

NATIONAL SCHOOL HEALTH POLICY

**MINISTRY OF PUBLIC HEALTH AND SANITATION
AND
MINISTRY OF EDUCATION**

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Foreword

The Government of Kenya is committed to achieving both the Millennium Development and Education for All (EFA) goals. In order to realize this, the Government has to ensure improved health of children who make up about half of the country's population. This will allow for better participation and performance of the education sector in terms of the achievement of the indicators we have set for ourselves.

A comprehensive school health programme will ensure the health of children as well as impact positively on the communities around schools. The Government is therefore committed to ensuring the provision of basic facilities and inputs that will help in the achievement of the better health for school children. By collaborating and networking with other stakeholders interested in the health of children, it is envisaged that the Kenyan child will learn in acceptable health environment and be able to realize his / her potential.

A school health policy will enable the Government to utilize available resources in an effective and efficient manner towards child health. This policy provides coordination mechanism that enhances the roles of the various ministries, institutions and stakeholders. Guidelines have been developed as a separate document in order to operationalize this school health policy.

Successful interpretation and implementation of this policy is expected to improve the health status of school children. The policy also addresses issues related to equity and improvement on the learning environment for both boys and girls, including those with special needs. The rationale is that children with improved health will participate and perform well in education, resulting in acceptable levels of attainment in terms of education indicators agreed between us as a nation. We urge all our partners to participate in the implementation of this policy and to give us their reaction to the policy and its implication.



**HON. AMB. PROF. SAM K. ONGERI,
EGH, MP
MINISTER FOR EDUCATION**



**HON. BETH MUGO, MP
MINISTER FOR PUBLIC
HEALTH AND SANITATION**

Preface

Good health is essential for the success of the implementation of any educational programmes. Indeed, it is vital for the achievement of desirable quality learning outcomes which are attainable only with improved opportunities for equal access, retention, inclusion, equity and completion. This school health policy is the result of concerted efforts of the Ministry of Education and the Ministry of Public Health and Sanitation and other stakeholders towards this end. It focuses specifically on the attainment of two critical Millennium Development Goals (MDGs) of health and education ie. Goal No. 2-Improving Universal Primary Education and Goal No. 6-Reducing HIV Aids, Malaria and other diseases. In addition, it incorporates crucial issues on environmental sustainability, gender equity and global partnership for development.

The development of this document involved and took into account the views and priorities of several key stakeholders. It is gratifying to note that this was done through wide consultations in a series of intensive workshops, meetings, retreats and professional forums. Several development partners, private sector groups, NGOs, religious groups, professional organizations, communities, teaching and research institutions gave their invaluable inputs.

The very fabric and design of this policy appropriately addresses issues of a comprehensive school health programme which is part of the Kenya Education Sector Support Programme (KESSP) and National Health Sector Strategic Plan (NHSSP II). National School Health Guidelines have been developed in concurrence with this document to ensure effectiveness and efficiency in policy implementation. It is our hope and desire that the guiding principles outlined in this document will help promote health of all children: as well as those in - pre-school and in school (including adolescents up to 18 years), both in and out of schools.

The two ministries envisage a common and strong working partnership as the policy is rolled out and implemented. To this end we call upon the various implementing teams- the committees at various levels, our partners and lead players to cultivate a vibrant team spirit, sound rapport, mutual understanding and full cooperation. In doing so let us remember that we are the trustees of the innocent Kenyan children.



Prof. Karega Mutahi, CBS
Permanent Secretary
Ministry of Education



Mark K. Bor, EBS
Permanent Secretary
Ministry of Public Health and Sanitation

Acknowledgements

This School Health Policy is the product of broad consultations and collaboration. The Ministry of Education and the Ministry of Public Health and Sanitation would like to acknowledge the contributions and commitment of the various committees and individuals as well as the support from a number of development agencies, who contributed to the preparation and production of this National School Health policy document.

Our special thanks go to the National School Health Team with members drawn from the following: Ministry of Public Health and Sanitation and Ministry of Medical Services; Divisions of Child and Adolescent Health, Environmental Health, Health Promotion, Malaria Control, Nutrition, Vaccines and Immunization, Reproductive Health, Disease Surveillance and Response, Nursing, Dental Health, Mental Health, Ophthalmic Services, Pharmacy, HIV/AIDS, TB, Vector Borne Diseases, Clinical Medicine, Non Communicable Disease and Rehabilitation;

Ministry of Education; School Health and Nutrition and Planning, Kenya Institute of Special Education (KISE), Kenya Institute of Education (KIE); Ministries of Social Services; Local Government; Planning; Housing; Water and Irrigation; Gender and Children Affairs (Department of Children Services); Agriculture, Public Works and Office of the President (Police Department),

We also acknowledge support from the University of Nairobi's-Community Health Department, ESACIPAC, World Food Programme (WFP), UNESCO, DfID, Action Aid, USAID, Aga Khan Foundation, Plan International, AMREF, ICS, Autism Society, NCCS, KAWA, Christoffel-Blinden Mission, Kenya Society for the Blind, CHAK, ANPPCAN, Kenya Paediatric Association, Child-To-Child Kenya and Afri- Afya.

We also acknowledge, most sincerely, the valuable contributions and advice from the Provincial and District Health Management Teams; Provincial Directors of Education and District Education Officers.

Our utmost thanks go to Japan International Cooperation Agency (JICA), World Bank (WB), World Health Organization (WHO), United Nation Children's Fund (UNICEF) and German Development Cooperation (GTZ) for their financial and technical input.



Prof. George Godia
Education Secretary



Dr. S. K. Sharif OGW, MBChB Med.
DLSTMH. MSc.
Ag. Director -Ministry of Public
Health and Sanitation

Definitions

Adolescent: Any person aged 10 – 19 years.

Child: Any person less than eighteen years of age.

Health Promoting School:

A school that is constantly strengthening its capacity to be a healthy setting for living, learning and working.

Disability: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Health: A state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity.

Kiosk: A small shop.

Learner: A person enrolled as a pupil or student in a school.

School: An institution in which pupils receive regular instruction, or an assembly of not less than ten pupils for the purpose of receiving regular instruction, or an institution which provides regular instruction by correspondence, but does not include:-

- a) any institution or assembly for which a Minister other than the Minister of Education is responsible;
- b) any institution or assembly in which the instruction is, in the opinion of the Minister of Education, wholly or mainly of a religious character; or
- c) any institution for the purpose of training persons for admission to the ordained ministry of a religious order.

Comprehensive School Health Programme:

An integrated set of planned school-based strategies, activities, and services designed to promote the optimal physical, mental, social, spiritual and educational

Definitions

development of students and to improve the health of the community.

School

Manager: Any person or body of persons responsible for the running and conduct of a school.

Teenagers: Children aged 13-19 years;

School Health

Teacher: A person trained or in serviced to address health issues in a school.

Stakeholder: An individual, body, organization (bilateral and multilateral agency) that partners and collaborates in School Health Programme.

Puberty: Period of time when children begin to mature biologically, psychologically, socially and cognitively with girls starting to grow into women and boys into men.

Youth: Person aged 15-24 years

Abbreviations and Acronyms

AEO	Area Education Officer
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
ANPPCAN	African Network for Prevention and Protection against Child Abuse and Neglect
ART	Anti Retro Viral Therapy
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CBR	Community Based Rehabilitation.
CHAK	Christian Health Association of Kenya
CHEWs	Community Health Extension Workers
CHICC	Child Health Inter-Agency Coordinating Committee
CSHP	Comprehensive School Health Programme
CWDs	Children with Disabilities
CWSNs	Children with Special Needs
DCAH	Division of Child and Adolescent Health
DEB	District Education Board
DEO	District Education Officer
DfID	Department for International Development
DHMT	District Health Management Team
DMOH	District Medical Officer of Health
ECD	Early Childhood Development
EFA	Education for All
EMCA	Environmental Management and Coordination Act
EPI	Expanded Programme on Immunization
ESACIPAC	Eastern and South Africa Centre for International Parasite Control
FGM	Female Genital Mutilation
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
HT	Head Teacher
ICRC	International Conventions on the Rights of the Child
ICS	International Child Support

Abbreviations and Acronyms

IDSR	Integrated Disease Surveillance and Response
IEC	Information Education and Communication
IPT	Intermittent Presumptive Treatment
IRS	Indoor Residual Spraying
ITNs	Insecticide Treated Nets
JICA	Japan International Cooperation Agency
KAWE	Kenya Association for the Welfare of Epileptics
KESSP	Kenya Education Sector Strategic Plan
KIE	Kenya Institute of Education
LLITNs	Long Lasting Insecticide Treated Nets
MDGs	Millennium Development Goals
MOE	Ministry of Education
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MOMS	Ministry of Medical Services
MOU	Memorandum of Understanding
MOPHS	Ministry of Public Health and Sanitation
NCCS	National Council for Children services
NGO's	Non-governmental Organizations.
NHSSPII	National Health Sector Strategic Plan II
NMS	National Malaria Strategy
NSHTC	National School Health Technical Committee
PDE	Provincial Director of Education
PDPH	Provincial Director of Public Health
PHC	Primary Health Care
PHO	Public Health Officer
SFP	School Feeding Programme
SHICC	School Health Interagency Coordinating Committee
SHP	School Health Program
SHT	School Health Teacher
SMC	School Management Committee
SNs	Special Needs
SP	Sulphadoxine Pyrimethamine

Abbreviations and Acronyms

STIs	Sexually Transmitted Infections
TB	Tuberculosis
TSC	Teacher Service Commission
UN	United Nations
UNCRC	United Nation Conventions on the Rights of the Child
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children’s Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Test
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

The Republic of Kenya recognizes that diseases, disability and ill-health are major impediments to national development and poverty reduction. Consequently, the Government is committed to the promotion of quality health care for Children, who make up about 50% of the total population many of whom suffer varying but significant degrees of ill health, nutritional deficiencies and morbidity. These health related concerns impede effective learning and realization of their full productive potential.

Ill health is partly, due to poor quality water, sanitation, hygiene and other related factors. These factors include poor housing, parasitic infections, infectious diseases, macro and micronutrient deficiencies, HIV and AIDS and sexually transmitted infections. In addition, problems encountered, especially during adolescence such as unplanned pregnancy, substance use and abuse, sexual harassment and other forms of abuse, also contribute to poor health of children. Many school environments are themselves risky, resulting in injuries and accidents that can be avoided. It is imperative that the environments should be made safe and suitable to all children in order to avoid the occurrence of such accidents.

Universal Primary Education (UPE) is one of the Millennium Development Goals (MDGs) whose achievement depends on due attention to the health of the school-age children. In addition, school children as agents of change in the community will disseminate positive health messages. Healthy school children will develop into productive future citizens of this nation. This will go a long way in realizing poverty eradication, improved health of the nation and hence, help in realizing the MDGs and other national and international goals.

The Government of Kenya seeks to improve both the health and education of children. Improved health allows for better physical and cognitive development in children and thereby produces a more productive population. Sound education promotes acquisition of knowledge, good attitudes and practices necessary for healthy living, and better, disease prevention and control.

This Policy defines a Comprehensive School health Programme (CSHP) which will enable the Government to address the health and education needs of learners, teachers, and their families. The programme shall provide for quality health education and health services to promote the overall health, hygiene and nutrition of children. In addition, the Programme will provide for

the mental and psychological health of children by providing a positive and safe physical and psychosocial environment. This approach is in line with existing global initiatives on health promotion and education development.

This policy complements existing national education and health policies, and will advocate for the establishment of health programmes in the school system. Each programme will endeavour to meet the needs of the community it serves by implementing the strategies outlined in this policy.

Section 1: Vision, Mission, Goal and Objectives

1.1 Vision

A healthy, enlightened and developed nation.

1.2 Mission

To work together in planning, designing and implementing sustainable quality health interventions across the education sector.

1.3 Goal

To enhance the quality of health in school communities by creating a healthy and child friendly environment for teaching and learning.

1.4 Objectives

- To promote the teaching of positive values and life skills;
- To promote gender related issues in schools;
- To enhance child rights and protection in schools;
- To promote good nutritional status of school children;
- To promote disease prevention and control;
- To promote hygiene, sanitation and use of safe water;
- To provide conducive, fully accessible and inclusive environment for learners with special needs and disability;
- To promote identification of learners with special needs requiring rehabilitation;
- To develop safe, healthy environments and school infrastructure that are conducive to learning;
- To strengthen coordination of school health interventions by relevant Ministries, communities and other stakeholders;
- To ensure mechanisms are put in place for sustainability of school health programmes;
- To facilitate effective monitoring and evaluation of school health programmes.

Section 2: Guiding Principles

2.1 Access to Health and Nutritional Services

Every child has a right to quality health and nutrition services. School establishments are expected to be the tool towards achieving this goal in partnership with the communities in and out of school.

Access to health and nutrition services shall be facilitated for vulnerable groups.

2.2 Access to Safe Water, Sanitation & Hygiene

Every child has a right to access safe drinking water and adequate sanitation. Provision of safe water and sanitation shall be complemented by appropriate hygiene promotion and education.

2.3 Access to Education

Every child has a right to quality education. Access to education will continue to be facilitated for vulnerable groups (girls, orphans, children with disabilities and special needs).

2.4 Non-discrimination

There shall be no discrimination on the basis of sex, ethnicity, race, family and social status, religion, locality, political affiliation, disability or illness.

2.5 Access to Information

Every child shall have access to relevant health information, knowledge and skills that are appropriate for their age, gender, culture, language and context.

2.6 Equality

Every child shall have equal rights, opportunities and responsibilities as any other child and shall be protected from all forms of discrimination.

2.7 Equity

Learning institutions shall adapt School Health Programmes to respond to the specific needs of girls, students with disabilities, orphans and other vulnerable children. Additional counselling and special forms of assistance shall be offered to these children.

2.8 Privacy and Confidentiality

Every child has the right to privacy and confidentiality regarding their health. A child's health status and medical condition shall not be disclosed to other

children without the consent of the child (or the consent of the child's legal guardian acting in the best interest of the child). A child's medical information may be accessed by authorized health personnel, parents and teachers in order to provide medical advice or treatment or to prevent the spread of infectious diseases.

2.9 Safety in Learning Institutions

All learning institutions shall provide safe and accessible physical environments. They shall be responsible for minimizing the risk of physical injury and disease transmission by ensuring that adequate safety measures are put in place. In addition all learning institutions shall provide safe psychosocial environments. There shall be no tolerance for sexual harassment, abuse and other forms of juvenile exploitation.

2.10 Gender Responsiveness

Planning and implementation of School Health Programmes shall be sensitive to the different needs of boys and girls.

2.11 Partnerships

Effective partnerships shall be developed at all stages of planning and implementation of the School Health Programme.

2.12 Accessibility

Learning institutions shall be accessible to all children of school age, including those with special needs and disabilities.

Section 3: Justification for a School Health Policy

3.1 Coordination

Various stakeholders have implemented small and large-scale school health programmes in Kenya. Often, the implementation of these initiatives has been without proper coordination needed to achieve effective and efficient delivery of school-based health interventions. Most of the efforts have been piece-meal and not planned on a sustainable basis. The school health policy will fill the gaps that have been identified in order to harmonize and strengthen existing School Health interventions. The Policy is therefore a tool for the integration and reinforcement of school health as a key component of Primary Health Care (PHC).

The Policy is purposed to:

- Provide a legal framework for implementation of a Comprehensive School Health Programme;
- Provide clear leadership for ownership and sustainability;
- Give a guide to programme implementation.

Clear-cut policy guidelines are necessary so as to promote partnership, cooperation, collaboration and commitment among the Government ministries and stakeholders in order to create value for health and education in line with the Millennium Development Goals. Values acquired during childhood may have positive or negative effects on future lives of children. Proper investments in the health of school children therefore means a healthy Nation now and in future.

3.2 School-based Health Programmes

The school provides an organized structure that is conducive for the provision of health and nutrition services as well as a key avenue for disease prevention and control. It can promote health and, at the same time, accelerate the spread of ill- health. Schools are ideal settings to implement health programmes, because they offer substantial opportunities to promote health including:

- Schools provide an efficient and effective channel to reach large portions of the population for introducing health promotion practices;
- Schools can provide interventions in a variety of ways (learning experiences, linkages to services, supportive environment);
- Schools admit learners at the early stages of their development when lifelong behaviours, values, skills and attitudes are being formed;
- Improved health enhances cognitive development, concentration,

participation and retention of children in school. It also reduces absenteeism, increases enrolment and improves academic performance.

3.3 Need for a Comprehensive School Health Programme (CSHP)

A comprehensive school health programme meets a greater proportion of health and psychosocial needs of children in and out of school. The programme leads to efficient resource utilization resulting in greater impact.

The components of a CSHP include:

- Values and life skills
- Gender issues;
- Child Rights, Child Protection and Responsibilities;
- Water, Sanitation and Hygiene;
- Nutrition;
- Disease prevention and control;
- Special needs, disabilities and rehabilitation;
- School infrastructure and environmental safety.

Section 4: Strategies

Participatory approaches which are essential to the sustainability of programmes shall be adopted to ensure the implementation of a comprehensive School Health Package. The MOE in collaboration with MOPHS will ensure that the school curricula address relevant health challenges in the country. The curricula will cover areas which include knowledge, values, attitudes and life-skills needed for the good of the lifestyle of a child. The curriculum shall provide basic information about health issues to learners and will develop skill-based learning experiences to influence the development of desirable health habits and discourage unhealthy practices.

The strategies identified for the effective implementation of a skill-based health curriculum are:

4.1 Values and Life skills

4.1.1 Values

Values are beliefs, principles or ideas that are of worth to individuals and their communities. They help to define who people are and the things that guide their behaviour and lives. People obtain values from family, friends, traditional culture, school environment, political influences, life experiences, religious teachings, and economic experiences. Our values shape our behaviour and a world view.

For this programme we shall use education to ensure that children are taught and assisted to acquire positive values.

4.1.2 Life Skills

Life skills are abilities and strategies for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.

Through this programme children shall be taught and facilitated to acquire life skills.

4.2 Gender Issues

Gender responsiveness refers to the behaviour, attitudes, and values considered appropriate for boys and girls, and men and women, in a particular cultural group. Gender issues impact negatively on health and education of a people in various ways:

4.2.1 Gender and Health

Some communities have food taboos where boys and girls are not supposed

to eat some types of nutritious foods. Other cultures advocate for practices that are harmful to health. Furthermore, different needs for boys and girls necessitate the need for different sanitary facilities for each gender. Therefore:

- Children shall be taught on the gender differences that necessitate different needs for both males and females, and on the harm caused by various negative cultural practices.
- Institutions of learning shall provide gender sensitive sanitary facilities.
- Schools and communities shall be sensitized and supported to do away with harmful gender-related cultural practices (FGM, early marriages etc)

4.2.2 Gender and Education

There are several gender related issues that affect learning. Girls may fail to attend school or fail to concentrate in school if not supported during their menses. Furthermore, cultural responsibilities for boys and girls may lead to school drop-out. The School health program shall address the following gender issues:

- Both girls and boys shall be given equal opportunity for education, health and employment;
- Both girls and boys shall pursue their educational goals and girls shall be encouraged not to shy away from science subjects;
- The community shall be supported to place equal value on the education of girls and boys.
- Educational materials shall be gender sensitive;
- Parents shall be sensitized on gender issues through drama, music festivals and other channels;

4.2.3 Adolescent /Youth Sexual Growth and Development

Areas to be addressed under adolescent health development include the following:

4.2.4 Menses, Puberty growth spurt

Boys and girls need support as they enter puberty stage. For this reason:

- MOE and MOPHS shall provide skill-based knowledge on puberty and its effects on boys and girls
- MOE and MOPHS shall facilitate provision of affordable sanitary pads to girls and provide devices for safe disposal methods
- Counselling and other support services shall be provided on regular basis.

4.2.5 Early /Unprotected sexual activity

To address needs related to sexual maturation the following will be done:

- The design and production of educational materials shall be done in collaboration with Ministry of Education – KIE and Ministry of Public Health and Sanitation.
- The adolescent reproductive health materials developed through MOPHS shall be reviewed for relevance in the various school classes' grades.
- Schools shall equip students with adequate skills to avoid situations that would lead to teenage pregnancy, rape and sodomy.
- All children, including those with special needs and disability, shall be protected from sexual violence and abuse.
- Students shall be taught and instilled with skills to avoid health risks, including rape.
- Students shall be taught about the consequences of involving themselves in sexual activities as these may lead to pregnancy, disease, infertility etc.

4.2.6 Harmful practices

To enlighten the youth on harmful practices the following will be carried out:

- Students shall be informed of the existing harmful practices including FGM, early/forced marriages etc;
- Students shall be made to understand the consequences of harmful practices and their negative impact on their adult lives;
- Pupils, teachers, parents and the community at large shall be educated on the harmful consequences of FGM and necessary control measures;
- Teachers and parents shall discourage negative behaviour such as viewing pornography and other sexually explicit or inappropriate materials.
- Students exposed to harmful cultural practices shall be counselled and rehabilitated.

4.2.7 Rape, Sexual Harassment and Abuse to Learners

The learners shall be educated about harmful sexual practices and child abuse. To do this we shall undertake the following:

- The school environment shall be made conducive for the victim not to be mocked and abused.
- School children shall report all cases of rape and sexual harassment to the relevant authorities for necessary action.
- The Children's Officer shall be informed of all rape and sexual

harassment case involving children;

4.2.8 Teenage Pregnancy in School

Teenage pregnancy is one of the key causes of school drop out by girls. Girls therefore need to be protected from teenage pregnancy and supported if pregnancy occurs to enable them pursue their education. Therefore:

- Girls will undergo voluntary medical screening once per term;
- A pregnant female learner shall be allowed to continue with classes for as long as possible;
- Both the student and her parents shall be counselled on the importance of ensuring a good outcome of the pregnancy by attending Ante-Natal Clinic and ensuring safe delivery, and the possibilities of continuing with education after delivery;
- Efforts shall be made to get information on circumstances leading to pregnancy and about the other party involved. A children's officer shall be informed.
- Action, including legal action will be taken if the father of the unborn child is an adult (over 18 years). Child-fathers (boys less than 18 years) shall receive counselling and rehabilitation;
- Young mothers shall be encouraged to learn to look after their child in order to bond with the child as much as possible;
- New born babies must be allowed the benefit of breastfeeding as much as possible including exclusive breastfeeding for six months and introduction of complementary feeding at 6 months of age while continuing breastfeeding;
- Young mothers shall be encouraged to attend child welfare clinics (youth friendly) and ensure that babies are fully vaccinated.

At the appropriate time the adolescent mothers may seek readmission into the same school or if they so wish join other schools.

The following practice shall be observed in the event of re-admission:

- Her parents/guardian shall be encouraged to make adequate arrangements for the care of the child at home while the young mother is in school. This is to avoid unnecessary interruptions to the teenage mother's studies.
- As far as possible the teenage mother shall be allowed to join at the level where she left;
- The school administration shall make all efforts to treat the teenage mother like other students and not keep reminding her of her mistake. To all intents and purposes the school fraternity shall act as if nothing

- had happened to her;
- Teenage mothers in school shall not be allowed to form groupings e.g. of young mothers clubs.
 - Counselling services shall be available to the teenage mothers including re-emphasis on life skills for avoidance of future unplanned pregnancies;
 - Confidentiality and professionalism shall be adhered to in handling the teenage mother.

4.3 Child Rights, Child Protection and Responsibilities

Children are the most vulnerable members of our society by virtue of their age and stage of growth. Therefore, their rights should be safeguarded and protected. There are four key pillars of child rights as articulated in the United Nations Convention on the Rights of the Child (UNCRC, 1989) and African Charter on the Rights and Welfare of the Child and as enshrined in the Kenya Children Act 2001. These include Survival Rights, Development Rights, Protection Rights and Participation Rights.

4.3.1 Survival Rights

These include:

- Adequate measures shall be put in place to provide both preventive and curative medical care for all children.
- Feeding programmes shall be established and food supplements given to the vulnerable children especially those living in poverty and in marginalized areas.

4.3.2 Development Rights

To ensure that these rights are practised or respected we shall ensure that:

- An IEC programme shall be developed and used to inculcate the importance of play and leisure for the continued holistic growth and development of the child.

4.3.3 Protection Rights

The following shall be assured:

- Stringent enforcement of the existing protection measures against drug abuse by reinforcing the relevant sections of the Children Act 2001;
- Provision of awareness campaigns on dangers of drug and substance abuse;
- Accessible and affordable rehabilitation and rescue centres for children

- in conflict with the law including those who abuse drugs;
- Provision of specialized staff in children institutions to detect and deal with drugs and substance abuse;
 - Affordable specialized medical care for children addicted to drugs and other substance;
 - Awareness campaign and information on the dangers of sexual exploitation;
 - Provision of free medical treatment for all sexually abused children;
 - Measures to discourage negative cultural beliefs and practices that support child marriages, child labour and Female Genital Mutilation;
 - Life skills shall be part of the school curriculum;
 - Peer education programme will be critical to improve effective communication.
 - Schools and the community shall plan and implement education programmes that promote positive socio-cultural behaviour among children;
 - The school shall have adequate provisions for guidance and counselling services.

4.3.4 Participation Rights

Children are entitled to the freedom to express opinions and to have a say in matters affecting their social, economic, religious, cultural and political life. Participation rights include the right to express opinions and be heard, the right to information and freedom of association. Respecting these rights as they mature helps children bring about the realization of all their rights and prepares them for an active role in society.

- As such school children shall be allowed to actively participate in all appropriate fora to express their opinions in matters affecting their health and education;

4.3.5 Responsibilities of the Child

Children are the future of the country and should therefore be brought up into responsible adults. Every child should have responsibility towards his/her family, society, and the state. Therefore subject to their age and ability, children should be guided to:

- Work for the cohesion of the family, respect their parents, superiors and elders at all times and to assist them in case of need;
- Preserve and strengthen social and national solidarity and serve their national community;
- Preserve the spirit of tolerance, dialogue and consultation and

- contribute to the moral well-being of the society;
- Preserve and strengthen the independence and the integrity of his/her country.

4.4 Water, Sanitation and Hygiene

A healthy and hygienic school environment is actualized by safe, adequate water supply, adequate sanitation and appropriate hygiene promotion. The health benefits of safe and adequate water, improved sanitation and hygiene are broad in scope, ranging from reductions in diarrhoea, intestinal worms, ecto-parasites, infections and trachoma, to enhanced psycho-social well-being afforded via such factors as the dignity that goes with using a clean toilet/latrine.

The following measures shall be undertaken:

- School managements and parents shall be encouraged and empowered to provide adequate ablution facilities for boys and girl as prescribed in the School Health Rules & Regulations, “Building code” and Public Health Act.
- Ablution facilities shall be designed and constructed to suit the different age groups and special needs;
- Hand washing facilities including soap shall be provided in each school and located within the vicinity of the toilet/latrine;
- Adequate, safe drinking water points/fountains shall be available in each school;
- Schools management shall provide sufficient and strategically located litter bins, garbage disposal pits, incinerators, and ensure proper management of liquid wastes;
- Where the school has a kitchen, appropriate food safety measures and adequate waste disposal shall be ensured.
- Standards for toilet/latrines and all other sanitation facilities shall be regularly reviewed and updated;
- Care shall be taken to ensure that the toilet/latrine standards are relevant to the different geographic conditions in the country and that they are sensitive to the varying category of users needs;
- Effective monitoring shall be inbuilt in each school, zone and district;
- Key to the monitoring will be to ensure that the ablution and sanitation facilities are used consistently by pupils and that they are well maintained, and hygiene promotion is on-going;
- Hygiene promotion will be pupil centered and an ongoing process whose spillover effect from the schools to homes will positively influence behaviour change;

- Learners and other school community members suffering from hygiene-related conditions such as jiggers or lice infestation, ringworm etc shall access treatment without discrimination or ridicule;
- School management and stakeholders shall ensure that the environment around the schools remains healthy;
- Resource mobilization mechanism and budget line for construction, operation and maintenance of sanitation & hygiene shall be strengthened;
- District Education Office and key partners will be equipped to support and provide guidance on good management, monitoring and evaluation.

4.5 Nutrition

Nutrition is the science that explains the role of food and nutrients in the human body during growth, development and maintenance of life.

Good nutrition is essential to realize the learning potential of children and to maximize returns on educational investments. Malnutrition affects a child's attentiveness, concentration, aptitude and overall performance. This has negative impact on school attendance and enrolment. For these reasons schools should provide an ideal setting to promote good nutrition as they reach a high proportion of children and youth. Efforts shall be made to promote good nutrition practices in schools by integrating nutrition interventions including micronutrient supplementation into school activities.

4.5.1. Optimizing School Nutrition Services

The following shall be implemented in order to optimize school nutrition services:

- Links shall be promoted between routine health and nutrition services and school activities, including regular monitoring of nutritional status of children;
- Support shall be provided for the referral of malnourished children to health facilities, counselling services, feeding programmes and other community agencies and services which can respond to identified needs;
- Schools shall have gardens, including container gardens in urban schools for demonstration purposes and as a resource for learning more about nutrition;
- Local communities shall be involved in the production of nutritious food;
- Learning institutions shall offer nutritious food of good quality and in

- adequate quantity;
- Food handlers shall undergo regular medical examination.

4.5.2 Enhancing Nutrition Education in Schools

The following shall be implemented in order to enhance nutrition education in schools;

- Curricula shall be regularly reviewed and updated in order to enhance nutrition information;
- Emphasis shall be laid on the use of locally available foods;
- Teachers shall be well trained and in-serviced on nutrition issues.

4.5.3 School Feeding Programme (SFP)

School feeding programmes contribute to decreased hunger, which helps children concentrate on their studies. Such programmes motivate parents to enrol their children in schools and alleviate short-term hunger in malnourished or otherwise well-nourished school children. This helps to increase the attention and concentration of learners, thereby producing gains in cognitive function and learning.

The programmes should also address specific micronutrient deficiencies in school-age children. The most important of these are Vitamin A, iodine, iron and folic acid which directly or indirectly affect cognition, and can translate into better school performance.

Enhancing School Feeding Programmes

The following shall be carried out in order to enhance school feeding programmes:

- Standards and regulations shall be developed by the relevant ministries for school feeding programmes that cover storage, preparation, handling and quantity of food served to learners;
- There shall be no hawking of food stuff in and around the schools;
- Food handlers in schools shall undergo in-service training and updating on hygienic food preparation and serving of quality balanced meals;
- Measures mentioned in 4.5.1 shall be observed

The school feeding programme shall have three components:

- Provision of balanced meals for children in all schools;
- Encouraging children in day schools to carry nutritious snacks and lunch;
- Supplementary feeding for children from the most underserved,

food insecure regions, from pockets of poverty and those affected by natural and man-made disasters;

4.5.4 Community Involvement in School Feeding

Community involvement and ownership of school feeding programmes greatly increases the programme's success and sustainability. For these reasons:

- Communities shall be involved in planning, mobilization of resources and the management of school feeding programmes.
- Communities shall be encouraged to ensure a minimum level of local food production to ensure sustainability.

4.6 Disease Prevention and Control

Diseases negatively affect learning and may result in disability or loss of life. In view of these, schools shall be required to ensure that they take measures to prevent diseases through health education and implementation of preventive interventions.

4.6.1 HIV, AIDS and Sexually Transmitted Infections (STIs).

All learning institutions have a responsibility to address HIV, AIDS and STIs through education by developing skills and values and changing attitudes to promote positive behaviours.

- All existing policies on HIV/AIDS and STI control shall be adhered to;
- There shall be no discrimination of HIV positive learners, teachers and staff;
- No school is permitted to require a learner or its employee to undertake an HIV test;
- Learners and staff infected by HIV/AIDS or STI shall be allowed to access treatment including antiretroviral therapy (ART) and regular check-ups;
- Efforts shall be made to strengthen AIDS control units in education institution in order to prevent spread of the disease;
- Voluntary Counselling and Testing centres (VCT) shall be accessible to the school community

4.6.2 Tuberculosis

Tuberculosis (TB) is transmitted through the air. This therefore means that children can be at risk of getting infected if an infectious case is within the school. Teachers in schools have the big potential of identifying children who have symptoms of TB and quickly referring them to the nearest health facility

for screening. In addition, teachers provide a good support for children on TB treatment to ensure that these children take medicines as prescribed and thus preventing default from treatment. They can also ensure that close contacts to these children are screened for TB.

The following measures shall be taken to prevent and manage TB in schools;

- Classrooms shall be spacious and with adequate ventilation and lighting to prevent TB transmission;
- Teachers shall screen learners who have a chronic cough and refer those whose cough has lasted more than two weeks;
- Children and entire school community shall be taught cough hygiene and encouraged not to spit in the compound;
- Children, members of staff and community members will be sensitized on TB treatment and encouraged to ensure that the sick complete the course of treatment and to attend clinics as advised.

4.6.3 Malaria

Malaria is the leading cause of morbidity and mortality in Kenya. It is also a significant health constraint on access to the education sector where it causes school absenteeism and poor academic achievement.

Schools have the potential to play an important role in malaria control through prevention and treatment. School health programmes need to be consistent with priorities of the existing National Malaria Strategy (NMS). School malaria preventive and control programs should include the following:

4.6.3.1 Vector Control using Insecticide Treated Nets (ITNs)

- Schools shall ensure use of ITNs in particular the long lasting Insecticide Treated Nets (LLITNs);

4.6.3.2 Malaria prevention in Pregnancy.

- The MOPHS shall ensure access to Insecticide Treated Nets (ITNs) and Intermittent Presumptive Treatment (IPT) for pregnant members of the school community;

4.6.3.3 Epidemic Preparedness and Response

- Schools in epidemic prone areas shall put in place epidemic preparedness and response measures as per the National Malaria Strategy (NMS) and Integrated Disease Surveillance and Response (IDSR) guidelines;

4.6.3.4 Information, Education and Communication

- The MOPHS shall provide materials with information to better arm learners and the surrounding communities with preventive and treatment knowledge.
- Schools shall be involved in dissemination of malaria control materials and messages.

4.6.3.5 Integrated Vector Management (IVM)

- Schools shall be involved in the roll out of Integrated Vector Management which includes all the above strategies and environmental management to destroy mosquito breeding habitat;

4.6.3.6 Malaria Case Management

- The school health teachers shall be trained on early recognition of signs and symptoms of malaria, and on when to refer patients to an appropriate health facility;
- The MOPHS shall ensure accessibility to prompt and effective malaria treatment;

4.6.4 Neglected Diseases and Diseases targeted for Elimination

Schools provide a good environment for control of neglected diseases (e.g. intestinal worms, bilharzia, filariasis, kala azar etc) and diseases targeted for elimination (e.g. Guinea Worm, etc). School children are effective agents in passing messages on prevention and control of these diseases. Mass treatment of the children and health promotion contribute to reduction of prevalence of the intestinal worms and bilharzia.

- Schools shall participate in the national programmes aimed at addressing the neglected diseases and diseases targeted for elimination.

4.6.4.1 Control of Intestinal Worms, Bilharzia and other Parasitic Diseases

Children are particularly susceptible to intestinal worms and bilharzia through contaminated soil and water, respectively. Intestinal worm and bilharzia infestation can result in chronic and long-lasting health problems. Chronic worm infestations often make children malnourished, anaemic and vulnerable to illnesses, thereby contributing to decreased cognitive development, low concentration, low intellectual and physical performance and school absenteeism. For these reasons:

- Schools shall adhere to the national school-based worm control

guidelines;

- Treatment shall be administered to all school-age children, including those out of school, based on the prevalence and intensity of worms and bilharzia in the area in order to reduce infection;
- The school curriculum shall emphasize skill-based health education and promotion with emphasis on safe water, environmental sanitation and hygiene for worm control.

4.6.5 Immunization

Immunizable diseases are a major cause of child mortality. Moreover, diseases such as measles may occur in outbreaks affecting not only children but also adults. Immunization protects both the individual and the entire population. It is therefore a national and international public health requirement.

The following measures shall be undertaken to ensure full immunization of children:

- School Managements shall ensure that all children enrolling to join school are fully immunized against childhood diseases according to the existing National Immunization Policy;
- Children not immunized shall not be barred from school but all necessary steps shall be taken to facilitate their full immunization;
- The Ministry of Public Health & Sanitation and Ministry Education shall provide an enabling environment for any other immunization that may be deemed necessary for school-age children;
- Schools and the entire community shall be sensitized on the importance of full immunization of children and service delivery points within their reach.

4.6.6 Non - Communicable Diseases

Although a majority of non-communicable diseases occur during adulthood, they are caused by accumulated exposure to major risk factors resulting from unhealthy lifestyle, unhealthy diet, physical inactivity from childhood; and hereditary factors. Strategies directed at improving dietary habits, increasing physical activity and promoting good health practices can reduce the risk factors that cause these diseases. For these reasons the following measures will be ensured:

- Schools shall educate children on the predisposing factors and prevention of non-communicable diseases.
- Emphasis will be laid on healthy lifestyles including diets, physical activity, control of drug /substance of abuse, mental health and other

lifestyles.

4.6.7 Tobacco, Alcohol, Substance and Drug Use and Abuse

Use of tobacco, alcohol, and other substances of abuse is detrimental to the health, development and learning of children. For this reason:

- All educational institutions shall be tobacco, alcohol and drug-free environments;
- There shall be sign-posts in schools warning against smoking, and alcohol and substance abuse;
- The Teachers Service Commission (TSC) regulations shall apply in the control and use of alcohol, tobacco and other substances of abuse by teachers and other members of staff;
- The handling and use of hard drugs and substance abuse is a criminal offence subject to the provisions of the relevant Laws of Kenya;
- No person shall send child to procure, sell, collect or deliver cigarettes, alcohol, or any other substance of abuse;
- Tobacco industry shall not sponsor school children, or any school or community project or activity;
- Schools shall have no affiliation with Tobacco industries;
- Alcohol companies shall not use their logo, when promoting any school project or on any articles for use by the school community;
- Alcohol billboards shall not be placed within three (3) kilometre radius of a learning institution
- The school curriculum shall cover areas including knowledge of dangers of tobacco, alcohol, drug and substance abuse and appropriate attitudes and behaviour for prevention of abuse;
- All schools shall have a counsellor to address the social and psychological needs of learners. The counsellor will be trained to identify students at risk of substance and drug abuse and provide preventive counselling;
- Learners found to be using or possessing substances of abuse shall be counselled or/and referred for necessary treatment and rehabilitation;
- The Ministry of Public Health and Sanitation (MOPHS) shall provide child/youth-friendly substance abuse prevention, services;
- The Ministry of Medical Services (MOMS) shall provide child/youth-friendly treatment and rehabilitation services for children addicted to drugs and substances;

4.6.8 Oral Health

Oral health is an integral part of general body health. It is defined as the

absence of disease and optimum functioning of the mouth and its tissues in a manner that preserves the highest level of self esteem. It describes a standard of health of oral and related tissues which enable an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contribute to the individual's general well being.

Good oral health is an essential and important component of general health. By the very nature of their dietary habits, children are especially vulnerable to oral diseases. It is therefore important to put in place preventive measures to ensure good oral health for school-age children. As such:

- Schools shall make special arrangement for talks on oral health.
- Schools shall arrange to have oral health check-ups once a year.
- Schools will encourage their learners to start oral health interventions within school health clubs.

4.6.9 Eye Care

Eye care is an integral part of health. Visually impaired children have a right to education just like the sighted. Moreover visual problems are an important contribution to poor school performance. Visual impairment therefore needs to be identified and managed as early as possible.

The following shall be implemented in all schools: -

- Visual acuity check shall be done before admission to school;
- Annual school eye screening shall be conducted by MOPHS, MOMS and MOE in collaboration with stakeholders;
- All children under five years including those in schools shall be given Vitamin A supplements after every 6 months;
- Schools shall refer children in case of eye injury for primary eye care;
- Early detection and referral shall be done for children with poor vision to an eye specialist or to the nearest health facility.

4.6.10 Mental Health

Mental health is an integral part of overall health. Mental well-being is important in the psychosocial and cognitive development of children. Children with emotional and behavioural problems may engage in truancy, delinquency, drug and substance abuse and other antisocial behaviours. If not addressed, these problems may lead to poor academic performance, school dropout as well as criminal and antisocial behaviour. Therefore:

- Schools shall strive to provide a child-friendly environment in order to promote mental health;

- Mental health education and promotion shall be provided in schools;
- Mechanisms shall be put in place to avert discrimination of mentally handicapped or mentally ill children and members of staff or those with chronic illnesses.
- Guidance and Counselling shall be available in all schools.

4.6.11 Physical Education

Physical activity is part of healthy lifestyles recommended to avoid non-communicable diseases. Moreover, physical activity leads to positive psychosocial development of children while introduction of sports early in life leads to optimum development of the particular skills.

Schools shall endeavour to instil the value of physical education and sporting activities to improve health by ensuring the following:

- The curriculum shall emphasize the benefits of physical activities in health promotion and disease prevention;
- All schools shall have adequate, safe and suitable physical education facilities;
- Adequate time shall be allocated for physical activities;
- Schools shall endeavour to make sporting and recreation activities accessible to all children including those with disabilities.

4.6.12 Screening for Diseases and treatment of minor illnesses in schools

Early detection and treatment prevents complications from illnesses. The Ministry of Public Health and Sanitation, Ministry of Medical Services and Ministry of Education shall ensure regular screening of children for minor illnesses and prompt treatment of any illness. To achieve these goals:

- The school health teacher will be trained and in-serviced on the detection of minor ailments and injuries, how to manage them and when to refer for further management;
- Outreach services at the nearest health facilities shall supplement the teachers' efforts in the screening and treatment of sick children;
- Minor ailments and injuries shall be treated in schools where such services exist;
- Schools will have either a sick bay or a sanatorium/health room and as far as possible a qualified nurse especially in boarding schools;
- All drugs for use in schools shall be vetted by the MOPHS and MOMS;
- Donation of drugs for use in schools shall follow the MOMS policies.

4.6.13 Disease Surveillance and Response

Disease surveillance and response enable early detection of outbreaks thus preventing spread of diseases and loss of life. To achieve this:

- A mechanism to detect and manage disease outbreaks will be established by the Ministry of Public Health and Sanitation;
- The school community shall be empowered to detect and report potential disease outbreaks through sensitization on Integrated Disease Surveillance and Response (IDSR);
- The school management shall report any infectious diseases or suspected outbreaks to the relevant local district authorities;
- In case of any outbreaks the Ministries of Public Health and Sanitation, Ministry of Medical Services and Ministry of Education shall take all necessary measures to contain the outbreak and prevent loss of life.

4.6.14 First Aid

School children are prone to injuries, accidents and a variety of sudden illnesses that call for quick action to sustain health and to prevent complications. To deal with such issues:

- Facilities to provide emergency care shall be available in all schools;
- The school curriculum for both learners and teachers shall include First Aid.
- Teachers shall be in-serviced on First Aid and encouraged to take courses on the same;
- Every school shall have a basic First Aid Kit and conduct regular First Aid drills.
- School managements will be required to ensure safety of children in their schools.

4.7. Special Needs, Disability and Rehabilitation

Children with disabilities (CWDs) and other special needs (SNs) have a right to education. Disability and special needs are major impediments to effective learning, social inclusion and integration. Subsequently children with disabilities (CWDs) and those with special needs (SNs) may always tend to remain in the lower social stratum of communities. Children with special needs will include those with disabilities, chronic illnesses, orphans, extreme poverty etc. To meet their special needs:

- Efforts shall be made to provide a conducive, fully accessible and inclusive environment for all learners;
- Appropriate mechanisms shall be put in place for the safety and security of physically and mentally handicapped or mentally ill learners;

- Efforts shall be made to enable children with disabilities acquire assistive devices to enable them learn.
- Children with chronic illnesses such as epilepsy, heart disease, asthma etc shall be assisted to take their medication and to attend relevant clinics;
- Orphans and other children with social needs shall be referred to the Children’s Officer and other relevant authorities.
- In case of absence from school due to health-related or social problems, the school shall endeavour to provide remedial teaching to the affected child;
- There shall be no discrimination or ridicule of children with special needs
- Teachers shall be accorded support in order to give comprehensive care and rehabilitation of children with special needs;

4.8 School Infrastructure and Environmental Safety

Poor school infrastructure can lead to increased incidents of injuries, spread of diseases or difficulties in provision of quality education. For these reasons:

- The Ministry of Public Works and Ministry of Public Health and Sanitation shall provide guidelines for physical structures in schools;
- School premises shall be clean, structurally safe and functional for all, including those with disabilities or special needs;
- The Ministry of Public Health and Sanitation and Ministry of Education shall ensure compliance with the Building Code, Public Health Act and other relevant legislation and policies;
- Allocation of space and facilities in schools shall be equitable and may not discriminate on account of age, gender or disabilities;
- The school management will ensure compliance with safety rules on transport and co-curricular activities as stipulated by relevant laws;
- The school community shall be oriented by the Police department and other authorities on road safety;
- All schools shall adhere to fire safety regulations;
- Kiosks shall be discouraged in and around the school as they may be used as conduits for drugs and other illegal activities;

Section 5: Implementation Approaches

5.1 Legal Framework

School health is an integral component of national GOK Policies. This makes it compulsory for all schools to adopt the School Health Policy within the provisions of the Education and Health statutes. Relevant programme activities shall be implemented within the existing relevant Laws of Kenya such as:

- Public Health Act Cap 242;
- Pharmacy and Poisons Act Cap 244;
- Food Drugs and Chemical Substances Act Cap 254;
- Education Act, Cap 211 1980 (1970);
- The Children Act 2001;
- Water Act Cap 372;
- Environmental Management and Coordination Act (EMCA 1999);
- The Persons with Disabilities Act 2003;
- Ministry of Health HIV/AIDS Policy;
- Education Sector Policy on HIV and AIDS (2004);
- Kenya National Drug Policy;
- National Early Childhood Development Policy Framework;
- Teachers Service Commission Act;
- Teachers Service Commission Code of Regulations;
- Building Code;
- Kenya National Guidelines on Donations of Drugs and Medical Supplies
- Kenya Essential Drug List;
- MOEST Sessional Paper NO. 1 of 2005;
- National Environmental Sanitation and Hygiene Policy (2007).
- Tobacco Control Act

5.2 Institutional Framework and Coordination

The School Health Programme is an inter-sectoral initiative in which Ministries, stakeholders and agencies will collaborate in planning, implementation, monitoring and evaluation of activities. The overall coordination of all aspects of implementation of all health related activities within schools will be the responsibility of the Ministry of Education and its stakeholders in collaboration with Ministry of Public Health and Sanitation who will provide integrated preventive, promotive, curative and rehabilitative health services.

5.3 Joint Responsibilities

The Ministry of Public Health and Sanitation and Ministry of Education will

jointly be responsible for all aspects of school health in regard to:

- Development and review of the National School Health Policy and Guidelines
- Coordination of all School Health stakeholders, bilateral and multilateral partners at the national level;
- Planning of school health programme activities e.g. school health action days
- Resource mobilization and utilization;
- Implementation of all aspects of the School Health Policy in schools;
- Supervision, monitoring and evaluation;
- Conducting pre-entry and routine screening;
- Dissemination of reports and school health information to parents and community;
- Facilitation of referral between school and health facility;
- Conducting research (School-Based Health Research);
- Capacity building of teachers and health workers on school health needs;
- Keeping confidential information gathered as per the laid down government regulation;
- Linking the community to the schools and the health services.

5.4 Responsibilities of the Ministry of Public Health and Sanitation

The Ministry of Public Health and Sanitation will be responsible for the following aspects of Comprehensive School Health Programme:

- Chairing the National School Health Technical Committee;
- Development and production of IEC health materials;
- Health quality control and all treatment aspects of school health services;
- Logistic management (selection, quantification, procurement, storage, distribution and quality control of medications, vaccines, micronutrients, and other medical materials);
- Provision of technical advice and the enforcement of required health standards including infrastructure, water and sanitation facilities in schools;
- Advising and training on changes in health policies;
- Provision of technical support on the implementation of core health and nutrition activities;
- Ensuring that all relevant Health Acts, Rules and Regulations are enforced;
- Ensuring constant availability of essential drugs in the existing GOK

- health facilities;
- Provision of technical support in the training and in-servicing of school personnel;
- Provision of rehabilitative health services.

5.5 Responsibilities of the Ministry of Education

The Ministry of Education will be responsible for the following aspects of the School Health Programme:

- Chairing of the School Health Inter-Agency Coordinating committee.
- Coordination of all aspects of the implementation of the School Health Programme within schools;
- Ensuring the revision of teacher training and the school curricula in order to include all aspects of school health education;
- Development and implementation of in-servicing programmes on issues of health for the revised curricula;
- Advising on changes in education policies that will affect the School Health Programme;
- Establishment and promotion of health clubs in schools;
- Involvement of learners, communities and stakeholders in campaigns to promote health in schools;
- Provision of adequate and accessible infrastructure conforming to the required health standards.

5.6 Responsibilities of the Community

The Community around the school will be responsible for the following aspects of the School Health Programme:

- Active participation in the management of schools;
- Resource mobilization;
- Maintenance of appropriate safe and healthy environment around their schools and in their homes.

5.7 Collaboration and Networking

To implement and sustain a comprehensive school health programme, there is need to partner and network with other stakeholders, including civil society, development partners and the private sector who will contribute technical, financial, material and other resources.

Their joint roles

To ensure success in the implementation of this programme stakeholders will be expected to carry out the following:

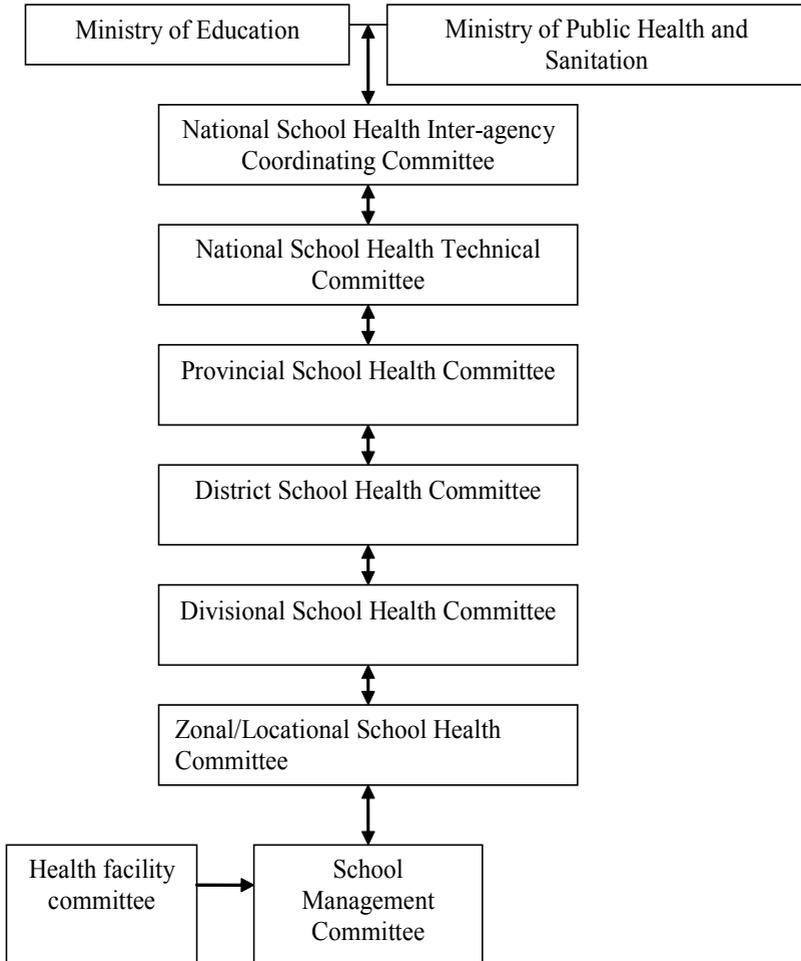
- Advocacy
- Capacity building and strengthening of systems
- Complementing Government efforts in mobilising resources and in programme implementation.
- Dissemination of information on school health matters.

5.8 Memorandum of Understanding (MoU)

A memorandum of understanding will be developed and signed between the various partners to promote coordination and harmonization in implementing the school health programmes. To enhance smooth implementation of the programme activities, memoranda will, where necessary, be signed between the partners and Ministries of Public Health and Sanitation, and Education for specific activities. These memoranda shall spell out specific roles.

5.9 Organization Structure

It is envisaged that the policy implementation structure shall be as follows:



National School Health Inter-agency Committee

This will be an inter-sectoral committee comprising the key ministries, namely 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 chaired by Permanent Secretary Ministry of Education. The committee will be responsible for coordination, resource mobilization and advocacy.

National School Health Technical Committee

This will be an inter-sectoral committee comprising the key Ministries of Health, Education, Water and irrigation, Home affairs, Agriculture, Planning, Local Government, Social Services, Information, Public Works and other relevant line ministries and other stakeholders. The Committee will be responsible for monitoring health trends, related legislation changes, health programmes and for providing technical advice to the School Health Inter-agency Committee (SHIC). The committee will be chaired by the Permanent Secretary Ministry of Public Health and Sanitation.

Provincial School Health Coordinating Committee

The Ministries responsible for: - Health; Education, Home Affairs, Agriculture Planning, Local Government, Social Services, Water and Irrigation, Information and other relevant line ministries and other stakeholders will be responsible for assisting schools to interpret policies and implement CSHP. The coordinators will be the Provincial Director of Public Health (PDPH) and the Provincial Director of Education (PDE) who will be co-chairing as per their responsibilities.

District School Health Coordinating Committee

The Ministries responsible for: - Health; Education, Home Affairs, Agriculture Planning, Local Government, Social Services, Water and Irrigation, Information and other relevant line ministries and other stakeholders will be responsible for assisting schools to interpret policies and implement CSHP. The coordinators will be the District Medical Officer of Health (DMOH) and the District Education officer (DEO) who will be co-chairing as per their responsibilities.

Districts will develop their own school health programmes based on their priorities and felt needs using a bottom up approach.

Divisional School Health Coordinating Committee

At divisional level, the committee will follow the format of the district where possible but coordinated by the Public Health Officer (PHO) and the Area

Education Officer (AEO) who will be co-chairing as per their respective responsibilities.

Zonal/Locational School Health Committee

At the zonal level, the committee will follow the format of the division.

Health Facility Committee

The Facility Health Committee shall be responsible for the schools in its catchment area. The Community Health Extension Workers (CHEWs) shall be the link between the health facility and schools.

School Management Committee

The School Management committee (SMC) 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.

5.10 Capacity Building

Capacity building will be need-based and targeted. The process will be facilitated by the Ministry of Public Health and Sanitation, Ministry of Education and stakeholders.

Key personnel and other relevant implementing officers will be trained at the national, provincial, district, zonal, school and community levels (pre-service, in-service and on-job-training).

5.11 Advocacy and Resource Mobilization

The National School Health Inter-agency Committee will be responsible for:

- Advocacy for creation of budget line for school health programme.
- Resource mobilization and allocation.

The other committees shall also mobilise local resources for the implementation of their own programmes

5.12 Supervision, Monitoring and Evaluation

A monitoring and evaluation system shall be developed, specifying mechanisms, tools and indicators in order to monitor the effectiveness of the School Health Programmes in achieving health and educational outcomes. A database shall be created to keep accurate and relevant information. Partners implementing school health activities shall avail any data resulting from their activities to the District School Health Coordinating Committee

and copy to the National School Health Technical Committee.

5.13 Research

In order to ensure that policies and strategies remain cost-effective, competitive and current, National School Health Technical Committee shall commission periodic scientific studies and evaluations. Research will continually highlight the best practices observed in school community. Research findings shall be widely disseminated and utilized to inform policy.

6.0 References

- Constitution of the Republic of Kenya
- The Education Act
- The Public Health Act
- The Persons with Disability Act
- Food Drugs and Chemical Substances Act
- Tobacco Control Act
- Pharmacy and Poisons Act
- Environmental Management and Coordination Act
- The Water Act
- The Children Act 2001
- Teachers Service Commission Act
- Ministry of Health HIV/AIDS Policy
- Building code and regulations
- Bill of Rights
- National Early Childhood Development Policy Framework
- Education Sector policy on HIV and AIDS
- Kenya National Drug Policy
- Kenya National Guidelines on Donations of Drugs and Medical supplies
- Kenya Essential Drugs List
- Guidelines on disposal of Non Pharmaceutical waste
- Guidelines for Bio medical waste
- Teachers Service Commission Code of regulations
- UN Convention on the Rights of the Child
- African Charter on the Rights and Welfare of the Child
- Jomtien and Dakar Declaration
- Policy on Reproductive Health for Adolescents
- The UN standards Rules of Equalization for People with Disabilities
- Education Sector Support Programme
- The MOEST Sessional Paper No. 1 of 2005
- The Kenya National Youth Policy
- The School Safety Manual
- Any other relevant policy document or manual that has been developed and launched.