

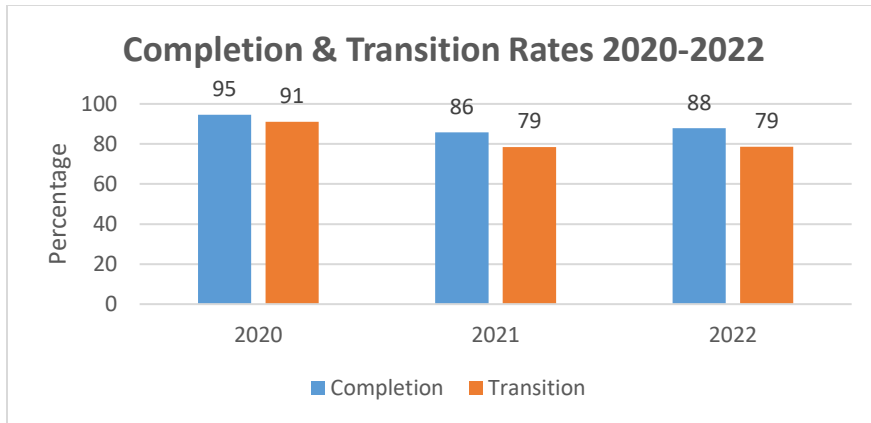
Leveraging on GHPS: Ending the Triple Threat, Increasing School Retention in Kenya

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Introduction

The proportion of adolescent pregnancy in Kenya has remained almost static for several years, with a slight drop reported between 2014 and 2022 (KNBS, 2023). The emergence of the global Covid-19 pandemic in the wake of 2020 not only exacerbated the adolescent pregnancy problem but also compounded it. Worse still, the closure of schools greatly exposed learners to domestic and sexual abuse and violence thereby escalating cases of HIV infection, Female Genital Mutilation (FGM) and child marriage. Soon, it was clear that Kenyan adolescents were at increased risk of three threats – pregnancy, sexual and gender violence as well as HIV infection.

Kenya's adolescents make up 25.6% of the total population (KNBS, 2022). Approximately 1 in 25 adolescents aged 15-19 is illiterate! Meantime, half of Kenya's adolescents initiate sex by age 15 (for boys) and 16 (for girls) while childbearing starts at age 17 on average. In 2022, an estimated 258,974 adolescents aged 10-19 reported pregnancy during their first Ante Natal Care (ANC) visit while 5,367 sought post abortion care services and 90 maternal deaths were reported in public health facilities (KHIS data). Further, 15% of adolescents 15-19 years are not in education, employment or training (UNWomen, 2021). Depressingly, adolescents 10-19 account for 62 new HIV infections weekly, 36% of all sexual and gender based violence cases and 23 HIV-related deaths on a weekly basis (NSDCC, 2023) while 21.8% (14.7% girls and 7.1% boys) are married (KNBS, 2019). Meantime, school retention and transition went down between 2020 and 2021 then stalled between 2021 and 2022. These challenges beg for new strategies and critical implementation of policies to safeguard the lives of the young people if Kenya is to achieve its transformative agenda, ICPD25 commitments targets and ultimately, the global agenda by 2030.



Intervention

With the passion and goal to change the adverse situation of Kenya’s adolescents, a joint team of Ministry of Health (MoH), Ministry of Education (MoE) and the National Council for Population and Development (NCPD) with seed funding from UNESCO East Africa Regional Office, Kenya together with other state and non-state actors adapted and piloted the WHO approach dubbed Global Health Promoting Schools (GHPS) in three schools.

The main objective of adapting the GHPS is multi-pronged – improve learners’ health and wellbeing for optimal educational attainment thereby increasing the potential for quality human capital; end the triple threat of new HIV infection, sexual and gender based violence and pregnancy among adolescents; promote conducive learning environment; promote health seeking behavior among adolescents; improve school retention and transitions and inculcate environmental nurturing both at school and in the community.


What is GHPS:

‘Health Promoting Schools are schools which display, in everything they say and do, support and commitment to enhancing the emotional, social, physical and moral wellbeing of their school community.’

Methods

The pilot project set off with training of the core team from health and education sectors NCPD and other state and non-state actors. The core team was sensitized on GHPS leading to adaptation of the eight global standards as shown below:

Global Health Promoting Schools Standards

1  Government policies and resources The whole of government is committed to and invests in making every school a health-promoting school.	2  School policies and resources The school is committed to and invests in a whole-school approach to being a health-promoting school.	3  School governance and leadership A whole-school model of school governance and leadership supports a health-promoting school.	4  School and community partnerships The school is engaged and collaborates with the local community for health-promoting school.
5  School curriculum The school curriculum supports physical, social-emotional and psychological aspects of student health and well-being.	6  School social-emotional environment The school has a safe, supportive social-emotional environment.	7  School physical environment The school has a healthy, safe, secure, inclusive physical environment.	8  School health services All students have access to comprehensive school-based or school-linked health services that meet their physical, emotional, psychosocial and educational health-care needs.

The second step was to identify three schools (due to budgetary constraints) which could participate in the pre-test/pilot phase. A criterion for selection was agreed upon as follows: rural, urban, mixed school, learner volume, disability-inclusion and primary or secondary. The criterion netted a high volume, mixed (boys and girls) primary day school with a boarding facility for children with special needs in Nairobi. In Kajiado, the school had almost similar characteristics with the one in Nairobi but it was mixed day and boarding for all learners. As required by Ministry of Education, both schools had a wing for Junior Secondary School (JSS). The third was a mixed (boy/girl; day/boarding) secondary school tucked in the arid part of Murang'a County.

The third step involved mobilization of county health and education teams where the schools were located. Reconnaissance meetings were held with the county teams and the school leadership to assess the situation and get buy-in for the initiative.

The fourth step was to sensitize the county and school teams on the adapted GHPS standards and coach the school teams on implementation. The school team was made up of the school head teacher and the guidance and counselling teacher. With the support of the core and county teams, the school teams were able to develop both short and long term plans. The county and school teams were given two months to mobilize and implement their plans.

Key Results

1. Sensitization of the school governance structure and whole school (teaching and non-teaching staff, learners, surrounding community, civil society organization within the school community) – embracing the whole school approach
2. Over 2,000 learners were engaged, three school boards and parent-teacher networks, more than 200 teaching and non-teaching staff and school communities
3. Establishment of peer to peer learning approach to support life skills enhancement
4. Environmental action – tree planting, waste separation and recycling, organized activities around World Environment Day
5. Road safety activities for the primary school in Nairobi and kitchen gardens for nutrition supplementation in Murang’ a
6. With support from the board and parent-teacher network, the Kajiado school attracted support from a faith-based organization that drilled and equipped a borehole thus securing water availability for the school and surrounding community.
7. Contribution to SDG 3, 4, 5, 10 and 13 achievements.



Kajiado School



Nairobi School



Murang’a School

8. Meantime, religious leaders signed a memorandum committing to support adolescent wellbeing



Nairobi