Moving Towards Comprehensive School Health in Kenya

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Presentation Outline

- Background and Context
- The Challenges of School Health infrastructure
- What works
- Providing Policy Support
  - Capacity, knowledge generation, M and E
  - Our Future Priorities
Presentation outline

- Background and Context
- The Experience /Opportunities for School WASH
- Current Approaches
- Providing Policy Support
- Capacity, knowledge generation, M and E
- Our Future Priorities
### Background and Context

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<table>
<thead>
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<tbody>
<tr>
<td>Total population</td>
<td>40,863,000</td>
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<tr>
<td>School aged population</td>
<td>10,624,380</td>
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<tr>
<td>Public Primary School going</td>
<td>8,661,333</td>
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<tr>
<td>children</td>
<td></td>
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<tr>
<td>Children out of school</td>
<td>1,963,047</td>
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<tr>
<td>School aged</td>
<td>2,368,237</td>
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Source: KNBS, 2009
School health

- Children aged 5-19 constitute 48% of the population.
- This age group suffers varying but significant degree of ill health & morbidity that affect learning.
- Central to these challenges are; parasitic infections, water and sanitation related health problems, malnutrition, HIV/AIDS/STI, obesity, teenage pregnancy, sexual harassment, drug abuse among others
Current situation in School Health Interventions

WHO → UNICEF → Partners → GoK → WB → WFP → NGOs

Sustainability??

School

School Managers are overwhelmed

Vertical Interventions

Poor Coordination... No reports...

Duplication
Key Challenges in school WASH

- Poor coordination by stakeholders
- Duplication of activities and wastage of resources
- Most interventions not sustainable
- Lack of management information systems
- Insufficient resources to sustain recurrent costs
- Poor reporting and feedback systems
- Inadequate capacity for WASH promotion
- Governance, transparency and accountability
- WASH investment is not prioritized in the budgets
- Increasing disease prevalence leading to poor school performance.
Root causes

- Low understanding of policy and guidelines
- Inadequate community involvement and participation
- Weak tracking systems for evidence based planning
- Vertical approaches by implementing stakeholders.
- Use of top-down vertical programmatic approach
- Weak institutional structures
GOK Response

- The Kenyan constitution has recognized Water and Sanitation in the Bill of Rights.
- Developed comprehensive school health policy, national school health policy, guidelines and strategy
- **Involving multiple stakeholders** – community members, civil society, media, national ministry of education, water and health.
- Decentralization of service delivery points
- Developed institutional mngt mechanisms at all levels.
- Facilitating effective monitoring and evaluation of school health programmes.
- Budget allocation for school WASH improved
Implementation Cycle of Comprehensive School Health at school level

Policy and Guidelines

School Management Committee

Situation Analysis

1. Values and Life-skills
2. Gender
3. Child rights, protection and responsibilities
4. Water, Sanitation and Hygiene
5. Nutrition
6. Disease prevention and control
7. Special Needs, Disability and Rehabilitation
8. School infrastructure and Environmental safety

Review

Evaluation

Monitoring

Make Action Plan

Implementation
Institutional Support & Capacity Development of SHP in Kenya

Ministry of Education

National School Health Inter-Agency Coordination Committee

National School Health Technical Committee

District School Health Committee

Divisional Health Committee

Zonal School Health Committee

Health Facility Committee

School Management Committee

Ministry of Public Health and Sanitation
National School Health Inter-Agency Committee

- This consists of the Ministries responsible for Health; Education, Home affairs, Agriculture, Planning, Local Government, Social Services, Information and other relevant line ministries and other stakeholders.

- The committee is responsible for coordination, resource mobilization and advocacy.

- The committee is chaired by Permanent Secretary Ministry of Education.
National School Health Technical Committee


- Responsible for monitoring health trends, related legislation changes, health programmes and for providing technical advice to the School Health Steering Committee (SHSC).

- Chaired by the Permanent Secretary Ministry of Public Health and Sanitation.
The Health Facility Committee:

- Responsible for the schools in its catchment area. The community health extension workers (CHEWs) is the link between the health facility and schools.

School Management Committee:

- Comprises of the Head Teacher (secretary), chairperson and representatives of parents, District Education Board and sponsor.
Our future focus at scale

- Speed up implementation of CSH policy and other guidelines.
- Align the structure of implementation with new institutions of governance in constitution.
- Partners and other development agencies to adjust and embrace the new approach.
- Knowledge and skills generation for the stakeholders
- Facilitate awareness and dissemination on the policy.
- Improve quality and standards through a charter agreed upon by stakeholders.
- Leveraging partnerships with Non State Actors especially NGOs and Private Sector
- Strengthen management information system and M & E.
- Putting evidence based research findings into action.
Thank you for your attention!