

# KENYA SCHOOL HEALTH POLICY

**Ministry of Health and Ministry of Education  
2018**

## Table of Contents

## **Foreword**

The Government of Kenya is committed to ensure an inclusive and equitable quality education and promote lifelong learning opportunities. Kenya is equally committed to ensure healthy lives and promote the well-being for all ages. This means upholding the rights of all learners to basic, compulsory and quality education as well as their highest attainable health standards. These rights among other are provided for in the Sustainable Development Goals; Kenyan Constitution 2010, Vision 2030, Basic Education Act 2013; Children Act 2001 among other legal frameworks in Kenya.

In 2009, the Ministries of Education and Health developed the School Health Policy. This policy provided a platform towards the realization of a comprehensive school health program in schools.

This policy therefore recognizes the importance of innovative health interventions in education. The policy seeks to a sustainable reduction of the impact of both communicable and non-communicable diseases; enhance values and life skills among learners; improve WASH facilities as well as school infrastructure in schools; meet the diverse nutrition and special needs of the learners; and mainstream gender issues in our education and health systems.

In order to enhance effective and efficient implementation of this policy, MOH and MOE took a holistic approach that enhances cooperation and collaboration of all stakeholders in the education and health sector. We look forward to working closely with other ministries, commissions, county governments, and agencies through a multisector approach to ensure full implementation of the policy. The development partners, civil society, the private sector, communities and parents will partner and support the government in realizing the objectives of this policy.

It is our sincere expectation that all schools in Kenya will implement the policy.

**CABINET SECRETARY**  
**MINISTRY OF EDUCATION**

**CABINET SECRETARY**  
**MINISTRY OF HEALTH**

## **Preface**

The provision of inclusive, equitable and quality education remains a fundamental pillar to Kenya's socio-economic development. Kenya Vision 2030 has human resource capital as central to the country's realization of sustainable development as an industrialized country that supports provision of high quality life for all citizens. In order to realize this goal, the Government of Kenya seeks to provide a globally competitive and quality education, training and research. The government is committed to develop a population that is healthy and productive and able to fully participate in and contribute to other sectors of the economy. It's anticipated every Kenya, so are learners receive the best health services to the highest standards. This policy therefore following the review process shall enhance the government's coordination in the planning, designing and implementation of sustainable quality health interventions in basic education levels in Kenya.

The policy has adopted a holistic approach for its implementation. The policy has clearly earmarked responsibilities across the stakeholders thus its implementation shall be closely monitored through the interagency framework at both National and county levels. The policy recognizes the strengths, challenges and some of the underlying weaknesses within the current social, economic and political environment under which this policy will be implemented. Therefore having been elaborately reviewed, within the new devolved system of governance, it is expected all players rally around the strategic directions outlined in the plan to the healthy, enlightened and productive learners in Kenya

We look forward to a successful implementation of this policy; coordinated efforts action of many sectors and the participation of all stakeholders in the health and education sector.

**PRINCIPAL SECRETARY  
MINISTRY OF EDUCATION**

**PRINCIPAL SECRETARY  
MINISTRY OF HEALTH**

## **Acknowledgements**

The process of reviewing the School Health Policy was a consultative process which involved a wide range of stakeholders. The Ministry of Health and Education would like to acknowledge the contribution and commitment of the various line ministries, stakeholders and actors as well as development partners for the efforts, energy and time invested in the review and finalization of this policy.

Our special thanks go to the National School Health Technical Committee Members and the Technical Working Groups drawn from Ministry of Health: Division of Family Health, Division of Policy, Division of Environmental Health, Division of Nursing, Division of Mental Health, Neonatal Child and Adolescent health unit, Nutrition and Dietetics, Unit of Immunization, Reproductive and Maternal Health Unit, Health Promotion Unit, Community Health and Development services unit, Ophthalmic Services unit, NASCOP, TB and Leprosy Unit, Malaria Control Unit, Non Communicable Diseases and Rehabilitation Unit, and Disease Surveillance and Response.

Ministry of Education: Directorate of Policy and Partnership, Directorate of Special Needs Education, Directorate of Basic Education, Directorate of Quality Assurance and Standards School Health and Meal Unit, Kenya Institute of Curriculum Development, Teachers Service commission,

Other line Ministries: Ministry of Agriculture, Ministry of Public Works, Ministry of Labor and Social Protection, Ministry of Water and Sanitation,

We equally acknowledge the technical and financial support from Kenyatta University, USAID, UNICEF, UNESCO, UNFPA, WFP, WHO, Care Kenya, World Vision, Girl Child Network, Evidence Action, KEMRI, Kenya Pediatric Association, Plan International, COYA, ASRH Alliance, NCD Alliance, CSA, Red Cross, RHRN Kenya Platform,

We recognize the contributions from all the participants during the development of document forums,

Special thanks to Dr. Belio R. Kipsang, CBS, the Principal Secretary and Eng. Peter Tum the Principal Secretary Ministry of Health for providing strategic leadership and appointing the Technical Committee.

**Director General  
Ministry of Education**

**Director of Medical Services  
Ministry of Health**

## Abbreviations and Acronyms

<b>ACSM</b>	<b>Advocacy Communication and Social Mobilization</b>
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	Ante-Natal Clinic
<b>ART</b>	Anti Retro Viral Therapy
<b>ASRH</b>	Adolescent Sexual Reproductive Health
<b>BLCB</b>	Betting Control and Licensing Board
<b>BoM</b>	Board of Management
<b>CDE</b>	County Director of Education
<b>CEB</b>	County Education Board
<b>COYA</b>	Coalition of Youth Advocates
<b>CSA</b>	Center of Study of Adolescents
<b>CSHP</b>	Comprehensive School Health Programme
<b>CSOs</b>	Curriculum Support Officers
<b>CWDs</b>	Learners with Disabilities
<b>CWSNs</b>	Learners with Special Needs
<b>Div. PHOs</b>	Divisional Public Health Officers
<b>EARCs</b>	Educational Assessment and Resource Center Coordinators
<b>ECD</b>	Early Childhood Development
<b>EMCA</b>	Environmental Management and Coordination Act
<b>EPI</b>	Expanded Programme on Immunization
<b>FGM</b>	Female Genital Mutilation
<b>GOK</b>	Government of Kenya
<b>GCN</b>	Girl Child Network
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IEC</b>	Information Education and Communication

<b>IPT</b>	Intermittent Presumptive Treatment
<b>IRS</b>	Indoor Residual Spraying
<b>ITNs</b>	Insecticide Treated Nets
<b>IVM</b>	Integrated Vector Management
<b>KEMRI</b>	Kenya Medical Research Institute
<b>KICD</b>	Kenya Institute of Curriculum Development
<b>LLTNs</b>	Long Lasting Treated Nets
<b>MHM</b>	Menstrual Hygiene Management
<b>MOE</b>	Ministry of Education
<b>MOH</b>	Ministry of Health
<b>MOU</b>	Memorandum of Understanding
<b>NACC</b>	National Aids Control Council
<b>NASCOP</b>	National Aids and STIs Control Program
<b>NCDs</b>	Non Communicable Diseases
<b>NHSSPII</b>	National Health Sector Strategic Plan II
<b>NMS</b>	National Malaria Strategy
<b>NSBDP</b>	National School Based Deworming Programme
<b>NSHCC</b>	School Health Inter - Agency Coordinating Committee
<b>NSHTC</b>	National School Health Technical Committee
<b>NTSA</b>	National Transport and Safety Authority
<b>PHC</b>	Primary Health Care
<b>PHO</b>	Public Health Officer
<b>RHRN</b>	Rights Here Rights Now
<b>SDGs</b>	Sustainable Development Goals
<b>SFP</b>	School Feeding Programme
<b>SGBV</b>	Sexual Gender Base Violence
<b>SHP</b>	School Health Program
<b>SNs</b>	Special Needs



<b>SP</b>	Sulphadoxine Pyrimethamine
<b>STIs</b>	Sexually Transmitted Infections
<b>TB</b>	Tuberculosis
<b>TOT</b>	Training of Trainers
<b>TSC</b>	Teacher Service Commission
<b>UN</b>	United Nations
<b>UNCRC</b>	United Nation Conventions on the Rights of the Child
<b>UNFPA</b>	United Nation Population Fund
<b>UNICEF</b>	United Nations Learners' Fund
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UPE</b>	Universal Primary Education
<b>USAID</b>	United States Agency for International Development
<b>WASH</b>	Water Sanitation and Hygiene
<b>WHO</b>	World Health Organization
<b>WFP</b>	World Food Program

## Glossary

<b>Adolescent:</b>	Any person aged 10 – 19 years.
<b>Child:</b>	Any person less than eighteen years of age
<b>Health Promoting School:</b>	A school that is constantly strengthening its capacity to be a healthy setting for living, learning and working
<b>Child/youth Friendly environment</b>	A school that embraces the following components for learners: Safety and protection; Inclusivity; Equity & Equality; Health & Nutrition; School & Community linkages
<b>Disability</b>	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.
<b>Drug:</b>	A drug is a chemical substance, which interacts with a living organism thereby bringing changes in the way the organism functions
<b>Drug abuse:</b>	The habit of using a drug for no apparent medical reasons on a regular basis. The intention of drug abuse is to change ones mood, perception or behavior.
<b>Substance:</b>	Anything that brings about psychological or physiological changes in the body and is chemically produced. It could either be illicit or licit.
<b>Health:</b>	A state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity
<b>Kiosk:</b>	A small shop near or next to the school
<b>Learner:</b>	A person enrolled as a pupil or student in a school.
<b>Morbidity</b>	State of being diseased or unhealthy within a population
<b>Mortality</b>	Number of deaths in a human population
<b>Prevention</b>	The action of stopping something from happening or arising

<b>School:</b>	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 Cabinet Secretary other than the Cabinet Secretary, Ministry 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.
<b>School Manager:</b>	Any person or body of persons responsible for the running and conduct of a school.
<b>Teenagers:</b>	Learners aged 13-19 years;
<b>School Health Teacher:</b>	A person trained or in serviced to address health issues in a school.
<b>Stakeholder:</b>	An individual, body, organization (bilateral and multilateral agency) that partners and collaborates in School Health Programme.
<b>Puberty:</b>	Period of time when learners begin to mature biologically, psychologically, socially and cognitively with girls starting to grow into women and boys into men.
<b>Pre-School-aged learners</b>	Learners aged between 2 and 5 years
<b>School-age learners</b>	Learners aged between 3 and 18 years who may or may not be enrolled in school.

<b>Vector:</b>	A vector is an animal, bird or arthropod which destroys farm, animals or food, and acts as a nuisance. They also transmit diseases.
<b>Vermin:</b>	Small animals or insects that harm people, livestock, property or crops e.g. rats, weevils, fleas, cockroaches etc.
<b>Rodents:</b>	These are small warm blooded animals of a lower class. They have sharp front continuously growing teeth. They act as a disease reservoir.
<b>Youth:</b>	Person aged 15-24 years
<b>Impairment:</b>	It is a disadvantage for a given individual resulting from an injury, illness or a disability that prevents the fulfilment of a role that is considered normal (depending on age, sex, social and cultural factors) for that individual
<b>Rehabilitation:</b>	This refers to a process aimed at enabling Persons With Disabilities (PWDs) to reach and maintain their optimal physical, sensory, intellectual, mental and or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence.
<b>Learners With Special Needs (CWSNs)</b>	This will include learners who due to certain characteristics are unable to attain their optimal development potentials in life due to physical, biological, psychological, social or other environmental circumstances.
<b>Learners With</b>	This will include learners with certain restrictions or lack of

<b>Disabilities (CWDs)</b>	ability to perform an activity in a manner or within the range considered normal for other learners of a similar age or age group.
<b>Special needs:</b>	This is the inability to reach highest possible developmental potential of life due to physical, biological, psychological, social or other environmental circumstances.

## CHAPTER 1: INTRODUCTION

---

### Background

The government of Kenya recognizes that illiteracy, diseases, disabilities and poor health are an impediment to national development and poverty reduction. It is therefore committed to promoting availability and access of quality education and health to all including learners.

The Constitution of Kenya 2010 provides an overarching conducive legal framework for ensuring a more comprehensive and people driven health services delivery. It also seeks to ensure that a rights-based approach to health is adopted and applied in the delivery of health services (Articles 42, 43, 53, and 54 among others). The Constitution provides that every person has right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; access and adequate housing and to reasonable standards of sanitation; to have adequate food of acceptable quality; to clean and safe water in adequate quantities; to The above is further asserted by the Basic Education Act 2013, Article 28; every child has the right to free and compulsory basic education. It further outlines that a person shall not be denied emergency medical treatment and that the State shall provide appropriate social security to persons who are unable to support themselves and their dependants.

The Constitution introduces a devolved system of government to enhance access to services by all Kenyans, especially those in rural and hard to reach areas. The Constitution also singles out health care for specific groups such as children and persons living with disabilities. The underlying determinants of the right to health, such as adequate housing, food, clean safe water, social security and education, are also guaranteed in the Constitution. The health Policy therefore seeks to make the realization of the right to health by all Kenyans a reality.

Kenya Vision 2030 is the long-term blueprint for national development agenda. It aims to transform Kenya into a globally competitive and prosperous industrialized middle income country by 2030. Health, Education, Water and

Sanitation, Environment, Housing, Gender, youth and vulnerable groups, Equity and poverty elimination are the key components of its delivery under the Vision's Social Pillar. The vision has defined the strategies and flagship project to achieve this ambitious goal.

### **Rationale of the School Health Policy**

This policy is guided by the Kenya's Vision 2030 which acknowledges that improved health and more so to all learners is a critical driver to the achievement of this vision. The Constitution of Kenya, 2010 guarantees all learners the right to basic, compulsory and quality education; the highest attainable standard of health, clean and healthy learning environment, accessible to reasonable standards of sanitation, free from hunger, to have adequate food of acceptable quality and clean and safe water in adequate quantities

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 either promote health or accelerate the spread of ill-health. Schools are ideal settings to implement health programmes, because they offer substantial opportunities to promote health including:

- An efficient and effective channel to reach large portions of the population for introducing health promotion practices through behavior change communication (BCC);
- Provide interventions in a variety of ways (learning experiences, linkages to services, supportive environment);
- Learners are admitted at early stages of their development when lifelong behaviors, values, skills and attitudes are being formed;
- Improved health enhances cognitive development, concentration, participation and retention of learners in school. It also reduces absenteeism, increases enrolment and improves academic performance.

Comprehensive School Health Programme (CSHP) meets greater

proportion of health and psychosocial needs of learners 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
- Child Rights, and Responsibilities;
- Water, Sanitation and Hygiene;
- Nutrition;
- Disease prevention and control;
- Special needs, disabilities and rehabilitation;
- School infrastructure and environmental safety.
- Cross cutting issues to include Gender mainstreaming

### **Guiding Principles**

The National and County governments in collaboration with stakeholders shall ensure that each level supports the other for proper implementation of the school health programme in all school. The guiding principles include:

- **Access to Health and Nutritional Services:** Every child has a right to quality health and nutrition services. School establishments shall act as a tool towards upholding these rights in partnership with the communities in which they live and learn.
- **Access to Water, Sanitation & Hygiene:** Every child has a right to access safe and clean drinking water and adequate sanitation. Provision of safe and clean water and sanitation shall be complemented by appropriate hygiene promotion and education.
- **Access to Education:** Every child has a right to basic, compulsory and quality education. Access to education will continue to be provided for school age learners and youth including vulnerable groups.
- **Equality and Non-discrimination:** Every child shall have equal rights, opportunities and responsibilities without any discrimination and shall be protected from all forms of neglect and abuse on the basis of sex, gender, ethnicity, race, family and social status, religion, locality, political affiliation, disability, HIV status or illness among others.



- **Access to Information:** Every child shall have access to relevant and factual health information, knowledge and skills that are appropriate for their age, gender, culture, language, context, and disability.
- **Equity:** Learning institutions shall adopt School Health Programmes to respond to the needs of all learners including those with special needs and disabilities.
- **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 others 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.
- **Safety in schools:** All schools 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 schools shall provide safe psychosocial environments. There shall be no tolerance for child abuse, sexual abuse and other forms of juvenile exploitation.
- **Gender Responsiveness and Transformative and Transformative Approaches:** Planning and implementation of School Health Programmes shall be sensitive to the different needs of boys and girls.
- **Partnerships:** A multi-sectoral approach for effective collaboration of all stakeholders (state and non-state) among relevant sectors shall be developed and fostered at all stages of planning and implementation of the School Health Programme.
- **Accessibility to school physical facilities:** School infrastructure shall be accessible to all school age learners, and youth including those with special needs and disabilities.

- **Child Participation:** Learners shall be involved in the planning designing and implementation of the school health programme.

### **Broad objectives:**

The following will be the key broad objectives if this policy:

- Have a sustainable school health programme in schools;
- Enhanced coordination of school health interventions by MOH, MOE, relevant ministries, non state actors, learners and community members
- An effective school health monitoring and evaluation system.

### **Broad Strategies**

The following will be the key broad strategies to be used to ensure the success in implementation of the School Health Policy, Kenya 2017

- Leveraging on existing programmes relating to school health
- Advocacy, Communication and social mobilization (ACSM) for improved health
- Maximizing utilization of resource allocation at national and devolved governments towards school health
- Participation of all stakeholders for sustainability including learners at all stages of the program
- Inter-Sectoral coordination approach
- Evidence based interventions
- Monitoring and evaluation for policy learnings
- Aligning the implementation to existing legal and policy frameworks related to school health in Kenya as well as ratified international conventions.

### **Policy Review process**

The review process started with the National School Health Technical committee (NSHTC) realizing and giving approval. This after the different stakeholders highlighted key gaps in the document through policy briefs. The NSHTC sourced competitively for a consultant to undertake the situational analysis on the implementation level of the SHP, on whose basis the review process was anchored. The analysis was to evaluate progress on implementation of the policy

it was found necessary to carry out a comprehensive review of the National School Health Policy was undertaken with a view to attain a deeper understanding of the challenges affecting its implementation, existing opportunities and define the necessary interventions. The consultant report was tabled to the NSHTC, with key recommendations for the review process.

Different partners who include among others: UNICEF, Evidence Action, Plan International, Red Cross, RHRN, and Girl Child Network, supported in the Technical Working Groups to review their respective thematic areas and consolidate the policy.

## CHAPTER 2: SITUATION ANALYSIS

---

The National School Health Policy was implemented in 2009. Its aim was to address eight thematic areas namely: values and life skills; gender issues; child right & responsibilities; nutrition; special needs, disabilities and rehabilitation; WASH; disease prevention and control; school Infrastructure & environmental Safety. The policy sought to address education and health needs of all basic education learners including those with special needs and disabilities. It provided the objectives and strategies to address these needs. The policy further aimed at identifying and mainstreaming key health interventions for improved school health and education.

In the period of the policy implementation, the Constitution of Kenya 2010 realigned the education and health structure in Kenya. Some functions were devolved from the National government. It has been difficult to realize the objectives of the SHP 2009 since its implementation didn't factor the devolved functions. Secondly, in 2013, one of the key legal framework the Policy was anchored was reviewed, Basic Education Act 2013.

Apart from the shift in the policy and legal environment, the period has witnessed a shift in the education and health issues in Kenya. Some of the issues not adequately provided for in the policy includes Non-Communicable Diseases (NCDs)<sup>1</sup>; emerging and reemerging diseases, responsible for reducing productivity, curtailing economic growth and trapping the poorest people in chronic poverty in Kenya. The country has witnessed an increase in abuse cases among learners attributed partly to values and life skills, gender based violence, lack of adequate schools infrastructure, nutritional needs among others which the policy either was silent to or didn't provide appropriate policy directions. In a situational analysis of the SHP 2009, one key finding was that 33% of the schools had copies of the SHP 2009 and 26% had the guidelines. Therefore it is most likely that fewer numbers of schools had been disseminated with the policy a

---

<sup>1</sup> The proportion of the burden of non-communicable diseases (NCDs) is expected to increase to 57% by 2020

function of lack of appropriate dissemination mechanisms in the policy SHP 2009.

In view of the above, it was evident the policy interventions have been overtaken by events calling for the review of the policy. This necessitated the review of the policy to address key school health challenges in Kenya.

## **CHAPTER 3: VISION, MISSION, GOAL, OBJECTIVES AND STRATEGIES OF THE POLICY**

---

### **Vision**

Healthy, enlightened and productive learners in the community in which they live and/or learn

### **Mission**

To enhance coordination in the planning, designing and implementation of sustainable quality health interventions in basic education levels in Kenya.

### **Goal**

A healthy, safe and friendly environment for all learners in Kenya

### **Objectives and strategies**

The following key thematic areas will guide the implementation:

#### **VALUES AND LIFE SKILLS**

##### **Introduction**

Values are beliefs, principles or ideas that are of worth to individuals and their communities. They define who people are and the things that guide their behavior and lives. People obtain values from family, friends, Peers, tradition, culture, school environment, political influences, life experiences, religious teachings, and economic experiences. Positive values shall be inculcated to learners with the aim of protecting them from harmful activities.

Life skills are abilities and strategies for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. It helps the learner to acquire good health behavior, develop and strengthen their interpersonal and psycho-social capabilities.

Learners in modern day world are faced with a myriad of challenges which require the right set of skills and values to surmount, these include: corruption,

gambling, early initiation of sex, negative ethnicity and others.

### **Objective**

To equip learners with values and life skills to manage their lives in a healthy and productive manner

### **Policy Statement**

MoE and MOH shall equip learners with values and skills to enable them to access education, live a healthy life and deal with challenges of day to day life.

### **Strategies:**

MoE shall:

- Ensure all learners are taught and facilitated to acquire life skills in schools to enable them deal with challenges of day to day life.
- Put in place mechanisms to monitor the implementation of life skills and values in learning institutions
- Create conducive environment in learning institutions to inculcate positive values among learners.

### **Issues and constraints**

Despite values and life skills been incorporated in the school curriculum under social studies, the learners have not clearly taught or facilitated to acquire basic skills to address daily challenges go through. The existing legal frameworks on values have not provided for clear monitoring on these values at the schools level; and the level of change among learners. Thus the need to have a framework that the SHP provides to enhance the environment for learners to inculcate positive values

The existence of legal and policy frame-works supporting education and health, an alarming and significant number of learners with special needs and disabilities are out of school, vulnerable and at risk of not achieving their potential. This in place, will note significant change in attitude among learners, community members and relevant on learners health and education. The policy

anticipates drop rates drop since learners appreciate and have the required skills and values to overcome challenges they face in access health and education.

## **GENDER, GROWTH AND DEVELOPMENT**

### **Introduction**

Gender issues can impact positively or negatively on health and education of boys and girls. Boys and girls have different biological makeup necessitating the need for different health interventions. They also have different gender related issues that affect their learning. For instance, girls may fail to attend school or fail to concentrate in class if not supported during their menses. On the other hand, family, cultural responsibilities and practices may lead to girls and boys dropping out of school. Gender based violence and harmful cultural practices such as child marriages and FGM are still prevalent in the country and this has far reaching implications on the education, health and general wellbeing of learners

Learners go through growth and development throughout their life-course in school. One crucial stage of growth is adolescence. Adolescents face health challenges to their lives and general wellbeing. They are vulnerable to early and unplanned pregnancies, female genital mutilation, child marriages, sexual violence, malnutrition, mental health issues and sexually reproductive tract infections including HIV/AIDS. Furthermore, issues such as early initiation of sex can be attributed to sexual and gender based violence, peer pressure, drug and substance abuse, lack of correct information on SRH and life skills. Additionally, many adolescents die prematurely due to pregnancy-related complications and other illnesses that are either preventable or treatable.

### **Issues and constraints**

The key issues under this thematic area include and not limited to:

Gender and relationships:



- **Gender** refers to socio-cultural constructed roles for boys and girls; male and female which change from time to time in the context of the society. Gender issues can impact positively or negatively on health and education of boys and girls which requires gender transformative approaches.
- **Gender transformative approaches** therefore refer to behavior, attitudes, and values that strengthen and create systems that support gender equity.
- **Gender and Health:** Boys and girls have different biological makeup necessitating the need for different health interventions for each gender. The following strategies shall be put in place to enhance gender responsive and transformative health interventions in schools
- **Gender and Education:** Boys and girls have different gender related issues that affect their learning. Girls may fail to attend school or fail to concentrate in class if not supported during their menses. On the other hand, family, cultural responsibilities and practices may lead to girls and boys dropping out of school
- **Adolescent Sexual Reproductive Health and Development:** Adolescents refer to young people between the ages of 10 and 19 years who are often thought of as a healthy group. Adolescents and youth face health challenges to their lives and general wellbeing. They are vulnerable to early and unplanned pregnancies, female genital mutilation, child marriages, sexual violence, malnutrition and reproductive tract infections including STI and HIV/AIDS additionally many adolescents do die prematurely due to pregnancy-related complications and other illnesses that are either preventable or treatable. Learners will be equipped with sustainable skills including age appropriate sexual reproductive health information to support a smooth transition from childhood to adolescent stage of development
- **Gender Based Violence (GBV):** This refers to violence that targets individuals on the basis of their gender. This include acts that inflict physical, sexual, mental, psychological& emotional, economic harm including harmful cultural practices

- **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.
- The SHP therefore provides a coordinated framework to address the above stated gender issues

### **Objective**

- To safeguard learners from all forms of gender based violence and harmful cultural practices as well as help them transcend gender dynamics that may affect their education, health and wellbeing
- To equip the learners with sustainable skills including age appropriate sexual reproductive health information to support a smooth transition from childhood to adolescence and overcome challenges imposed on their development

### **Policy Statement:**

- MoE in collaboration with MoH and other stakeholders shall address gender related issues which affect the education, health and wellbeing of learners
- Ministry of Education in collaboration with MoH and other stakeholders shall ensure that learners are equipped with adequate and appropriate support, information, values and skills to smoothly transition through various levels of growth and development

### **Strategies**

- Address gender related barriers to the health and wellbeing of learners
- Promote gender equality amongst learners
- Enhance the safeguards against gender based violence amongst learners
- Safeguards and protect the learners from harmful cultural practices
- Equip learners with Age appropriate sexual reproductive health information to help them deal with vulnerabilities associated with adolescence.
- Provide psychosocial counselling, screening and other health services to learners.
- Provide access to information and services to prevent early child-

bearing/Pregnancy and provide support for and implementation of guidelines to ensure return to school policy are articulated

## **CHILD RIGHTS AND RESPONSIBILITIES**

### **Introduction**

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. Furthermore, Children are the future of the country and should therefore be brought up into responsible adults.

There are four key pillars of child rights as articulated in the United Nations Convention on the Rights of the Child (UNCRC, 1989). These include Survival Rights, Development Rights, Protection Rights and Participation Rights

Moreover, every child should have responsibility towards his/ her family, society, and the state. Therefore, subject to their age and evolving capacity, children should be guided on their responsibilities.

Learners 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 Learners Act 2001(under review, 2016). These include Survival Rights, Development Rights, Protection Rights and Participation Rights.

### **Issues and constraints**

The most serious issues this thematic area faces are:

- The level of awareness of the right holders and the various stakeholders or duty bearers.
- There is lack of a holistic harmonized coordination mechanisms in Kenya led by the MOH and MOE has led many learners not access education or attain their potential. Thus the need to ensue learners rights are upheld since they the future of the country and should be brought up into responsible adults.
- Every learner or stakeholder should understand and uphold their responsibility towards learners, households, schools, society, and the

state. Therefore, subject to their age and ability, learners should be guided.

### **Objective**

To inform the learners, parents and the community on the rights and responsibilities of the child, to safeguard them from child rights abuses and ensure they take up their responsibilities.

### **Policy Statement**

The Ministry of Education in collaboration with other stakeholders shall promote, safeguard and protect the rights of the learners and ensure that they carry out their responsibilities.

### **Strategies**

- Provide and promote conducive environment for the enjoyment of the survival rights by the learner.
- Provide and promote conducive environment for the enjoyment of the development rights by the learner
- Provide and promote conducive environment for the enjoyment of the protection rights by the learner
- Provide and promote conducive environment for the enjoyment of the participation rights by the learner
- Provide and promote conducive environment for learners to carry out their responsibilities

## **WATER, SANITATION AND HYGIENE**

### **Introduction**

Every person has the right to clean and safe water in adequate quantities and reasonable standards of sanitation (COK, 2010). A hygienic school environment is actualized by safe, adequate water supply, adequate sanitation and appropriate hygiene promotion for a healthy school population. Menstrual Hygiene Management (MHM) is a crucial element of the School Health Policy, being important for dignity, gender equality and the human rights of women and girls (MHG policy, 2018). This policy recognizes that women and girls who experience challenges with MHM will also experience negative effects on multiple areas of life; relevant to the human rights of women and girls, including in particular the rights to health, work and education, as well as gender equality. Every person has the right to be free from hunger and to have adequate food of acceptable quality (COK, 2010). A general breakdown of sanitation may favor the multiplication of vectors and vermins. Vector borne diseases are a heavy burden to human population and a serious impediment to economic development and productivity. In schools, they are a major cause of absenteeism and poor learning outcomes.

### **Issues and constraints**

The following issues and measures shall be undertaken having learners with special needs and disabilities in mind.

**Safe and Clean Water:** The BOM shall ensure availability of adequate safe drinking water points that are well maintained in each school.

### **Hygiene**

- Adequate and well maintained handwashing facilities including soap shall be provided in each school and located within the vicinity of the toilet/latrine, eating and play areas;
- The BoM shall provide adequate and acceptable management of solid and liquid waste in their schools;
- Appropriate food safety and hygiene measures shall be ensured in all schools;

- Hygiene promotion will be learner centered and an ongoing process to positively influence behavior change.

### **Sanitation**

- School Board of Management and parents shall be encouraged and empowered to provide adequate sanitation facilities for boys and girls as prescribed in the Public Health Act, Building code School Health Guidelines and according to the MOE capitation budget guidelines;
- Sanitation facilities shall be designed and constructed to be gender sensitive; suit different age group and learners with special needs in accordance to minimum standards under public health Act cap 242, Safety Standards Manual for Schools in Kenya and the Guidelines for Registration of Basic Education Institutions.

### **Menstrual Hygiene Management**

Menstrual Hygiene Management (MHM) is a crucial element of the School Health Policy, being important for dignity, gender equality and the human rights of women and girls. This policy recognises that women and girls who experience challenges with MHM will also experience negative effects on multiple areas of life; relevant to the human rights of women and girls, including in particular the rights to health, work and education, as well as gender equality.

A holistic understanding of MHM therefore requires all the following to be addressed:

- Awareness of and knowledge on menstruation and on how to manage;
- Cognizance of myths, stereotypes and taboos associated with menstruation;
- Availability of adequate, well maintained WASH infrastructure;
- Provision for safe and hygienic management of menstrual waste
- Availability of menstrual hygiene products.

#### **Access to relevant health services**

- This policy recognizes that awareness, knowledge and attitude significantly impact practice, self-efficacy and social norms

- This policy also provides that MOE and MOH shall facilitate provision of safe menstrual products to girls and provide devices for safe & hygienic management of menstrual waste in primary and secondary schools in Kenya

### **Operations and Maintenance**

The BOM, Curriculum Support Officers and Sub County Quality Assurance and Standards officers shall ensure functioning, use, maintenance and cleanliness of WASH facilities in each school, Zone and Sub County

The County Education Boards in conjunction with BOMs shall continually identify and explore finances for construction, operation and maintenance of WASH facilities

WASH facilities shall be a core component of School Development Plan and prioritized by different education management structures as provided in Basic Education Act 2013 and adequate resources allocated

**Food Safety:** Every person has the right to be free from hunger and to have adequate food of acceptable quality. Food quality and safety in all stages is important, all food provided or purchased in schools shall be regularly be monitored by MoH.

**Vectors and vermin control:** A general breakdown of sanitation may favor the multiplication of vectors and vermins. Vector borne diseases are a heavy burden to human population and a major cause of absenteeism and a serious impediment to economic development

### **Objective**

Reduce incidence and prevalence of water, sanitation and hygiene related diseases in learning institutions

### **Policy statement:**

The Ministry of Education, Ministry of Water and Sanitation, Ministry of Health and other stakeholders shall ensure schools have safe and clean water, adequate sanitary and hygiene facilities.



## **Strategies**

1. Collaborate with line ministries and other stakeholders to provide sufficient, clean and safe water to all learning institutions.
2. Provide adequate capitation both at the national and county level to facilitate sustainable process of water provision.
3. Develop infrastructural implementation guide to oversee the achievement of this strategy.
4. In collaboration with other ministries will train adequate personnel to oversee the implementation of this structure.
5. Create awareness for all institutions on prudent management of water resource.
6. Promote water harvesting, storage and re-use in learning institutions.
7. Provide linkages to alternative facilities to ensure sustained provision of services

## **NUTRITION**

Nutrition refers to provision of food and nutrients to the human body for growth, development and maintenance of life. Nutrients are needed in the right amounts to provide materials for growth and repair of body tissues, energy for physical activity and basic body functions; including breathing, body temperature, immunity and blood circulation. Proper nutrition increases a child's attention span, learning capacity and ability to fully engage in education experiences and therefore reach their full potential in life.

School attendance is a time when children are becoming independent from the family, and are at risk of developing negative eating habits such as eating unhealthy snacks as a result of food marketing, peer influence and meal skipping. The children spend more time at school and may have one or two meals at school for those in day schools, or all their meals for those in boarding schools. This age group may therefore be nutritionally vulnerable, depending on their socio-economic status and geographical location. Meals and snacks for children 4-18 years should therefore be based on their macro and micronutrient requirements recommended dietary allowance

### **Issues and constraints**

Nutrition has been the most misunderstood concept in our schools. Good nutrition involves eating healthy foods in adequate amounts in order to ensure a child's proper physical and cognitive growth and development and prevent nutrition related diseases. Good nutrition increases a child's attention span, learning capacity and ability to fully engage in educational experiences and therefore reach their full potential in life. School age children and adolescents 4–18 years of age have high nutritional needs because they are growing rapidly and are also very active; especially adolescents (10–19 years of age, whose growth can be as rapid as that of infants. Adolescents have higher calorie and nutrient needs than any other age group—with boys needing more overall calories— to meet the demands of growth spurts and the onset of puberty. The onset of menstruation imposes additional iron needs for girls. Calcium is needed due to increased muscular, skeletal and endocrine development; the mineral

quantity in the bone must be optimal during puberty to prevent osteoporosis (risk of fracture/breaking bones in later life).

Malnutrition includes undernutrition (wasting, stunting, and underweight), micronutrient-related malnutrition (inadequate or excess vitamins or minerals), overweight, obesity and resulting diet-related non-communicable diseases. Undernutrition in this age group can delay sexual maturation, slow growth and reduce a child/adolescent's ability to learn, lowering school performance and achievement. On the other hand, overweight and obesity at this age may result in early puberty in girls and delayed puberty in boys and is likely to persist into adulthood and increase the risk of chronic diseases in the short and long term (CDC, 2015). Therefore, investing in nutrition contributes to social and economic development of the country.

The children spend more time at school and may have one or two meals at school for those in day schools, or all their meals for those in boarding schools. This is a time when children are becoming independent from the family, and are at risk of developing negative eating habits such as eating unhealthy snacks as a result of food marketing, peer influence and meal skipping. This group may therefore be nutritionally vulnerable, depending on their socio-economic status and geographical location. Schools provide an ideal setting to promote good nutrition to all learners including those with special needs (including pregnant adolescent girls) and disabilities. This includes offering nutrition services, nutrition education and healthy food environment and ensuring community involvement and participation to promote nutrition.

Nutrition services relate to interventions such as regular assessment, monitoring of nutritional status, de-worming and micronutrient supplementation to school going children. Nutrition education and promotion includes nutrition related learning experiences, integration into the curriculum and adoption of optimal practices related to food and nutrition security. This includes opportunities to demonstrate and practice food production, proper handling, storage, preparation and utilization of diverse nutrient rich foods. A healthy food environment provides an opportunity for promoting availability

and accessibility of locally available food and thereby promoting healthy food choices and eating habits among children. Good nutrition practices in schools and integration of nutrition interventions can impact the community since children are good change agents. Parents, guardians and caregivers have a great influence on the food choices and their support can positively influence nutrition outcomes. Involving parents and guardians in school nutrition can reduce inconsistencies between suggestion and practices on nutrition at home and at school.

### **Objective**

To ensure that learners are well nourished to thrive and achieve their full potential through promotion of nutrition related interventions.

### **Policy Statement**

The Ministry of Education and the Ministry of Health in collaboration with other stakeholders shall ensure nutrition is sustainably promoted through offering adequate nutritional services, promotion of healthy food environment and nutrition education

### **Strategies**

- Optimizing school nutrition services
- Promotion of Healthy food environment
- Enhancing Nutrition Education in Schools
- Parental and Community Involvement in School Nutrition

## **DISEASE PREVENTION AND CONTROL**

### **Introduction**

Diseases negatively affect learning and may result in morbidity disability or loss of life. Schools shall be required to ensure that they take measures to prevent diseases through health education and implementation of preventive, control and regulations interventions. This includes prevention of stigma and discrimination

## **Objective**

Enhance prevention and control of communicable and non-communicable diseases by early identification and timely response

## **Overall Policy statements**

- The MOE in collaboration with the MOH shall put systems in place to prevent communicable disease transmission, morbidity and mortality, rapidly identify and control outbreaks, support disease elimination and eradication
- The MOE in collaboration with the MOH shall Support promotion of healthy lifestyles and implement interventions to reduce the modifiable risk factors for NCDs and mental health and their management within the school community
- MOH in collaboration with MOE shall build capacity at the school community level to strengthen their role in carrying out on ongoing collection and sharing of data on diseases, conditions and event for timely response
- The MOE in collaboration with the MOH shall empower the school community to take up screening on annual basis
- The MOE in collaboration with the MOH shall create an enabling environment in the school community to ensure acquisition of age appropriate knowledge, skills and information on prevention and control of diseases, conditions and events that lead to creation of healthy learning institutions

## **Overall Strategies**

- MOE in collaboration with MOH shall educate children on the various risk factors and prevention measures for non-communicable diseases.
- MOH to ensure the availability of guidelines and standards on promotion, prevention treatment and rehabilitation of persons with mental, neurological and substance use disorders (MNS)

- MOE in collaboration with MOH shall ensure capacity building of the learners and other members of the school community on mental health
- MOE and MOH shall support optimal oral health among learners and members of the school community
- MOE and MOH shall provide opportunities for promotion of eye health and prevention of eye problems among the learners and other members of the school community
- MOE shall ensure that all learners and members of the school community actively engage in physical activity within their capacity for health
- MOH/MOE to ensure capacity building among the members of the school community to strengthen detection and reporting of diseases of epidemic potential according to integrated disease surveillance and response (IDSR) strategy.
- MOE in collaboration with MOH to ensure routine health screening and schedule immunization to reduce deaths and disabilities within the school community
- MOE and MOH shall develop guidelines for age appropriate comprehensive disease control and prevention education for all levels through domestication of relevant materials;
- Capacity build learners and members of the school community on disease prevention and control
- Develop linkages with relevant government departments/bodies for enforcement of the relevant Acts and guidelines governing disease control and prevention when producing IEC advocacy materials;
- Mainstream disease control and prevention education in all learning institutions including adult and continuing education programs.

## **Issues and constraints with specific Strategies**

### **COMMUNICABLE DISEASES**

## **HIV and AIDS**

### Strategies

1. MOE and MOH shall contribute to the prevention of new HIV infections among members of the school community.
2. MOE and MOH shall contribute to the reduction of AIDS related deaths among members of the school community
3. MOE and MOH shall contribute to the reduction of HIV stigma and discrimination among members of the school community
4. MOH and MOE to shall contribute to strengthening of the schools' institutional capacity to respond to HIV and AIDS

## **STIs**

### Strategy

MOE in collaboration with MOH shall contribute to the prevention, early diagnosis, treatment and stigma reduction of STIs among learners and other members of school community

## **TUBERCULOSIS AND PNEUMONIA**

### Strategies

1. MOE and MOH shall contribute to the prevention, early diagnosis and management of Tuberculosis and pneumonia in learners and school community members
2. MOH in collaboration with MOE shall contribute to the active contact tracing and stigma reduction

## **MALARIA**

### Strategy

The MOE and MOH shall ensure access to prompt and effective malaria prevention, diagnosis and treatment for learners and members of the school community

## **DIARRHEAL DISEASES**

### Strategy

MOE in collaboration with MOH and Ministry of Water and Sanitation shall ensure the prevention, early identification and prompt management of diarrheal diseases

## **HEPATITIS**

### Strategy

MOE in collaboration with MOH, Ministry of Water and Sanitation shall contribute to the prevention, early identification and management of hepatitis

## **TETANUS**

### Strategy

MOE and MOH shall contribute to the prevention of tetanus infection

## **SNAKEBITES**

### Strategy

MOE in collaboration with MOH and Kenya Wildlife Service shall contribute to the prevention of snakebites

## **RABIES**

### Strategy

MOE in collaboration with MOH, Department of livestock and KWS shall contribute to the prevention of rabies

## **JIGGERS**

### Strategy

Prevention and management of jiggers among learners and members m of the school community

## **Viral Haemorrhagic Fevers (VHFs)**

Viral haemorrhagic fever (VHF) is a general term for a severe illness, sometimes associated with bleeding, that may be caused by a number of viruses. While some types of VHF viruses can cause relatively mild illnesses, however some of the viruses cause severe, life-threatening disease often accompanied by



hemorrhage (bleeding). Some of the VHFs include dengue, chikungunya, yellow fever, Rift Valley fever, Ebola, and Marburg.

### **Prevention and control VHFs among learners and members of the school community**

- Sensitize learners and members of the school community on VHFs prevention and control
  - Ensure schools are free of breeding sites for rodents
  - Ensure all learners are protected from mosquito bites
  - Ensure learners are free from contact with blood and/or body fluids from an infected person(s)
- Facilitate linkage of the learners and other school community members infected with VHFs to a nearby health facility

### **Parasitic infestation**

Pre-school and school aged children are particularly susceptible to infection by parasitic diseases through contact with contaminated soil and water. Chronic worm infestations make children malnourished, anemic and vulnerable to other illnesses, thereby contributing to decreased cognitive development, low concentration, poor intellectual and physical performance and school absenteeism. School children are effective agents in passing health messages on prevention and control of these diseases.

Initial symptoms of VHF are flu-like and may include fever and chills, weakness, joint and muscle pains, headaches, Diarrhoea, nausea and vomiting, sore throat, loss of appetite, rash. Learners presenting with these symptoms should be urgently referred to a health facility for testing and management. Learners with suspected or confirmed to have VHF may need to be isolated and excluded from school until cleared to return by a medical practitioner. For the prevention and control of VHF in schools the following strategies are recommended:

- Reduction of breeding sites for rodents;

- Prevention of mosquito bites;
- Avoiding contact with blood and/or body fluids from an infected person(s)

### **Prevention and control parasitic infestations among learners and members of the school community**

- Sensitize learners and members of the school community on parasitic infestations prevention and control
- Ensure schools adhere to the national school-based worm control guidelines
- Offer technical support on how to administer deworming tablets to all preschool and school-age children
  - Ensure the school curriculum incorporates skill-based health education and promotion with emphasis on safe water, environmental sanitation and hygiene for parasitic disease control and management.

Facilitate linkage of the learners and other school community members infested with parasites to a nearby health facility

### **Neglected Tropical Diseases (NTDs)**

Pre-school and school aged learners are particularly susceptible to infection by parasitic diseases through contact with contaminated soil and water. Chronic worm infestations make learners malnourished, anemic and vulnerable to other illnesses, thereby contributing to decreased cognitive development, low concentration, poor intellectual and physical performance and school absenteeism. School learners are effective agents in passing health messages on prevention and control of these diseases. Schools provide a good environment to support control and elimination of neglected tropical diseases (NTDs), for example, intestinal worms, bilharzia, filariasis, kalaazar, Guinea Worm, trachoma, etc). Mass treatment of the learners and health promotion contribute to reduction of the prevalence of preventable chemotherapy NTDs.

- Schools shall participate in the national programmes aimed at addressing the prevention, control, and elimination of NTDs.

- Schools shall adhere to the national school-based worm control guidelines (Sub-county training and the Teacher training manuals – specifically, NSBDP);
- MOE with technical support from MOH, School Health Focal Persons, shall administer treatment to all preschool and school-age learners, as per national and global recommendations in order to reduce infection;
- The school curriculum shall incorporate skill-based health education and promotion with emphasis on safe water, environmental sanitation and hygiene for parasitic disease control and management.

### **Prevention and control NTDs (filariasis, bilharzia, trachoma etc.) among learners and members of the school community**

- Sensitize learners and members of the school community on NTDs prevention and control
- Ensure schools provide a good environment to support control, prevention and elimination of neglected tropical diseases (NTDs)
- Ensure Regular mass treatment of the learners and health promotion contributes to reduction of the prevalence of NTDs.
- Encourage schools participate in the national programmes aimed at addressing the prevention, control, and elimination of NTDs.
- Ensure the school curriculum incorporates NTDs with emphasis on safe water, environmental sanitation and hygiene

Facilitate linkage of the learners and other school community members infested with NTDS to a nearby health facility

### **Diarrhoea Diseases**

Diarrhoea disease is a leading cause of death among young learners. Diarrhoea is defined as the passage of three or more loose or watery stool per day (or more frequent passage than is normal for the individual). Diarrhoea is usually a symptom of an infection in the intestinal tract, which can be caused by a variety of bacterial, viral and parasitic organisms. Infection is spread through contaminated food or drinking-water, or from person-to-person as a result of

poor hygiene. Interventions to prevent Diarrhoea, including safe drinking-water, use of improved sanitation and handwashing with soap can reduce disease risk.

The following measures shall be undertaken to prevent Diarrhoea diseases among learners:

- Schools shall provide access to clean and safe drinking-water, improved sanitation (adequate, clean and functional toilet facilities, handwashing facilities, menstrual hygiene management facilities (receptacle bins or buckets, changing room and disposal mechanism)).
- School curriculum shall include health education to teach learners how infections are spread.
- Learners presenting with symptoms of Diarrhoea shall be referred to a health facility for treatment and management.

### **Immunization**

Vaccine preventable diseases are a major cause of child morbidity and mortality. Moreover, diseases such as measles may occur in outbreaks affecting not only learners but also adults. Immunisation protects both the individual and the entire population. It is therefore a national and international public health requirement that all learners complete all scheduled immunization.

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

- The School's Board of Management shall ensure that all learners enrolling into school are fully immunized against vaccine preventable diseases as per the existing National Immunization Policy;
- Learners not immunized shall not be barred from school but all necessary steps shall be taken to facilitate their full immunization;
- The Ministry of Health and Ministry of Education shall provide an enabling environment for any other vaccine that may be deemed necessary for school-age learners;
- The Ministry of Health shall sensitize the schools and the community on the importance of learners completing immunization

## **Non - Communicable Diseases**

Although a majority of non-communicable diseases present during adulthood, they are caused by accumulated exposure to major risk factors resulting from tobacco use and exposure, alcohol use, 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.

This policy aims to:

- Reduce incidences of NCDs among learners/adolescents and the youth in Kenya
- Improve health and well-being, life expectancy and productivity together with a reduction in long term health care cost of NCDs in Kenya.

For these reasons the following measures will be ensured:

- Schools shall educate learners on the various risk factors and prevention measures for non-communicable diseases.
- Ministry of Education in collaboration with the Kenya Institute of Curriculum Development shall incorporate NCDs content in the school curriculum
- Emphasis will be laid on healthy lifestyles including healthy diets, physical activity, control of drug substance of abuse, mental health and other lifestyles.
- The MoE shall ensure regular health checks for all learners.

## **Physical Activity**

Physical activity is part of healthy lifestyles recommended for the prevention and control of non-communicable diseases. Learners and adolescent should be encouraged to participate in a variety of physical activities that are enjoyable, safe and support the natural development.

Schools shall endeavor to instill the value of physical activity and sports to improve health by ensuring the following:

- The curriculum shall emphasize the benefits of physical activities in health promotion and disease prevention;
- Schools shall have adequate, safe and suitable physical education facilities;
- Adequate time shall be allocated for physical activities;
- Schools shall endeavor to make sporting and recreation activities accessible to all learners with special needs. However, they should work with a health care provider to understand the types and amounts of physical activity appropriate for them considering their challenges.
- Schools shall ensure learners go for health breaks and participate in physical education lessons
- Schools shall encourage outdoor activities such as football, riding bicycle, roller skating, swimming among others
- Schools shall promote participation in social activities such as volunteer work and community service

### **Substance use and abuse**

Use of tobacco, alcohol, and other substances is detrimental to health, development and learning of learners. The handling and use of drugs is a criminal offence subject to the provisions of the relevant Laws of Kenya

For this reason:

- Schools shall be tobacco, alcohol and drug-free environments;
- There shall be signposts in schools warning against smoking, and alcohol and substance use and 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
- A child shall not be sent to procure, sell, collect or deliver cigarettes, alcohol, or any other substance of abuse
- Tobacco industry shall not sponsor school learners, or any school activity; or have affiliation with the industry
- 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) kilometer radius of schools
- The school curriculum shall incorporate information on dangers of tobacco use and exposure, alcohol, drug and substance use and abuse and appropriate attitudes and behavior for prevention of abuse;
- Schools shall have a counsellor to address the social and psychological needs of learners. The counsellor shall 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 Health shall provide child/youth-friendly substance abuse prevention services;
- The Ministry of Health shall provide child/youth- friendly treatment and rehabilitation services for learners addicted to drugs and substances;

### **Oral Health**

Optimal 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 socialize without active disease, discomfort or embarrassment and which contribute to the individual's general well-being. By the very nature of their dietary habits, learners are especially vulnerable to oral diseases. It is therefore important to put in place preventive measures to ensure good oral health for school-age learners.

As such:

- Schools shall liaise with MOH for education on oral health.
- Schools in collaboration with MOH shall arrange to have oral health check-ups at least once a year.

- Schools shall encourage learners to incorporate oral health interventions within school health clubs.

### **Eye Care**

Eye care is an integral part of health. Visually impaired learners have a right to education just like the sighted. Visual problems significantly contribute to poor academic outcomes. Visual impairment therefore needs to be identified and managed as early as possible.

The following shall be implemented in all schools: -

- Visual acuity checks shall be required before admission to school;
- Annual school eye screening shall be conducted by MOH, and MOE in collaboration with stakeholders;
- School age learners including those out of school shall receive Vitamin A supplements every six months;
- Schools shall refer learners to nearest health facility in case of eye injury;
- Early detection and referral shall be done for learners with visual problem.

### **4.6.10 Mental Health**

Mental health is a critical component of overall health. Mental well-being is important in the psychosocial and cognitive development of learners. Learners with emotional and behavioral problems may engage in truancy, delinquency, drug and substance abuse and other antisocial behaviors. If not addressed, these problems may lead to poor academic outcome, school dropout as well as criminal and antisocial behavior.

Therefore:

- Schools shall provide a child-friendly environment in order to promote mental health;
- Schools shall collaborate with MOH to offer mental health education
- Schools shall put in place mechanisms to prevent discrimination of learners and members of staff with mental disorders or with chronic illnesses.



- Schools shall have a functional Guidance and Counselling program.
- School shall refer learners who exhibit signs and symptoms of mental disturbance to the nearest health facility.
- The MOE shall ensure availability of a compulsory counselling unit in teacher training curriculum.

### **Screening for Diseases and treatment of minor illnesses in schools**

Early detection and treatment prevents complications from illnesses.

The Ministry of Health and the Ministry of Education shall ensure regular screening of learners for priority illnesses and prompt treatment of any illness.

To achieve these goals:

- The school health teacher will be trained 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 learners;
- Minor ailments and injuries shall be treated in schools where such services exist;
- Schools shall have either a sick bay or a sanatorium/health room and a qualified nurse especially in boarding schools;
- Drugs for use in schools shall be vetted by the MOH
- Donation of drugs for use in schools shall follow the MOH policies.

### **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:

- MOH shall establish a mechanism to detect and manage disease outbreaks in schools.
- The school community shall be empowered to detect and report potential disease outbreaks through sensitization on Integrated Disease Surveillance and Response (IDSR);

- The school BOM shall report any infectious diseases or suspected outbreaks to the relevant local authorities;
- In case of any outbreaks, the Ministries of Health and the Ministry of Education shall take all necessary measures to contain the outbreak and prevent loss of life.

#### **4.6.14 First Aid**

School learners 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:

- Schools shall put in place facilities to offer first aid;
- The school curriculum for both learners and teachers shall include First Aid.
- MOH and MOE in collaboration with relevant first aid providers shall offer first aid trainings or sensitisation for teachers and learners.
- School's Boards of Management shall be required to ensure safety of learners in their schools.

### **SPECIAL NEEDS, DISABILITY AND REHABILITATION**

#### **Background**

In Kenya, it is estimated that 10% of the population are Persons with Disabilities (PWDs), 64% of this population are of school going age. The Kenyan Constitution (2010) recognizes the right of every learner with special needs and disability to access quality and relevant education as well as health. This specifically implies that every learner with special needs and/or disabilities needs an equal opportunity to: learn basic nutrition, health care and protection from all forms of abuse just like his or her peers without disabilities.

The Basic Education Act (2013) reiterates the right of all children to access basic and compulsory education without discrimination

The Kenyan Health policy (2014-2030), underscores the importance of protecting the rights and fundamental freedoms to CWDs specifically the right

to basic nutrition and healthcare, reasonable access to health facilities/materials/services.

The MOE and MOH have over the years been collaborating in the implementation of the School health Programme in an effort to increase access, retention and transition

This Thematic area seeks to provide policy guidelines for MOE, MOH and other relevant stakeholders towards promoting the basic right to health and education for learners with Special needs and Disability. This will enhance learning outcomes for all learners in an inclusive environment.

### **Issues and constraints**

Despite the existence of legal and policy frame-works supporting education and health, an alarming and significant number of learners with special needs and disabilities are out of school, vulnerable and at risk of not achieving their potential.

Further, most Schools lack disability friendly environments, thus, Special needs and Disability remain major impediments to effective learning, social participation and integration.

Notably dropout rates for learners with Special Needs and disability are high in the schools due to stigmatization, discrimination, inappropriate curricula, poorly equipped institutions of learning and insufficiently trained personnel.

As a result, learners with special needs and disabilities in most cases tend to remain in the lower social stratum of communities.

### **Policy Objective**

Promote and enhance education and health rights for learners with special needs and disabilities

### **Policy Statement**

MoE and MOH shall mainstream and provide a disability friendly environment at all levels of learning

## **Strategies**

To meet their unique needs MOH and MOE shall:

- Ensure early identification, assessment habilitation/rehabilitation and appropriate placement/referrals of learners with special needs and disabilities
- Provide a conducive, safe, accessible and learning environments for all learners
- Enforce screening of all learners on admission for early identification, assessment, placement and/or referral and organize timely review for appropriate intervention
- Ensure learners with chronic health challenges are assisted to access medication and other relevant health services;
- Ensure learners with special needs and disabilities are linked to government-authorized officers for appropriate services.
- Ensure teachers are trained and supported with appropriate equipment and learning materials in order to provide inclusive education
- Enforce formation and strengthening of parent support-groups for learners with special needs and disabilities in order to provide comprehensive care, rehabilitation and advocacy for inclusive education
- Increase capitation to schools serving learners with special needs and disabilities
- Intensify monitoring and evaluation to ensure that learners with special educational needs is provided with quality services.
- Increase and sustain support for specialized educational institutions to cater for learners and youth who cannot benefit from inclusive education
- Expand educational services to cater for categories of learners and youth with disabilities not currently catered for.
- Provide a conducive learning environment that takes care of special needs of learners with disabilities

- Design, develop and provide appropriate technologies, assistive devices and learning materials for learners with special needs and disabilities.
- Review curricular and reform examination systems to provide the necessary adaptations to cater for the needs of learners with disabilities and special needs at all levels.
- Adapt and adopt information, education and communication systems appropriate for learners with special education needs in all centers of learning
- Train, motivate and retain specialist educators in the special education sector
- Incorporate special needs education in the regular teacher- training curriculum
- Promote and strengthen educational assessment and resource centers (EARCS) and services throughout the country
- Establish, equip and deploy adequate and competent staff in EARCs to provide quality services
- Promote opportunities for the youth with disabilities in primary and secondary education through various means including special action in admission, bursaries and examination.
- Ensure all learners with disabilities are registered with the National Council of Persons with Disabilities (NCPWD) to enable them access available benefits and privileges

## **SCHOOL INFRASTRUCTURE AND ENVIRONMENTAL HEALTH SAFEGUARDS**

### **Introduction**

Every person has the right to a clean and healthy accessible environment and adequate housing. School infrastructure and environment shall be constructed to promote safe serene and conducive environment for learning (COK, 2010). Poor school infrastructure can lead to increased incidents of injuries, spread of diseases or difficulties in provision of quality education. Infrastructural and environmental safety measures shall therefore adhere to the stipulated regulations by the Ministry of Public Works, Ministry of Health and Ministry of

Education. Health and safety is a critical aspect of risk reduction of diseases at workplace. Schools are the workplace for students and teachers thus the need to ensure a healthy and safe learning environment

### **Objectives**

To ensure gender sensitive and inclusive school infrastructure and environmental health safeguards in learning institutions.

### **Policy Statement**

The Ministry of Education, Ministry of Health and Ministry of Public works in collaboration with other stakeholders shall enhance and promote gender sensitive and inclusive infrastructural and environmental safeguards and standard infrastructural designs in all learning institutions

### **Strategies**

- Enhance compliance with building and construction guidelines
- Provider of safe Playing Grounds
- Ensure adherence to Environmental Safety
- Ensure provision of Fire Fighting Equipment & training
- Enhance Transport Safety

## **CHAPTER 4: POLICY IMPLEMENTATION ARRANGEMENTS**

---

### **Legal Frameworks**

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:

- Building Code;
- Education Act, 2013;
- Education Sector Policy on HIV and AIDS (2004);
- Environmental Management and Coordination Act (EMCA 1999);
- Food Drugs and Chemical Substances Act Cap 254;
- Kenya National Guidelines on Donations of Drugs and Medical
- Kenya Essential Drug List;
- Kenya National Drug Policy;
- Ministry of Health HIV/AIDS Policy;
- MOE Sessional Paper NO. 1 of 2005;
- National Early Childhood Development Policy Framework;
- National Environmental Sanitation and Hygiene Policy (2007).
- Pharmacy and Poisons Act Cap 244;
- Public Health Act Cap 242;
- Supplies
- Teachers Service Commission Act;
- Teachers Service Commission Code of Regulations;
- The Learners Act 2001;
- The Persons with Disabilities Act 2003;
- Tobacco Control Act
- Water Act Cap 372;

### **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 Health who will provide integrated preventive, promotive, curative and rehabilitative health services.

### **Joint Responsibilities**

The Ministry of Education and Ministry of Health shall be responsible for all aspects of school health with 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 and community linked 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.

### **Their joint roles**



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

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

### **Responsibilities of the Ministry of Health**

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

- 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 on the required health standards including infrastructure, water and sanitation facilities in schools;
- Advising and training on changes in health policies;
- Provision of technical assistance on the implementation of core health and nutrition activities;

### **Responsibilities of the Ministry of Education**

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

- 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.

### **The County Department of health**

- Enforcement of required health standards including infrastructure, water and sanitation facilities in schools;
- 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.

### **Responsibilities of the Community**

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

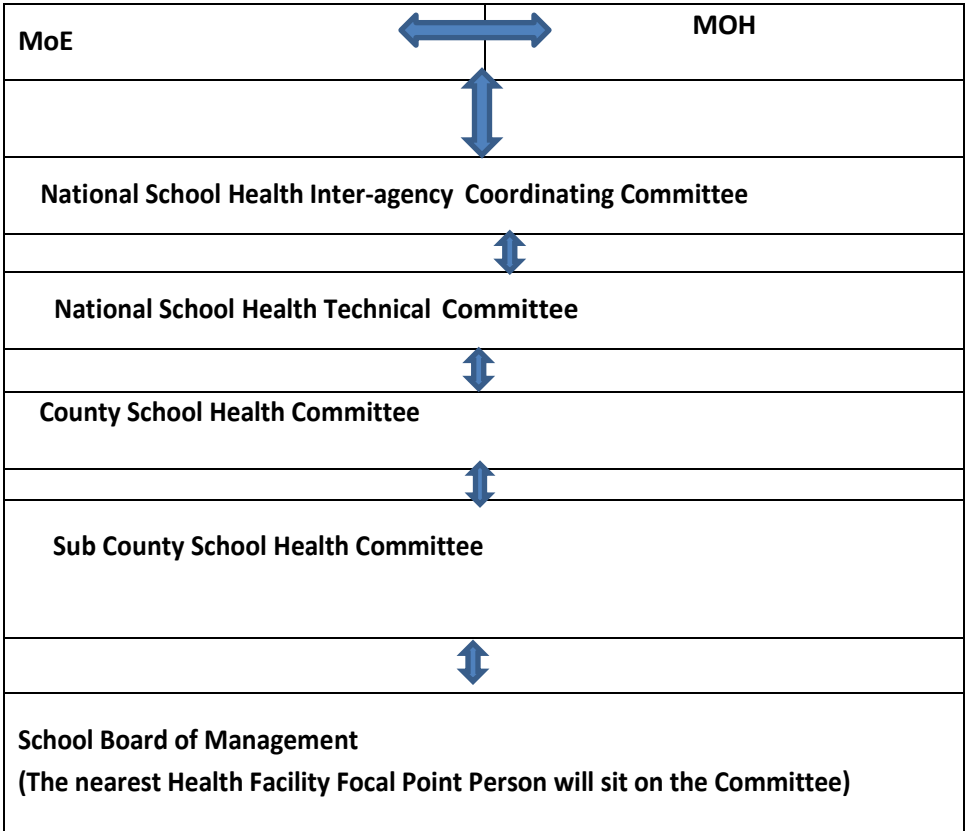
- Active participation in the management of schools;
- Resource mobilization;
- Maintenance of appropriate safe and healthy environment around their schools and in their homes.

### **Memorandum of Understanding (MoU)**

A memorandum of understanding on the joint implementation of activities under in the School Health program in this Policy shall be entered between the Ministry of Health and the Ministry of Education with respective partners. The MoU shall be a tool for coordination, integration and harmonization of activities.

**School Health Governance Structure**

It is envisaged that the School Health governance structure shall be as follows:



## **National School Health Inter-Agency Committee**

- This will be an inter-sectoral committee comprising the relevant line ministries and other stakeholders meeting semiannually.
- It is the highest organ of the school health policy bringing together representatives from relevant line ministries.
- The committee will be Co-chaired by Cabinet Secretary, Ministry of Education and Cabinet Secretary, Ministry of Health.
- The committee will be responsible for policy advisory, coordination, resource mobilization and advocacy.

### Composition of the SHICC

1. Ministry of Health:–co-chair
2. Ministry of Education:–co-chair
3. Other relevant line ministries
4. Council of Governors: Chair of Education and Health committee.
5. Other development partners

## **National School Health Technical Committee**

- This will be an inter-sectoral committee comprising of relevant line ministries and other stakeholders meeting quarterly.
- It is the second highest organ of the school health policy after the NSHICC. It brings together technical representatives of relevant line ministries.
- The committee will be Co-chaired by Principal Secretary, Ministry of Education and Principle Secretary, Ministry of Health.

The committee will be responsible for:

- Overall policy implementation of school Health Programmes.
- Primarily responsible for strategic programme oversight and decision making authority of the School Health Programme.
- It will provide strategic leadership, ensuring progress towards overall goals and considering material changes to the School Health programme as recommended by the School Health secretariat.
- The Committee will engage with and provide semiannual reports to the School Health Interagency Coordinating Committee.
- The committee receives reports from the Technical Working Groups, or Program Steering Committees which may be formed based on the thematic areas or on a need basis.

Composition of the School Health Technical Committee (NSHTC):

- Ministry of Health:-co-chair
- Ministry of Education: co-chair
- Other relevant ministries
- Technical representatives: Council of Governors, Education and Health Committee.
- Other relevant stakeholders

## **County School Health Coordinating Committee**

- It shall be composed of county representatives of the Ministry of Health and Ministry of Education, together with other relevant line

ministries, county government and other stakeholders.

- It will be responsible for assisting schools to interpret policies and implement School Health Policy.
- The coordinators will be the County Director of Health (CDH) and the County Director of Education (CDE) who will be co-chairing as per their responsibilities.

### **Sub County School Health Coordinating Committee**

- It shall be composed of sub-county representatives of the Ministry of Health and Ministry of Education, together with other relevant line ministries, county government and other stakeholders.
- It will be responsible for assisting schools to interpret policies and implement School Health Policy.
- The coordinators will be the Sub-County Medical Officer and the Sub-County Director of Education who will be co-chairing as per their responsibilities.
- Sub-counties will develop their own school health programmes based on their priorities and felt needs using a bottom up approach.

### **Ward/zonal School Health Coordinating Committee**

- It shall be composed of ward/zonal representatives of the Ministry of Health and Ministry of Education, together with other relevant line ministries, county government and other stakeholders.
- It will be responsible for assisting schools to interpret policies and implement School Health Policy.
- The coordinators will be the Divisional Public Health Officers (Div. PHOs) and the Curriculum Support Officers (CSOs) who will be co-chairing as per their responsibilities.

### **School Health Secretariat**

- This is the secretariat of the school health programme, performing administrative duties and coordinating the overall implementation of programme activities.

- The secretariat will be composed of representatives drawn from relevant units within Ministry of Health and Ministry of Education,
- The policy is therefore a tool for the integration and reinforcement of school health as a key component of Primary Health Care (PHC).

It will be responsible for:

- Ensuring efficient coordination in the implementation of the school health policy towards strengthening existing School Health interventions.
- It shall be composed of among others representatives from MOE and MOH.
- Coordinate and provide lead in strengthening collaboration, partnerships and networking for a successful implementation of a comprehensive school health programme.
- Coordinates with the NSHICC, NSHTC and County School Health Coordinating Committee in program governance and implementation.
- The secretariat will partner with relevant stakeholders including government ministries, UN agencies, religious organizations, the private sector and other corporates, development partners, NGOs, civil societies, communities and schools, in the design, delivery and implementation of comprehensive school health programmes.

### **Financial arrangement**

The policy implementation shall be undertaken by the MOH and MOH. Through the National School Health Interagency and technical committees shall undertake the responsibility for resource mobilization for all the issues in the policy through respective government ministries, departments, stakeholders and development partners

### **Research**

In order to ensure that policies and strategies remain cost-effective,

competitive and current, National School Health Technical Committee shall commission at least one nationwide study, survey and / evaluation on school health. The study, survey and / evaluation will be used to generate a new body of knowledge and information and highlight best practices in school health. The findings shall be widely disseminated and utilized to inform policy.

### **Dissemination**

The School Health Secretariat shall ensure that enough copies are printed, and disseminated in all counties, public and private primary and secondary schools in Kenya.



## **CHAPTER 5: 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.

The school Health Programme will utilize existing databases and information systems, in particular the HMIS and NEMIS from MOH and MOE respectively, to keep accurate and relevant information. Partners implementing school health activities shall avail any data resulting from their activities to the School Health Secretariat.

## 6.0: References

- African Charter on the Rights and Welfare of the Child
- Building code and regulations
- Constitution of the Republic of Kenya
- Education Sector policy on HIV and AIDS
- Environmental Management and Coordination Act
- Food Drugs and Chemical Substances Act
- Guidelines for Bio medical waste
- Guidelines on disposal of Non Pharmaceutical waste
- Jomtien and Dakar Declaration
- Kenya Essential Drugs List
- Kenya National Drug Policy
- Kenya National Guidelines on Donations of Drugs and Medical supplies
- Ministry of Health HIV/AIDS Policy
- National Early Childhood Development Policy Framework
- National Education Sector Plan
- Pharmacy and Poisons Act
- Policy on Reproductive Health for Adolescents
- Sustainable Development Goals
- Teachers Service Commission Act
- Teachers Service Commission Code of regulations
- The Learners Act 2001
- The Education Act
- The Kenya National Youth Policy
- The MOE Sessional Paper No. 1 of 2005
- The Persons with Disability Act
- The Public Health Act
- The School Safety Manual
- The UN standards Rules of Equalization for People with Disabilities
- The Water Act
- Tobacco Control Act
- UN Convention on the Rights of the Child
- Vision 2030

- Any other relevant policy document or manual that has been developed and launched.

**Annex 1:**

All schools shall have in custody, for reference in the course of discharge of their duties, the following minimum policy and policy related documents

School Health Policy, 2017
National School Health Implementation Guidelines, 2017
Policy on Gender Mainstreaming
Policy Guidelines on School Safety and Disaster Risk Reduction
Basic Education Act
Public Health Act
Learners' Act
Sexual Offences Act
Policy / guiding framework on re-admission of girls back to school e.g. after
Child Protection Policy
Life skills curriculum / syllabus
TSC Code of Conduct
School Staff code of conduct
Approved Architectural Drawings School Buildings
Approved Architectural Drawings of WASH facilities (latrines , water tanks, pipelines, standpipes, hand washing facilities)

## **Annex 2: Technical committee members**