

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

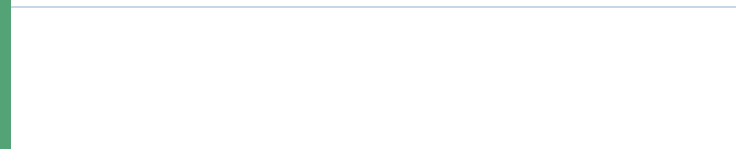
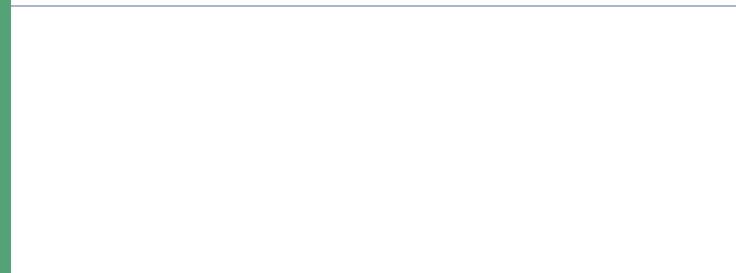


Republic of Kenya

NATIONAL SCHOOL HEALTH POLICY

MINISTRY OF PUBLIC HEALTH AND SANITATION
AND
MINISTRY OF EDUCATION

2008



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

Total population	40,863,000
School aged population	10,624,380
Public Primary School going children	8,661,333
Children out of school	1,963,047
School aged	2,368,237

Source: KNBS, 2009

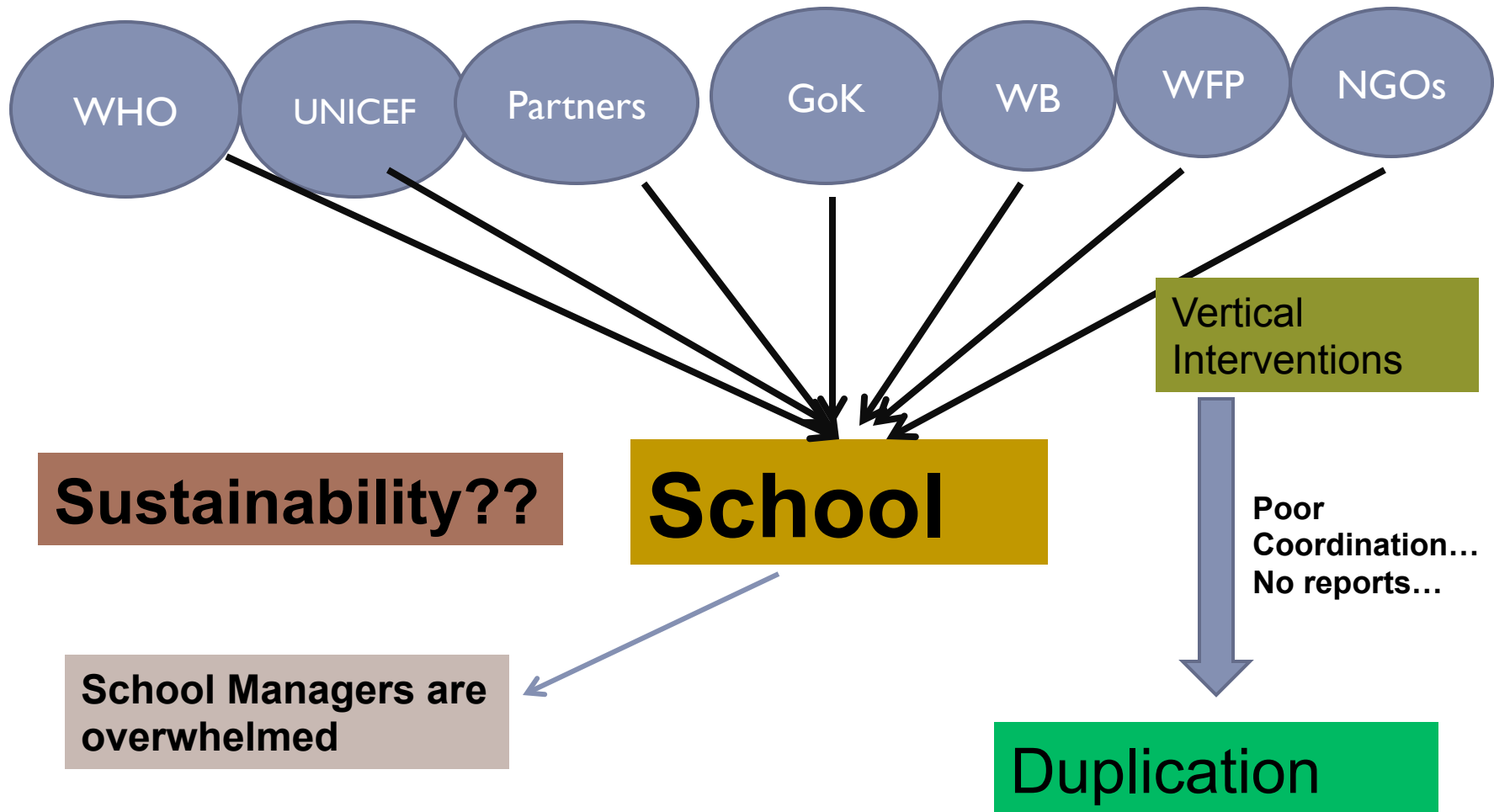


School health

- 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



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

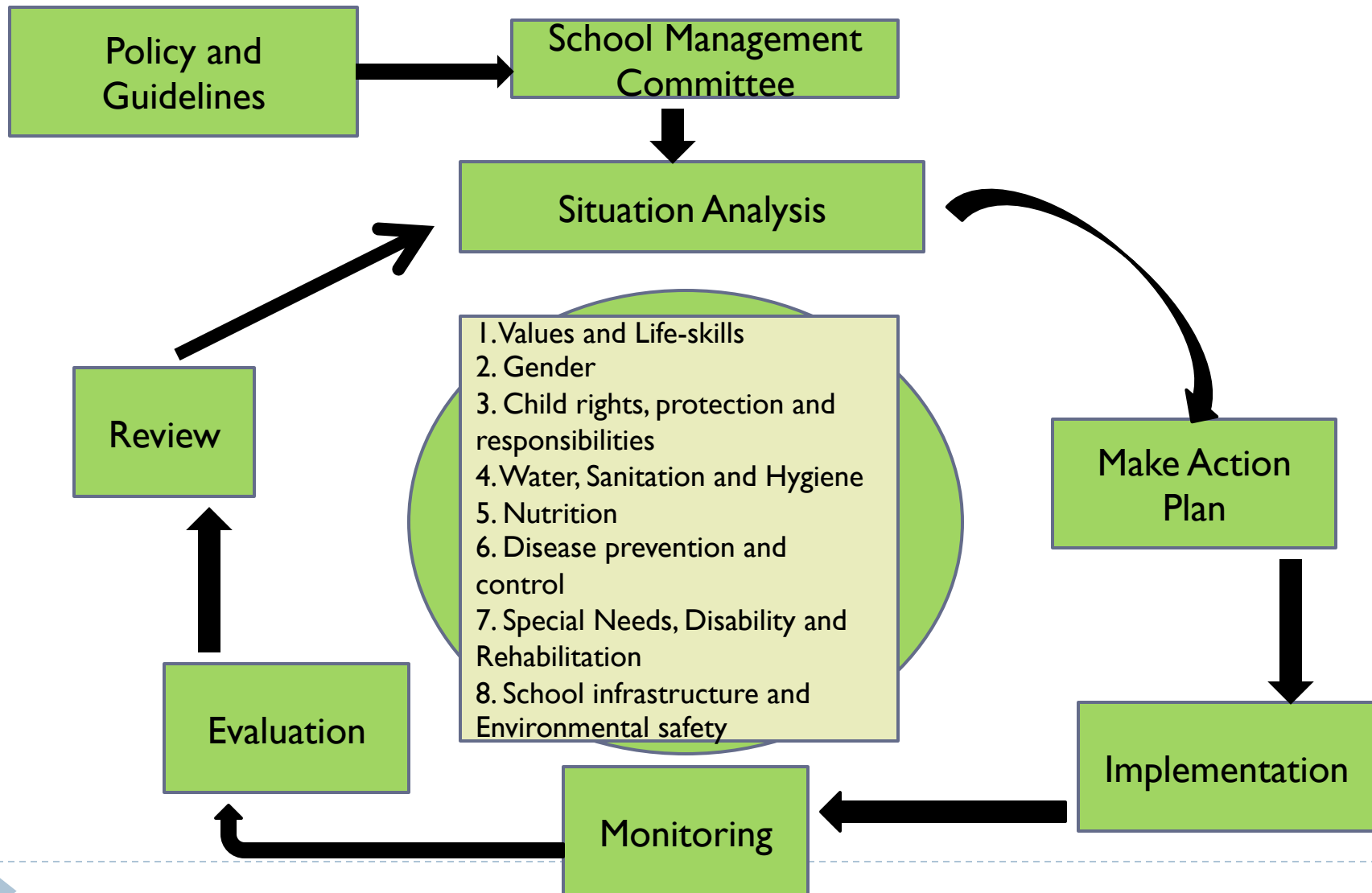


GOK Response

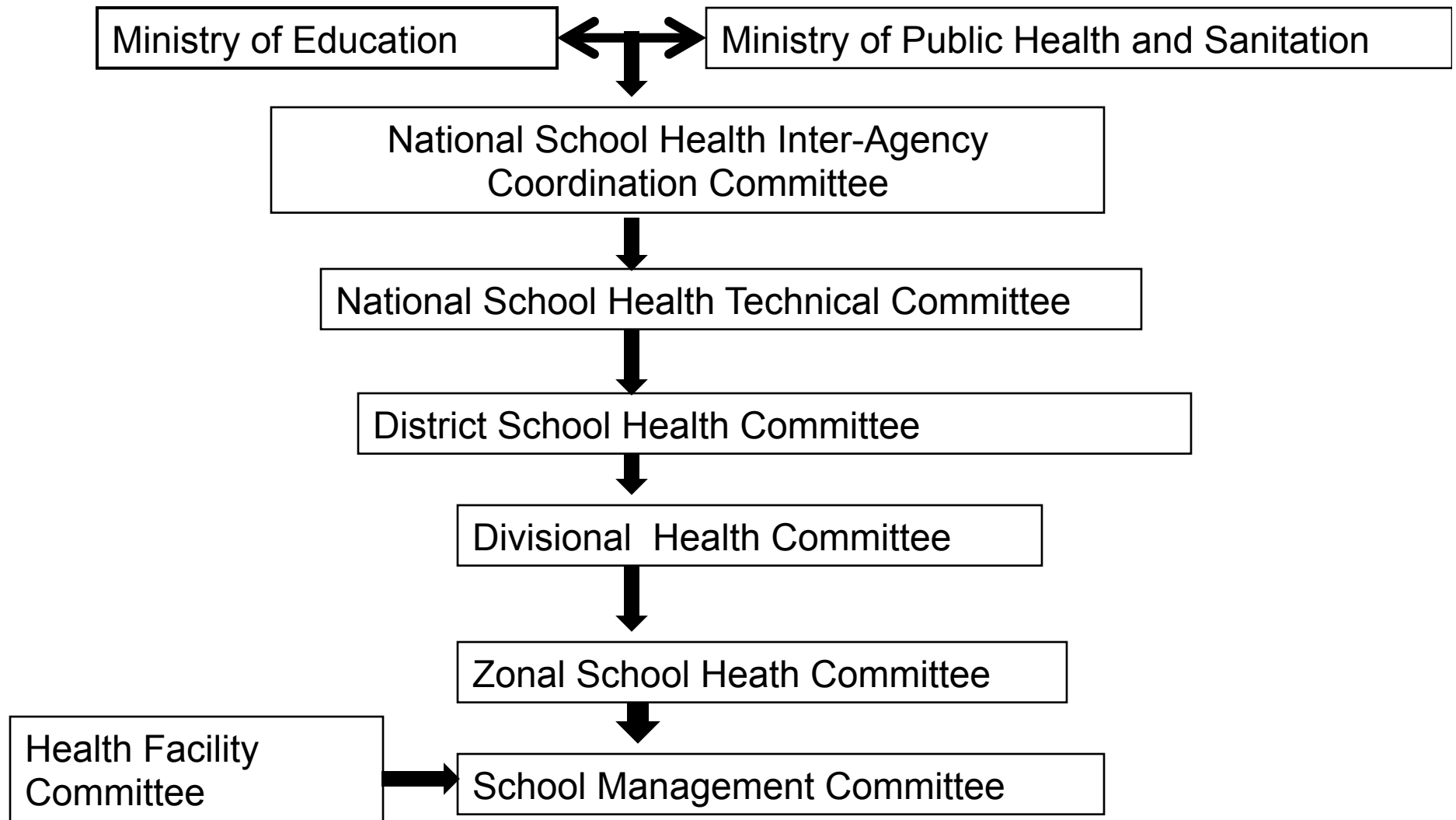
- The Kenyan constitution has recognized Water and Sanitation in the Bill of Rights.
- Developed comprehensive school health policy, national school health policy, guidelines and strategy
- **Involving multiple stakeholders** – community members, civil society, media, national ministry of education, 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



Institutional Support & Capacity Development of SHP in Kenya



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

- ❑ Consists of the Ministries of Health, Education, Water and Irrigation, Home Affairs, Agriculture, Planning, Local Government, Social Services, Information, Public Works and other stakeholders.
- ❑ 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.



Other committees cont' d

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!