Philippine Institute
for Development Studies
*Surian sa mga Pag-aaral
Pangkaunlaran ng Pilipinas*

Policy Notes

ISSN 2508-0865 (electronic) No. 2016-28 (December 2016)

How do private schools fare in the provision of health-care services to students?

Rachel H. Racelis

While the government directly controls health-care services in public schools, private schools can decide individually the quantity and types of health-care services they will provide their stakeholders. However, these decisions are supposed to be guided by government policies, regulations, or standards.

This *Policy Note* presents the findings on the current state of student health services provision in Philippine private schools from a study done by this author.[1] It also reviews the policy context surrounding health services in private schools and identifies the possible areas for improvement.

Growth of private schools

The number of private schools in the Philippines has steadily increased over the years. The most significant increase, however, was observed in the elementary level, where the number of private schools has grown five fold in 18 years. Meanwhile, the growth in the secondary and tertiary levels has remained modest, growing close to double over the same period (Table 1).

In total, the number of private schools had increased by about 9.8 percent per year in 1994–2000 and by about 7.9 percent per year in 2000–2012.

When analyzed by enrollment size, about 4.5 million out of 25.4 million students in the Philippines in school year 2011–2012 were attending private schools (NSCB 2013).

[1] The paper, "Study to support improvement of the Philippine National Health Accounts' components: Expenditures on employer-provided health care and private schools health services", was done in 2014 based on a survey of private schools conducted in 2013–2014.

PIDS Policy Notes are observations/analyses written by PIDS researchers on certain policy issues. The treatise is holistic in approach and aims to provide useful inputs for decisionmaking.

This *Policy Note* was culled from one of the component studies of the Health Systems Research Management (HSRM) Project conducted by the Philippine Institute for Development Studies (PIDS) and funded by the Department of Health (DOH).

Table 1. Number of private schools in the Philippines

Level	1994	2000	2012
Elementary level	2,245	4,271	10,138
Secondary level	2,379	3,173	5,570
Tertiary level	950	1,214	1,587

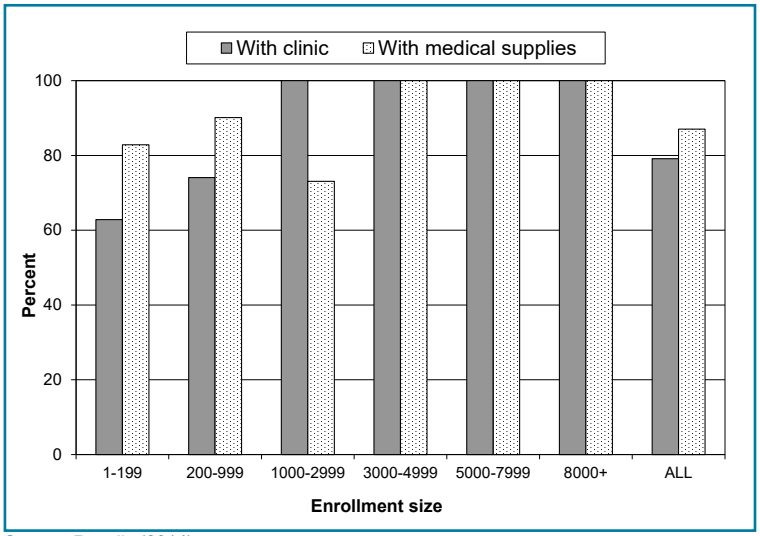
Source: NSCB (various years)

Table 2. Distribution of private schools by enrollment size, 2012 (in %)

Level	1–99	200–999	1000–2999	3000–4999	5000–7999	>8000
Elementary, Secondary	64	25	10.8	0.2	-	-
Higher education	32	41	15	4	5	3

Source: Data culled from Racelis (2014).

Figure 1. Availability of clinics and medical supplies in private schools by enrollment size, 2012



Source: Racelis (2014)

Specifically, enrollment in elementary and secondary level private schools tend to be smaller, where there is no school of more than 5,000 students. In contrast, tertiary level institutions are larger, with 8 percent having more than 5,000 students.

Health-care services

The provision of student health services in schools involve:

- Employing the services of health professionals (mainly doctors, nurses, dentists, and, occasionally, trained medical officers);
- Having a clinic; and
- Having medicines and medical supplies for emergency care.

Considering the enrollment size, all schools with a population of 3,000 or more students have clinics and medicines available. Meanwhile, about 21 percent of schools have no clinic, which means that no space was allocated specifically for a clinic. Nonetheless, health services are still rendered to students by health professionals on an on-call basis.

About 13 percent of schools have no medical supplies at all, although this percentage is lower than that of schools without clinics. This means that even without a clinic, emergency care, such as treatment of cuts and wounds, can still be rendered because of the availability of medical supplies.

Overall, about 79 percent of private schools reported having clinics and about 87 percent have medicines and medical supplies available (Figure 1).

Private schools may employ health personnel on full-time basis, part-time basis, or a combination of both. Nearly half (about 47%) of them have a complete team of health personnel—doctor, nurse, and dentist. This combination is more likely to be seen in schools with larger enrollment size.

Schools with the largest enrollment size have an average of nearly two full-time doctors, five full-time nurses, and one full-time dentist. About 15 percent (particularly in schools with less than 1,000 students) employ a nurse while about 12 percent (seen in all sizes of schools) have a doctor-and-nurse tandem.

Nurses are most likely to be employed on a full-time basis in schools with 1,000 or more students. The mean number of full-time nurses increases from about 1.5 per school for schools of size 100–299 to five per school of size 8,000 or more (Figure 2).

Doctors, dentists, and other health personnel are less likely to be employed on a full-time basis except in schools with 8,000 or more students.

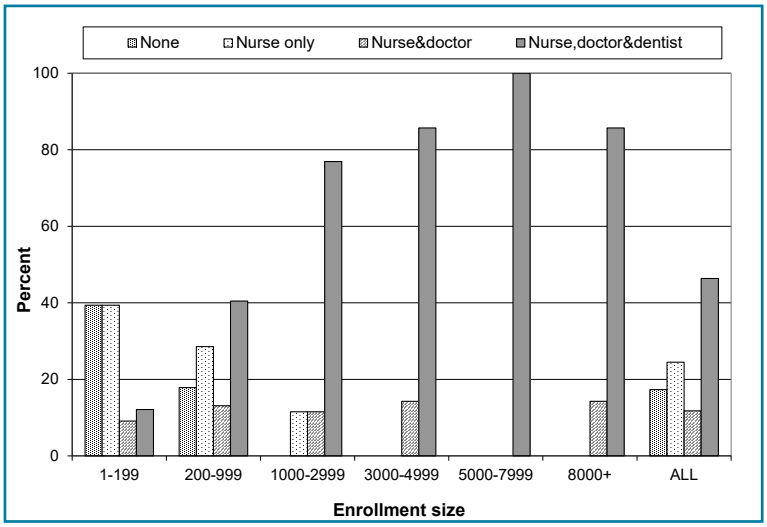
In general, doctors and dentists are more likely to be employed on a part-time basis. The mean number of part-time doctors increases from about 1.1 per school of size 1,000–2,999 to about 2.6 per school of size 8,000 or more (Figure 3).

The mean number of dentists similarly increases from about 0.8 per school of size 1,000–2,999 to about 1.6 per school of size 8,000 or more.

Some schools, particularly those with low enrollment, report that they do not formally employ health personnel but instead have alternative arrangements for providing health services. These arrangements may be in these forms:

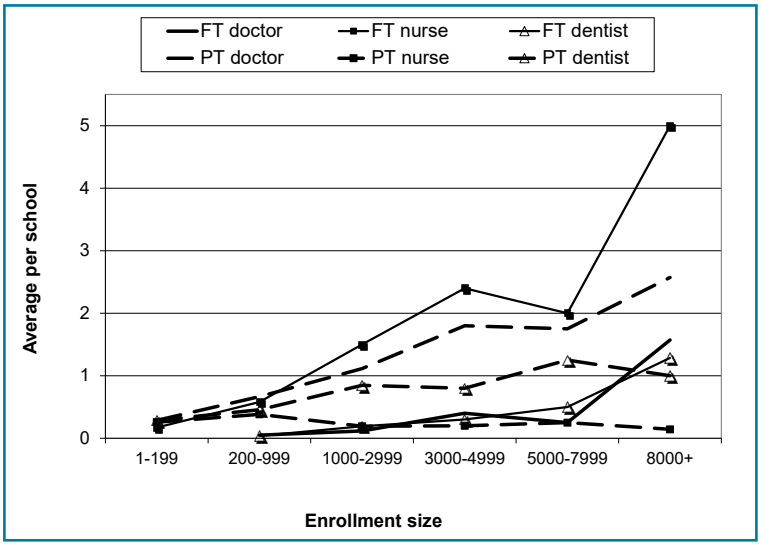
- Use of a health-care facility located nearby;
- Use of volunteer services (e.g., alumni and parents of students who are health professionals); or

Figure 2. Availability of health personnel in private schools by enrollment size, 2012



Source: Racelis (2014)

Figure 3. Average number of health personnel per private school by type and by employment arrangement: By enrollment size, 2012



Legend: FT – full-time; PT – part time
Source: Racelis (2014)

Some schools, particularly those with low enrollment, do not formally employ health personnel but instead have alternative arrangements for providing health services, such as the use of a health-care facility located nearby.

Table 3. Top 12 preventive health-care programs/ activities/policies in private schools

Rank	Description
1	Annual physical examination
2	General health information dissemination
3	Dental check-up
4	Keeping school premises clean and safe
5	Seminars/dissemination - disease prevention
6	Seminars/dissemination - hygiene
7	Seminars/dissemination - nutrition
8	Immunization
9	Health posters, health fair
10	Food safety - canteen-related activities
11	Health assessment and record keeping
12	Physical fitness activities

Source: Racelis (2014)

- Health services rendered by school personnel employed primarily as administrators or teachers but who are also qualified health professionals (e.g., a school principal who is a licensed physician or a teacher who is a registered nurse).

Preventive health

Private schools also undertake preventive health activities (Table 3). Such activities may be classified as:

1. *Personal preventive* (e.g., annual physical examination, dental check-up, immunization, health assessment, health screening and record keeping, and fitness activities);
2. *Health orientation and seminars* (e.g., general health information dissemination, seminar/ dissemination on personal hygiene, seminar/ dissemination on nutrition, and health posters and health fair); and
3. *School facilities-related activities* (e.g., keeping school premises clean and safe, and food safety measures in canteens).

Other activities identified by schools but failed to rank high include training on first aid, seminar on drugs and smoking, proper disposal of garbage, home visitation, keeping school staff healthy, and integration of health topics in the regular school curriculum.

Health expenditures in private schools

The provision of student health services and the conduct of other health-related activities come with corresponding expenditures. As expected, average expenditures increase with the size of the school. The finding echoes how the level of health-care provision rises with every increase in enrollment size (Figure 4).

About 81 percent of private school expenditures for health goes to health personnel's salaries, of which 70 percent account for payment to full-time employees. Nurses receive the largest share of the health manpower cost (about 45%), followed by doctors (about 33%), and dentist (about 18%). Note that the share of doctors and dentists in the health labor cost increases along with the rise in the size of the school, while the share of nurses decreases as the schools' enrollment size grows.

Meanwhile, the nonsalary cost, about 19 percent, is for medical supplies.

Policy context of health care in private schools

The basis for student health service provision in private schools has a long history. A few of the laws, policies, and guidelines were intended specifically for private schools, while others were intended for both private and public schools. Those that are explicitly for private schools include Republic Act (RA) 124, RA 951, and Memorandum No. 87 (Series 1984), titled

"Organization of School Health Units in Private Schools", released by the then Department of Education, Culture, and Sports (DECS).

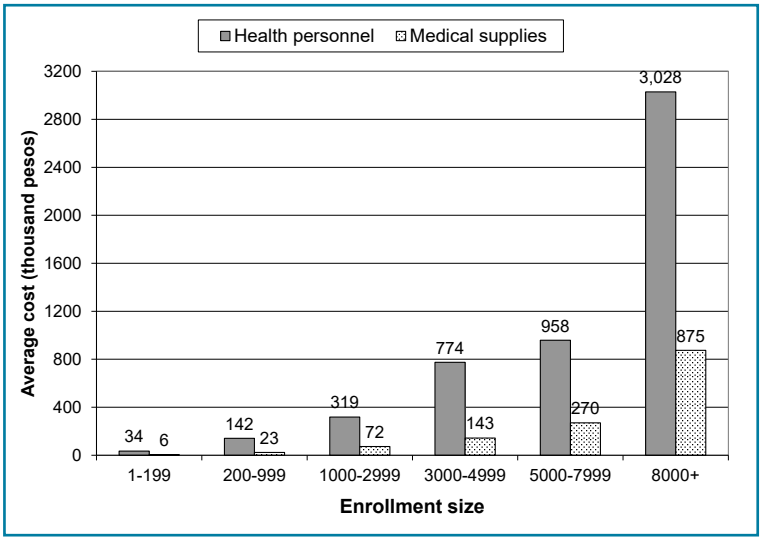
RA 124 (Act to Provide for the Medical Inspections of Students Enrolled in Private Schools in the Philippines) requires schools with 300 or more enrollments to employ physicians who will conduct annual examination of their pupils. The Bureau of Health, now the Department of Health (DOH), was tasked to formulate a school health inspection program.

RA 951 amended RA 124 in the same year and stipulated that private schools with 1,300 or more students should employ a part-time or full-time physician and dentist who shall regulate medical and dental service provisions, respectively, in their establishments. It likewise amended the title of the said law to "An Act to Require Certain Private Schools, Colleges, and Universities in the Philippines to Provide Medical and Dental Service for Pupils and Students".

The DECS Memorandum No. 87, Series 1984 provided guidelines for the establishment of school health units and comprehensive school health programs in private schools for the promotion, protection, and maintenance of the health of the schooling population (NSCB 1998).

Basic provisions in the memorandum required: (1) the establishment of a school health unit housed in a space of not less than 65 square meters (i.e., for schools with 3,000 or more students); the space must be divided into separate rooms—waiting room, examining room, dental evaluation area, office rooms, toilet with lavatory facilities—to ensure privacy; and (2) the provision of manpower by enrollment size of school as stated in Table 4.

Figure 4. Average health expenditures per private school by expense type: By enrollment size, 2012



Source: Racelis (2014)

Other legal instruments that contain provisions pertaining to school health and that apply to both private and public schools include the Sanitation Code, the DECS School Health Manual, and the Department of Education (DepEd) Educational Facilities Manual.

The 1975 Presidential Decree 856 Code on Sanitation of the Philippines specified the health facilities required in schools. Their provisions stated that trained health personnel and adequate facilities should be available so that students may be afforded the following health services:

- periodic physical and medical examination,
- periodic immunization,
- medical and dental treatment,

Table 4. Required manpower per enrollment size

Enrollment Size	Required Manpower
1–299	1 full-time nurse
300–4,999	1 part-time medical officer 1 part-time dental officer 1 full-time nurse
5,000 or more	1 full-time medical officer 1 full-time dental officer 1 full-time nurse —one set of these officers for every 5,000 students

Source: Racelis (2014)

- treatment for common emergencies, and
- counseling and guidance.

The DOH is the agency in charge of implementing and enforcing the Sanitation Code.

The 1997 DepEd School Health Manual provided details on school health services, particularly preventive health care rendered by the school nurse, and the location, equipment and supplies of a standard school clinic.

The 2010 DepEd Educational Facilities Manual also provided specifications (location, size, space allocation, and basic equipment and furniture) for the school health clinic. This manual stipulated that a duly-trained first-aider and teacher will be in charge of the school clinic if no health professional is employed by the school.

These instruments provide the basis for organizing student health services and health-related activities in private schools in four aspects:

- RA 951 and the 1984 DECS Memorandum No. 87 provide guidance on the provision of health manpower for emergency curative health care.
- The Sanitation Code, the DECS Memorandum Order No. 87, and the DepEd School Health and Educational Facilities Manuals provide specifications for school clinics.
- RA 124 and the DepEd School Health Manual suggest the preventive health activities in schools.
- The Sanitation Code and the DepEd Educational Facilities Manual contain provisions about sanitation and safety in the school environment.

Ensuring compliance and monitoring student health services and activities in private schools are presently the responsibility of DepEd for private schools up to the secondary level, and of the Commission on Higher Education (CHED) for private higher education institutions (HEIs).

The CHED and DepEd have their respective requirements that private schools need to satisfy so as to be granted the permit to open and operate (DepEd 2010; CHED 2006, 2008, and 2013). The permit to operate is renewed yearly to ensure continuing compliance with the requirements.

In the case of DepEd, private schools that were granted permission to operate are subjected to a thorough inspection by a DepEd supervisor, as stipulated in the 2010 Revised Manual of Regulations for Private Schools. However, the stipulations only require that health facilities and services for students are "available". It does not carry any further requirements.

In the case of CHED, Memorandum Order No. 21 Series of 2000, titled "Guidelines on Student Affairs and Services", and Memorandum Order No. 09 Series of 2013, titled "Enhanced Policies and Guidelines on Student Affairs and Services", include student health services among the student welfare programs and services that private schools should provide and are considered as basic services necessary to serve the well-being of the students. The guidelines apply to both public and private HEIs.

Area for improvement and policy implications

In contrast to the detailed standards specified in the 1984 DECS Memorandum No. 87, the CHED and DepEd memorandum orders currently in effect do not prescribe specific numbers of personnel and clinic size for schools to be permitted to operate. It then becomes the decision of each individual school how much to provide.

Has this situation of self-determination and the lack of detail in the DepEd and CHED guidelines affected student health service provision in private schools over the years?

To answer this question, a quick assessment was done in two ways:

- First, by comparing the 2012 average number of health personnel by enrollment size of school to the only available detailed set of standards for private schools that are specified in the 1984 DECS Memorandum No.87 and
- Second, by comparing the estimated total health expenditures of private schools in 1994 (the year the first private schools survey on health expenditures was conducted) and the total corresponding estimated private schools health expenditures in 2012 (the new survey).

By number of health personnel. In schools with 200–1,000 students, the average numbers of health personnel are 0.7 part-time doctor, 0.4 part-time nurse, 0.6 full-time nurse, and 0.5 part-time dentist. The average numbers of health professionals computed from the survey's schools with 1,000–3,000 students are one part-time doctor, 1.5 full-time nurse, and 0.8 part-time dentist. In contrast, the recommendations in the 1984 DECS memorandum were one part-time medical officer, one full-time nurse, and 1 part-time dentist for schools with 300–5,000 students (Table 5).

Schools with 5,000–8,000 students have computed average values of 1.8 part-time doctor, 2 full-time nurses, and 1.3 part-time dentist. Meanwhile, the recommendations in the 1984 DECS memorandum were one full-time medical officer, one full-time nurse, and one full-time dentist.

These results show that private schools in 2012 had, in general, complied with the recommendation of the 1984 DECS Memorandum No. 87.

By total health expenditures. In 1994, the estimated total expenditures for student health services in private schools was PHP 530 million (NSCB 2001). For the year 2012, the corresponding estimate was PH 2,475 million in 2012 prices (Racelis 2014). This represents an increase of over 450 percent in nominal terms.

Table 5. Average number of health professionals per school, by enrollment size, 2012

Health Professionals	200–1,000	1,000–3,000	1984 DECS Recommendation (300–5,000)	5,000–8,000	1984 DECS Recommendation (5,000–8,000)
Part-time doctor	0.7	1	1	1.8	
Full-time doctor					1
Part-time nurse	0.4				
Full-time nurse	0.5	1.5	1	2	1
Part-time dentist	0.5	0.8	1	1.3	
Full-time dentist					1

Source: Racelis (2014)

Assuming there was no change in the level of health service provision at each school size, the increase in total expenditures for health from 1994 to 2012 would be due to both the rise in prices (about 250%) and in the number of private schools during the period, especially the large private schools that have higher health expenditures (about 200%). This finding validates that there has been a steady level of health service provision in private schools over the years.

The lack of detail about health service provision in the more current DepEd and CHED guidelines or manual does not seem to have affected the level of health-care provision in private schools.

For further information, please contact

The Research Information Staff
Philippine Institute for Development Studies
18th Floor, Three Cyberpod Centris - North Tower
EDSA corner Quezon Avenue, Quezon City
Telephone Nos: (63-2) 372-1291 to 92
E-mail: publications@mail.pids.gov.ph

The *Policy Notes* series is available online at http://www.pids.gov.ph. Entered as third class mail at the Quezon City Central Post Office under Business Mail Permit No. 3C-15-12-494. Valid until December 31, 2016.

Results of the 2012 average health personnel per school indicate that the 1984 DECS Memorandum Order No. 87 standards continue to be the norm up to 2012. As the standards were set more than 30 years ago, the said memorandum order may be an area of the school health policy that can be improved. Now may be the time to review and, if necessary, to formulate an updated version of the standards more appropriate to the current situation of private schools.

References

Commission on Higher Education (CHED). 2006. Guidelines on student affairs and services program. Memorandum Order No. 21, Series of 2006. Quezon City, Philippines: CHED.

———. 2008 Manual of regulations for private higher education. Quezon City, Philippines: CHED.

———. 2013. Guidelines on student affairs and services program. Memorandum Order No. 09 Series of 2013. Quezon City, Philippines: CHED

Department of Education (DepEd). 2010. Revised manual of regulations for private schools in basic education. Pasig City, Philippines: DepEd.

National Statistical Coordination Board (NSCB). 1998. *National health accounts of the Philippines*. Makati City, Philippines: NSCB.

———. 2001. *1991-2000 National health accounts of the Philippines*. Makati City, Philippines: NSCB.

———. 2013. *2013 Philippine statistical yearbook*. Makati City, Philippines: NSCB.

———. Various years. *Philippine statistical yearbook*. Makati City, Philippines: NSCB.

Racelis, R. 2014. Study to support improvement of the Philippine national health accounts (PNHA): Expenditures on employer-provided health care and private schools health services. PIDS Discussion Paper No. 2014-44. Makati City, Philippines: Philippine Institute for Development Studies.