

**THE KENYA**

**SCHOOL HEALTH**

**POLICY 2018**

A SUMMARY



**RIGHT HERE  
RIGHT NOW**

# BACKGROUND

The policy was first developed in 2009 by the Ministries of Education and Health—previously referred to as the National School Health Policy. It 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.

The policy is anchored on Articles 42, 43, 53, 54 among others of the Constitution of Kenya 2010 which 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. It is further enhanced by the Education Act 2013, Article 28; every child has the right to free and compulsory basic education

# WHY A SCHOOL HEALTH POLICY?

Illiteracy, diseases, disabilities and poor health are an impediment to national development and poverty reduction. Kenya's Vision 2030 acknowledges that improved health and more so to all learners is a critical driver to the achievement of this vision. The school;

1. An efficient and effective channel to reach many people for introducing health promotion practices through Behavior Change Communication (BCC);
2. Provide interventions in a variety of ways (learning experiences, linkages to services, supportive environment);
3. Learners are admitted at early stages of their development when lifelong behaviors, values, skills and attitudes are being formed;
4. Improved health enhances cognitive development, concentration, participation and retention of learners in school. It also reduces absenteeism, increases enrolment and improves academic performance.

## Components of the Comprehensive School Health Programme (CSHP)

The components of a CSHP include:

1. Values and life skills
2. Gender, Growth and Development
3. Child Rights, and Responsibilities;
4. Water, Sanitation and Hygiene;
5. Nutrition;
6. Disease prevention and control;
7. Special needs, disabilities and rehabilitation;
8. School infrastructure and environmental health safe guards.
9. Cross cutting issues

## VISION, MISSION AND GOAL 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:**

To provide a healthy, safe and friendly environment for all learners in Kenya.

## THEMATIC AREAS

### Values and Life Skills

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. 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.

**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

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.

## ISSUES AND CONSTRAINTS

### 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 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. 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):

- 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.

## Objectives

1. 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
2. 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 childbearing/Pregnancy and provide support for and implementation of guidelines to ensure return to school policy are articulated

# Child Rights and Responsibilities

Children are the most vulnerable members of our society by virtue of their age and stage of growth. Therefore, their rights should be safeguarded and protected. Furthermore, children are the future of the country and should therefore be brought up into responsible adults.

## 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

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)

## 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 hand-washing facilities including soap shall be provided in each school and located within the vicinity of the toilet/latrine, eating and play areas;

1. 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;
2. 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 (MHM),

is a crucial element of the School Health Policy, being important for dignity, gender equality and the human rights of women and girls

### 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

Nutrition refers to provision of food to the human body for growth, development and maintenance of life.

### 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

# Disease Prevention and Control

## Objective:

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

## Strategies

Collaborate with line ministries and other stakeholders to provide sufficient, clean and safe water to all learning institutions.

## Policy statements

The MOE in collaboration with the MOH shall:

1. Put systems in place to prevent communicable disease transmission, morbidity and mortality, rapidly identify and control outbreaks, support disease elimination and eradication
2. 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
3. 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

4. Empower the school community to take up screening on annual basis
5. 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 institution

# Special Needs, Disability And Rehabilitation

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.

## 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 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
8. Intensify monitoring and evaluation to ensure that learners with special educational needs is provided with quality services.
9. Increase and sustain support for specialized educational institutions to cater for learners and youth who cannot benefit from inclusive education
10. Expand educational services to cater for categories of learners and youth with disabilities not currently catered for.
11. Provide a conducive learning environment that takes care of special needs of learners with disabilities
12. Design, develop and provide appropriate technologies, assistive devices and learning materials for learners with special needs and disabilities.
13. 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.
14. Adapt and adopt information, education and communication systems appropriate for learners with special education needs in all centers of learning

15. Train, motivate and retain specialist educators in the special education sector
16. Incorporate special needs education in the regular teacher- training curriculum
17. Promote and strengthen educational assessment and resource centers (EARCs) and services throughout the country
18. Establish, equip and deploy adequate and competent staff in EARCs to provide quality services
19. Promote opportunities for the youth with disabilities in primary and secondary education through various means including special action in admission, bursaries and examination.
20. 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**

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)

### **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.

# 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:**

1. Development and review of the National School Health Policy and Guidelines
2. Coordination of all School Health stakeholders, bilateral and multilateral partners at the national level;

3. Planning of school health programme activities e.g. school health action days
4. Resource mobilization and utilization;
5. Implementation of all aspects of the School Health Policy in schools;
6. Supervision, monitoring and evaluation;
7. Conducting pre-entry and routine screening;
8. Dissemination of reports and school health information to parents and community;
9. Facilitation of referral between school and health facility;
10. Conducting research (School-Based and community linked Health Research);
11. Capacity building of teachers and health workers on school health needs;
12. Keeping confidential information gathered as per the laid down government regulation;
13. 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:**

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

**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, micro-nutrients, 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**

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

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

1. Enforcement of required health standards including infrastructure, water and sanitation facilities in schools;
2. Ensuring that all relevant Health Acts, Rules and Regulations are enforced;
3. Ensuring constant availability of essential drugs in the existing GOK health facilities;
4. Provision of technical support in the training and in-servicing of school personnel;
5. Provision of rehabilitative health services.

### **Responsibilities of the Community**

1. Active participation in the management of schools;
2. Resource mobilization;
3. 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.

**Developed in Conjunction with:  
The Ministry of Health and Dream Achievers Youth Organisation :**

