departments (Integrated School Health Policy Project, 2021). The lack of coordination, as reported by the ISHP nurses, is also evident from the lack of communication. Janse van Rensburg and Rau (2017) saw the nonalignment work schedules, responsibilities, and routines across different departments as critical barriers to effective ISHP implementation.

The ISHP nurses reported lack of support from managers and verbalized that school health is a neglected department within the Department of Health. Our findings are similar to a study conducted by Dibakwane and Peu (2018), where managers were failing to support ISHP nurses. In this study, the nurses were of the opinion that they were only needed when there were campaigns such as around a measles outbreak to be done in the province.

Recommendations

The researchers further added their recommendations to what is needed for the effective implementation of the ISHP.

Recommendation 1: Teachers assist ISHP nurses

Teachers should be allocated time to assist the ISHP nurses during the screening of the children and to support the nurses by holding meeting with the parents to explain the integrated school health services. The Department of Education would need to plan how best to allocate time for the ISHP and thereafter collaborate with the Gauteng Department of Health at District level to involve the ISHP nurses in implementing ISHP.

Recommendation 2: Improved parental support

Parents should be aware of the ISHP and see its benefits for their children. Schools should develop policies that say how parents can be involved in their children's education and how schools and teachers can support parent/caregiver involvement. Consent forms should be written in languages that parents can understand so they know what is required of them. The ISH Policy should state who should translate the consent forms for the parents. Urgent action should be taken to educate parents and translate consent forms into different languages.

Recommendation 3: Improve coordination and school involvement in the ISHP services

There was a recommendation for better coordination when ISHP nurses come to visit the schools and that the relevant managers from both departments of health and education support the implementation of the ISHP. Schools need to be better prepared for the school nurses' visits to ensure they can provide health services efficiently. Consent forms should have been signed and the school should have allocated appropriate space to conduct health screenings. The managers in the provincial Department of Health should also prioritize and support the staff who provide the health services. Over and above improved coordination of the programme, there was a call from the ISHP nurses to review the Integrated School Health Policy (2012) to address the current implementation challenges.

Limitations of the study

The ISHP nurses were keen to participate and share their experiences. Interviews were conducted during ISHP nurses' available times, which were short periods because they had other commitments. The interview times were either early in the morning before nurses went to the schools or in the afternoons before they knocked off work. Due to staff shortages, they were either rushed to start working or tired after the day's shift. Only women ISHP nurses participated in this study because no men nurses were available. The sample size was very small and therefore the findings cannot be generalized. The study focused on ISHP nurses. Further studies should include a larger sample and the various stakeholders in the ISHP such as teachers working with ISHP nurses and the managers involved in ISHP.

Conclusion

This study aimed to gain deeper insights into the challenges of Integrated School Health services provision in Ekurhuleni and to formulate recommendations to improve the Integrated School Health Programme's implementation. It is evident that school health nurses face significant challenges. The ISHP policy has not been reviewed since 2012. The Covid-19 pandemic exacerbated challenges to ISHP nurses being able to effectively implement the programme. Our findings indicate that there needs to be more effective collaboration and cooperation between the stakeholders responsible for the implementation, improved communication, and support from middle and top-level managers. A community of practice (CoP) model as a multidisciplinary way of working together towards common goals is recommended for ISHP stakeholders. The CoP would comprise ISHP nurses, teachers, social workers, learners, parents, different level managers from all the relevant departments, and any sector or professionals deemed relevant for promoting learners' wellbeing. This will bring us closer to attaining the important Sustainable Development Goals 3 and 4 by demonstrating an enhancement of South Africa's children's wellbeing.

Acknowledgements

We thank the nurses at Ekurhuleni District ISHP for their participation and contribution to data collection; to Tania Sani and George Nkabinde-Thamae for their assistance in conducting the interviews; Dr A. Mokoena-DeBeer for coding the interviews; and the Community of Practice team and Professor Leila Patel for assistance and support.

References

- Barr, S., & Saltmarsh, S. (2014). It All Comes down to the Leadership: The Role of the School Principal in Fostering Parent-school Engagement. *Educational Management Administration and Leadership*, 42(4), 491–505.
- Brotherton, J., Murray, S., Hall, M., Andrewartha, L., Banks, C., Meijer, D., Pitcher, H., Scully, M., & Molchanoff, L. (2013). Human Papillomavirus vaccine coverage among Female Australian Adolescents: success of the school-based approach. *Medical Journal of Australia*, 199 (9), 614–617.
- Clavé Llavall, A., de Wildt, G., Meza, G., Tattsbridge, J., & Jones, L. (2021). Nurses' and teachers' perceived barriers and facilitators to the uptake of the Human Papilloma Virus (HPV) vaccination program in Iquitos, Peru: A qualitative study. *PloS one*, 16(7), e0255218. <https://doi.org/10.1371/journal.pone.0255218>
- National Department of Health. (South Africa). (2012). Integrated School Health Policy. http://www.doh.gov.za/docs/policy/2012/Integrated_School_Health_Policy.pdf accessed 30 July 2022.
- Dibakwane, S. T., & Peu, M. D. (2018). Experiences of school health nurses regarding the provision of the school health service delivery in the Tshwane district. *African Journal of Primary Health Care & Family Medicine*, 10(1), e1–e8. <https://doi.org/10.4102/phcfm.v10i1.1807>
- Ferrer, H. B., Trotter, C., Hickman, M., & Audrey, S. (2014). Barriers and facilitators to HPV vaccination of young women in high-income countries: a qualitative systematic review and evidence synthesis. *BMC public health*, 14(1), 1-22. [http://refhub.elsevier.com/S0264-410X\(20\)31256-1/h0050](http://refhub.elsevier.com/S0264-410X(20)31256-1/h0050)
- Gray, J.R., Grove, S.K. & Sutherland, S. (2017). *Burns and Grove's the Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence* (8th ed.), Elsevier.
- Health Systems Trust Health Promotion (undated) South Africa HST
- Heinrichs, J. (2018). School Leadership Based in a Philosophy and Pedagogy of Parent Engagement. *School Leadership and Management* 38(2), 187–201.
- Hornby, G., & Witte, C., (2010). Parent Involvement in Rural Elementary Schools in New Zealand: A Survey. *Journal of Child and Family Studies*, 19(6), 771–777.
- Management4health. (2021). *The Integrated School Health Policy Project Implementation overview for Output A of the Multisectoral HIV Prevention Programme (MHIVP) 10/2018–04/2021*. https://m4health.pro/wp-content/uploads/m4h_sa_summary-ishp-implementation.pdf.
- Janse van Rensburg, A., & Rau, A. (2017). Assessing the implementation of the Integrated School Health Programme (ISHP) in Anonymised Local Municipality, *Free State Province*.
- Keothaile, J.K. (2016). *IMPLEMENTATION AND OUTCOMES OF THE SCHOOL HEALTH PROGRAMME IN DITSOBOTLA*. University of the Witwatersrand.
- LaRocque, M., Kleiman, I., & Darling, S.M. (2011). "Parental involvement: the missing link in school achievement, preventing school failure." *Alternative Education for Children and Youth* 55(3), 115–122.
- Lenkokile, R., Hlongwane, P., & Clapper, V. (2019). Implementation of the integrated school health policy in public primary schools in Region C, Gauteng Province. *African Journal of Public Affairs* 11(1), 196–211.
- Mohlabi, D.R., Van Aswegen, E.J., & Mokoena, J.D. (2010). Barriers to the successful implementation of school health services in the Mpumalanga and Gauteng Provinces. *South African Family Practice* 52(3), 249–254.
- Mojapelo, N. (2019). *Integrated school health implementation constraints: An inquiry into the Ekurhuleni Health and Education system*. University of South Africa. https://uir.unisa.ac.za/bitstream/handle/10500/26704/dissertation_mojapelo_n.pdf?sequence=1&isAllowed=y.
- Municipalities of South Africa. 2022. *City of Ekurhuleni*. <https://municipalities.co.za/demographic/4/city-of-ekurhuleni-metropolitan-municipality>.
- Ofofwe, G.E., & Ofili, A.N. (2007). Knowledge, attitude and practice of school health programme among head teachers of primary schools in Egor local government area of Edo state, Nigeria. *Annals of African medicine* 6(3), 99–103. <https://doi.org/10.4103/1596-3519.55726>.
- Oyinlade, O.A., Ogunkunle, O.O., & Olanrewaju, D.M. (2014). An evaluation of school health services in Sagamu, Nigeria. *Nigerian Journal of Clinical Practice* 17, 336–42. <https://www.njcponline.com/text.asp?2014/17/3/336/130236>
- Polit, D.F., & Beck, C.T. (2017). *Nursing Research. Generating and Assessing Evidence for Nursing Practice* (10th ed). Lippincott Williams & Wilkins.
- Rasesemola, R.M., Matshoge, G.P., & Ramukumba, T.S. (2019). Compliance to the Integrated School Health Policy: Intersectoral and multisectoral collaboration. *Curationis* 42(1), a1912. <https://doi.org/10.4102/curationis.v42i1.1912>
- Rispel, L. (2016). Analysing the progress and fault lines of health sector transformation in South Africa. In Padarath, A., King, J., Mackie, M. & Casciola, J. (eds.). *South African Health Review*. Durban: Health Systems Trust.17–23.

- Shung-King, M., Orgill, M., & Slemming, W. (2014). School health in South Africa: Reflections of the past and prospects for the future. In Padarath, A., & English, R. (eds.). *South African Health Review 2013/14*. Durban: Health Systems Trust.59–71.
- Shuro, L., & Waggie, F. (2021). A vibrant reflection of the revised integrated school health policy with a lens on substance use. *African Journal of Primary Health Care and Family Medicine* 13(1), a3082. <https://doi.org/10.4102/phcfm.v13i1.3082>
- Sonawane, N. (2017). School Health Services Report in India. Institute of Nursing Education, Sir J. J .Hospital Campus.
- Tull, F., Borg, K., Knott, C., Beasley, M., Halliday, J., Faulkner, N., Sutton, K., & Bragge, P. (2019). Short message service reminders to parents for increasing adolescent Human Papillomavirus vaccination rates in a secondary school vaccine program: a randomized control trial. *Journal of Adolescent Health* 65(1), 116–123.
- United Nations. (2022). *Sustainable Development Goals*. <https://www.un.org/sustainabledevelopment/sdgbookclub/3archive/>.
- University of Western Cape. Health promoting schools: creating a decade of health promoting schools strengthening whole school development, executive summary report on the National Conference on Health Promoting Schools held at the University of Western Cape, Bellville, Western Cape, South Africa, from 1–16 September 2006. http://www.healthpromotingschools.co.za/documents/conf_06_ex_sum.pdf.
- WHO (2012). Scoping review on status of implementation of intersectoral actions in the African Region. (unpublished)
- Zembe-Mkabile, W. (2021). Community of practice for social systems strengthening to improve child well-being outcomes, Cash Plus School-Based Services.



Communities of Practice web link:

[https://www.uj.ac.za/faculties/humanities/sarchi-welsocdev/Pages/Communities-of-Practice-\(COP\).aspx](https://www.uj.ac.za/faculties/humanities/sarchi-welsocdev/Pages/Communities-of-Practice-(COP).aspx)