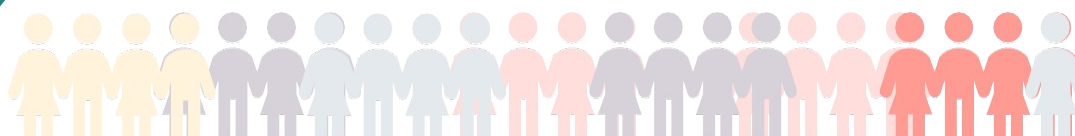


The “Healthy School” and “Healthy Youth Centre” Labels of French Polynesia

a guide for Health Department officers

Octobre 2021



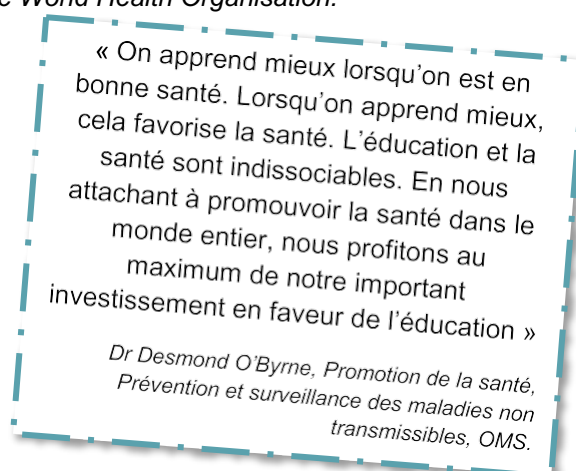
Preamble



This guide for Department of Health officers was developed following a year of trials on Moorea and completed in collaboration with the School Health and Hygiene Specialised Consultation Centre as part of the ambitious Primary Healthcare Modernisation Programme.

One of the strengths of this programme adopted in 2019 by the Health Department is that it places individuals at the heart of health decisions as active participants in their own health, in accordance with the health promotion principles and values defined by the World Health Organisation.

The Healthy School project is a combination of education and health that meets this objective in every regard. Through its innovative, functional and caring approach, it promotes the construction of a more mindful and alert future generation of adults who are more responsible for their overall health within their immediate environment, while adding a compassionate community-oriented dimension that is more accepting of others and open to the world. The project is based on developing school children's psychosocial skills.



This guide presents the Healthy School scheme's organisation and practical materials as well as those of Healthy Youth Centres, its youth-centre version for young teenagers, as a response to the type of youth catered for in such facilities. These mainly take in pupils over 12 years of age who have begun a process of rejecting academic learning and picking up habits that may lead to social exclusion, dropping out of school or academic disengagement.

This presentation aims to help health officers promote the schemes and assist schools and youth centres who wish to participate. By acquiring knowledge of and skills in using health action tools, everyone can generate psychosocial skills for the benefit of general health and well-being in an open community.

MEREHAU MERVIN (Mrs)

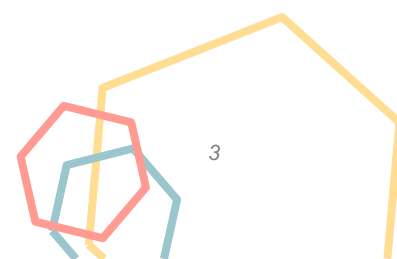
Director of Health, French Polynesia



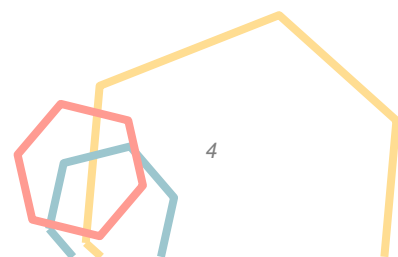
Merehau MERVIN

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PART 1: Concept and theoretical approach

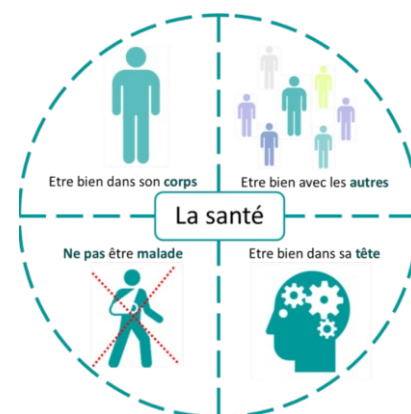


1. Basic concepts: a review

Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO)

Health is a positive concept that goes beyond the mere absence of sickness. It is a daily resource that enables every individual to live to the full and use his or her potential. On a larger scale, Health is a resource for social and economic development.



The determinants of health

Our health depends on a number of factors called **health determinants**.

Most of these factors are **social determinants of health** defined by WHO as the circumstances in which individuals live, grow, work and age and the systems set up to deal with disease. They refer to living conditions and structural determinants, such as living or working environments, social networks, education and health systems or economic and legislative settings.

Health promotion

Health promotion is a process that provides communities with the means of exercising greater control over and improving their own health. It aims to change health-related behaviour and environments. Health promotion includes a number of health activities as well as political social and environmental activities by:

developing public policy that fosters communities' health;

- creating living environments that are conducive to health;
- strengthening community action and community participation in decisions affecting them;
- developing individual skills throughout life; and
- refocusing health services

Psychosocial skills

According to WHO, psychosocial skills are a person's ability to respond effectively to the demands and trials of daily life. They are a person's ability to maintain mental well-being by adopting appropriate and positive behaviour in relations and with others and his or her own culture and environment. These essential and transcultural skills are closely related to self-esteem and interpersonal skills, which are two sides of the same coin, namely one's relationship to oneself and one's relationship with others.

Further reading

Please see the following primary healthcare resources:

- « Les déterminants culturels de la santé en Polynésie française : Recommandations pratiques »
- « La promotion de la santé : du concept à la mise en œuvre sur le terrain »

2. Why promote health in schools?



In order to develop properly, a pupil needs to participate fully in learning activities. **In order to do so he or she needs to be healthy and able to concentrate and be emotionally well balanced.**



The determinants most closely related to school children's health are:

- **their social and cultural environment:** a school that openly expresses its values and gives them life when interacting with teachers, parents, decision-makers and community and cultural stakeholders so as to create a positive and fulfilling school environment;
- **social support networks:** being able to form relationships, join associations, make friends and know they can rely on them and their parents;
- **education:** a school where everyone can learn at their own pace and potential, a school that values big and small successes alike, whether academic, sporting or social, etc.; and
- **lifestyles and personal adaptation ability:** dietary choices, being able to be physically active, stress management, not smoking, etc.

Schools are **settings that lend themselves to health promotion**. Habits and skills learned during childhood and teens are more likely to last a lifetime.



Schools provide an environment in which health promotion can have **maximum impact**, because children are being influenced at a particularly important stage in their lives, namely childhood and adolescence.



The French Polynesian Education and Health Departments have repeatedly stated in a number of strategic documents¹ how important it is for pupils to acquire skills and develop behaviour that are conducive to good health and wellbeing.

Le projet « Ecole en santé » issue des recommandations de l'Organisation Mondiale de la Santé (OMS) est basée sur une définition large et positive de la santé. Elle s'appuie sur la mise en œuvre du parcours éducatif de santé (PES)¹ qui s'accorde parfaitement aux principes de la Promotion d'un environnement favorable à la santé et à la citoyenneté et qui établit un continuum éducatif et progressif tout au long de la scolarité.

Direction de la santé de Polynésie française

¹ : Le PES est défini par la circulaire n°2016-008 du 28/01/2016 qui introduit un nouveau paradigme de la promotion de la santé en milieu scolaire.

La promotion de la santé en milieu scolaire doit s'appuyer sur la mise en œuvre du parcours éducatif de santé créé par la loi n°2013-595 du 8 juillet 2013 d'orientation et de programmation pour la refondation de l'école de la République et défini par la circulaire n°2016-008 du 28 janvier 2016 qui introduit un nouveau paradigme de la promotion de la santé en milieu scolaire. Ce paradigme ayant pour sa part été réaffirmé par la loi n° 2016-41 du 26 janvier 2016 de modernisation de notre système de santé.

Mise en œuvre du parcours éducatif de santé - guide d'accompagnement des équipes pédagogiques et éducatives-
Ministère de l'Education nationale – juin 2017

¹ Strategic documents: reformed teaching methods, known as "Refondation de l'éducation", the Education Charter, the health prevention and promotion blueprint (2018-2022) and health blueprint redefining the broad principles of health promotion in schools based on the World Health Organisation's Healthy School approach.

3. What is a “Healthy School”?

According to WHO, a **healthy school** views “health” as a physical, social and emotional asset. It endeavours to ensure that health features in all aspects of school and community life.

Healthy schools have the six following basic features:

- They **involve** health and educational officials, teachers and their professional bodies, students, parents and community leaders in efforts to promote health.
- They endeavour to offer **safe and positive** environments for their personal and social development.
- They offer health education based on cross-cutting competencies (common core of knowledge and competencies); that
 - improve children’s understanding of factors affecting health and help them choose and adopt lifelong healthy behaviour; and
 - emphasise health and wellbeing promotion and the prevention of major health issues and offer information and activities suited to children’s intellectual and emotional abilities.
- They offer **access to health services**, including screening, diagnosis, growth and development monitoring, vaccination and some medicines or medical procedures.
- They apply health promotion **policies and practices**, including overall health policy supported by head teachers and school management for fostering a healthy environment for schoolchildren and staff, practices encouraging active, healthy nutrition and conditions conducive to promoting mental health.
- They aim to improve community health, highlighting local community health concerns.

Further reading:

Information Series on School Health - Creating Health-Promoting Schools, World Health Organisation (2001)

Available on line at https://www.who.int/school_youth_health/resources/en/local_action_french.pdf

Participation in the Healthy School and Healthy Youth Centre is on a voluntary basis

4. What do the Healthy School and Healthy Youth Centre schemes consist of in French Polynesia?

Une « **Ecole en santé** » en Polynésie française est une école :

Promotrice d'habitudes de vie favorables à la santé en :

1. Favorisant la **qualité nutritionnelle** au sein de l'établissement scolaire.
2. Incitant à la pratique régulière de l'**activité physique**.
3. Encourageant le respect des règles d'**hygiène corporelle**.
4. Respectant le **rythme de vie** de l'enfant.
5. S'appropriant « l'**Ecole sans tabac** ».

Citoyenne, saine et sécuritaire en :

6. **Triant ses déchets** et en rendant propre son environnement proche.
7. Participant à la **lutte antivectorielle**.
8. **Accueillant** tous les enfants et en leur donnant des compétences pour **bien vivre ensemble**.

Ouverte et ancrée dans sa communauté en :

9. Offrant un **accès aux soins** pour tous les élèves.
10. Valorisant et préservant le **patrimoine culturel**.

Un « **CJA en santé** » en Polynésie française est un centre :

Promoteur d'habitudes de vie favorables à la santé en :

1. Favorisant la **qualité nutritionnelle** au sein de l'établissement scolaire.
2. Incitant à la pratique régulière de l'**activité physique**.
3. Encourageant le respect des règles d'**hygiène corporelle**.
4. Respectant le **rythme de vie** de l'adolescent.
5. S'appropriant « **CJA sans tabac** », favorisant une vie sans dépendance.

Citoyen, sain et sécuritaire en :

6. **Triant ses déchets** et en rendant propre son environnement proche.
7. Participant à la **lutte antivectorielle**.
8. Favorisant l'estime de soi et le **bien vivre ensemble**.

Ouvert et ancré dans sa communauté en :

9. Offrant un **accès aux soins** pour tous les élèves.
10. Valorisant et préservant le **patrimoine culturel**.

The aim of French Polynesia's Healthy School and Healthy Youth Centre schemes is to **promote health in schools** by acting upon such health determinants as are accessible to schools and developing school children's psycho-social skills.

In order to achieve these objectives, the schemes are based **on enabling partnerships** with teachers, pupils, parents and the community as a whole. Each interested youth centre or school needs to be supported by the various appropriate government agencies and organisations, such as the Education and Health Departments, municipal authorities, public works agencies, associations, volunteers and parents, etc. when setting up the project, which needs to be done in an **inclusive** manner.

The schemes involve setting up **10 activities** involving priority youth health determinants related to the following areas² :

1. Diet
2. Exercise
3. Personal hygiene
4. Pace of life
5. Smoke-free schools *(for schools)* **or**
Addiction-free lifestyles *(for youth centres)*
6. Waste sorting and clean immediate environment
7. Vector control
8. Admitting all children and getting along together *(for schools)* **or**
Self-esteem and getting along together *(for youth centres)*
9. Healthcare access for all schoolchildren
10. Cultural heritage

L'ensemble des actions proposées sont en lien avec les programmes pédagogiques 2016 adaptés à la Polynésie française – Cycle 1, Cycles 2&3, de la DGEE.

All the activities to be implemented are identified in each school by the school or youth centre health committee made up of volunteers who are familiar with the local context and can contribute their expertise to one or more of the activities to be implemented (one representative each for education, environment, culture and health, etc.)











Healthy School or Youth Centre certification is awarded based on the jury's decision to the schools/youth centres that have qualitatively implemented to the 10 health activities under the above areas.

Does Healthy School/Youth Centre certification create any entitlement to payments?

Gaining Healthy School/Youth Centre certification does not lead to any payments, although schools wishing to develop health activities that have been set up may request a grant from the Health Department through a project **partner association**. **Being certified, therefore, a major advantage when considering the project.**

² A form is provided in part 3 of this document for each area

Examples of activities a school can set up

<ul style="list-style-type: none"> Plant an educational <i>faapu</i> on school grounds along the lines of a school garden, if possible with help from parents 	<ul style="list-style-type: none"> Take part in local sporting events 	<ul style="list-style-type: none"> Teachers to teach hand washing at least before meals and after going to the toilet
Diet 	Exercise 	Personal hygiene 
<ul style="list-style-type: none"> Inform pupils and parents of good sleeping habits and appropriate screen time and digital media use 	<ul style="list-style-type: none"> Ban smoking at school by pupils and all staff and within a 100-metre radius. 	<ul style="list-style-type: none"> Organise a twice-yearly ecocitizenship activity for developing a public area related to the school
Pace of life 	Smoke-free school 	Waste sorting / clean public areas 
<ul style="list-style-type: none"> Search for and destroy mosquito breeding grounds: eliminate all sites with stagnant water, water tanks, tyres and bottles, etc. 	<ul style="list-style-type: none"> Teach good conduct rules for pedestrians and cyclists on the road 	<ul style="list-style-type: none"> Ensure the school is adequately equipped for healthcare visits
Vector control 	Admitting all children and getting along together 	Healthcare access 
	<ul style="list-style-type: none"> Take part in local cultural events, e.g. <i>va'a</i> canoe races and Tahitian language contests. 	
	Cultural heritage 	

Examples of activities a youth centre can set up

- Provide access to clean water and promote soda-free and sugary-drink-free youth centres

Diet



- Take part in local sporting events

Exercise



- Strengthen essential hygiene habits, especially handwashing and toothbrushing, etc.

Personal hygiene



- Inform students and parents about good sleeping habits and appropriate screen time and digital media use

Pace of life



- Ban smoking at the youth centre and promote an addiction-free centre

smoke-free youth centre



- Organise a twice-yearly ecocitizenship activity for developing a public area related to the youth centre

Waste sorting / clean public areas



- Search for and destroy mosquito breeding grounds: eliminate all sites with stagnant water, water tanks, tyres and bottles, etc.

Vector control



- Support and assist youth councils in each youth centre

Getting along together



- Involve parents when low-achieving pupils are identified by the school and encourage them to consult the health centre

Healthcare access

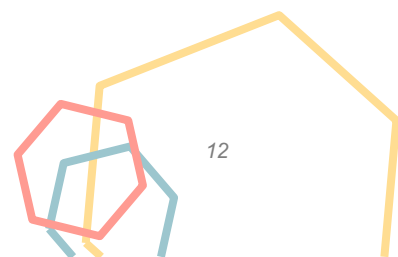


- Take part in local cultural events, e.g. va'a canoe races and Tahitian language contests.

Cultural heritage



PART 2: Organisation and implementation



1. What are the steps towards Healthy School / Youth Centre certification?

General principle

Following a panel decision, Healthy School or Youth Centre certification is awarded for three years to schools and centres (that have set up a health committee) based on their qualitative responses to 10 health activities.

Step 1 : set up a school/youth centre health committee

The first step is to set up a school/youth centre health committee made up of volunteers who are familiar with the local context and can contribute expertise to one or more of the implemented activities. Recommended members include the head teacher, youth centre manager, teaching staff, parent representative, associations or other local partners, etc.

The committee's role is to **drive the project**. It also reviews the **health promotion activities** carried out in the school / youth centre so as to determine which have been successful and which have failed to produce the expected outcome.

L'école / CJA volontaire informe l'inspecteur de sa circonscription et son interlocuteur de la Direction de la santé de cette démarche.

Step 2: implement the activities

Based on the review, set up activities in the following areas³ :

1. Diet
2. Exercise
3. Personal hygiene
4. Pace of life
5. Smoke-free school (*for schools*) **or** Addiction-free lifestyle (*for youth centres*)
6. Waste sorting and a clean environment
7. Vector control
8. Admitting all children and getting along together (*for schools*) **or** Self-esteem and getting along together (*for youth centres*)
9. Healthcare access for all schoolchildren
10. Cultural heritage

L'ensemble des actions proposées sont en lien avec les programmes pédagogiques 2016 adaptés à la Polynésie française – Cycle 1, Cycles 2&3, de la DGEE.

The school/youth centre is expected to **showcase the activities set up and outcomes obtained**.

A **certification information kit** is available to schools and youth centres for documenting and summarising the activities undertaken. The kit is optional and can be supplemented with any other materials.

NB : The mid-term and final impact reviews will be carried out by the Health and Education Departments, not the school/youth centre health committee.

³ For further details, cf. Part 3: Forms by area



Step 3: Pre-certification inspection

Once the school/youth centre has set up at least one health promotion activity for each health area, the team should contact its focal point at the Health Department for a pre-certification inspection. This technical call is for jointly ensuring that all **certification requirements have been met**, i.e.:

- a Healthy School/Youth Centre committee has been set up
- 10 qualitative health activities have been set up

Following the inspection, the Health Department officers issue their findings on pre-certification:

- **If the school/centre meets the requirements, pre-certification is granted** and plans can be made by the school/centre team for the certification inspection.
- **If adjustments need to be made, pre-certification is withheld** and assistance from the Health Department offered.



Handy template for Health Department officers conducting the pre-certification inspection:

Pre-certification form to be completed directly in the certification information kit by the the assessing team



Step 4: certification

Certification is both a technical and educational event. It is **organised by the school/youth centre team** and requires a **panel to be set up** beforehand consisting of at least:

- the local mayor or his/her representative
- an Education Department inspector or his/her representative
- a senior Health Department officer or his/her representative
- a person representing the cultural community
- a person representing environmental associations
- a person representing the children's families

The Health Department team may be involved in setting up the panel.

With regard to timing, the following programme is suggested:



Handy template for the jury: Healthy school/youth centre form

2. How is Department of Health assistance provided for implementing the scheme?

General principle:

The Healthy School / Youth Centre schemes are **jointly** driven by the:

- **Education Department (DGEE)**. The teaching teams implement the activities within interested schools and youth centres.
- **Health Department**. The teaching staff implement the activities in interested schools and youth centres. health officers⁴, under the supervision of senior staff, **provide assistance to the teaching staff** in implementing the schemes.

The schemes may be operated in any French Polynesian public or private primary school or youth centre or educational institution catering to children aged 3 to 17.

At the Health Department assistance with the schemes is dispensed as follows by the various officers:

Health-education monitoring committee

The Healthy School scheme is the flagship measure for health promotion under the 2019 collaboration charter between the Education and Health Departments. A monitoring committee provided for by the charter monitors the charter both as a whole and on the ground and **drives the** Healthy School and Healthy Youth Centre **schemes**.

The monitoring committee includes **three Department of Health** and three Department of Education **representatives**. It is recommended that it meet three times per academic year.

Health Subdivision Heads / Senior Health Training Officers and Department of Education inspectors

The Healthy School / Youth Centre scheme is based on operational collaboration between the Education Department inspectors (IEN) and Health Subdivision Heads / Senior Health Training Officers (FSs), except in urban areas where the IEN's main focal point is the school health centre manager.

The IEN and Health Subdivision Heads / Senior Health Training Officers (FSs) (or school health centre manager) collaborate by meeting twice a year.

Interested schools and youth centres are identified by the IEN.

The **Health Subdivision Heads / Senior Health Training Officers** (or school health centre manager) then each **determine** their assistance capabilities for schools in their geographical areas and **most suitable available human resources for providing assistance on the ground to the scheme**.

At the Health Department, the officers tasked with assisting the scheme on the ground are appointed by the Health Subdivision Heads / Senior Health Training Officers (FSs) based on how the subdivision is organised and operates. The officers could, for example, be:

- a health promotion unit officer;
- a nurse or physician providing care in the school; or
- a school health focal point.

⁴ Health Subdivision Heads / Senior Health Training Officers, except in the major Tahiti urban area where assistance is provided by CCHSS (school hygiene and health consultation centres)

Health officers providing the scheme with assistance on the ground

The field officer:

- is the Health Department's immediate focal point on the ground;
- sits on the health committee set up by the school / youth centre on request;
- provides health promotion expertise and methodology support;
- takes part in health promotion activities, if required and requested by the teaching staff;
- completes the feedback form (**see page 32**) providing a clearer picture of the type of assistance required by schools and complementing the information needed to drive and assess the scheme.

School health centre (CSS)

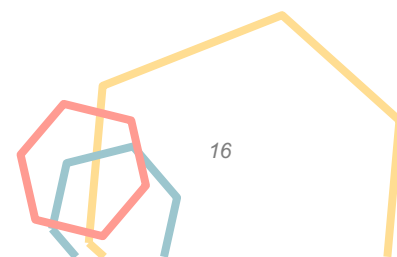
The school health centre:

- contributes its school health expertise to steering and implementing the scheme, e.g. providing methodology advice and assisting school health focal points on request;
- takes part in updating or designing the technical systems needed by health officers to provide assistance on the ground and implement health promotion activities;
- provides assistance in implementing the scheme in urban schools; and
- may be called upon to provide technical support to health teams on the ground, if requested by health subdivision heads / senior health training officers.

Department of Public Health and Primary Healthcare Modernisation (DSPMSSP)

The Department of Public Health and Primary Healthcare Modernisation:

- is tasked with communicating about the Healthy School and Healthy Youth Centre schemes. In order to do so, it designs media materials and emblems for identifying the healthy schools and youth centres (e.g. flags and logos, etc.);
- supports the scheme by offering assistance to interested schools / youth centres in obtaining grants;
- coordinates the scheme with the various Department of Health stakeholders involved. May support health teams on the ground on request by subdivisional officers;
- organises yearly common workshops with health promotion unit officers and subdivision / health training focal points to carry out periodic reviews;
- .
- represents the Education Department's strategic contact person in matters concerning scheme management and coordination;
- coordinates scheme monitoring by updating a current operations status table for ongoing work throughout French Polynesia and collecting field health officers' feedback forms; and
- assesses the scheme as a health promotion programme affecting the entire population.



Summary of the various Health Department stakeholders' roles and duties:

Monitoring committee

- Drives the scheme

Subdivisional health / health training officers

- Identify officers to help with the scheme on the ground

Officers tasked with assistance

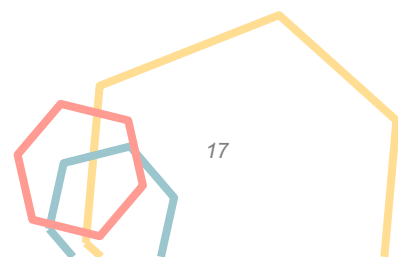
- Immediate focal point for healthcare facilities
- Sit on the school / youth centre health committees
- Provide health promotion expertise, methodology support and advice
- Take part in health promotion activities, if necessary and requested by teaching staff
- Complete the feedback form for the purposes of driving and assessing the scheme

School health centre

- Technical expertise in implementing the scheme
- Designing technical systems needed by health officers
- Assisting urban schools
- (support health teams on the ground)

Public Health Department

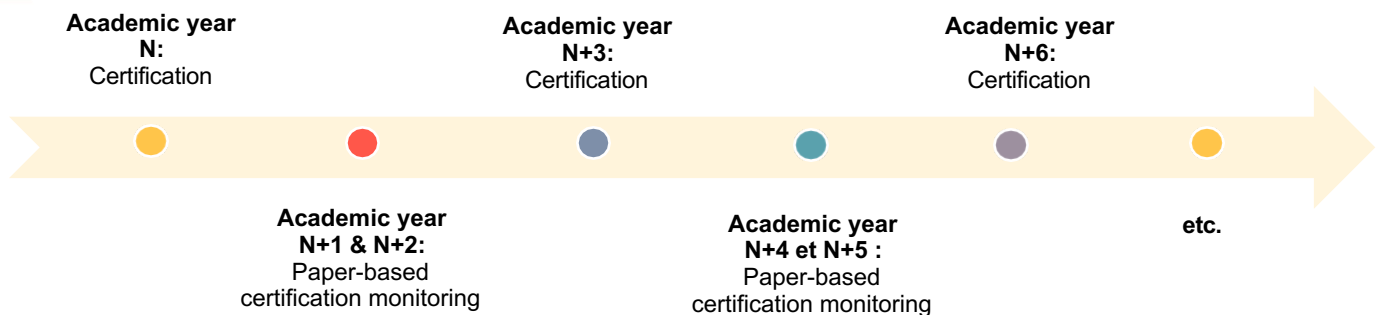
- Communication
- Assistance with obtaining grants
- Coordinate and drive the scheme with the various Health and Education Department officers
- Monitor and assess the Healthy School and Healthy Youth Centre schemes
- (support health teams on the ground)



3. How to monitor Healthy School and Healthy Youth Centre certification

General principle

Healthy School and Healthy Youth Centre certification is awarded to schools for three years. In order to provide continuity in activities and the assistance offered to schools, it is advisable to monitor certification yearly based on the following three-year programme:



A – Certification

Schools are certified based on the steps detailed in this guide in part 2.: 1. What are the steps towards obtaining Healthy School and Healthy Youth Centre certification (page 13).

Schools are certified against criteria verified during a pre-certification inspection (preliminary technical approval of activities) and assessment by a certification panel.

B – Paper-based certification monitoring

Paper-based certification monitoring is offered to schools / youth centres for two years after certification.

Certification is monitored remotely based on documentation. It **does not require any pre-certification inspections or a panel**.

This requires the school/centre to forward its documentation to its inspector (IEN) and his or her focal point at the Health Department by April specifying that it is for certification monitoring purposes. If it wishes, the school may attach any other further documents regarding various activities implemented.

After discussing the documents (**by late June**), the IEN and appropriate Health Department officer assess whether:

- the school has complied with the follow up requirements. If so, certification remains valid for the current academic year;
- if not, certification is suspended. The Department of Health offers assistance by its officers for a fresh certification application based on the initial criteria (cf. "What are the steps towards Healthy School and Healthy Youth Centre certification?")

Certification monitoring criteria

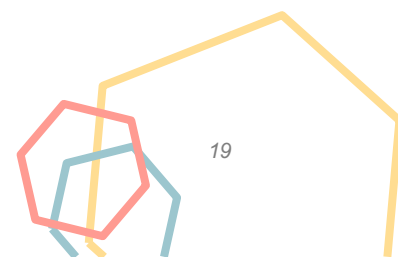
Certification is maintained, if schools meet the following requirements :

- The school / youth centre health committee is:
 - **active** (meets at least twice yearly)

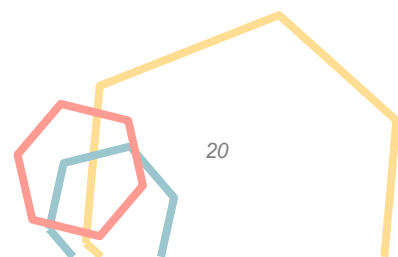
- is made up of recommended members (cf. What are the steps towards obtaining Healthy School and Healthy Youth Centre certification?)
- The school has undertaken at least 10 health activities. Further qualitative and/or quantitative development is expected on activities presented when the certification was granted.



Handy template: Healthy School and Healthy Youth Centre certification monitoring form



PART 3: Forms by area





Key figures:

- 43.2 % of French Polynesian aged 13 to 17 are overweight, 19.8 % of whom have reached obesity.⁵
- The nutritional quality of morning school break snacks at 9 am was observed to be poor as were afternoon tea foodstuffs taken at 4 pm, most of which contained fats and sugars, being ready-made snacks and sweet drinks, unlike food eaten at breakfast, which was healthy in 60% of cases.⁶



Why take action? Some arguments

- It was noted that fruit, vegetable and root crop intakes had fallen and been replaced by imported groceries, including tinned food, packaged rice, packet cereals and bottled soda, etc.
- Addressing excess body weight and obesity under the "Healthy lifestyle and healthy weight" project is currently a political priority in the country.
- School canteens influence family eating habits and the food they serve significantly affects diet outside school, whether positively or negatively, depending on the food choices made.



Prerequisite:

Please refer to the "Recommendations for improving diet in schools" provided to every head teacher for information regarding snacks.

Caution! Due to the food poisoning hazard from cold storage failures, avoid dairy products in school snacks.

Activity aims

Create healthy environments in terms of children and teenagers' diets

Sample activities

Provide access to **clean water**, the only drink theoretically allowed on school grounds.

Promote a soda and sweet-beverage-free school / youth centre, as water is the only drink theoretically allowed on school grounds

Design canteen menus based on balanced nutrition and suitable for children/teenagers in a reclaimed cultural context, highlighting local, highly nutritious foodstuffs like taro, manioc, breadfruit, *bok choy*, zucchini and cucumber, etc.

For schools:

Plant a school educational food garden, if possible with parents' help, on school grounds (at least one planter) and organise garden-related activities with parents including harvesting and eating the produce. This would provide opportunities for teaching activities related to gardening and eating harvested produce and for showcasing nutritious food products, appreciation for the planet's soil and culture.

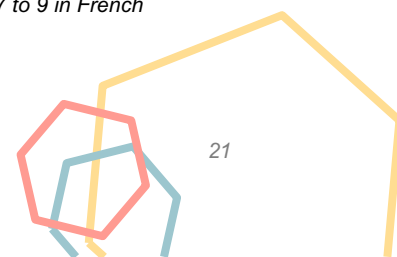
For youth centres:

Make use of related classes or sections, if any, or set up an educational food garden from which highly nutritious local produce may be harvested and eaten, while remaining mindful of the earth and culture. Prefer organic fertilisers and repellents.

Help facilitate primary-school food garden activities in the vicinity.

⁵ Global School-based Student Health Survey (GSHS), in French Polynesia, 2015-2016

⁶ Department of Health, Ministry of Health, Prevalence of Overweight and Obese Schoolchildren aged 7 to 9 in French Polynesia, 2014.





Key figures⁷:

- 11.7 % of pupils aged 13 to 17 did not exercise for more than a total of one hour on a single day in the last seven.



Why take action? Some arguments

- Weight and obesity issues are partly related to lifestyle and habits that run contrary to optimum wellbeing, such as sedentary lifestyles, overeating, poorly balanced diet and a lack of sleep.
- Exercise habits acquired in childhood and the teenage years will very likely persist into adulthood.
- In children, regular physical exercise improves self-esteem and helps develop good physical and intellectual skills (improved memory, focus and sleep quality).
- According to the latest WHO recommendations, children and teenagers aged 5 to 17 should have at least 60 minutes of moderate-to-intense daily physical exercise . Physical exercise is recommended even when ill, if the activity is appropriate.
- Walking is the simplest way to get exercise, especially as it is beneficial to overall health. Walking to school or the youth centre (accompanied by parents, depending on children's age and maturity) should be encouraged.



Prerequisite:

Building or improving pavements and cycling tracks for the users' safety is an essential point for improvement so as to prevent too high an accident rate.

Activity aims

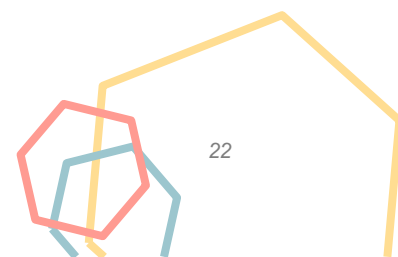
Promote physical exercise at school in a fun way and enable children and teenagers to be physically active between classes.

Sample activities

Do varied and entertaining daily exercise in the playground (hopscotch, French elastic, etc.) / on youth centre grounds.

Take part in local sporting events, such as the "Just Play" programme, inter-school tournaments, Heiva taure'a, Faareireiraa and generally encourage projects in which sports coaches can help schools with curricular and extracurricular activities or competitions between schools.

Foster travelling to school by physically active means, such as walking or cycling, etc. in a safe environment, if possible through natural areas, accompanied by a relative. Generally encourage walking for at least 30 minutes a day.





Personal hygiene



Key figures ⁸:

- 9 % of young people have seldom or never washed their hands before eating, 5 % have seldom or never washed their hands after going to the toilet and 12 % have seldom or never used soap when washing their hands in the last 20 days.



Why take action? A few arguments

- According to WHO, handwashing with soap and water is the most effective means of preventing the transmission of infections and most diseases spread by orofecal means. Good personal hygiene is also essential for eradicating upper respiratory tract and ENT pathologies such as the common cold, middle-ear infections and flu. Such infections often affect children's learning abilities, social interaction and school attendance.
- It is very important that children learn these basic precautions so as to protect them physically and socially and for them to develop a sound and appreciative attitude to their bodies. These precautions need to be reinforced in youth centre teenagers for their pre-vocational activities.



Prerequisite:

Ensure the municipal authorities / appropriate departments permanently provide a suitably healthy environment with sufficient toilets meeting health safety standards (with toilet paper and soap, etc.).

Activity aims

Blend healthy habits and day-to day behaviour into school activities.

Sample activities

For schools:

Teachers to teach handwashing before meals and after each visit to the toilets; conduct nail inspections to ensure they are neatly trimmed or have been scrubbed.

Teach nose-blowing techniques in class with support from parents, as the nose is a major gateway for viral infections.

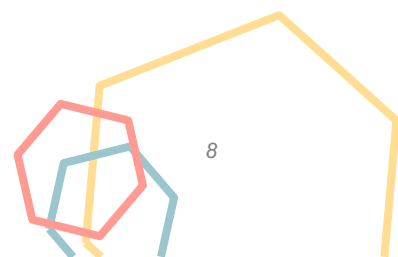
Teach effective toothbrushing and mouth-washing to reduce caries and bacterial breeding.

For youth centres:

Reinforce clean habits (handwashing, clean nails and bodily, oral and genital, etc. hygiene

Teach the basics how to treat a minor cut (1. clean with antiseptic; 2. cover with a bandage; and 3. check the wound's progress.

⁷ Global School-based Student Health Survey (GSHS), in French Polynesia, 2015-2016





Pace of life



Key figures⁹:

- **Sleep:** Only 55% of French Polynesian schoolchildren aged 13-17 have at least eight hours' sleep per night and 13% sleep for five hours at the most. Less than six hours' sleep per 24 hours has been linked to a higher risk of morbidity and mortality.
- **Screen time:** Most French Polynesian schoolchildren use screens every day. Almost all junior secondary schoolchildren exceed international screen-time recommendations of two hours per day.



Why take action: some arguments

- Sleep plays a fundamental role in our mental and emotional balance, particularly in young people. Disturbed sleep can affect how the body and mind function as well as our social lives with consequences such as trouble keeping up with school work and some accidents due to drowsiness.
- The French Outpatient Pediatrics Association recommends Professor S Tisseron's 3-6-9-12 rule. No TV before age 3; TV after 3 with discretion. No game consoles before age 6 so as to encourage creativity. Supervised Internet from age 9 onwards to protect children and unsupervised Internet after age 12 with caution.
- More than 2 hours' screen time in teenagers disrupts their sleep: they do not sleep long enough and sleep quality is reduced, particularly because of the time lapse between bedtime and falling asleep, etc.
- Young people need to be encouraged to discuss the form and content of the programmes they use, in order to prevent various forms of violence and high-risk behaviour, etc.
- .



Prerequisite: Provide a dormitory and suitable equipment for pre-schoolers

Activity aims

Promote sleep-conducive habits and appropriate screen time and digital media use

Sample activities

For schools:

Pre-school: Comply with recommendations for sleep-conducive habits

Children need to have sufficient nap time in the afternoons (on average 1:30 to 2 hours to match one sleep cycle) with a staggered wake-up time, as each child has different needs.

Naps must be taken in suitable settings, preferably in a properly fitted room with adequate ventilation. Stackable cots with washable materials are preferable to traditional mattresses.

Personal effects, such as sheets, wrap-arounds and cushions, may be allowed.

Junior primary:

Inform pupils and parents about sleep-conducive habits and appropriate screen time and digital media use on, for example, a related world day.

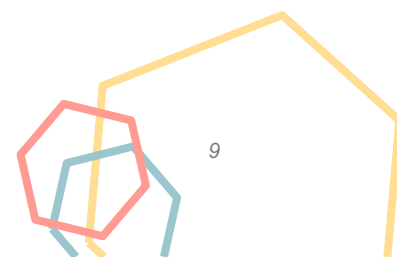
Use digital media for educational purposes based on the pupils' age.

For youth centres:

Inform pupils and parents about sleep-conducive habits on, for example, a related world day.

Organise activities such as the "children's web permit" (for year 6: www.passe-ton-permis-web.com, CNIL) for young people and their families for watchful, safe and responsible web use (cf. police juvenile delinquency prevention unit)

⁷ Global School-based Student Health Survey (GSHS), in French Polynesia, 2015-2016





Smoke-free school / addiction-free youth centre



Key figures¹⁰ :

- Some 6 % of French Polynesian schoolchildren aged 13-17 smoked in the last 12 months. 48 % of them say other people smoked in front of them and 45 % had at least one parent who smoked. **Also, 65 % of those who had already smoked before said they had done so before age 14.**
- In French Polynesia, drinking prevalence among 13 to 17-year-olds is currently 44% (students who had drunk at least one alcoholic beverage in the previous 30 days). Among those, 58 % had done so before age 14.
- 29 % of students aged 13 to 17 said they had already taken drugs at least once in their lives (i.e. marijuana-paka, ICE, cocaine, inhaled substances and solvents).



Why take action? Some arguments

- The likelihood of transitioning from occasional to daily drug use is correlated to age at the first cigarette.
- Smoking-related diseases start early in French Polynesia, whether from passive or active smoking.
- Respiratory tract diseases, such as bronchiolitis, asthma and chronic bronchitis and cancer induced by such tobacco intoxication occur at high rates. This affects the quality of life and learning abilities.
- "Smoking is prohibited in locations assigned to public use, particularly medical premises, schools and public transport. Furthermore, with regard to schools, smoking is prohibited within a radius of 100 metres around such schools."

(Section LP.10 of Country Act no. 2010-2 of 15.03.2010 amending Country Act no. 2009-4 of 11.02.2009 to prevent tobacco abuse and control smoking).

- Looking ahead towards adult life, preparing for adult life, reducing risk (drinking in moderation, avoiding drugs, not working in a workshop while under the influence of substances, etc.)
- Smoking is one of the factors that may lead to taking other narcotic substances (Ecaap Survey)

Prerequisites:



- Have trained health staff in smoking cessation support. Continue ongoing addictology training for school staff with CCSAT.
- **School** and youth centre **staff** will be entitled to assistance from Health Department officers or a general practitioner of their choice in their active efforts to stop smoking.

Activitiy aims

Obtain or preserve a healthy, smoke-free environment for pupils, teachers and other school / youth centre staff to achieve the smoke-free school / youth centre objective.

Sample activities

For schools:

Ban smoking in the school and, if possible within a 100-metre radius of the premises by both pupils and staff plus their relatives, etc.

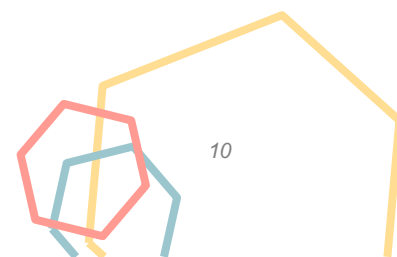
For youth centres

Ban smoking in the youth centre by students and all staff.

Watchfully ensure that no students are allowed into workshops under the influence of narcotics.

Encourage and support parents to take their children to consult for assistance in giving up mind-altering substances, if needed.

⁷ Global School-based Student Health Survey (GSHS), in French Polynesia, 2015-2016





Waste sorting and a clean immediate environment



Why take action: some arguments

- Some products, such as batteries, are a health hazard, but left strewn or disposed of without recycling. Heavy metal toxicity from mercury and lead in the batteries can lead to neurological issues (speech deficiencies and trouble concentrating, etc.), not to mention digestive and kidney impairment from toxic overload if swallowed by children.
- Teachers prepare children to become responsible citizens by encouraging them to sort waste, explaining the dangers of certain waste products and inspiring them to recycle.
- Waste management is particularly important near French Polynesia's watercourses and lagoons, as the main food source is fish. Lagoon water pollution related to human activity affects the entire local food chain and poses a health risk when eating seafood.
- Household waste dumping has led to an increase in rats and stray dogs, which are disease vectors or sources of health issues, such as bites and leptospirosis. Their numbers on school grounds and in the vicinity can be reduced by effective waste management.
- The ecosystem needs to be functioning properly for people to be healthy. The effects of climate change on health need to be anticipated and prevented. If pupils know about and can control these issues, they will be able to make the right decisions for their health and that of their families.

Activity aims

Foster health-enabling environments

Activity samples

Set up environmentally responsible measures including waste sorting and recycling etc., with sorting bins in each classroom and school / youth centre playground .

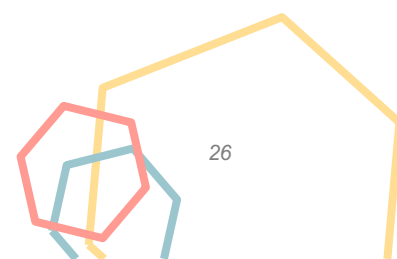
Organise twice-yearly public activities for enhancing public areas related to the school / youth centre.

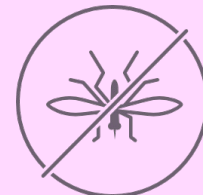
Ensure there is no illegal waste disposal at or around the school / youth centre, depending on its immediate environment.



Prerequisite:

Provide compliant waste bins and school dining facilities.





Vector control



Why take action: some arguments

- Mosquitoes are the animal species that currently transmit the most diseases (as vectors) in the world.
- Mosquitoes are, however, part of the ecosystem and useful for a balanced environment. They should not, therefore, be eradicated but their disease-bearing subspecies should be kept from proliferating.
- **Arboviruses** (dengue, chikungunya and Zika) **are transmitted** when a mosquito subspecies, namely Aedes, also known as tiger mosquito because of its stripes, bites. Aedes survives due to artificial breeding grounds created by human activity. All these sites must, therefore, be destroyed by cleaning them and checking them very regularly (once a week in the wet season).
- **Insect repellents** whether applied on the skin or in the form of coils can be a health hazard for children.
- Insecticide sprayed heavily around homes is not entirely effective. If the artificial breeding grounds prove impossible to eradicate, larvicidal methods can be used that do not suffer from these disadvantages and should be encouraged.

Activity aims

Reduce mosquito-related disease transmission (e.g. dengue, chikungunya, Zika and filariasis, etc.)

Sample activities

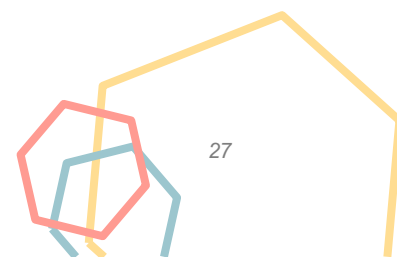
Search for and destroy mosquito breeding grounds. Eliminate all sites holding stagnant water, such as water tanks, gutters, tyres, bottles, flower-pot saucers and shower traps in bathrooms, etc.

Use larvicidal methods if breeding grounds cannot be eradicated with the above measures.



Prerequisite:

Work with the appropriate departments to promote larvicidal methods.



Admitting all children and getting along together (school)



Why take action? Some arguments

- Schools are under an obligation to admit all school-age children, regardless of any disabilities or differences, be they ethnic, geographical, social, religious or physical, etc. By developing children's ability to accept others, this measure nurtures mental wellbeing and good health.
- Psycho-social skills are a person's ability to respond effectively to the demands and trials of daily life. They are a person's capacity to maintain a sound mind by adopting appropriate and positive behaviour in relationships with others and their culture and environment.
- Depending on pupils' age and maturity, it is important to address **respect** between the genders and tolerance for others generally. It is important to introduce **information and essential skill determinants of emotional and sexual life** at an early age (primary school) and maintain them throughout their schooling.
- Understanding and obeying rules governing the use of public areas, such as the road, can be used as a model for experimenting with peaceful co-existence. Teachers, supported by the local health committee, encourage road safety by passing on responsible road use notions to the children as pedestrians or young cyclists in the school's vicinity.

Activity aims

Foster acceptance of others and the ability to co-exist peacefully at an early age.

Sample activities

Promote safe and healthy behaviour, e.g. good conduct rules for pedestrians and cyclists on the road. Make school facilities safer from accidents, e.g. store detergent out of the reach of children and fill or level uneven or steep ground.

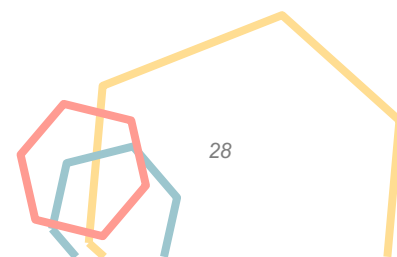
Incorporate discussions on roles within families and sexual stereotypes into day-to-day school life to help children construct their identities.

Develop psycho-social skills (2016 curriculum adjusted for French Polynesia for middle and senior primary schools: morals and civics).



Prerequisites:

Training for health centre staff in areas relating to emotional and sexual matters and gender differences.



Self-esteem and getting along together (youth centre)



Why take action? Some arguments

- Self-esteem plays a major role in people's quality of life and affects positive behaviour and attitudes. Because of their profiles, close attention needs to be paid to this in youth centre students.
- **High self-esteem fosters academic success and helps resolve difficulties, as it breeds persistence and perseverance.**
- Being able to manage one's emotions and communicate may reduce the likelihood of resorting to violence and high-risk behaviour generally.
- When tailored to the target audience's age and maturity,, emotional and sexual life promotion helps children get to know themselves better, respect their partners and generally improve their sexual health. It also contributes to preventing discrimination, violence, unwanted pregnancies and sexually transmitted diseases.
- Understanding and obeying rules governing the use of public areas, such as the road, can be used as a model for experimenting with peaceful co-existence. Teachers, supported by the local health committee, encourage road safety by passing on responsible road use notions to the children as pedestrians or young cyclists in the school's vicinity.

Activity aim

, Encourage children throughout their schooling to develop the skills required for self-esteem, acceptance of others and peaceful co-existence.

Sample activities

Set up ASSR (school road safety certificate) training.

Organise emotional and sex education sessions in collaboration with trained health staff.

Organise activities dealing with managing emotions and verbally expressing feelings (develop an emotional scale, etc.).

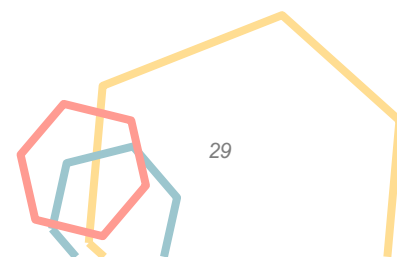
Continue activities showcasing pupils' work through exhibitions, sales and media coverage.



Prerequisite:

Training for healthcare professionals in areas relating to emotional and sexual matters.

Support and take part in teacher training in these areas based on needs identified by the school inspector and youth centres.





Healthcare access for all pupils



Why take action? Some arguments

- Access to healthcare services and child health promotion are among the mainstays of the WHO Healthy School programme
- The Department of Health's community health services help provide healthcare to all children, including:
 - curative care for treating common ailments;
 - health action to prevent or provide early treatment for prevalent diseases in French Polynesia; and
 - school health screening to identify and, if necessary, treat disorders in pupils, including those that can affect academic performance, including:
 - excess weight;
 - sensory, motor or mental deficiencies; and
 - detect children with learning difficulties in partnership with the teachers.
- **French Polynesian schools are inclusive and:**
 - cater for each child living with disabilities; and
 - make appropriate arrangements for everyone based on their needs while paying due heed to their differences.
- In order for schools to admit all pupils as best as possible, individualised school attendance projects (PPSs), customised school attendance projects (PAIs) and individualised assistance projects (PAPs) need to be implemented for some pupils with special educational needs. They involve altering and redesigning school facilities, material and technical and human environments. Assistance is given to teaching staff by the medical profession in developing educational projects that are tailored to each such children.
- School health services also provide help with medical consultations for the purposes of exempting underage children from using dangerous machinery in vocational education.

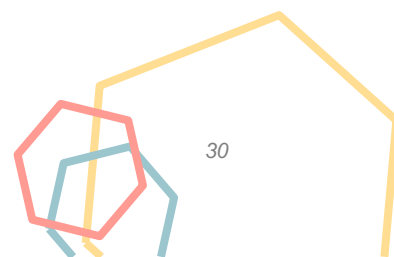
Activity aims

Work together effectively and in a coordinated manner to care for children with health issues.

Sample activities

Ensure visiting medical staff have the equipment and facilities they need for their visits, especially to screen vision and hearing issues (quiet, well-lit room, etc.)

Involve families when pupils have been detected by educational or school attendance teams to be encountering difficulties.





Why take action? Some arguments

- **Culture can change children's circumstances through various mechanisms, e.g. by:**
 - boosting their self-esteem and feeling of positive identification (integration process);
 - helping them find out where they fit and engage more with society (individuality and identity);
 - developing interpersonal skills in their relationships with others and as they work alongside the community;
 - helping them become familiar with and comprehend their ecological environment and form a bond with nature; and
 - trust their plans for the future, thereby promoting their wellbeing and general health
- Parents, with support from the teaching staff and related political stakeholders must be able to provide pupils with access to, knowledge about and participation in cultural heritage activities.
- Access to cultural heritage (knowledge and identification), including at school, is a means of bridging family, social and community identity and strengthening the sense of belonging to a group thereby improving one's sense of personal worth, which is conducive to developing psycho-social skills and ensures children will gain in independence in a consistent and integrated manner that fosters good health and academic success.

Activity aims

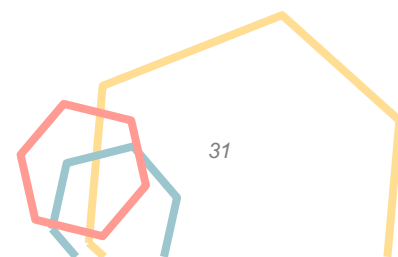
For schools: incorporate cultural heritage diversity into Healthy School project activities

For youth centres: cultivate environments that are conducive to health

Sample activities

Support and combine several Healthy School and Healthy Youth Centre project activities based on a cultural theme:

- . Attend local cultural events, such as *va'a* canoe races, *heiva taure'a* song and dance contests (held at Tahitian language challenges), etc.
- Visit historical and natural sites near the school / youth centre. Share and pass on stories and legends with families and *matahiapos*; go *va'a* canoeing; perform local music, song and traditional dancing; make local plant-based handicrafts, floral artwork and *maa Tahiti*; and rediscover local produce from an educational food garden.



FEEDBACK FORM*

for Health Department officers

Name of the assisted school:

.....

School municipal area:

.....

H Dept area (pls tick):

☐ AUS

☐ FSTN

☐ FSTI

☐ CSS

☐ TG

☐ ISLV

☐ MM

☐ MAR

In case further information is required, name of the health officer(s) who assisted the school / youth centre (optional):

.....

.....

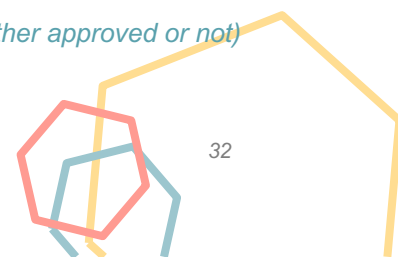
Summary of assistance provided by the health officer:

Activities undertaken	Comments
<input type="checkbox"/> Attendance at the school / youth centre's first health committee meeting	
<input type="checkbox"/> Assistance with baseline study (identifying the school or youth centre's existing activities and those needing to be implemented, etc.)	
<input type="checkbox"/> Methodology support and health promotion advice	
<input type="checkbox"/> Taking part in health promotion activities (e.g. help with a target area)	
<input type="checkbox"/> Other assistance	

Comments:

Date:

**Complete this form for any certification application, whether approved or not)*



Department of Health of French Polynesia

Octobre
2021

