COMPREHENSIVE SCHOOL HEALTH

Presentation
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DIVISION OF CHILD & ADOLESCENT HEALTH
MOPHS

27TH. OCTOBER 2010
BACKGROUND

- Total population ............... 40,863,000
- School aged population .... 10,624,380
- School going children ....... 8,661,333
- Children out of school ....... 1,963,047
- Population at risk of STH .... 9,108,952
- School aged ................. 2,368,237
School health

- Children aged 5-19 constitute 48% of the population.
- This age group suffers varying but significant degree of ill health and morbidity that affect learning.
- Central to these challenges are: parasitic infections, water-related health problems, malnutrition, Hiv/Aids/STI, obesity, teenage pregnancy, sexual harassment, drug abuse among others.
Why worsening situation?

- To answer this question, the government in partnership with JICA hired a consultant in 2003.
- Among the TOR’s were to carry out situation analysis, and make recommendations.
Present situation on School Health

- **WHO**
- **UNICEF**
- **WFP**
- **Government**
- **World Bank**
- **NGOs**

**Vertical Programme Approach**

Sustainability

Poor coordination..., No report...

Duplication

After finishing the projects

No fund...
ISSUES IDENTIFIED

- Poor coordination
- Duplication of activities
- Interventions not sustainable
- Wastage of resources
- Lack of sharing of information
- Poor reporting
- Increasing disease prevalence other health related conditions & poor school performance.
Root causes

- Lack of policy and guidelines
- Inadequate community involvement and participation
- Weak tracking systems for evidence based planning
- Targeting wrong / or few interventions (lack of integrated approach)
- Use of top-down vertical programmatic approach
Recommendations

- Implement comprehensive school health programme
- Develop policy and guidelines on comprehensive school health
Recommendations cont.....

- Strengthen coordination of school health interventions by relevant Ministries, communities and other stakeholders
- Ensure mechanisms are put in place for sustainability of school health programmes
- Facilitate effective monitoring and evaluation of school health programmes.
Milestones

- Coordination mechanism in place
- Policy and guidelines developed and complete
- Dissemination is in progress
- Strategy and implementation framework in progress
- Implementation handbook in draft form
- Documentary in progress
-How can we put a policy into action?-
Cycle for implementation at school level

1. SMC
2. Situation Analysis
3. Make action Plan
4. Implementation
5. Monitoring
6. Evaluation and Rewards
7. Review

- Values and Life-skills
- Gender
- Child rights, protection and responsibilities
- Water, Sanitation and Hygiene
- Nutrition
- Disease prevention and control
- Special Needs, Disability and Rehabilitation
- School infrastructure and Environmental safety
School Health Programme Coordination

Ministry of Education

Ministry of Public Health and Sanitation

National School Health Inter-agency Coordinating Committee

National School Health Technical Committee

Provincial School Health Committee

District School Health Committee

Divisional School Health Committee

Zonal/Locational School Health Committee

Health facility committee

School Management Committee
National School Health Inter-Agency Committee

- 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 will be responsible for coordination, resource mobilization and advocacy.

- The committee will be chaired by Permanent Secretary Ministry of Education.

The Committee will be responsible for monitoring health trends, related legislation changes, health programmes and for providing technical advice to the School Health Steering Committee (SHSC).

The committee will be chaired by the Permanent Secretary Ministry of Public Health and Sanitation.
Health Facility Committee

- The health facility committee will be responsible for the schools in its catchment area. The community health extension workers (CHEWs) will be the link between the health facility and schools.

School Management Committee

- The School Management committee will be comprised of the Head Teacher (HT) as the secretary, the chairman and the treasurer who will be drawn from the Parents’ Association, representatives from the District Education Board (DEB), the sponsor, a special needs education specialist and the Ministry of Public Health and Sanitation.
Launch of the National School Health Policy & Guidelines (05/08/2009)
Dissemination of the National School Health Policy and Guidelines

- Coast Province (22/2/10)
- Nairobi Province (26/2/10)
- Nyanza Province (13/9/10)
- Rift Valley (South) province (16/9/10)
- Western province 29/09/2010
Dissemination of policy & Guidelines at district level

- Malindi  20/09/2010
- Kaloleni  21/09/2010
- Kinango  22/09/2010
- Kwale    23/09/2010
- Msambweni 24/09/2010
- Kilifi    27/09/2010
Strategy & implementation framework

- A strategy and implementation framework are in draft form
Kenya comprehensive school health implementation Handbook

- Kenya comprehensive handbook for implementers is at its final stages of finalization.
- A documentary on the pilot is in progress

- 30 schools selected for piloting
- 20 in Kilifi, 10 in Msambweni
- The activity started on 11/10/2010 to end on 26/10/2010
END

THANK YOU
## Hookworm

<table>
<thead>
<tr>
<th>Region</th>
<th>Prevalence Rate</th>
<th>Prevalent Prevalence</th>
<th>Infected Population</th>
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<td><strong>Kenya</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Nairobi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>15.1 (1-50, 0, 100)</td>
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<tr>
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<tr>
<td>Western</td>
<td>79.4 (65-85, 31, 95)</td>
<td>(51)</td>
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A. *lumbricoïdes*

- **KENYA** -14.3 (3-36, 0, 91) (842)
- NAIROBI -
- CENTRAL-15.0 (1-46, 0, 75) (176)
- COAST- 9.1 (2-29, 0, 69) (173)
- EASTERN- 3.2 (1-9, 0, 27) (50)
- N. EASTERN- 0 (0-0, 0, 2) (17)
- NYANZA- 18.5 (7-37, 0 , 91) (352)
- R. VALLEY- 0.9 (0-12, 0, 43) (21)
- WESTERN- 32.0 (25-55, 0, 89) (53)
T. *trichuira*

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<thead>
<tr>
<th>Region</th>
<th>Prevalence</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
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<td>0</td>
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S. haematobium

- KENYA- 23.3 (6-50, 0, 98) (625)
- NOAIROBI- -
- CENTRAL- -
- COAST- 33.5 (13-59, 0, 98) (391)
- EASTERN- 6.8 (3-20, 0, 67) (24)
- N. EASTERN- 3.0 (0-11, 0, 44) (15)
- NYANZA- 10.4 (0-30, 0, 92) (194)
- R. VALLEY- 0.0 (0-0, 0, 0) (1)
- WESTERN- -
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<tr>
<th>Region</th>
<th>Prevalence (%)</th>
<th>Range: (Minimum, Maximum)</th>
<th>Number: Total</th>
<th>Number: Positive</th>
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