

**SCHOOL BASED FACTORS INFLUENCING LEVEL OF  
IMPLEMENTATION OF NATIONAL SCHOOL HEALTH STRATEGIC  
PLAN IN PUBLIC SECONDARY SCHOOLS IN KITUI WEST SUB  
COUNTY KITUI COUNTY, KENYA**

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**A Research Report Submitted to the Department of Educational  
Administration and Planning, School of Education in Partial Fulfillment of  
Requirements for the Award of a  
Degree of Master of Education in Educational Planning and Administration  
of South Eastern Kenya University**

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## DECLARATION AND RECOMMENDATION

### Declaration

This research project is my original work and has not been presented for a degree in any other university.

\_\_\_\_\_

Date . \_\_\_\_\_

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E55/KIT/20084/2011

### Recommendation

This research project has been submitted with our approval as University supervisors

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## **DEDICATION**

I dedicate this research work to my husband and children.

## **ACKNOWLEDGEMENT**

I am grateful to Almighty God for giving me the strength, will and wisdom in the course of my study. I highly appreciate the contribution and the support which various institutions and individuals provided for the successful completion of this research project. Though it would be difficult to mention all by name, the following deserve a special mention: My supervisors Doctor Joash Migosi and Professor James Matee Muola and the entire staff of South Eastern Kenya University for the support and assistance they accorded me during the time of my studies and the crucial period of the research, May God bless you all in His own special ways. I also acknowledge gratitude to the staff of Sub County Education Office (Kitui West Sub County), Principals and Teachers of public Secondary Schools in Kitui West Sub County who took part in the project as respondents. I would also like to appreciate my husband Jonathan for moral and material support he accorded me during my research as well as my daughters Mueni, Dama and Lilly for their understanding when I was too busy to attend to them. God bless them.

## ABSTRACT

The study intended to investigate School Factors Influencing Level of Implementation of Kenya National School Health Strategic Plan in Public Secondary Schools in Kitui West Sub County. Descriptive survey research design was used to conduct the research. The researcher carried out the research in ten (10) schools. Ten(10) principals and sixty (60) teachers participated in the research as respondents, making a total of seventy (70) respondents. The researcher used a questionnaire for teachers and an interview guide for principals to establish School Factors influencing level of implementation of Kenya National School Health Strategic Plan in public secondary schools in Kitui West Sub County. The sampled school factors were training of school personnel, availability of resources, awareness and commitment by school managers. Data collected was organized, processed and analyzed using descriptive statistics guided by the research objectives and research questions. The researcher used statistical package for social sciences (SPSS) to analyze the data. Most of the respondents felt that induction policy, refresher courses for school personnel and training of teachers on community issues influence implementation of national health strategic plan most. It was also found out that teachers were not fully trained to implement national school health strategic plan according to principals and that students did not take life skills lessons seriously since. Principals revealed that schools did not have enough resources. Apart from the resource factors in the questionnaire, allocation of funds was mentioned by the Principals as another resource factor that influences implementation. Knowledge of one's role and what is expected in the strategic plan influence most as far as the awareness and commitment factors are concerned. Most of the principals were not aware of the strategic plan and some of those who were aware of it did nothing, this signifies lack of commitment. The government had not allocated schools any funds for implementation of the plan and that Government policies like on virement of funds are intervening variable. It was concluded that school-based factors influence level of implementation of National School Health Strategic Plan in Public Secondary Schools in Kitui west sub County. The following recommendations were made: Educationists should carry out further research to establish whether there could be other factors that influencing implementation level of National School Health Strategic Plan in Public Secondary Schools Kitui West Sub County, Kitui County. The government should immediately train school personnel and organize for refresher courses for teachers and have induction courses for newly employed school staff. The curriculum development body should make Life skills subject examinable. The National and County governments should commit more resources to education sector. The government should create awareness to principals and take stern action to those that are not committed to duties. It

should also remove some bureaucracies to avoid complicating otherwise simple matters.

## TABLE OF CONTENTS

<b>CONTENTS</b>	<b>Page</b>
<b>DECLARATION AND RECOMMENDATIONS</b> .....	ii
<b>DEDICATION</b> .....	iii
<b>ACKNOWLEDGEMENT</b> .....	iv
<b>ABSTRACT</b> .....	v
<b>LIST OF TABLES</b> .....	x
<b>LIST OF FIGURES</b> .....	xi
<b>ABBREVIATIONS AND ACRONYMS</b> .....	xii
<b>CHAPTER ONE</b> .....	1
<b>INTRODUCTION</b> .....	1
<b>1.1 Background to the Study</b> .....	1
<b>1.2 Statement of the Problem</b> .....	7
<b>1.3 Purpose of the study</b> .....	8
<b>1.4 Objectives of the Study</b> .....	9
<b>1.5 Research Questions</b> .....	9
<b>1.6 Significance of the Study</b> .....	10
<b>1.7 Delimitations of the Study</b> .....	10
<b>1.8 Limitations of the Study</b> .....	10
<b>1.9 Assumptions of the Study</b> .....	11
<b>1.10 Definition of Terms</b> .....	12

<b>CHAPTER TWO</b> .....	13
<b>LITERATURE REVIEW</b> .....	13
2.1 Introduction.....	13
2.2 General Perspective of Education and Health Issues in Schools .....	13
2.2.1 Trained Personnel and Implementation of Policies.....	13
2.2.2 Availability of Resources and Implementation of Policies.....	14
2.2.3. Level of Awareness, Commitment and Implementation of Policies....	16
2.3 Theoretical Framework.....	18
2.4 Conceptual Framework.....	19
<b>CHAPTER THREE</b> .....	21
<b>RESEARCH METHODOLOGY</b> .....	21
3.1 Introduction.....	21
3.2 Research Design.....	21
3.3 Location of the Study.....	21
3.4 Target Population.....	22
3.5 Sampling Technique and Sample Size .....	22
3.6 Data Collection Instruments.....	23
3.7 Instrumentation.....	23
3.7.1 Validity of Instruments.....	24
3.7.2 Reliability of Instruments.....	25
3.8 Data Collection Procedure.....	25
3.9 Data Analysis.....	26



3.10 Ethical Consideration.....	26
<b>CHAPTER FOUR .....</b>	<b>27</b>
<b>DATA ANALYSIS, INTERPRETATION AND DISCUSSION.....</b>	<b>27</b>
4.1 Introduction .....	27
4.2 Questionnaire Return Rate .....	27
4.3 Number of Principals Interviewed .....	28
4.4 Responses on Training of School Personnel .....	28
4.5 Responses on Resources Factors .....	33
4.5.1 Principals' Responses on Availability of Resources.....	36
4.6 Responses on Awareness and Commitment .....	38
4.6.1 Responses on Whether Principals are Aware of the Strategic Plan.....	41
4.7 Responses on Training, Resources and Commitment.....	42
4.8 Challenges Faced by Principals.....	43
<b>CHAPTER FIVE .....</b>	<b>45</b>
<b>SUMMARY, CONCLUSIONS AND RECOMMENDATION.....</b>	<b>45</b>
5.1 Introduction .....	45
5.2 Summary of Findings.....	45
5.3 Conclusions.....	47
5.4 Recommendations.....	48
5.5 Recommendations for Further Research.....	49
<b>REFERENCES .....</b>	<b>50</b>

<b>APPENDICES .....</b>	<b>55</b>
<b>Appendix One: Pre-notice Letter.....</b>	<b>55</b>
<b>Appendix Two: Letter of Introduction .....</b>	<b>56</b>
<b>Appendix Three: Questionnaire for Teachers.....</b>	<b>57</b>
<b>Appendix Four: Interview Guide for Principals.....</b>	<b>61</b>
<b>Appendix Five: Kenya National School Health Strategic Plan.....</b>	<b>62</b>
<b>Appendix Six: Research Permit from SEKU.....</b>	<b>63</b>
<b>Appendix Seven: Research Permit from Kitui West Sub County Ed. office...64</b>	
<b>Appendix Eight: Research Permit from NACOSTI.....</b>	<b>65</b>

## LIST OF TABLES

<b>Table 1:</b> Kitui West sub County Secondary Schools.....	22
<b>Table 2:</b> Questionnaire Return Rate .....	27
<b>Table 3:</b> Number of Principals Interviewed .....	28
<b>Table 4:</b> Responses on Training Factors.....	29
<b>Table 5:</b> Responses on School Personnel to be Trained.....	32
<b>Table 6:</b> Responses on Resource Factors.....	33
<b>Table 7:</b> Responses on What Needs to be Improved.....	36
<b>Table 8:</b> Responses on Awareness and Commitment Factors.....	38
<b>Table 9:</b> Responses on Influence of Training, Resources and Commitment...	42

## LIST OF FIGURES

<b>Figure 1:</b> Conceptual Framework.....	19
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## **ABBREVIATIONS& ACRONYMS**

**BOM** Board of management

**CDF** Constituency Development Fund

**CFS** Child Friendly Schools

**DEO** District Education Officer

**FRESH** Focusing Resources on Effective School Health

**HOD** Head of Department

**MDGs** Millennium Development Goals

**NACOSTI** National Commission for Science, Technology and Innovation

**NHES** National Health Education Standards

**SD** Standard Deviation

**SHG** School Health Programme

**SPSS** Statistical Package for Social Sciences

**WASH** Water, Sanitation and Health

**WERK** Women Educational Researchers of Kenya

**WHO** World Health Organization

$\bar{X}$  Mean



## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background to the Study**

Health is a state of complete physical, mental and social well-being and not merely the absence of diseases. According to World Health Organization (WHO) 2005), a health promoting school is one that is constantly strengthening its capacity as a healthy setting for living, learning and working. The characteristics of a good school include: fostering friendly and healthy learning environment, integrating health and education officials, parents and the community in the effort to make the school a healthy place(World Education Forum in Dakar April, 2000).

The school environment is one of the key settings for promoting children's environmental health and safety, strategic plan as well as the Kenya education sector support programme(National Health Sector safety standards, 2008).In the year 2009, a National School Health Policy and National School Health Guidelines were developed and disseminated to promote school health. The National School Health Strategic Implementation Plan aims at identifying and mainstreaming key health interventions for improved school health and education. The strategy comprises eight major areas:values and life skills, gender issues, child rights, child protection and responsibilities, special needs, disability

and rehabilitation, water, sanitation and hygiene, nutrition, disease prevention and control. The strategy outlines critical issues on health and education that are important towards the improvement of child health while in school.

The school environment must create an enabling atmosphere for social, cultural and emotional well being that promotes a healthy child friendly school (Kann, L.&Wooley S.F.2007). This strategy will ensure that positive changes in school environment are supported, reinforced and sustained through a school health policy; skills based health education and school health services(School safety standards manual, 2008). It further suggested that effective and efficient healthy school environment shall ensure access, retention, quality and equity in education.

In an effort to make schools friendly, United States of America (USA) have adopted State Health Education Standards. The National Health Education Standards (NHES) addressed in schools are: health education, physical education and activity, healthy and safe school environment, mental health and Social services (Legislator policy brief,USA 2007). The districts in USA offered assistance to help schools provide health education on the school health policies and practice but level of implementation was not 100% because according to a study carried out in 2012, only 74.0% have adopted health education standards that are based on the 2007 National Health Education Standards (NHES). At



least 87% of states had adopted standards for elementary, middle, and high school health education that specifically addressed each of the NHES. Many learners suffer from obesity due to lack of information on healthy living (A case study on School Health Policies and Practices USA 2012).

According to universal basic education act, the Federal Government of Nigeria is committed to promoting health through schools. It has designed a policy to put in place a National Framework for the formulation, co-ordination, implementation and effective monitoring and evaluation of School Health Programme (SHP). It comprises all activities in the school environment for the promotion of the health and it is one of the strategies for the achievement of Health for All (HFA).(Nigeria Universal Basic Education Act 2004)

In Focusing Resources on Effective School Health (FRESH) as a strategy, four main components were included in School Health Policies: Water, Sanitation, health education, security, nutrition and Health services (Nigeria National School Health Policy 2006). When 276 female students were kidnapped from a government school on 14<sup>th</sup> April 2014, in Chibok town in Borno state in Nigeria, Nigeria government has been criticized for failing to protect the population and more so the schools since security was one of the components addressed in FRESH (Jonathan, 2014).

In the year 2008, the Ministry of Education in Kenya developed a Safety Standards Manual for Schools in Kenya which required each school to have a school health programme to maintain and improve the health of learners and school personnel. Kenya National School Health Policy and guidelines (2009) defines a comprehensive school health programme as one that will enable the Government to address the needs of learners, teachers and their families. Roles of the school health programme include: Promoting knowledge about healthy living, development of social skills, providing wholesome food, making school drug-free zone and addressing issues affecting those with special needs in the school amongst others (Kenya National School Health Policy and guidelines (2009))

The manual recommended that the school involves school sponsors, parents and the community in the programme (Safety Standards Manual for Schools in Kenya (2008)). In it the Government outlines the plan on how it intends to address the above issues and the following measures are recommended: adapting facilities to the needs of all learners, Promoting equal opportunities for all to education and health, Informing on negative cultural practices related to gender, ensuring no discrimination, providing mental health education, providing sports and recreational facilities for all learners, monitoring children's nutritional status and introducing feeding programmes, educating students on sexual and

reproductive health (The Kenya National School Health Policy and guidelines (2009).

In an attempt to foster partnership, the Ministry of Public Health and Sanitation and the Ministry of Education came up with the Kenya National School Health Strategic Implementation plan. The intention was to strength children's capacity to fulfill their right to Health and Education (Kenya National School Health Policy and Guidelines (2009).In the strategic plan, Kenyan government aims at: adapting facilities to the needs of all learners, promoting equal opportunities for girls to education and health by providing cheap sanitary towels, informing on negative cultural practices,ensuring HIV positive learners, teachers and staff are not discriminated, providing mental health education and promotion, providing sports and recreational facilities for all, monitoring children's nutritional status and introducing feeding programmes, educating students on sexual and reproductive health and providing necessary skills to prevent unwanted pregnancies, diseases and sexual violence.

This was to be rolled out to all counties by the year 2015. Despite government's effort to achieve this, reports have it that not much has been done although it is one year to that time. A Special Report by Otieno revealed that some schools lack basic facilities like first aid kits and fire extinguishers. This is evidenced in

situations which arise and it beats logic to explain if the facilities were there then, why was the situation not arrested? For instance in March 2011, a form three student at St Georges Girls` in Nairobi died in a pool accident, in August 2012, eight girls died in a dormitory fire at Asumbi girls` boarding primary school in Homa Bay, in October 2012, four students died in a dormitory fire in Le Pic school Nairobi, in July 2013, nine students died in a road accident in Kisii, in February 2014, a form one student was shot to death while 38 others sustained serious injuries when a gang raided Motego Education Centre in Nairobi, in April 2014, a student at Koma Rock Secondary School was allegedly stabbed to death by a fellow student after a disagreement over a girl in the same school (Otieno, 2014). These situations could probably have been arrested if the plan was properly implemented.

In Kitui West Sub County, challenges like lack of secure fences, inadequate facilities could be contributing to occurrence of instances indicating poor implementation of the school health strategic plan. Students are taken to Kauwi Sub County dispensary for cases which could be handled at the school level if schools had first aid arrangements. On 9<sup>th</sup> May 2014, two girls were taken to Kauwi sub county dispensary having been bitten by a dog in a boarding school! Dogs transmit a very serious disease known as Rabies and one wonders how Dogs would get to intermingle with students in a boarding school (Kauwi Dispensary Outpatient Record 5/387/2014).

Water is a very crucial element in a school environment for health to be achieved, most schools in the sub county lack reliable source of water. Some day- schools do not have a school feeding programme and learners do without mid- morning breakfast (Kitui West CDF, School Needs Survey, 2014).Quality assurance inspection report in the Sub County indicate that life skills lessons are not taught in any school and only one school has a trained nurse. (Kitui West Sub County Education Office Inspection Report, 2013)

## **1.2 Statement of the Problem**

There is widespread failure to implement school health intervention programs especially in schools within Kitui West Sub County. In the National School Health Strategic Plan, schools are expected to form school security subcommittee, have the members trained and involve the community in monitoring children's nutritional status, introducing feeding programmes, educating students on sexual and reproductive health and providing sports and recreational facilities. A needs survey carried out by Kitui West CDF office indicate that no school has sports facilities for the physically challenged learners. A primary school in one of the Divisions has a population of 124 learners and has one classroom which serves also as Head teacher's office at the back. The other learners take their studies under a tree. Boys and girls in the school were

sharinga latrine donated to the school by a neighbor (Kitui West CDF, School Needs Survey, 2014). Schools in Kitui West Sub County lack trained nurses, sports facilities , reliable source of water and school feeding programmes for the students (Kitui West CDF schools needs survey, 2014). In March 2015, a learner in one of the schools sank into a neglected pit latrine and lost his life (Sub County Education Office 2015).

It is now one year to the time the plan was intended to have been rolled out to the schools in all Counties. In Kitui West Sub County, the level of implementation of the National School Health Strategic Plan is not as expected. Very little if any research has been done on school based Factors influencing level of implementation of National School Health Strategic Plan in Kitui West Sub County. This study therefore seeks to establish school based Factors Influencing the Level of Implementation of National School Health Strategic Plan in Kitui West Sub County, Kitui County.

### **1.3 Purpose of the Study**

The study intended to establish the School-based Factors Influencing Level Implementation of National School Health Strategic Plan in Public Secondary Schools in Kitui West Sub County, Kitui County.

#### **1.4 Objectives of the Study**

The study was guided by the following objectives:

- i. To determine the influence of training of school personnel on level of implementation of National School Health Strategic Plan in Public Secondary Schools Kitui West Sub County, Kitui County.
- ii. To establish the influence of resources availability on the level of implementation of National School Health Strategic Plan in Public Secondary Schools in Kitui West Sub County, Kitui County.
- iii. To determine the influence of awareness and commitment by the School Managers on the level of implementation of National School Health Strategic Plan in Public Secondary Schools in Kitui West Sub County, Kitui County.

#### **1.5 Research Questions**

The study was guided by the following research Questions:

- i. What is the influence of level of training school personnel on the implementation of National School Health Strategic Plan in Public Secondary Schools in Kitui West Sub County, Kitui County?
- ii. How much does resources availability influence level of implementation of National School Health Strategic Plan in Public Secondary Schools in Kitui West Sub County, Kitui County?

- iii. What is the influence of awareness and commitment by School Managers in the implementation of National School Health Strategic Plan in Public Secondary Schools in Kitui West Sub County, Kitui County?

### **1.6 Significance of the Study**

The findings of the study shall be of use to the stakeholders in Education in ensuring that the school-going children enjoy their right to good health, are protected and this will improve the health and education standards of Kenyans. The academia will also benefit in that the study will add to the existing knowledge on factors influencing level of implementation of strategic plans in schools and other public institutions.

### **1.7 Delimitations of the Study**

Although there are many factors influencing the level of implementation of strategic plans, this study only investigated those related to school. Besides, the study was carried out in public secondary schools only which might not have represented the situation in public primary schools and private schools in Kitui West Sub County thereby making it impossible to generalize the findings to other categories of schools, a study on community, environmental, governmental and cultural factors and on a wider area might produce more representative results.



### **1.8 Limitations of the Study**

Some respondents might not have been willing to give the correct information due to fear of victimization, the data was collected in a span of three weeks and the findings of the study reflect the situation as it was this particular time, a study of a longer period of time like six weeks might produce more representative results and respondents were assured of confidentiality.

### **1.9 Assumptions of the Study**

The study was based on the assumptions that all the other factors were held constant, the sample represented the population, respondents were willing to participate and provided all the data available, responded to the questions correctly and truthfully and that data collection instruments had validity and were measuring the desired variables.

## **1.10 DEFINITION OF TERMS**

**Health-** Is the state of being physically, mentally and socially well.

**Level of awareness** -In this study refers to knowledge of existence of national School health strategic plan

**National School Health Policy-** Refers to a comprehensive school health programme that enables Government to address the health needs of learners and teachers by providing a conducive school environment **Policy** -In this study refers to plan of action agreed upon by the Ministry of Health and Sanitation and Ministry of Education to make school environment health

**Resources** - In this study refers to physical structures which are available in the school for use in the implementation of school health programmes and policies

**School health programme-**In this study refers to activities programmed by a school that will enable it to address the needs of learners, teachers and their families

**School Personnel-** In this study refers people who work for the school (teaching and Non-teaching staff)

**Strategic plan** -In this study refers to the all the activities that government intends to undertake to make schools healthy

**Training-**Imparting the right skills to school personnel necessary for the performance of their duties

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter captures the global concern and Kenyan situation on the way national school health issues are tackled and challenges facing different countries on school health issues. It contains research work by various scholars who have attempted to study education and health issues in schools in Kenya and elsewhere. Also captured is the theoretical and conceptual framework.

#### **2.2. General Perspective of Education and Health Issues in Schools and Factors Affecting their Provision**

Several aspects of school environment have been associated with implementation of policies and strategic plans, some of these aspects and how they have affected provision of quality services in school health are discussed below;

##### **2.2.1. Training School Personnel and Implementation of Policies**

A case study in Uganda indicate that child friendly schools (CFS) in Uganda face challenges like; lack of trained ECD caregivers in the implementation of the policies (UNICEF's CFS Case Study: Uganda,2010).In an effort to review Policy, Municipal case studies in Health Promoting Schools in Tampere (Europe), showed that there were challenges like lack of training given to

professionals and youth council members (Policy review, Tampere. Europe2011). Implementation of the National Health Education Standards in USA was affected by lack of qualified personnel (School Health Policies and Practices USA, 2012).

According to a research by Gertrude (2012), Mombasa County is faced with challenges like; lack of prior training of Head teachers in financial management and special education and other issues affecting special schools. A researcher found out that skill development for children with cerebral palsy in Tudor special private school in Mombasa County was not properly done due to lack of experienced and trained personnel and lack of appropriate curriculum (Hellen, 2012).

### **2.2.2 Availability of Resources and Implementation of Policies**

As Nigerian government tried to implement, effectively monitor and evaluate School Health Programme (SHP), it was affected by lack of resources, corruption and poor implementation policies in the government. (Federal Ministry of Education Nigeria: National school health policy, 2006). In a case study on Quality in and Equality of Access to Healthcare Services (Health QUEST) commissioned by the European Commission, shortages of public resources have been identified as a major factor limiting access to health services in a number of cases(<http://www.euro.who.int/> ENHP, 2006).

The African Population and Health Research Center (APHRC), in collaboration with the UN-HABITAT, initiated a HPS (health programmes in schools) intervention as a pilot study in Korogocho slum primary schools from February 2009 – November 2010 in Kenya, some of the challenges according to this brief were lack of financial support (A case study from Kenya of WASH in schools, 2011). A case study on Management and inclusion of children with mental challenges in public primary schools in Central District, Laikipia County revealed that most special schools lacked facilities and equipment to effectively enable the learners with special needs go through education without challenges which could be an indication of lack of resources (Esther, 2012). A similar case study on special schools in Mombasa County found out that educational resources (teaching and learning instructional, physical and financial resources) were inadequate to meet needs of the schools; Funds were not enough to meet the special school teaching and learning programmes (Gertrude, 2012).

According to Fatuma (2012), in Likoni Primary school for the blind in Mombasa, challenges facing pupils with total blindness in learning mathematical concepts include; lack of exposure to the use and application of mathematical concepts due to lack of resources. A research done by Dolly shows that Head Teachers in Thika Municipality, Kiambu County adopted strategies to counter girl-child dropout from public schools but it was revealed that poverty, lack of

sensitization of parents, community and girl-child, lack of Guidance and Counseling body for both parents and girl child were contributing factors to its proper implementation (Dolly, 2012).

### **2.2.3 Level of Awareness and Commitment in Implementation of Policies and Strategic Plan**

In Dar es Salaam, primary school pupils` lack of information about water borne diseases was contributing to increased cases and incidences of water-borne diseases (Moses, Master of Arts development studies, July 2007). In South Africa, provision of school health services in most parts of the country is not up to standard. A range of factors contributing to this include variation in the importance attached to the value of school health services, lack of commitment and support from the provinces (The Lancet: Health in South Africa, An inclusive Summary for the Lancet Series, 2010).

Guidance and counseling in the management of education plays an important role in preventing wastage in public secondary schools. In Buuri Kirimi District Meru County, (Gakii, 2012) revealed that exposure and training on guidance and counseling among head-teachers, teacher counselors and students was lacking and that this contributed to wastage in public schools in that county. In Kirinyaga County, Karimi found out that guidance and counseling programmes face

challenges like lack of commitment by school managers and lack of policy guidelines from the Ministry of Education (Karimi, 2012).

Other countries like USA have also faced challenges in implementing of the National Health Education Standards like; lack of commitment by the districts, designated coordinators, qualified personnel, poor plan for measuring implementation and poor plan for policy review and revision, resources and shortage of staff (School health policies and practicesUSA, 2012).

### **2.3 Theoretical Framework**

The researcher used first and Second-generation implementation theories. The first generation theory tries to understand the factors that facilitate or constrain the implementation of public policies (Sabatier & Mazmanian, 1981). It shows how local factors such as commitment, size, intra – organizational relationships, capacity and institutional complexities influence responses to policies (Mclaughlin, 1987).

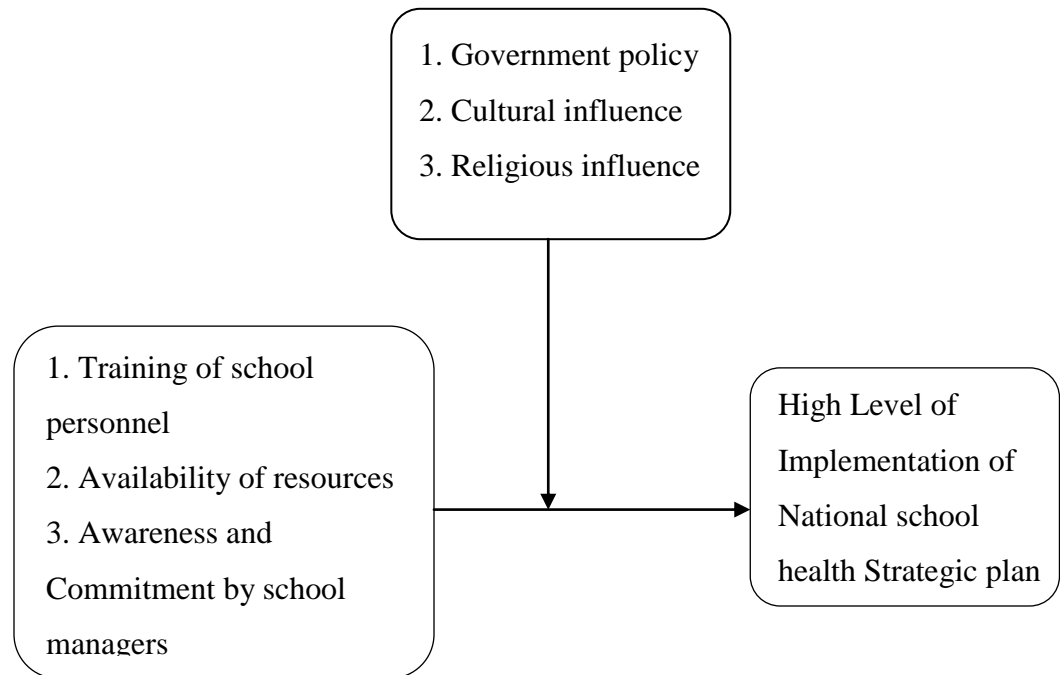
Second generation implementation theory considers importance of time periods i.e. at what point in history implementation occurs and over what period of time (Goggin et al, 1990).The vital point is the policymaker`s capability to exercise control over the environment and implementers (Younis & Davidson, 1990). It sees implementation as concerned with the degree to which the actions of implementing officials and target groups coincide with the goals embodied in an authoritative decision. Interest is directed towards things such as funding, formulas, formal organization structures and authority relationships between administrative units, regulations and administrative controls like budget, planning and evaluation requirements. Policy implementation success depends on the skills of individuals in local implementation structure, who can adopt the policy to local conditions (Elmore, 1978).



## 2.4 Conceptual Framework

In this research, the researcher conceptualized the independent, dependent and intervening variables as shown in figure 1.

**Independent variables    Intervening variables    Dependent variable**



**Figure 1: Relationship between School Factors and Level of Implementation of National School Health Strategic Plan**

The Conceptual framework shows the interaction of variables that influence implementation of National School Health Strategic Plan in Kitui west Sub County, kitui County. Theseschool factors range from training, resources andcommitment by school managers. Lack of trained personnel to carry out some of the technical activities in the plan slows the implementation, lack of

resources and commitment is another possible drawback in the implementation of the plan.

Government policies and bureaucracies make virement of finances by principals difficult and this can also impact negatively on the level implementation of the plan. Cultural and religious influence can also determine how some aspects are handled in the implementation process. For example think of a school in Kisovo (Mwingi East, Kitui county), the residents have hit the headlines all for the wrong reasons;their religion does not allow use of medicine. A school situated in this area will not allow teachers to talk about health education to their children or have their children given medical attention at any time in their lives.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

In this section the following are discussed: research design, target population, sample and sampling procedures, data collection instruments, validity and reliability, data collection procedures, data analysis and ethical consideration.

#### **3.2 Research Design**

The research design for this study was descriptive survey, since the researcher intended to involve thirty (30) secondary schools this method was chosen because it enables data collection from large sample. The major purpose of descriptive survey design is to describe the state of affairs as it exists at the moment. It deals with relationships among non-manipulated variables and since condition had already occurred the researcher was merely selecting relevant variables for analysis of their influenced (Best & Kahn, 1998), which was the situation within schools in Kitui West Sub County as regards the level implementation of the National School Health Strategic Plan.

#### **3.3 Location of Study**

The study was conducted in Kitui West Sub County, Kitui County in Kenya.

### 3.4 Target Population

The study targeted Principals and teachers within secondary schools in Kitui West District, Kitui County. According to District Education Officer's (DEO) office (2014), The District had thirty (30) registered secondary schools and one hundred and eighty eight teachers (188). The study focused on ten principals and sixty teachers.

### 3.5 Sampling Technique and Sample Size

A sample is a small proportion of a target population selected for analysis (Borg & Gall, 1998). For the purpose of the study, the researcher began by grouping schools into categories: mixed day, mixed boarding, and single sex boarding schools. To get the sample of the schools, the researcher used stratified and simple random sampling to select the ten schools and the 60 teachers. The samples were stratified into three categories; Mixed Day, Mixed Boarding and Single Sex Boarding Schools.

**Table 1. Kitui West Sub County Public Secondary Schools**

Type of school	number of schools	sampled schools	percentage
Mixed Day	21	6	29%
Mixed Boarding	6	2	33%
Single Sex Boarding	32		67%
<b>Total</b>	<b>30</b>	<b>10</b>	<b>33%</b>

To arrive at the ten schools to constitute the sample, simple random sampling was done on the 21 mixed day schools, the 6 mixed boarding schools and the 2 girls' boarding schools. Stratified sampling on the boys boarding school because it was only one. The Principals from the ten selected schools were selected to take part in the study. In selecting the teachers the researcher considered teachers who had stayed in the school for more than three years. The sample of teachers constituted 6 teachers from each of the sampled Single Sex School, 6 from each sampled Mixed Boarding School and 6 from each sampled Mixed Day School. The total number of respondents was 70.

### **3.6 Data Collection Instruments**

The data was collected using a questionnaire and an interview guide, they were preferred because they would allow the researcher to reach a larger sample within limited time; they also ensured confidentiality and gathered more candid and objective replies. The questionnaire was prepared for teachers and interview guide for Principals.

### **3.7. Instrumentation**

The researcher used questionnaires and interview guide to collect data. Questionnaires were for teachers and interview guide for Principals. The researcher preferred questionnaires because they give well thought out answers

and are effective when dealing with large sample. The questions set were related to each specific variable: (training of school personnel, availability of resources, awareness and commitment by school managers). The respondents were required to tick the right response from the key given inform of SA: strongly Agree, A: agree, UD: undecided; D: Disagree, SD: Strongly disagree and the key was rated 5, 4, 3, 2 and 1 respectively. Interview guide for principals consisted of open and closed ended questions related to variables thought to be affecting level of implementation of strategic plan on health issues in schools. The Principals were also required to highlight the challenges they face while implementing National School Health Strategy Plan in their Schools.

### **3.7.1 Validity of Instruments**

Validity in the context of this study is concerned with establishing whether the questionnaire and the interview guide content is measuring what it is supposed to be measuring. The questionnaire and the interview guide were presented to supervisors in the Department of Education at South Eastern Kenya University who are authorities in the area for the scrutiny and advice. After approved, pre-testing was done to help enhance reliability and validity of the instruments and vague statements or questions were refined or removed. The instruments took into account all the comments and suggestions made from the pilot study.

### **3.7.2 Reliability of the Instruments**

Reliability measures degree of accuracy in the measurements instruments provide. It ensures that the instruments generate similar data when used by independent researchers; further to remove errors, every instrument should be tested before it is formally administered(Grinnel,1993). To ensure reliability of the instrument the researcher conducted a pilot study in four public secondary schools in Kitui West Sub County before the actual study. Four questionnaires were administered to four teachers, the data values collected were correlated using Correlation Coefficient to establish the coefficient relationship, a correlation coefficient of 0.75 was obtained, and the questionnaires qualified to have high reliability as observed by kasomo(2006).

### **3.8 Data Collection Procedure**

Permission to carry out research was obtained from NACOSTI as required by the law. A transmittal letter and pre-notice letter was sent to Sub County Education Officer, Kitui West Sub County, the Principals and teachers. An introductory letter to the principals was obtained from the Sub County Education office (Kitui West Sub County). A preliminary visit was made to each of the schools to inform the principals of the intended research, a date to administer interview guide and Questionnaire was arranged.

The researcher distributed the Questionnaires to the respondents in the sampled schools in order to ensure a high proportion of useable responses. Researcher left behind the questionnaires to be completed by relevant respondents and made arrangements to personally collect them after two days to avoid low returns. The interview was conducted on the day of collecting the questionnaires from the teachers.

### **3.9 Data Analysis**

The researcher used statistical package for social sciences (SPSS) to analyze the data. Descriptive statistics were used to analyze the data.

### **3.10 Ethical Considerations**

Permission to participate in this study was always sought before administering the questionnaire and interview guide to any selected respondent. Participants were given the assurance that their identity will remain anonymous in order to uphold their privacy in case of any accusations that may be cast on them or their school.



## CHAPTER FOUR

### DATA ANALYSIS, INTERPRETATION AND DISCUSSION

#### 4.1 Introduction

The study was about school factors influencing level of implementation of National School Health Strategic Plan in Public Secondary Schools in Kitui West Sub County, Kitui County, Kenya. The chapter is subdivided into: questionnaire return rate, teachers' responses to questionnaires and Principals' responses to interview guide.

#### 4.2 Questionnaire return rate

The researcher had given out 60 questionnaires to teachers. The sample of teachers constituted 6 teachers from each of the sampled Single Sex School, 6 from each sampled Mixed Boarding School and 6 from each sampled Mixed Day School. All the 60 questionnaires were returned.

**Table 2. Questionnaire return rate**

Type of school	No. of sampled schools	No. of sampled teachers	return rate
Mixed Day	6	36	100%
Mixed Boarding	2	12	100%
Single Sex Boarding	2	12	100%
<b>Total</b>	<b>10</b>	<b>60</b>	<b>100%</b>

#### **4.3 Number of Principals Interviewed**

The researcher interviewed all the 10 principals from the 10 sampled schools.

**Table 3. Number of Principals interviewed**

<b>Type of school</b>	<b>No. of sampled schools</b>	<b>No. of principals interviewed</b>
Mixed day	6	6
Mixed boarding	2	2
Boarding	2	2
<b>Total</b>	<b>10</b>	<b>10</b>

#### **4.4 Influence of Training School Personnel Factors on Level of Implementation of National School Health Strategic Plan in Schools**

The responses from the teachers on the influence of training school personnel factors on level of implementation of national school health strategic plan in schools were collected and recorded as shown in table 4:

**Table 4. Responses on training factors**

<b>Factors</b>	<b>SA%</b>	<b>A%</b>	<b>U%</b>	<b>D%</b>	<b>SD</b>	<b>%X</b>	<b>SD</b>
Trained school security committee members	31(52%)	15(25%)	2(3%)	10(17%)	2(3%)	4.08	1.21
Trained school personnel	40(67%)	15(25%)	0(0%)	3(5%)	2(3%)	4.40	1.08
Students trained on basic first aid giving and using fire extinguishers	39(65%)	16(27%)	0(0%)	4(6.6%)	1(1.66%)	4.47	.93
Trained teachers on issues affecting school community	48(80%)	8(13%)	0(0%)	4(7%)	0(0%)	4.67	.79
Induction policy for new school personnel	50 (83%)	6(10%)	3(5%)	1(2%)	0(0%)	4.75	.63
Teachers trained to teach life skills	41(68%)	11(18%)	1(2%)	4(7%)	3(5%)	4.38	1.14
Refresher courses on emerging issues	48(80%)	8(13.3%)	2(3.3%)	2(3.3%)	0(0%)	4.67	.79

**Key:** SA=Strongly agree, A=Agree, U=Undecided, D=Disagree, SD=Strongly disagree

Table 4 illustrates that 31 out of the 60 respondents (52%) strongly agreed that formation and training of school security sub-committee influence the level of implementation of national school health strategic plan in public secondary

schools in Kitui west sub-county, Kitui County. From table 4, a mean of 4.08 is an indication that school security subcommittee influences the level of implementation. It has a high std. deviation (1.21) indicating that there was a wide spread between the choices.

On trained school personnel, 40 out of the 60 respondents (67%) strongly agreed that trained school personnel influence implementation of national school health strategic plan and 25% agreed with the statement. From table 4, a mean of 4.40 indicate that most respondents agreed that trained school personnel influence the level of implementation of national school health strategic plan. Just like school security sub-committee, it has a high standard deviation (1.08)

Thirty nine out of the 60 respondents (65%) agreed that training students on giving first aid and using fire extinguishers strongly influence the level of implementation with a mean of 4.47 signifying that most of the respondents agreed with the statement. A standard deviation of 0.93 implies that respondents didn't have a varied opinion as in school security sub-committee and training personnel.

On training teachers on issues affecting school community, 48 out of the 60 respondents (80%) strongly agreed that it influences the level of implementation. A mean of 4.67 signifies that most of the respondents strongly agreed that

training teachers on issues affecting school community influences the level of implementation of national school health strategic plan with a standard deviation of 0.79.

Fifty out of the 60 respondents (83%) strongly agreed that induction policy for new school personnel influences the level of implementation. A mean of 4.75 signifies that most respondents strongly agreed that induction policy for new school personnel influence the level of implementation with a standard deviation of 0.62.

On training teachers to teach life skills, 41 out of the 60 respondents (68%) strongly agreed on training teacher to teach life skills and 18% agreed on this factor. A mean of 4.38 (the lowest) indicate that this is the least agreed on factor. A std. deviation of 1.14 (the highest of all for the training factors), signifies that there was a great variation on those who agreed on this factor and other choices.

Forty eight out of the 60 respondents (80%) strongly agreed that refresher courses influence the level of implementation of national school health strategic plan. A mean of 4.67 signifies a strong agreement and 0.79 std. deviation implies that the deviation is not as high as for the other training factors. It therefore

implies that induction policy for newly employed school personnel influence most amongst the other training factors with a mean of 4.75. Refresher courses and training of teachers on community issues with a mean of 4.67 was also agreed upon by the respondents as also influencing the implementation of health strategic plan and needs to be addressed for proper implementation. The other training factors that need to be addressed are the training of teachers to teach life skills, training of students to give first aid and use fire extinguishers. School security sub-committee training and training of school personnel influence implementation level but not as much. A mean of 4.5 on all the training of school personnel factors implies that most respondents strongly agreed that training school personnel influences implementation of school health strategic plan.

**Table 5. Responses on which School Personnel need to be Trained**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Teachers	6	60%
Cooks	2	20%
Principals	2	20%

The principals agreed with these findings, one principal said *'what the government wants us to do is not practical, we can't force teachers to teach what they are not trained to teach'*. Out of the 10 interviewed principals, 6 cited teachers as the school personnel that needed to be trained for proper

implementation of the National School Health Strategic Plan, 2 cited cooks, and 2 cited the principals. Therefore most of them felt that teachers were not properly trained to implement the plan. This means that for proper implementation, teachers need to be trained.

These findings agree with Hellen, (2012) who in a study among skill development for children with cerebral palsy in Tudor, Mombasa County established that skill development was not properly done due to lack of experienced and trained teachers and school personnel. Policy review; Tampere, Europe, 2011) also established that implementation of national health education standards in USA was affected by lack of qualified personnel (school policies and practices USA, 2012).

#### **4.5 Influence of Resources Factors on Level of Implementation of National School Health Strategic Plan in Schools**

Responses from the teachers on resource factors and level of Implementation of National School Health Strategic plan in schools were collected and recorded as shown on table 6

**Table 6. Responses on the Influence of Resource Factors**

<b>Factor</b>	<b>SA%</b>	<b>A%</b>	<b>U%</b>	<b>D%</b>	<b>SD%</b>	<b>X</b>	<b>SD</b>
Fire extinguishers	17(28%)	38(63%)	1(2%)	3(5%)	1(2%)	4.11	.80
Toilets	50(83%)	7(11%)	1(2%)	1(2%)	1(2%)	4.67	.88
Sport Facilities	39(65%)	18(30%)	2(3%)	0(0%)	1(2%)	4.57	.72
Washing points	55(91%)	2(3%)	1(2%)	1(2%)	1(2%)	4.82	.70
Refuse disposal	57(95%)	3(5%)	0(0%)	0(0%)	0(0%)	4.95	.22
Dumping site	46(76%)	12(20%)	1(2%)	1(2%)	0(0%)	4.65	.76
Staff houses	0(0%)	3(5%)	3(5%)	46(77%)	8(3%)	2.02	.62
Spacious class-rooms	53(88%)	5(8%)	1(2%)	0(0%)	1(2%)	4.82	.62

**Key:** SA = Strongly agree, A= Agree, U= Undecided, D= Disagree, SD= Strongly disagree

Table 6 illustrates that, 17 out of the 60 respondents (28%) strongly agreed that availability of fire extinguishers influence the level of implementation of national health strategic plan and 38 (68%) agreed with the statement. A mean of 4.17 indicate that most respondents agreed that availability of fire extinguishers influence the level of implementation of national. It had a high standard deviation of 0.80 indicating that respondents had mixed opinions on the influence of fire extinguishers.



On toilets, 50 out of the 60 respondents (83%) strongly agreed that they influence the level of implementation indicating that most of them strongly agreed with the statement(a mean of 4.67) a standard deviation of 0.88 indicates that there no much spread on the choices.

Thirty nine out of the 60 respondents(65%) strongly agreed that sport facilities influence the level of implementation of national school health strategic plan with a Mean of 4.57. This shows that most of the respondents strongly agreed with the statement although with a standard deviation of 0.72.

On washing points,55 out of the 60 respondents (91%) strongly agreed that washing points influence the level of implementation of national health strategic plan. A mean of 4.82 is a strong indication that most of the respondents strongly agreed with the statement with a standard deviation of 0.7.

Fifty seven out of the 60 respondents (95%) agreed on the fact that disposal of refuse influence the level of implementation of the national school strategic plan. A mean of 4.95 strongly indicate that most respondents agreed that disposal of refuse influence implementation of the strategic health plan. It had the lowest standard deviation of 0.22 implying that most respondents agreed with this statement.

Out of the 60 respondents, 46 (76%) strongly agreed with the statement that dumping site influences the level of implementation of the national school strategic plan. A mean of 4.65 indicates that most of the respondents strongly agreed with the statement with a standard deviation 0.76.

None of the respondents (0%) strongly agreed with the statement that staff houses influence the level of implementation of the national school health strategic plan and only 3 (5%) agreed with the statement. Forty six out of the 60 respondents (77%) disagreed with the statement. A mean of 2.01 indicates that most of the respondents disagreed with the statement. Therefore staff houses as a resource factor doesn't influence the level of implementation of the national school health strategic plan. Out of the 60 respondents, 53 (88%) strongly agreed that classrooms influence the level of implementation of the national school health strategic plan. A mean of 4.81 is a strong indication that most respondents strongly agreed with a standard deviation of 0.62.

This indicates that availability and condition of refuse disposal facilities, washing points and classrooms are the most influencing resource factors, followed by toilets and dumping sites. Staff houses as a factor is the least influencing resource factor. A mean of 4.3 for all resource factors implies that most

respondents agreed with the statement that availability of resources influence the implementation of school health strategic plan.

#### **4.5.1. Responses on Availability of Resources in Schools**

All the 10 principals interviewed said that their schools did not have enough resources to implement National School Health Strategic Plan.

**Table 7. Responses on what needs to be improved**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Water points	7	70%
Classrooms	4	40%
Allocation of funds	10	100%
Dormitories	2	20%
Toilets	6	60%

On what needs to be improved, 7 principals mentioned water points, 4 mentioned classrooms, all mentioned allocation of funds, 2 mentioned dormitories and 6 mentioned toilets. Apart from the resource factors in the questionnaire, allocation of funds was mentioned by the principals as another resource factor that influences implementation. Condition of the dormitories in boarding schools was also included in what needed to be improved. One of the principals said, “*We can only work with what is available*”.

These findings agree with a case study from Kenya of WASH in schools (2011) which established that lack of financial support was contributing to slow implementation of Water, Sanitation and Health programmes (WASH) in schools in Korogocho slums. The findings also concur with Esther (2012) who established that most schools in Laikipia County lacked facilities and equipment to go through education without challenges.

#### 4.6 Influence of Awareness and Commitment by School Managers

Responses from the teachers on the influence of awareness and commitment factors on level of Implementation of National School Health Strategic plan in schools were collected and recorded as shown on table 8

**Table 8. Responses on awareness and commitment factors**

Factors	SA%	A%	U%	D%	SD%	XSD
Awareness	40(67%)	14(23%)	2(3.3%)	2(3.3%)	2(3.3%)	4.47.96
Knowledge of one's role	51(85%)	4(6%)	3(5%)	2(3.3%)	1(1.7%)	4.67 .86
Knowledge of what is expected	51(85%)	6(10%)	1(1.6%)	1(1.6%)	1(1.6%)	4.75.73
Visits by health officers	0(0%)	0(0%)	3(5%)	4(7%)	53(88%)	1.17 .49
Commitment by BOM	40(66.6%)	16(26.6%)	1(1.6%)	3(5%)	0(0%)	4.55 .77
Commitment by HODs	0(0%)	4(7%)	6(10%)	15(25%)	35(58%)	1.65.92

**Key:** SA = Strongly agree, A= Agree, U= Undecided, D= Disagree, SD= Stronglydisagree

Table 8 shows that, 40 out of the 60 respondent (67%) strongly agreed and 14(23%) agreed that awareness influences the level of implementation. A mean of 4.47 indicates that most of the respondent agreed on the statement with a standard deviation of 0.96(the highest of all in the awareness factors).

On knowledge of one's role,51 out of the 60 respondents (85%) strongly agreed with the statement thatknowledge of one's role influence the level of implementation of national school health strategic plan. A mean of 4.67 indicates that most of the respondents strongly agreed with the statement with a standard deviation slightly lower than that for awareness (0.86).

Out of the 60 respondents,51 (85%) strongly agreed that knowledge of what is expected influences the level of implementation with a mean of 4.75 indicating that most of the respondents strongly agreed. It had a standard deviation of 0.73 slightly lower than that of knowledge of one's role (0.86)

None of the respondents (0%) strongly agreed and none(0%) agreed with the statement that visits by health officials influence the level of implementation of

the national school health strategic plan. Fifty three out of the 60 respondents (88%) strongly disagreed with the statement. A mean of 1.17 indicates that visits by health officials doesn't influence the level of implementation, it has the lowest standard deviation (0.49).

Out of the 60 respondents, 40(67%) strongly agreed that commitment by BOM influences the level of implementation of the national school health strategic plan with a mean of 4.55 indicating that most of the respondents strongly agreed although with a standard deviation of 0.77. None of the respondents (0%) strongly agreed with the statement that commitment by HODs influence the level of implementation of the national school health strategic plan. Only 4 (7%) agreed with the statement, 35 (58%) strongly disagreed. A mean of 1.65 indicates that of the respondents disagreed with the statement.

Knowledge of what is expected to be done and knowledge of the role to be played by the stakeholders according to the respondents are the most influencing awareness and commitment factors. Commitment by BOM and awareness of the existence of the school health strategic plan by school managers was also agreed upon as influencing implementation of the plan. Commitment by HODs and visits to schools health officers don't influence level of implementation according to most of the respondents. An average mean of 3.5 on the awareness and commitment factors imply that most respondents agreed but a greater

number was not decided on whether some awareness and commitment factors really influence the implementation of school health strategic plan.

#### **4.6.1 Responses on Whether Principals were aware of Existence of the Strategic Plan**

Out of the 10 principals, 7 (70%) were confusing the National School Health Strategic Plan with the school strategic plan, 3 (30%) were aware of the National School Health Strategic Plan. One principal said, *“It has never been brought to our attention that there exists such a plan”*. On what principals had done about health in their schools, several things were mentioned; 3 mentioned building more toilets, 3 mentioned forming school security subcommittee, 2 said nothing had been done due to lack of funds, 4 mentioned expanding classrooms and 2 mentioned digging boreholes. Mention of having done nothing by some principals is an indication of lack of commitment, so 20% of the principals were not committed.

These findings agree with the study by Moses (2007) who in his study among water borne diseases in Dar es Salaam established that lack of information about the diseases was contributing to increased cases and incidences. An inclusive summary for lancet series in South Africa (2010) also established that variation in the importance attached to the value of school health services and lack of

commitment and support from the provinces contributed to poor provision of health services to schools in most parts of the country.

#### **4.7 Influence of Training of School Personnel, Resources and the Level of Awareness and Commitment**

On the three independent variables and their influence on the level of implementation of the health strategic plan, table 10 shows the responses from teachers concerning the three school factors.

**Table 9. Responses on influence of training of school personnel, availability of resources and the level of awareness and commitment**

<b>Factors</b>	<b>SA%</b>	<b>A%</b>	<b>U%</b>	<b>D%</b>	<b>SD%</b>	<b>X</b>	<b>SD</b>
Training of school Personnel	10(17%)	50(83%)	0(0%)	0(0%)	0(0%)	4.17	.38
Availability of resources	44(73%)	15(25%)	1(2%)	0(0%)	0(0%)	4.72	.49
Level of awareness and commitment	50(83%)	6(10%)	0(0%)	4(7%)	0(0%)	4.70	.79

**KEY:** SA = Strongly agree, A=Agree, U=Undecided, D=Disagree, SD=Strongly disagree

Out of the 60 respondents, 10 (17%) strongly agreed while 50(83%) agreed with the statement that training of school personnel influenced the level of implementation of the national school health strategic plan. A mean of 4.17



indicates that most of the respondents agreed with the statement with the lowest standard deviation out of the three (0.38). It also illustrates that, 44 out of the 60 respondents (73%) strongly agreed with the statement that availability of resources influence the level of implementation of the national school health strategic plan with a mean of 4.72 signifying that most of the respondents strongly agreed with the statement although with a slightly higher standard deviation (0.49) compared to that of training school personnel (0.38).

On awareness and commitment, 50 out of the 60 respondents (83%) strongly agreed with the statement that level of awareness and commitment influences the level of implementation of national school health strategic plan. A mean of 4.70 indicates that most of the respondents strongly agreed with a standard deviation of 0.79 the highest of the three deviations. Only 3 principals confessed that they were aware of the health strategic plan, an implication that most of them were not aware of the strategic plan. Two out of the 3 who were aware of it did nothing, this signifies lack of commitment. An average mean of 4.5 implies that most of the respondents strongly agreed with statement that availability of resources, training of school personnel, awareness and commitment influence the level of implementation of national school health strategic plan.

#### **4.8 Challenges Faced by Principals in Implementing National School Health Strategic Plan**

Principals cited several challenges that they faced while implementing the National School Health Strategic Plan. Three who were aware of the strategic plan cited poor government policies on virement of funds from one vote head to another, lack of funds and poor attitude on the side of students because life skills subject which involves most of the health issues is not examinable. Untrained staff and lack of funds were also cited as a challenge by all the principals who were aware of the strategic health plan. This indicates that school staff needs to be trained for proper implementation of the plan and funds be provided.

These findings agree with Gakii (2012) who in a study in Buuri Kirimi District Meru County, on guidance and counseling in the management of education revealed that exposure and training on guidance and counseling among head-teachers, teacher counselors and students was lacking and that this contributed to wastage in public schools in that county. In Kirinyaga County, Karimi also found out that guidance and counseling programmes face challenges like lack of commitment by school managers and lack of policy guidelines from the Ministry of Education (Karimi, 2012).

The findings also agree with a case study on School health policies and practices (USA) which found out that schools faced several challenges

inimplementing of the National Health Education Standards like; lack of commitment by the districts, designated coordinators, qualified personnel, poor plan for measuring implementation and poor plan for policy review and revision, resources and shortage of staff (School health policies and practicesUSA, 2012).

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

The study was about school factors influencing level of implementation of National school health strategic plan in public secondary schools in Kitui West Sub County, Kitui County, Kenya. This chapter contains summary of findings, conclusions, general recommendations and recommendations for further research.

#### **5.2. Summary of Findings**

The following is a summary of the research findings:

- i. Most of the respondents felt that induction policy (4.75), refresher courses(4.67) and training of teachers on community issues(4.67) influence most. Other training factors that need to be addressed are the training of teachers to teach life skills, training of students to give first aid and use fire extinguishers. School security sub-committee and training of school personnel also influence the implementation but not as much as the other factors do.
- ii. Teachers are not fully trained to implement national school health strategic plan according to principals.
- iii. Students don't take life skills lessons seriously since the subject is not examinable.

- iv. Most respondents strongly agreed that refuse disposal (4.95), availability of washing points (4.81), spacious classrooms (4.81) and toilets (4.67) as the most influencing resource factors.
- v. All the Principals interviewed revealed that schools did not have enough resources to implement national school health strategic plan.
- vi. Apart from the resource factors in the questionnaire, allocation of funds was mentioned by the Principals as another resource factor that influences implementation.
- vii. Knowledge of one's role (4.47) and what is expected (4.75) influence implementation of National school health policy.
- viii. Most of the principals (70%) were not aware of the strategic plan and some of those who were aware of it did nothing, this signifies lack of commitment.
- ix. The government had not allocated schools any funds for implementation of the plan.
- x. Government policies like on virement of funds are intervening variable to implementation of national school health strategic plan.

### **5.3 Conclusions**

From the summary of findings it was concluded that school-based factors influence level of implementation of National School Health Strategic Plan in

Public Secondary Schools in Kitui west sub County. Most principals felt that teachers were not properly trained to implement the plan and therefore teachers need to be trained. Offering refresher courses, training of teachers on community issues and induction policy for new school personnel influence the level of implementation and should be done for proper implementation of national school health strategic plan. Availability of resources like water, spacious classrooms, toilets, refuse disposal facilities influence level of implementation of national school health strategic plan in Kitui West Sub County, kitui County.

Awareness of one's role and what is expected in the strategic plan needs to be created since most of the respondents felt that it influences implementation to greater levels. Most Principals were not aware of the requirements in the strategic plan and most of those who were aware were not committed to implementing it.

Condition of the dormitories in boarding schools also needs to be improved and apart from the resource factors in the questionnaire, allocation of funds was cited by principals as another resource factor that influences implementation of national school health strategic plan.

#### **5.4 Recommendations**

The following recommendations were made from conclusions;

- i. The government should immediately train school personnel and organize Refresher courses for teachers at least once in a year and have induction courses for newly employed school staff.
- ii. The curriculum development body should make Life skills subject examinable with immediate effect so that the students can take it with the seriousness it deserves if proper implementation it to be achieved.
- iii. The National and County governments should commit more resources to education sector in this year's budget and other years to come so that once the implementation picks properly there will be no going back to the current situation.
- iv. The government should immediately create awareness to principals about the National School Health Strategic Plan and take stern action to those that are not committed to duties.
- v. The government should immediately eliminate some bureaucracies to avoid complicating otherwise simple issues like virement of funds.

## **5.5 Recommendations for Further Research**

Recommendations for further research were made as follows:

Researchers should conduct studies on other factors away from school factors. These other factors include; community involvement, effects of devolution on implementation of strategic plans in institutions and government policies on issues related to health in schools by the year 2016.

Other studies on factors influencing level of implementation of national school health strategic plan should be carried out in other sub counties and for a longer period of time to establish whether the same factors are influencing level of implementation of national school health strategic plan in those sub Counties so that the government and other stakeholders can be advised on the way forward for proper implementation of strategic plans in future.



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## **APPENDICES**

### **APPENDIX ONE: PRE-NOTICE LETTER**

Dear respondent,

You have been sampled and selected as a respondent for a case study on “Factors influencing level of implementation of National school health strategic plan in secondary schools in Kitui West sub county, Kitui County. A few days from now you will receive a request to fill out a questionnaire for an important research project that will address factors influencing level of implementation of national school health strategy plan in secondary schools in kitui west sub county, Kitui County. I am writing in advance because many people like to know ahead of time that they will be contacted. The study is an important one that will help to address the factors that influence level implementation of the national school health policies in Kitui west sub county, Kitui County.

Thank you for your time and consideration. The questionnaire may take 8 – 10 minutes.

Sincerely,

JANET NDANU MUTIA

E55/KIT/20084/2011

## **APPENDIX TWO: LETTER OF INTRODUCTION**

SOUTH EASTERN KENYA UNIVERSITY

P.O BOX 170,

KITUI

December, 2014.

Dear Respondent,

I am a post graduate student in South Eastern Kenya University pursuing a Master of Education Degree in Corporate Governance in Education. As part of the requirements for this degree, I am required to carry out a research. Therefore, I am doing so on “School factors influencing level of implementation of National School Health Strategic Plan in Secondary Schools in Kitui West Sub County, Kitui County.” You have been sampled and selected for the study as a respondent. Please answer the questions as truthfully as possible. Any information collected will be treated with utmost confidentiality. The result of this case study will be used for education purposes only. I hereby request for your cooperation and support. God bless you.

Yours Faithfully,

JANET NDANU MUTIA

E55/KIT/20084/2011



### **APPENDIX THREE: QUESTIONNAIRE FOR TEACHERS**

#### **School Based Factors Influencing Level of Implementation of National School Health Strategic Plan in Secondary Schools in Kitui West Sub County, Kitui County**

Type of school            ed day  
   ingle Sex boarding  
Mixed Boarding           

Please read the questions carefully before answering. All responses will be used for the purpose of this research only. There is no answer which is wrong or right. Your responses will be treated with confidentiality. Don't write your name or the name of your school in the questionnaire. Put a tick (✓) in the box as per your choice.

#### **SECTION A**

Indicate the extent to which training of school personnel factors have influenced level of Implementation of National School Health Strategic plan in your school on a scale of 1-5 where 1 is Strongly Disagree (SA), 2 Disagree (D), 3 Undecided (UD), 4 Agree( A), 5 Strongly Agree (SA).

No.	Factors	5	4	3	2	1
1.	School security subcommittee training					
2.	Training school personnel					
3.	Students trained on basic first aid giving and using fire extinguishers					
4.	Training teachers on issues affecting school community					
5.	Inducting new school personnel					
6.	Training teachers to teach life skills					
7.	Refresher courses for school personnel on emerging issues					

**Key:** SA= Strongly agree, A= Agree, U= Undecided, D= Disagree, SD= Strongly disagree

### **SECTION B**

Indicate the extent to which availability of resources factors have influenced level of Implementation of National School Health Strategic plan in your school on a scale of 1-5 where 1. Is Strongly Disagree (SD), 2. Disagree (D), 3. Undecided (UD), 4. Agree (A), 5. Strongly Agree (SA).

No.	Factors	5	4	3	2	1
1.	Number of fire extinguishers					
2.	Water supply					
3.	Number of toilets					
4.	Sports facilities					
5.	Washing points					
6.	Refuse disposal system					
7.	Dumping site					
8.	Staff houses					
9.	Spacious classrooms					

**Key:** SA= Strongly agree, A= Agree, U= Undecided, D= Disagree, SD= Strongly disagree

### **SECTION C**

Indicate the extent to which level of awareness and commitment factors have influenced level of Implementation of National School Health Strategic plan in your school on a scale of 1-5 where 1. Is Strongly Disagree (SD), 2. Disagree (D), 3. Undecided (UD), 4. Agree (A), 5. Strongly Agree (SA).

No.	Factors	5	4	3	2	1
1.	Awareness of existence of the plan					
2.	Knowledge of each ones role					
3.	Knowledge of what is expected					
4.	Commitment by school principal					
5.	Health officers visits to schools					
6.	Commitment by members of Board of Management					
7.	Commitment by HODs					

**Key:** SA= Strongly agree, A= Agree, U= Undecided, D= Disagree, SD= Strongly disagree

### **SECTION D**

Indicate the extent to which level of training of school personnel, availability of resources and the level of awareness and commitment has influenced level of Implementation of National School Health Strategic plan in your school on a scale of 1-5 where 1. Is Strongly Disagree (SD), 2. Disagree (D), 3. Undecided (UD), 4. Agree (A), 5. Strongly Agree (SA).

NO.	Factors	5	4	3	2	1
1.	Training of school Personnel has influenced level of Implementation of National School Health Strategic Plan in our school					
2.	Availability of resources has influenced level of Implementation of National School Health Strategic plan in our school					
3.	Level of awareness and commitment by school managers has influenced level of Implementation of National School Health Strategic Plan in our school					

**Key:** SA= Strongly agree, A= Agree, U= Undecided, D= Disagree, SD= Strongly disagree

**This is the end, thank you for your participation**

## **APPENDIX FOUR: INTERVIEW GUIDE FOR PRINCIPALS**

### **School Based Factors Influencing Level of Implementation of National School Health Strategic Plan in Public Secondary Schools in Kitui West Sub County, Kitui County**

- Type of School       Day
- Single Sex Boarding
- Mixed Boarding

- i. Which school personnel in your school need to be trained for proper implementation of National School Health Strategic Plan?
  
- ii. Does your school have enough resources to implement National School Health Strategic Plan? What needs to be improved?
  
- iii. Are you aware of National School Health Strategic Plan? What have you done to implement it?
  
- iv. What challenges do you face in implementing National School Health Strategic Plan?

Ministry of Public Health and Sanitation

Ministry of Education

**Republic of Kenya**

**National School Health Strategy Implementation Plan 2011-2015 2**

**NATIONAL SCHOOL HEALTH STRATEGY IMPLEMENTATION**

**PLAN 2010-2015**

**MINISTRY OF PUBLIC HEALTH AND SANITATION**

**AND MINISTRY OF EDUCATION**



Table of contents

**Forward**

**Acknowledgement**

**Figures**

**Abbreviations and acronyms**

**Table of contents**

**Section 1 - Values and life skills**

**Section 2 - Gender issues**

**Section 3 - Child rights, child protection and responsibilities,**

**Section 4 - Special needs, disability and rehabilitation**

**Section 5 - Water, sanitation and hygiene**

**Section 6 - Nutrition**

**Section 7 - Disease prevention and control**

**Section 8 - School infrastructure and environmental safety.**

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## **ABBREVIATIONS AND ACRONYMS**

**AIDs** Acquired Immunodeficiency Syndrome

**ANC** Antenatal Clinic

**BCC** Behaviour Change Communication

**CBOs** Community Based Organizations

**CRC** Convention on the Right of the Child

**CSHP** Comprehensive School Health Programme

**CWDs** Children with Disabilities

**CWSNS** Children with Special Needs

**DCAH** Division of Child and Adolescent Health

**DEH** Division of Environmental Health

**DEO** District Education Officer

**DMOH** District Medical Officer of Health

**DRH** Division of Reproductive Health

**DSHCC** District School Health Coordinating Committee

**ECDC** Early Childhood Development Centre

**EFA Education** for All

**ESACIPAC** Eastern and Southern Africa Centre for International Parasite  
Control

**FANC Focused** Antenatal Care

**FBOs** Faith Based Organizations

**FGM** Female Genital Mutilation

**GBV** Gender Based Violence

**GTZ** German Technical Cooperation

**HIV** Human Immunodeficiency Virus

**HT** Head Teacher

**IEC Information** Education Communication

**IRS** Indoor Residue Spray

**ITNs** Insecticide Treated Nets

**JICA** Japan International Cooperation Agency

**KESSP** Kenya Education Sector Support Programme

**KIE** Kenya Institute of Education

**KIBHS** Kenya Integrated Budget and Household Survey

**KISE** Kenya Institute of Special Education

**KNBS** Kenya National Bureau of Statistic

**KNSPWDs** Kenya National Survey for Persons with Disabilities

**LLITNs** Long Lasting Insecticide Treated Nets

**MoE Ministry** of Education

**MGC&SD** Ministry of Gender Children and Social Development

**MOMS** Ministry of Medical Services

**MOPHS** Ministry of Public Health and Sanitation

**NACADA** National Campaign Against Drug Abuse

**NGOs** Non-Governmental Organization

**NSHTC** National School Health Technical Committee

**OVC** Orphans and Vulnerable Children

**PE** Physical Education

**PHO** Public Health Officer

**PWD** People with Disability

**SHC** School Health Committee

**SHO** School Health Office

**SHT** School Health Teacher

**SNs** Special Needs

**STIs** Sexually Transmitted Infections

**STH** Soil Transmitted Helminthes

**TB** Tuberculosis

**UN** United Nations

**UNESCO** United Nations Educational, Scientific and Cultural Organization

**UNICEF** United Nation Children's Fund

**WASH** Water and Sanitation Hygiene

**WFP** World Food Programme

**WHO** World Health Organization

## **Foreword**

The Government of Kenya is committed to achieving education for all (EFA) and improved health status. These are two key targets in the millennium development goals. The new constitution of Kenya stipulates that every child has the right to basic nutrition, health care and basic education. Improved health for children implies safer and healthier lives for a better world. These National school health strategy implementation aims at improving the health of all children in school.

The school environment is one of the key settings for promoting children's environmental health and safety as reflected in the National Health sector strategic plan as well as the Kenya education sector support programme. A national school health policy (2009) and national school health guidelines (2009) have been developed and disseminated.

This national school health strategic implementation plan aims to identify and mainstream key health interventions for improved school health and education. The strategy comprises eight thematic areas; these are: **Values and life skills, Gender issues, Child rights, child protection and responsibilities, Special needs, disability and rehabilitation, Water, sanitation and hygiene, Nutrition, Disease prevention and control and School infrastructure and environmental safety.** The strategy outlines critical issues on health and education linkages that are important towards the improvement of child health while in school.



The school environment must create an enabling atmosphere for social, cultural and emotional well being that promotes a healthy child friendly school. This strategy will ensure that positive changes in school environment are supported, reinforced and sustained through a school health policy; skills based health education and school health services. It envisaged that effective and efficient healthy school environment shall ensure access, retention, quality and equity in education.

**Vision:** A healthy, enlightened and developed nation.

**Mission:** To plan, design and implement sustainable quality health interventions across the education sector.

#### **Mandate**

**This strategy intends to provide a framework for implementation of a comprehensive school health programme in Kenya.**

#### **Values**

**Schools shall enhance appropriate values and attitude towards growing up, gender roles, risk taking, sexual expression and friendship.**

**(Define the following)**

**a) Integrity**

**b) Teamwork**

**c) Discipline**

**d) Honesty**

**e) Humility**

**f) Respect for human rights**

**g) Assertiveness**

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

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

### **Introduction**

World Education Forum in Senegal-Dakar in April 2000 resulted in a Dakar framework for action 2000 which refers to life skills in goal 3. Life Skills Education are abilities which enable an individual develop adaptive and positive behaviour so as to effectively deal with challenges and demands of everyday life. The main goals of the Life Skills approach is to enhance young people's ability

to take responsibility for making choices, resisting negative pressure and avoiding risky behaviour. Where life skills education is well developed and practiced, it enhances the well being of a society and promote positive outlook and healthy behaviour. Life skills are classified into three broad categories namely:

- a) Skills of knowing and living with oneself
- b) Skills of knowing and living with others
- c) Skills of effective decision making

### Values

Values are beliefs, principles and ideas that are of worth to individuals and their communities. They help to define who people are and the things that guide their behavior and lives. People obtain values from families, friends, traditional culture, school environment, political influences, life experiences, religious teaching and economic experiences. Our values shape our behavior and a world view. For this programme we shall use education and health to ensure that children are taught and assisted to acquire positive values (National school health policy 2009).

### **Background**

Ages 0-19 years are critical formative years for the development of behaviour and skills in an individual. Learners in pre-school, primary and secondary school,

face varied challenges, which are compounded by various factors. These include intra & interpersonal conflicts, lack of positive role models, negative mass media influence and inadequate and unreliable sources of information especially on human sexuality. Traditional education addressed the holistic view of human personality through the informal education system. However, due to historical reasons, traditional family and educational ties have largely broken down thereby leaving young people vulnerable. Therefore, there is need for the youth to be enabled to develop positive values, attitudes, skills and healthy behavior in order to help them effectively deal with the challenges of everyday life (WHO, 2003 – Skills for Health; UNICEF, 2005- The voices & identities of Botswanas school children).

**Skill based health education supports the basic human rights included in the Convention on the Rights of the Child (CRC ) especially those related to the highest attainable standards of health(article 24) [www.unicef.org/programme/life skills/](http://www.unicef.org/programme/life_skills/))- Magnitude of the life skills, [www.lifeskills.or.ke](http://www.lifeskills.or.ke))**

Life Skills Education enables learners to acquire and develop skills such as critical thinking, problem solving, decision-making, interpersonal relationships, stress and anxiety management, effective communication, self-esteem and assertiveness. KIE has developed Life skills Education Curriculum for Primary and Secondary schools and being implemented since January 2009.

There is need to develop Life skills Education Curriculum for Pre service teachers for quality implementation.

#### Issues

1. Inadequate knowledge on values and life skills for pre-service teachers
2. Indulgence in risky behaviour and negative peer pressure
3. Inadequate communication skills
4. Lack of capacity, information and role models

### 1. values and life skills

Out put: Values, attitudes and skills of learners enhanced

Target **Learners Teachers, support staff, parents and community 11**

Strategy	Objective	Activity	Time Frame	Indicator	By Who	Target
2010	2011	2012	2013	2014	Baseline	
a. Values, attitude and life skills education in schools	1.To promote positive values, attitudes and life skills in schools	Hold 12 consultative meetings to develop 22,000 curriculum and training manuals/materials on values, attitudes and life skill education	Nov 2010 – June 2011	Life skills, values and attitude curriculum No. of manuals materials developed and distributed		KIE, MoMs MoPHs MOYAS MGCS FBOs CBOs NGOs Consultant
ii .Hold 6, 5-day training sessions for a a team of 5 per constituency on values, attitudes and life skills		Numbers trained No. of constituencies covered Training reports			MoE	
2.T o train Peer Educators on values, attitudes and lifeskills	iv.Consuct trainings for 2 peer educators per school	1,100 3-day 2 peer	Number of students trained as Peer Educators No. of trainings		MoE	
Sensitization onlife skills, values and	To sensitize support staff and parents on	Hold 870 sensitization fora for parents on		Number of life skills fora held		MOE MOPHS