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# KENYA SCHOOL HEALTH IMPLEMENTATION GUIDELINES



**MINISTRY OF EDUCATION  
AND  
MINISTRY OF HEALTH**

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## **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 others 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.

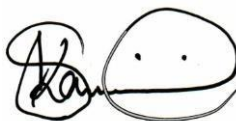
This policy therefore recognizes the importance of innovative health interventions in education. The policy seeks to a sustainable reduction of the impact of both communicable and non-communicable diseases; enhance values and life skills among learners; improve WASH facilities as well as school infrastructure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

In order to enhance effective and efficient implementation of this policy, MOE and MOH 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 multi-sector 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.



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Ministry of Education: Directorate of Primary Education, Directorate of Policy, Partnership & East African Community Affairs, Directorate of Secondary Education, Directorate of Special Needs Education, Directorate of Basic Education, Directorate of Quality Assurance and Standards, School Health Nutrition and Meals Unit, Kenya Institute of Curriculum Development, and Teachers Service Commission.

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## List of Acronyms and Abbreviations

<b>ASRH</b>	Adolescent Sexual Reproductive Health
<b>CDE</b>	County Director of Education
<b>CDH</b>	County Director of Health
<b>COK</b>	Constitution of Kenya
<b>COYA</b>	Coalition of Youth Advocates
<b>CSA</b>	Center of Study of Adolescents
<b>CSHP</b>	Comprehensive School Health Programme
<b>CWDs</b>	Children with Disabilities
<b>EARCs</b>	Educational Assessment and Resource Center Coordinators
<b>FBOs</b>	Faith Based Organizations
<b>FGM</b>	Female Genital Mutilation
<b>GBV</b>	Gender Based Violence
<b>GCN</b>	Girl Child Network
<b>HIV</b>	Human Immunodeficiency Virus
<b>HMIS</b>	Health Management Information System
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IEC</b>	Information Education and Communication
<b>KEMRI</b>	Kenya Medical Research Institute
<b>KWS</b>	Kenya World Life Service
<b>MDA</b>	Mass Drug Administration
<b>MHM</b>	Menstrual Hygiene Management
<b>MOE</b>	Ministry of Education
<b>MOH</b>	Ministry of Health
<b>MNs</b>	Micronutrient Powders
<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>NCPWDs</b>	National Council for People with Disabilities
<b>NEMIS</b>	National Education Management System
<b>NGOs</b>	Non-Governmental Organizations
<b>NSBD</b>	National School Based Deworming
<b>NSHICC</b>	School Health Inter - Agency Coordinating Committee
<b>NSHTC</b>	National School Health Technical Committee
<b>NTDs</b>	Neglected Tropical Diseases
<b>PHC</b>	Primary Health Care
<b>PWDs</b>	People with Disabilities
<b>Wrd. PHO</b>	Ward Public Health Officer
<b>RHRN</b>	Rights Here Rights Now
<b>SHP</b>	School Health Program
<b>STIs</b>	Sexually Transmitted Infections
<b>TB</b>	Tuberculosis
<b>TSC</b>	Teacher's Service Commission
<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>USAID</b>	United States Agency for International Development
<b>VAS</b>	Vitamin A Supplementation
<b>VHFs</b>	Viral Hemorrhagic Fevers
<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

	<p>instructions, or an assembly of not less than ten pupils for the purpose of receiving regular instructions, or an institution which provides regular instruction by correspondence, but does not include: -</p> <p>a) any institution or assembly for which a Cabinet Secretary other than the Cabinet Secretary, Ministry of Education is responsible;</p> <p>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</p> <p>c) Any institution for the purpose of training persons for admission to the ordained ministry of a religious order.</p>
<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 or 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 6 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 foods, 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 Disabilities (CWDs)</b>	This will include learners with certain restrictions or lack of 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 (COK) 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, 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 to adequate, affordable housing to reasonable standards of sanitation; to have adequate food of acceptable quality; to clean and safe water in adequate quantities: 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 dependents.

The Constitution introduced a devolved system of government to enhance access to services by all Kenyans, especially those in inaccessible 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 projects 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, accessibility to reasonable standards of sanitation, free from hunger, to have adequate food of acceptable quality, clean and safe water in adequate quantities

The school provides an organized structure that is conducive for the provision of health, 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;

- An efficient and effective channel to reach many people 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
- Gender, Growth and Development

- Child Rights, and Responsibilities;
- Water, Sanitation and Hygiene;
- Nutrition;
- Disease prevention and control;
- Special needs, disabilities and rehabilitation;
- School infrastructure and environmental health safe guards.
- Cross cutting issues

## **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 schools. 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 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 the vulnerable groups.
- **Equality and Non-discrimination:** Every child shall have equal rights, opportunities and responsibilities without any discrimination. They 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 environment. 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 environment. There shall be no tolerance to child abuse, sexual abuse and other forms of juvenile exploitation.
- **Gender Responsiveness and Transformative Approaches:** Planning and implementation of School Health Programmes shall be sensitive to 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.

### **Policy Review process**

The review process started with the National School Health Technical Committee (NSHTC) giving approval. This was informed by policy briefs by stakeholders who highlighted on the key gaps in the document. 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 comprehensive review of the National School Health Policy which 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, World Food Programme, Evidence Action, Plan International, Red Cross, RHRN and Girl Child Network, supported Technical Working Groups to review their respective thematic areas and consolidate the policy.

## **CHAPTER 2: SITUATION ANALYSIS**

The National School Health Policy was launched 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 did not factor the devolved functions. Secondly, in 2013, one of the legal framework where this Policy is anchored was reviewed; the 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); emerging and re-emerging 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 school infrastructure, nutritional needs among others which the policy either was silent to or did not 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 function of lack of appropriate dissemination mechanisms in the SHP 2009.

In view of the above, it was evident that the policy interventions have been overtaken by events calling for its review 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**

The overarching goal of this policy is to provide a healthy, safe and friendly environment for all learners in Kenya.

### **Objectives and strategies**

This policy will be guided by the following **nine thematic areas** which will be addressed by various objectives and strategies

# **THEMATIC AREAS**

## **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.

### **Issues and constraints**

Despite values and life skills been incorporated in the school curriculum under social studies, the learners have not been clearly taught or facilitated to acquire basic skills to address daily challenges which they experience. The existing legal frameworks on values have not provided clear monitoring of these values at the school 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 learners' health and education attitude.

**Objective**

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

**Policy Statement**

MoE and MOH in collaboration with other stakeholders 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:

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

# **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 well-being 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 well-being. 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 create and strengthen 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 strategies shall be put in place to enhance gender responsive and transformative health interventions in schools
- **Gender and Education:** 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 well-being. 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. It includes acts that inflict physical, sexual, mental, psychological, emotional and 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

### **Objectives**

- 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 and competences 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 transit through various levels of growth and development

### **Strategies**

1. Address gender related barriers to the health and wellbeing of learners
2. Promote gender equality amongst learners
3. Enhance the safeguard against gender based violence amongst learners
4. Strengthen safeguard and protect the learners from harmful cultural practices
5. Equip learners with age appropriate sexual reproductive health information to help them deal with vulnerabilities associated with adolescence.
6. Provide psychosocial counselling, screening and other health services to learners.
7. 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.

## **Issues and constraints**

The most serious issues faced by this thematic area are:

- The level of awareness of the right holders and the various stakeholders or duty bearers.
- There is lack of a holistic harmonized coordination mechanism between the MOH and MOE. Thus the need to ensure learners rights are upheld since they are the future of the country and should be brought up as 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 abuse 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**

1. Provide and promote a conducive environment for the learners to enjoy survival and development rights
2. Provide and promote conducive environment for the enjoyment of the protection rights by the learner
3. Provide and promote conducive environment for the enjoyment of the participation rights by the learner
4. 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 vermin. 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 CAP 242, Building code, School Health Guideline 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 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.

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.

County Health Department will monitor functionality of WASH facilities in schools.

**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 monitored by MoH.

Private sector shall make responsible food labels using appropriate language, show place / country of origin, date of manufacture, expiry date. Ingredients and storage conditions.

**Vectors and vermin control:** A general breakdown of sanitation may favor the multiplication of vectors and vermin. Vector borne diseases are a heavy burden to human population and a major cause of school 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 levels to facilitate sustainable process of water provision.
3. Develop infrastructural implementation guidelines to oversee the achievement of this strategy.
4. 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**

## **Introduction**

Nutrition refers to provision of food 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 poor 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.

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 relates 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 suggestions and practices on nutrition at home and at school.

Private sector shall make responsible food labels which can help parents or children make informed food choices, nutrition education.

### **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**

1. Optimizing school nutrition services
2. Promotion of Healthy food environment
3. Enhancing Nutrition Education in Schools
4. 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 regulation 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

## **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
- 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
- Build capacity at the school community level to strengthen their role in carrying out ongoing collection and sharing of data on diseases, conditions and event for timely response
- Empower the school community to take up screening on annual basis
- 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

## **Strategies**

1. MOE in collaboration with MOH shall educate children on the various risk factors and prevention measures for non-communicable diseases.

2. 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)
3. MOE in collaboration with MOH shall ensure capacity building of the learners and other members of the school community on mental health
4. MOE and MOH shall support optimal oral health among learners and members of the school community
5. 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
6. MOE shall ensure that all learners and members of the school community actively engage in physical activity within their capacity for health
7. MOH and 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.
8. MOE in collaboration with MOH to ensure routine health screening and schedule immunization to reduce deaths and disabilities within the school community
9. MOE and MOH shall develop guidelines for age appropriate comprehensive disease control and prevention education for all levels through domestication of relevant materials;
10. Capacity build learners and members of the school community on disease prevention and control
11. 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;
12. Mainstream disease control and prevention education in all learning institutions including adult and continuing education programs.

## **Communicable Diseases**

### **HIV and AIDS**

#### **Strategies**

The MOE and MOH shall:

1. Contribute to the prevention of new HIV infections among members of the school community.
2. Contribute to the reduction of AIDS related deaths among members of the school community
3. Contribute to the reduction of HIV stigma and discrimination among members of the school community
4. Strengthen institutional capacity to manage HIV and AIDS scourge.

#### **Sexually Transmitted Infections (STIs)**

These are infections one can get by having sex. Some STIs (such as gonorrhea and chlamydia) infect your sexual and reproductive organs. Others (such as HIV, hepatitis B, and syphilis) cause general body infections.

**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**

It is caused by bacteria (*Mycobacterium tuberculosis*) that most often affect the lungs. Tuberculosis is curable and preventable. TB is spread from person to person through the air. When people with lung TB cough, sneeze or spit, they propel the TB germs into the air.

**Strategies:** MOE and MOH shall:

1. Contribute to the prevention, early diagnosis and management of Tuberculosis in learners and school community members
2. Contribute to the active contact tracing and stigma reduction

#### **Pneumonia**

This is an infection that inflames the air sacs in one or both lungs. The air sacs may fill with fluid or pus, causing cough with pus, fever, chills, and

difficulty breathing. A variety of organisms, including bacteria, viruses and fungi, can cause pneumonia.

**Strategies:** MOE and MOH shall:

1. Contribute to the prevention, early diagnosis and management of pneumonia in learners and school community members

## **Malaria**

This is an infectious disease caused by protozoan parasites from the Plasmodium family that can be transmitted by the bite of the Anopheles mosquito or by a contaminated needle or transfusion. It is characterized by moderate to severe shaking, chills, high fever, sweating.

**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**

These are the 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.

**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**

Hepatitis refers to an inflammatory condition of the liver. It's commonly caused by a viral infection, but there are other possible causes of hepatitis. These include autoimmune hepatitis and hepatitis that occurs as a secondary result of medications, drugs, toxins, and alcohol.

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

### **Tetanus**

It is, also known as lockjaw. It is an acute infectious bacterial disease characterized by muscle spasms. In the most common type, the spasms begin in the jaw and then progress to the rest of the body

**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**

This is a viral disease that causes inflammation of the brain in humans and other mammals. It is spread when an infected animal scratches or bites another animal or human.

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

### **Jiggers**

Jiggers is a vector-borne disease caused by the Jigger flea, also known as sand flea. It is a parasitic condition of humans and animals.

**Strategy:** MOE and MOH shall contribute to prevention and management of jiggers among learners and members 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, the other viruses cause severe, life-threatening diseases often accompanied by haemorrhage (bleeding). Some of the VHF include dengue, chikungunya, yellow fever, Rift Valley fever, Ebola, and Marburg.

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 showing 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.

**Strategy:** Prevention and control of VHF among learners and members of the school community

### **Parasitic infestation**

Children who are chronically infected with intestinal worms (Round worms, Hook worm and Whip worms) and bilharzia have malnutrition, micronutrient deficiencies, poor cognitive function and high rate of school absenteeism. They affect growth and development of children. These are some of the neglected tropical diseases (NTDs) under both control and elimination.

Pre-school and school age children are particularly susceptible to infection by parasitic diseases through contact with contaminated soil, water and food. Chronic worm infestations make children malnourished, anaemic and vulnerable to other illnesses, thereby contributing to decreased cognitive development, low concentration, poor intellectual and physical performance. They also cause intestinal obstruction. Schools provide a good environment to support control of intestinal worms for Mass Drug Administration (MDA) among other interventions.

School children are effective agents in passing health messages on prevention and control of these diseases.

**Strategy:** MOE and MOH shall contribute to the prevention and control of parasitic infestations (Round worm, Hook worm, Whip Worm and Bilharzias) among learners and members of the school community

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

Pre-school and school age children are particularly susceptible to neglected tropical diseases such as trachoma. Schools provide a good environment to support control and elimination of trachoma through mass drug administration.

**Strategy:** The MOE and MOH in collaboration with other stakeholders shall work out mechanisms for the prevention and control of trachoma among learners and members of the school community

### **Chronic Diseases**

Sickle cell, diabetes, asthma, and epilepsy will be of focus for prevention, management and control for learners and school community.

### **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.

### **Policy statement:**

The MOE in collaboration with the MOH shall empower the school community to take up screening on annual basis.

**Strategy:** Ensure routine health screening and schedule immunization to reduce deaths and disabilities within the school community

### **Immunization**

#### **Introduction**

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.

**Policy statement:**

MOH in collaboration with MOE shall build capacity on the school health teachers to strengthen their role in carrying out screening learners for immunization scars.

**Strategy:** The MOE and MOH in collaboration with other stakeholders shall screen all learners on entry to school for immunization

**Disease Surveillance**

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

**Policy statement:**

MOH in collaboration with MOE shall build capacity at the school community level to strengthen their role in carrying out ongoing collection and sharing of data on diseases, conditions and events for timely response

**Strategy**

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

**First Aid**

**Introduction**

School learners are prone to injuries, accidents and a variety of sudden illnesses that call for quick action to sustain health and prevent complications.

**Policy Statement:**

MOH and MOE in collaboration with relevant first aid providers shall offer first aid trainings or sensitisation for teachers and learners.

**Strategies**

MOE and MOH shall ensure well equipped first aid facilities in learning institutions as per the regulations;

## **Non - Communicable Diseases**

### **Introduction**

Although a majority of non-communicable diseases occur 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.

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.

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. The handling and use of drugs is a criminal offence subject to the provisions of the Tobacco Control Act CAP 245 of 2007 and Narcotic Drugs and Psychotropic Substances (Control) Act amongst other relevant legislations.

According to WHO Global Youth Survey of 2013 overall 9.9% of young adults aged 13-15 years old are currently engaged in smoking. There are other emerging forms of tobacco products such as shisha, E-cigarette and vape that have been marketed in a false manner. Tobacco is the leading preventable cause of pre-mature deaths.

The ministry of Health through the Tobacco Control Board encourages a multi-sectoral engagement to minimize exposure of school going children to tobacco and tobacco products by engaging Ministry of Education.

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.

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.

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

**Policy statement:**

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

**Strategies:**

1. Educate children on the various risk factors and prevention measures for non-communicable diseases.
2. Ensure capacity building and availability of guidelines and standards on promotion, prevention treatment and rehabilitation of persons with mental, neurological and substance use disorders(MNS)
3. Support optimal oral health among learners and members of the school community
4. Promotion of eye health and prevention of eye problems among the

learners and other members of the school community

5. Ensure that all learners and members of the school community actively engage in physical activities within their capacity for health

### **Information, Education and Communication**

#### **Policy statement:**

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

**Strategy:** MOE and MOH shall review and / or develop age appropriate comprehensive disease prevention and control materials.

# **SPECIAL NEEDS, DISABILITY AND REHABILITATION**

## **Introduction**

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, healthcare and 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 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 learner's unique needs MOH and MOE shall:

1. Ensure early identification, assessment habilitation/rehabilitation and appropriate placement/referrals of learners with special needs and disabilities
2. Provide a conducive, safe, accessible and learning environments for all learners
3. Enforce screening of all learners on admission for early identification, assessment, placement and/or referral and organize timely review for appropriate intervention
4. Ensure learners with chronic health challenges are assisted to access medication and other relevant health services;
5. Ensure learners with special needs and disabilities are linked to government-authorized officers for appropriate services.
6. Ensure teachers are trained and supported with appropriate equipment and learning materials in order to provide inclusive education
7. 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

8. Increase capitation to schools serving learners with special needs and disabilities
9. Intensify monitoring and evaluation to ensure that learners with special educational needs is provided with quality services.
10. Increase and sustain support for specialized educational institutions to cater for learners and youth who cannot benefit from inclusive education
11. Expand educational services to cater for categories of learners and youth with disabilities not currently catered for.
12. Provide a conducive learning environment that takes care of special needs of learners with disabilities
13. Design, develop and provide appropriate technologies, assistive devices and learning materials for learners with special needs and disabilities.
14. 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.
15. Adapt and adopt information, education and communication systems appropriate for learners with special education needs in all centres of learning
16. Train, motivate and retain specialist educators in the special education sector
17. Incorporate special needs education in the regular teacher- training curriculum
18. Promote and strengthen educational assessment and resource centers (EARCs) and services throughout the country
19. Establish, equip and deploy adequate and competent staff in EARCs to provide quality services
20. Promote opportunities for the youth with disabilities in primary and secondary education through various means including special action in admission, bursaries and examination.
21. Ensure all learners with disabilities are registered with the National Council of Persons with Disabilities (NCPWDs) 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**

The MOE, MOH and the Ministry of Public Works shall:

1. Enhance compliance with building and construction guidelines
2. Provide safe Playing Grounds
3. Ensure adherence to Environmental Safety
4. Ensure provision of Fire Fighting Equipment & training
5. Enhance Transport Safety

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

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### **Legal Frameworks**

School health is an integral component of National 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 which are in the references.

### **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.
- To ensure success in the implementation of the programmes, 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:

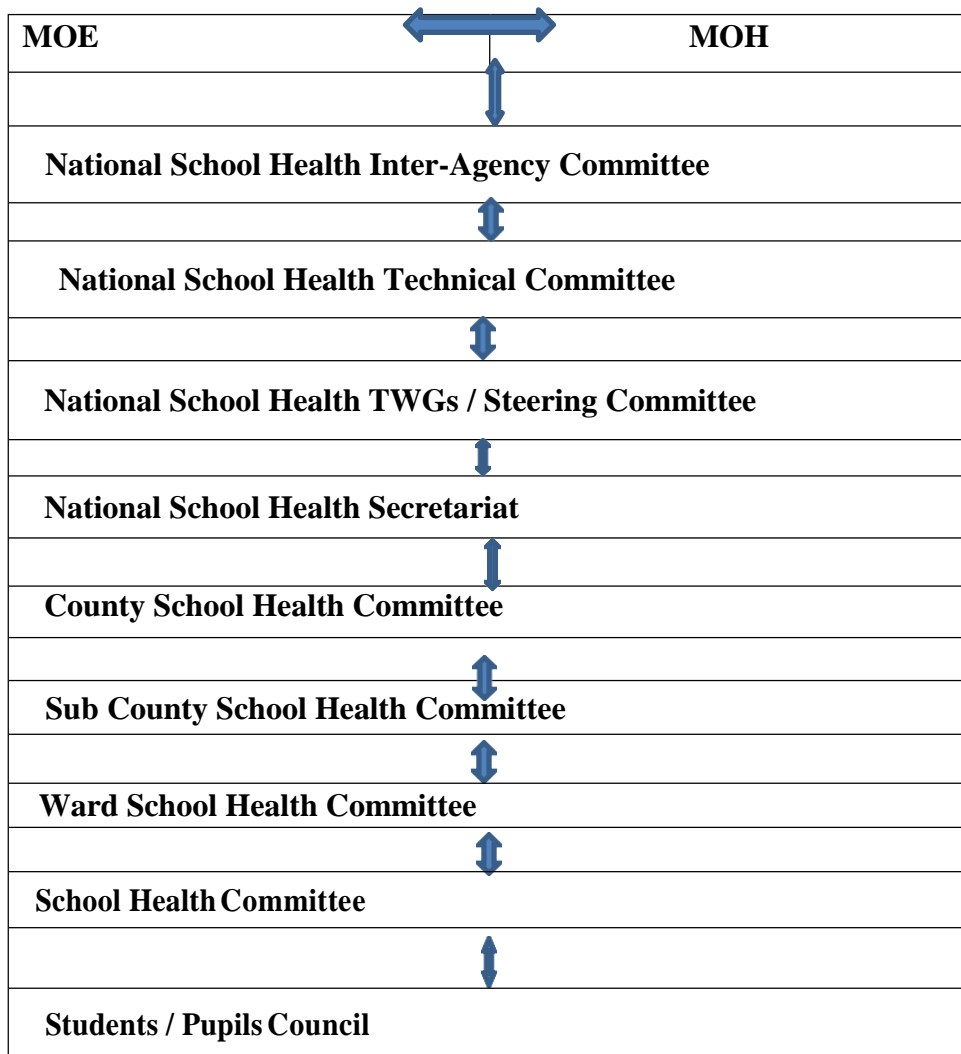
- Active participation in the management of schools;
- Resource mobilization;
- Maintenance of appropriate safe and healthy environment around their schools and in their homes.

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

A memorandum of understanding on the joint implementation of activities 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

The School Health governance structure shall be as follows:



### **National School Health Inter-Agency Committee (NSHIC)**

The committee shall be the highest organ of the school health programme bringing together representatives from relevant line ministries.

- This will be an inter-sectoral committee comprising the relevant line ministries and other stakeholders meeting bi-annually.
- 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.

### **National School Health Technical Committee (NSHTC)**

The committee shall be the second highest organ of the school health programme after the SHIC which will bring together technical representatives of relevant lead two ministries, line ministries, Technical representatives (Council of Governors, Education and Health Committee), development partners, NGOs and Faith Based Organizations (FBOs).

- This shall be an inter-sectoral committee meeting once quarterly.
- The committee shall be Co-chaired by Principal Secretary, Ministry of Education and Principle Secretary, Ministry of Health respectively.
- The committee shall be responsible for overall policy implementation, strategic programme oversight and decision making authority, strategic leadership, ensuring progress towards overall goals and considering material changes, monitoring health trends, legislative changes, provide semiannual reports, and offering

technical advice on the implementation of the programme to the school health inter-agency committee (SHIC).

- The committee shall receive reports from the Technical Working Groups, or Program Steering Committees which may be formed based on the thematic areas or on a need basis.

### **National School Health Technical Working Groups / Steering Committee**

The committee shall be the third highest organ of the school health programme after the NSHTC which will bring together programme managers with technical skills.

- Membership shall be programme managers with technical skills having hands on various thematic areas from the lead two ministries, line ministries, development partners, NGOs and Faith Based Organizations (FBOs).
- It shall meet on monthly basis and be co-chaired by the Director, Preventive and Promotive Health (MOH) and the Director Basic Education (MOE) or delegated to an officer at the Director level.
- The chairpersons of these thematic areas will be co-opted members of the NSHTC to advance deliberations emanating from the meetings.

### **National School Health Secretariat (NSHS)**

- It shall be composed of representatives drawn from relevant units within Ministry of Health and Ministry of Education

The NSHS shall be responsible for:

- undertaking administrative duties and coordinating the overall implementation of programme activities.
- Ensuring efficient coordination in the implementation of the school health policy towards strengthening existing School Health interventions.
- Coordinate and provide lead in strengthening collaboration, partnerships and networking for a successful implementation of a comprehensive school health programme.
- Coordinates with the NSHIC, NSHTC and County School Health Coordinating Committee in program governance and implementation.

### **County School Health Committee**

- This shall be an inter-sectoral committee comprised of the key ministries of Education, Health, National Interior Government, Planning, Devolution, Water and Sanitation, Agriculture, Labour and Social Protection, Information, Public works, development partners and other stakeholders.
- The committee will be responsible for assisting Sub County SHCC to interpret policies and implement CSHP.
- The co-coordinators will be the County Director of Public Health (CDPH) and the County Director of Education (CDE) as per their responsibilities.

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

- This shall be an inter-sectoral committee comprised of the key ministries of Education, Health, National Interior Government, Planning, Devolution, Water and Sanitation, Agriculture, Labour

and Social Protection, Information, Public works, development partners and other stakeholders.

- The committee will be responsible for assisting schools to interpret policies and implement CSHP.
- The co-coordinators will be the Sub County Medical Officer of Health and the Sub County Education Officer.
- Sub-counties will develop their own school health programmes based on their priorities and felt needs using a bottom up approach.

### **Ward School Health Committee**

- This committee shall comprise of the community and facility Community Health Extension Worker (CHEW), Ward Public Health Officer, Health facility in-charge, Curriculum Support Officer, Ward Administrator, Chief and co-opt the Member of County Assembly (MCA).
- The committee will discuss issues affecting health of learners in school, including resource mobilization and appropriate allocation.
- The co-coordinators will be the Ward Public Health Officer and the Curriculum Support Officer

### **School Health Committee**

- This committee shall comprise of the school Principal / head teacher, BOM chairman, Curriculum Support Officer, Ward Public Health Officer, Health Facility in-charge, School Health Teachers (secretary), and student / pupils council president.

- The school Health committee will oversee the implementation of the School Health Policy.
- The committee shall meet once per term.

### **Public Private Partnership**

Various strategies and approaches shall be developed to enhance resource mobilization for school health programme through public private partnership.

### **Financial arrangement**

The National School Health Inter-Agency and Technical Committee respectively, shall undertake the responsibility of 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 / or evaluation on school health. The study, survey and / or 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, sub counties, public and private primary and public and private 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 implementation of the School Health Programmes to achieve health and educational outcomes. It will reflect constitutional, national target of health and education priorities as elaborated in vision 2030.

The 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.

### **Indicators to be monitored**

The following indicators will be tracked at the school level as per their respective thematic areas;

#### **1. Values and Life Skills**

- % of teachers trained on values and life skills
- % of students that have received life skills education
- % of schools equipped with IEC materials on values and life skills

#### **2. Child Rights and Responsibilities**

##### **Right to Survival**

- Proportion of learning institutions linked to the nearest health facilities for learners to access quality health care

##### **Right to Development**

- Percentage of learning institutions with child friendly spaces for child recreation, leisure and play

##### **Right to Protection**

- Number of teachers trained on child protection
- Percentage of violations against children reported and conclusively

responded to

### **Right to Participation**

- % of learners participating in decision making
- Number of platforms provided for children to meaningfully participate in budget making process

### **Child Responsibilities**

- Proportion of learners aware of and taking up their responsibilities

### **3. Gender, Growth and Development**

- Number of learning institutions with gender policies
- Number of IEC materials displayed at the learning institutions
- Number of learners missing school due to pregnancy
- Number of members of the school community trained on GBV prevention and response
- Number of learning institutions with GBV reporting mechanisms as indicated in the IEC materials
- % of learner and other members of school community sensitized on gender issues
- % of primary and secondary schools with gender sensitive facilities
- % of primary and secondary schools with established data on learners, staff and teachers disaggregated by gender
- % of learners and members of school community sensitized on negative effects of cultural practices
- % of learners who reenter schools following drop outs
- % of learners with knowledge and skills on prevention of teenage pregnancies, defilement, rape, incest, sodomy and intergenerational relationships
- % of schools providing monthly health talks on sexual reproductive health to learners
- % of schools linked to health facilities for sexual reproductive health talks and psychosocial counseling
- % of learning institutions with IEC materials on adolescence sexual

reproductive health

- % of learners receiving psychosocial counseling and other support services from a designated teacher
- % of schools holding health talks on pregnancy and pregnancy prevention
- % of primary and secondary schools promoting awareness on gender based violence and existing legal and policy frameworks for sexual violence among learners and other school community members.

#### **4. Nutrition**

- Percentage of learners who are malnourished (underweight, stunted, wasted, overweight or obese)
- Number of learners reached with key messages on healthy eating
- Proportion of learning institutions conducting regular nutrition assessment among learners.
- Number of health workers and teachers trained on school nutrition
- % of learners receiving IFAS and Vitamin A supplementation in schools
- % of schools adding micronutrient powders to school meals in areas where micronutrient deficiencies are common
- % of schools providing diverse, safe, high quality and adequate quantities of locally available foods
- % of schools not hawking and marketing foods and beverages in and around the school
- % of schools with healthy snack and food outlets within the school
- % of learners and members of school community sensitized on intakes of diverse, safe and nutritious meals
- % of schools with IEC materials on nutrition education
- % of schools with established and strengthened health clubs promoting games, sports and nutrition in schools
- % of schools with demonstration gardens and livestock to promote dietary diversification.
- % of parents and guardians providing and packaging healthy foods and snacks for their children as per healthy eating guidelines

- % of school BOM mobilizing resources, implementing, monitoring and producing food for school meals
- % of learners and members of school community sensitized on value of physical and sporting activities

## **5. Water Sanitation and Hygiene (WASH)**

- Number of girls missing lessons due to menstruation
- % of learning institutions with the right ratio of toilets/latrines to learners, teachers and other members of the school community
- Number of inspections on water safety
- % of learning institutions with adequate, clean and safe water as per standards
- % of schools using capitation grant funds for WASH only
- % of schools conducting surveillance and monitoring for water quality every term as per the guideline through the public health officials
- % of schools sensitizing learners, BOM and members of school community on operation and maintenance of water sources and facilities
- % of learners and other school community members sensitized on waterborne diseases
- % of schools with sanitary facilities addressing needs of learners with special needs and disabilities as per the standards
- % of schools with appropriate means of waste collection, storage and disposal
- % of schools with talking walls on personal environmental hygiene
- % of schools with adequate and appropriate hand washing facilities with soap
- % of schools promoting hand washing at critical times
- % of schools with appropriate anal cleaning materials
- % of schools promoting regular personal hygiene check-up of learners and other members of school community
- % of schools incorporating personal and environmental hygiene education in the school curriculum
- % of schools with established and strengthened school health clubs

promoting WASH among learners and other members of school community

- % of learners and members of school community sensitized on menstruation and its management
- % of school girls provided with menstrual hygiene products
- % of schools with bathrooms, sanitary bins, and disposal facilities
- % of schools transporting used sanitary towels to nearest health facilities for non-burn treatment
- % of schools promoting commemoration of WASH related days
- % of schools spraying and destroying ant hills
- % of learners and members of school community sensitized on prevention and control of vector and vermin related diseases
- % of schools where food is inspected for food safety by Public Health Officials
- % of schools with secure, clean, well ventilated and spacious food storage facilities for dry and fresh fruits and vegetables
- % of schools with food preparation surfaces and utensils and other equipment made of easy to clean and non-toxic materials
- % of schools with designated kitchen, food service and dining areas
- % of school cooks medically examined, have and wear clean appropriate gear
- % of schools complying with provisions of Food, Drugs and Chemical Substance Act Cap 254 on foods served in schools during events

## **6. Disease Prevention and Control**

### **HIV/AIDS**

- Number of teachers and other members of the school community trained on psychosocial support for learners living with HIV
- Number of learners living with HIV and are on ARVs
- Number of learners receiving HIV/AIDS counselling and guidance services
- Number of anti-stigma champions in the learning institutions
- Number of IEC materials on HIV displayed in the compound
- % of schools teaching life skills-based HIV education as per the KICD

### training curriculum

- % of learners and members of the school community sensitized on age appropriate basic facts on HIV
- % of schools with age appropriate HIV information and messages approved by NACC and NASCOP displayed at strategic positions in the school compound
- % of schools supported to identify and refer learners and members of school community with chronic illness to the nearest facilities
- % of learners and members of school community sensitized on HIV treatment and adherence
- % of schools implementing and operationalizing Educational Sector Workplace Policy on HIV and AIDS
- % of learners and members of school community recruited and trained as anti-stigma champions and peer educators
- % of schools providing counseling services to learners and members of school community who have disclosed their HIV status and perpetrators of stigma to build coping and conflict resolution skills
- % of schools submitting termly reports on implemented HIV activities to County Directors of Education and CASCO using the MOE/NACC reporting template
- % of members of school community linked to nearby health facility to access timely treatment

### **TB**

- Number of learners who have been screened for TB
- Number of learners who have had a cough, excess night sweat, unexplained weight loss, fever and chest pains.
- Number of learners tested for TB
- Numbers of learning institutions reached for TB screening
- % of schools preventing exposure of learners and members of school community to smoking, indoor and outdoor air pollution
- % of learners receiving BCG and pneumonia vaccination upon admission
- % of eligible learners and members of school community receiving Isoniazid prevention therapy

## **Malaria**

- Proportion of learners in boarding schools within high risk malaria zones who slept under a Long Lasting Insecticide Net the previous night
- % of schools spraying internal wall of learning and boarding facilities as per the Indoor Residual Spraying (IRS) guidelines
- % of learners and members of school community sensitized on malaria prevention, prompt referral of suspected cases and control

## **Diarrheal Diseases**

- % of learners and members of school community sensitized on prevention and control of diarrheal diseases

## **Hepatitis**

- % of learners and members of school community sensitized on prevention and management of hepatitis

## **Tetanus**

- % of learners and members of school community sensitized on prevention of tetanus

## **Snake Bites**

- % of learners and members of school community sensitized on prevention, control and management of snake bites

## **Rabies**

- % of learners and members of school community sensitized on rabies prevention, control and management
- % of schools vaccinating dogs and cats within school compound for rabies as per national guidelines
- % of learners and members of school community bitten by a suspected

rabied animal referred promptly to the nearest health facility

### **Jiggers**

- % of learners and members of school community sensitized on causes, prevention, signs and symptoms of jiggers' infestation

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

- % of learners and members of school community sensitized on VHFs prevention and control

### **Immunization**

- % of learners and members of school community sensitized on immunization

### **Disease Surveillance**

- Number of learning institutions with monthly summary of diseases affecting learners
- Number of learning institutions with disease detection and reporting mechanism

### **First Aid**

- Number of learning institutions with well-equipped first Aid facilities

### **School based parasite control**

- Proportion of school aged children (6-14 years) dewormed for Soil Transmitted Helminthes within endemic areas
- Proportion of pre-school aged children (2-5 years) dewormed for Soil Transmitted Helminthes within endemic areas
- Number of school aged children dewormed for Schistosomiasis
- % of learners and members of school community sensitized on parasitic infestations prevention and control
- % of schools incorporating skill-based health education promoting and emphasizing safe water, environmental sanitation and hygiene for parasitic disease control and management in the school curriculum
- % of learners and members of school community sensitized on trachoma prevention and control

## **Health screening**

% of schools screening learners upon entry into school

- Number of learners referred for specialized care after screening
- % of schools conducting annual health examination to learners and members of school community

## **Non Communicable Diseases (NCDs)**

- Proportion of learning institutions promoting healthy lifestyle among learners for the prevention of NCDs
- Proportion of learning institutions undertaking screening of learners and members of the school community for substances and drugs abuse
- Proportion of learning institutions with teachers trained on mental health
- Proportion of learning institutions providing learners with adequate time to engage in physical activity as per the school curriculum requirements
- Number of learning institutions with monthly summary of injuries of learners
- % of learners and members of school community sensitized on healthy lifestyle
- % of schools promoting and creating awareness on prevention and risk factors for violence and injuries among learners and members of school community
- % of learners and members of school community sensitized on mental health and substance use disorders
- % of learners and members of school community sensitized on good oral health practices
- % of learners and members of school community sensitized on eye health
- % of schools conducting eye checkups for learners on enrolment
- % of schools conducting annual checkups and referring identified learners and members of school community to the nearest health facility

## **7. Special Needs, Disability and Rehabilitation**

- Number of cases of SNs and disabilities assessed, placed or referred
- % of schools screening for disability during admissions into pre-primary and primary schools
- Number of learners with special needs and disabilities accessing health services
- Percentage of learning institutions that have developed and implementing disability friendly development plans
- Number of stakeholders collaborating in provision of habilitative or rehabilitative services
- Number of IEC materials developed
- Number of learners with SNs and disabilities represented in School Board of Management
- Number of learners with materials, assistive devices, equipment and technologies
- Percentage of learning institutions linked with CHVs to homes where learners with SNs and disabilities come from

## **8. School Infrastructure and Environmental Health Safe Guards**

- Number of learning institutions adhering to Environmental Safety
- Number of inspections conducted by the Public Works and Public Health officials on infrastructure, and environment health safe guards
- % of schools with approved designs and plans for infrastructure that are gender sensitive and appropriate adaptations to persons with disability
- % of schools without bugler proof dormitories as provided for in the Basic Education Act 2013 and Safety Manual as well as all doors within the institution opening outwards
- % of schools with adequate play-ground space and facilities to encourage participation in physical activities for all learners
- % of schools with proper demarcations, fenced ground, secure gate manned at all times and a main gate written “no trespassing” sign.
- % of schools allocated a way from disruptive activities such as industries, bars, heavy traffic roads, sewerage or dumping sites;

- % of school compounds free from items like broken glasses, loose sticks, stones or potholes that can cause injuries to the learners, teachers or other school personnel
- % of learners and members of school community sensitized on fire fighting with regular drills
- % of schools with fully functional fire-fighting equipment and regularly inspected
- % of learners and members of school community sensitized on road safety (zebra crossings, bumps and traffic lights)
- % of schools whose school transport do not operate at night unless with express authority

### **Health Promotion / Education**

- Number of learning institutions receiving health education from resource persons on priority thematic areas
- Number of learning institutions with IEC materials on the priority thematic areas

### **Governance of school health programme**

- Proportion of governance structures established and functional at national, county, sub-county, ward and learning institution levels

## References

- African Charter on the Rights and Welfare of the Child 2001
- Basic Education Act 2013
- Building code and regulations 2009
- Constitution of the Republic of Kenya 2010
- Education Sector policy on HIV and AIDS 2013
- Environmental Management and Coordination Act (EMCA 1999)
- Food Drugs and Chemical Substances Act 254
- Health Care Waste Management 2015
- Kenya National Pharmaceutical Policy 2008
- Jomtien and Dakar Declaration 1990
- Kenya Essential Drugs List 2010
- Kenya National Drug Policy 1994
- Guidelines for Drugs Donations 1990
- Ministry of Health HIV/AIDS Policy
- National Early Childhood Development Policy Framework
- National Education Sector Plan 2013-2018
- Pharmacy and Poisons Act 244
- National Adolescent Sexual and Reproductive Health Policy 2015
- Safety Standards for schools in Kenya
- School meals and Nutrition strategy 2018-2023
- Home Grown School Meals Program Implementation Guidelines 2016
- Sustainable Development Goals
- Teachers Service Commission Act 212
- Code of regulations for Teachers 2015
- The Learners Act 2001
- The Education Act 2013
- Kenya National Youth Policy 2006
- The MOE Sessional Paper No. 1 of 2005
- The Persons with Disability Act 2003
- The Public Health Act 242
- Safety Standards Manual for School in Kenya 2008
- The UN standards Rules of Equalization for People with Disabilities 1993

- The Water Act CAP 372
- Tobacco Control Act 2007
- UN Convention on the Rights of the Child 1990
- Kenya Vision 2030
- The Children Act, 2001

## **Annexes.**

### **Annex 1: Policy Documents in Learning Institutions**

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

Kenya School Health Policy, 2018
Kenya School Health Implementation Guidelines, 2018
Gender Policy 2011
Policy Guidelines on School Safety and Disaster Risk Reduction
Basic Education Act 2013
Public Health Act
Learners' Act 2001
Sexual Offences Act 2006
Policy / guiding framework on re-admission of girls back to school e.g.
Child Protection Policy Framework 2016
Life skills curriculum / syllabus
TSC Code of Conduct
School Staff code of conduct
Safety Standards for schools in Kenya
Approved Architectural Drawings School Buildings
The Children Act, 2001
Approved Architectural Drawings of WASH facilities (latrines , water tanks, pipelines, standpipes, hand washing facilities)

## **Annex 2: Technical Committee Members**

<b>No.</b>	<b>Name</b>	<b>Organization/Institution</b>
1.	Dr. Warfa Osman	MOH/NCAHU
2.	Dr. Stewart Kabaka	MOH/NCAHU
3.	Dr. Daniel Langat	MOH/IDSRU
4.	Dr. Christine Wambugu	MOH/NCAHU
5.	Prof. Sammy Njenga	KEMRI
6.	Dr. James Mwitari	MOH/DEH
7.	Phares Nkare	MOH/HPU
8.	Joseph Gichimu	MOH/Policy
9.	Judy Ndungu	WFP
10.	Erastus Karani	MOH/NCAHU0.
11.	Denis Osiago	MOH/OSU
12.	Paul Mwongera	MOE/SHN&M
13.	Walema Barnett	MOE/SHN&M
14.	Josephine Ayaga	MOH/NCAHU
15.	Margaret Kuibita	Nakuru County Health Government
16.	Stephen Mwangi	MOH/NCAHU
17.	Jane Gichuru	MOH/MHU
18.	Dr. Debora Marigu	Kisii County Government/KPA
19.	Samuel Kiogora	MOH/CHDU
20.	Dikcson Oyieko	MOE/Nakuru County Government
21.	Leila Akinyi	MOH/NDU
22.	Emily Nyaga	MOE/Kiambu County Government
23.	Jacinta Opondo	MOH/MNCP
24.	Treazar Ogumbo	MOH/Physiotherapy Department
25.	Laban Benaya	Evidence Action
26.	Michael Ngacha	MOE/Directorate of Secondary Section
27.	Prisciller Emojong	MOH/DoN

28.	Kemunto Kenani	MOE/Directorate of policy and Partnerships
29.	Olive Mbuthia	KICD
30.	Gladyce Kiio	RHRN
31.	James Sekento	MOH/TB
32.	Obwiri Kenyatta	CDC
33.	Mary Mullu	MOE/QAS
34.	Teresia Kariuki	Kiambu County Health Department
35.	Jacynter Omondi	MoLSP/DCS
36.	Dr. Jeanne Patrick	MOH/RMHU
37.	Dr Muthoni Gichu	MOH/NCD
38.	Jackson Njoroge	MOH/IDSRU
39.	Julius Munyiri	MOPW
40.	Sabla Abduba	Kajiado County Health Department
41.	Lewis Kimathi	CIFF
42.	Kigen Korir	UNFPA
43.	Oscar Kasango	MoA&I
44.	Kakuu Kimando	MoE/SNU
45.	David Mbuvi	GCN
46.	Dr. Laura Oyiengo	MOH/NASCOP
47.	Lucy Murage	NI
48.	Salome Ochola	NACC
49.	Dr. Festus Kiplamai	Kenyatta University
50.	Boniface Ouko	MOE/SHN&M
51.	Beverly Mademba	Wash United
52.	Abednego Kamandi	MOE/Policy
53.	Jedidah Obure	MOH/NCAHU
54.	Fredrick Ngeno	MOH/OH
55.	Alex Mutua	MOH/NCAHU
56.	Hellen Owino	CSA
57.	Darline Muhonja	TSC
58.	Eng. Agnes Makanyi	UNICEF
59.	Jane Kamau	UNESCO
60.	Martin Matingi	MOH/NCAHU
61.	Geoffrey Kebaki	MOH/DEH
62.	Dr. Silas Agutu	MOH/NCAHU
63.	Johnson Mwangi	MOH/Policy

64. Sicily Matu	UNICEF
65. Janet Mule	MOH/DEH
66. Emmanuel Denis	EA
67. Immaculate Nyaugo	NDU
68. Chrispin owaga	Evidence Action
69. Anne Njoroge	Evidence Action
70. Eng. Rose Ngure	MoW&S
71. Juliet Nduta	PSK
72. Kezzia Wandera	MOE/QAS
73. Joyce Muthuri	MOH
74. Samuel Misoi	MOH/TB
75. Michael Macharia	MOH/NASCOP
76. David Owiro	Evidence Action
77. Dr. Caroline Kabiru	APHRC
78. Beatrice Maina	APHRC

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