NAIROBI CITY COUNTY

Plan of Action

To Strengthen School Health Programming

November 2016

FOREWORD

Kenya's National School Health Policy was developed in 2009 to ensure that school age children and communities have access to quality services for health improvement. The policy covers a wide range of health-related issues that are clustered into eight thematic areas: i) values and life skills; ii) gender issues; iii) child rights, protection and responsibilities; iv) water, sanitation and hygiene (WASH); v) nutrition; vi) disease prevention and control; vii) special needs, disabilities and rehabilitation; and viii) school infrastructure and environmental safety. The policy and its accompanying National School Health Guidelines also highlight the need to educate students on sexual and reproductive health (SRH) and provide them with the necessary skills to prevent unintended pregnancies, sexually transmitted infections and sexual violence.

Schools serve as a critical avenue to reach adolescents with health information and services. Evidence suggests comprehensive school health programs are associated with improved sexual and reproductive health outcomes. However, according to the 2012-2018 Kenya Health Sector Strategic and Investment Plan (KHSSP) report, only 15% of schools in Kenya were offering comprehensive school health programs in 2012.

The implementation of comprehensive school health programs is limited by a wide range of factors. These factors include inadequate capacity to implement certain thematic areas, such as SRH programs because of the lack of teachers trained to provide age-appropriate comprehensive sexuality education; inadequate funding; as well as weak coordination and networking between relevant government ministries. Despite these challenges, the devolved process creates an enabling environment to work with county governments to improve school health programming.

Adolescent SRH indicators underscore the importance of implementing comprehensive school health programs. For example, although the median age at first sexual intercourse has increased from 16 years in 1993 to 18 years in 2014, about 11 percent of girls and 20 percent of boys aged 15-19 years reported to have had initiated sex by the age of 15 in 2014. Further, the 2014 Kenya Demographic and Health Survey (KDHS) report showed that approximately 18 percent of adolescents (15-19 years) had begun childbearing with the proportion of girls who had begun childbearing ranging from 11 percent among girls with secondary education to 33 percent among girls with no education.

Improving young people's health demands urgent effort at both county and national level. In this respect, the Nairobi City County together with its partners, has developed the **Nairobi City County Plan of Action to Strengthen School Health Programming.** This Plan of Action is aimed at providing specific guidelines to ensure that school age children, teachers, support staff and community members access quality and equitable services for improved health using SRH as an entry point. Successful implementation of this Plan of Action is expected to improve the health status of the children and the community. It will also address equity and improve the learning environment for both boys and girls including those with disabilities and special needs. Children with improved health will participate and perform well in education and also promote health resulting in a healthy and productive nation.

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ACKNOWLEDGEMENTS

The development of the Nairobi City County Plan of Action to Strengthen School Health Programming was informed by an extensive literature review and in-depth consultations with a wide range of stakeholders including heads of primary and secondary schools in Nairobi, as well as representatives from the Teachers Services Commission, the Kenya National Union of Teachers, Kenya Institute of Curriculum Development, the national Ministries of Health and Education, various UN agencies and non-governmental organizations.

The Nairobi City County extends its deep gratitude to the individuals and organizations that contributed to development of the Plan of Action. In particular, the County thanks the Strengthening Evidence for Programming on Unintended Pregnancy (STEP UP) Research Programme Consortium, which is funded by UK Aid from the Department for International Development. The STEP UP Research Consortium, which provided leadership during the consultative process, is coordinated by the Population Council and includes the African Population and Health Research Center (APHRC), International Centre for Diarrheal Disease Research, Bangladesh (icddr, b), London School of Hygiene & Tropical Medicine (LSHTM), Marie Stopes International (MSI), and Partners in Population and Development (PPD).

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LIST OF ABBREVIATIONS

APHRC	African Population and Health Research Center
CSE	Comprehensive Sexuality Education
ESQAC	Education Standards and Quality Assurance Council
ICT	Information and Communications Technology
KEPSHA	Kenya Primary School Heads Association
KICD	Kenya Institute of Curriculum Development
KNUT	Kenya National Union of Teachers
KSSHA	Kenya Secondary School Heads Association
MoEST	Ministry of Education, Science and Technology
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
QA	Quality Assurance
SRH	Sexual and Reproductive Health
STEP UP	Strengthening Evidence for Programming on Unintended Pregnancy
TSC	Teachers Service Commission
WASH	Water, Sanitation and Hygiene

INTRODUCTION

Kenya's National School Health Policy, which was developed by the Ministry of Education and the Ministry of Public Health and Sanitation and their partners in 2009, underscores the need to ensure that school age children and communities have access to quality services for health improvement. The policy covers a wide range of health-related issues that are clustered into eight thematic areas: i) values and life skills; ii) gender issues; iii) child rights, protection and responsibilities; iv) water, sanitation and hygiene (WASH); v) nutrition; vi) disease prevention and control; vii) special needs, disabilities and rehabilitation; and viii) school infrastructure and environmental safety. The policy and its accompanying National School Health Guidelines also highlight the need to educate students on sexual and reproductive health (SRH) and provide them with the necessary skills to prevent unwanted pregnancies, sexually transmitted infections and sexual violence.

However, there have been some challenges with the implementation of the policy since formulation. First, although the Policy advocates for a comprehensive approach to school health, not all thematic areas are fully addressed. In many schools, the WASH component is better implemented largely due to funding support while areas such as life skills, environmental and structural safety are not prioritized. Evidence also indicates less focus is on controversial areas like SRH in part because of concerns about the appropriateness of sexuality education, teacher overload, and limited training of teachers on SRH issues.

Second, although there is a lot of support from non-governmental organizations (NGOs) in implementing components of the program, long-term funding from the Ministry of Education and a commitment to keep staff trained and at work in a school health unit are important elements to successful and sustainable school health programs. The implementation of school health programs is therefore hampered by lack of adequate funding.

Third, the general lack of trained teachers continues to pose a challenge to successful school health programming. Many teachers are overworked with other education duties and are unable to take on additional school health activities that are not well understood as being complementary to and amplifying the benefits of education.

Finally, although the Policy and Guidelines underscore the importance of collaboration in implementation, coordination and networking between relevant government ministries, especially the Ministries of Health and Education are weak. Limited collaboration of key actors in school health programming has been documented in other part of the world. According to Young, St Leger and Blanchard [1], possible reasons for limited inter-ministerial collaboration include:

- Different perceptions and concepts of health education and health promotion in the health and education sectors;
- Different sector priorities;
- Misunderstandings due to different use of technical language;
- Leadership issues;
- Budgetary control- there may be tensions between those who are in a position to be the best networkers and who has control of the budget;

Addressing the challenges that hinder the full implementation of the National School Health Policy requires concerted efforts from key stakeholders. Given the broad scope of the policy, a stepped approach that focuses on one aspect of the policy may be most feasible. This Plan of Action therefore focuses on improving access to sexual and reproductive health information and services as outlined in the Policy as an entry point.

THE NEED FOR COMPREHENSIVE SEXUALITY EDUCATION PROGRAMS IN KENYA

Poor SRH outcomes among adolescents have led to the development of an extensive number of prevention programs in Kenya. Although slight improvements have been observed, the SRH indicators for young people are not changing at the expected pace. The slow-changing landscape on adolescent SRH points to possible disconnect between evidence-gathering processes and action planning. Part of the challenge of reaching young people is the wide range of experiences and vulnerabilities associated with differing age and education status. As such, targeted programs are needed to reach young people with SRH information and services based on their diverse needs.

Although adolescents who are currently attending school are less likely to be sexually experienced [2], a substantial proportion of young people who are currently attending school are sexually active. For example, in a study among high school students in Nairobi, 11% of females and 50% of males reported ever having had sexual intercourse [3]. A recent study conducted by APHRC under the Strengthening Evidence for Programming of Unintended Pregnancy (STEP UP) Research Programme Consortium documented similar findings [4]. That study found that about 6% of males and 2% of females who were currently in school had initiated sex before age 15, with low reported use of contraception at first sex and most recent sex [4]. Similarly, this study showed that females who were still in school were three times more likely to have multiple partners compared with similarly-aged females who were not in school [4]. Another study showed that about 15% of girls between the ages of 15 and 19 in Nairobi had already begun childbearing [5], with 47% of these pregnancies unplanned [6]. In a recent study in Homabay in western Kenya not only did pregnancy occur early for teenage girls, but also 66% of the out-of-school girls stated that pregnancy was the main reason for dropping out of school [7]. Early and unintended pregnancies result in poor social and economic outcomes for adolescents. For example, data from the 2008/09 Kenya Demographic and Health Survey shows that among girls aged 15-19 years that had ever been pregnant, 58% of the pregnancies were unintended and 98% of these girls were out of school, signifying that early pregnancy means the end of education for most girls. This association between early and unintended pregnancy and school dropout among young people raises questions about the education sector response to the issue [8].

In Kenya, net primary school attendance ratios are 72% for males and 75% for females, while secondary school attendance ratios are 40% and 42% for males and females, respectively [9]. Taken together, these data suggest that the school serves as a critical avenue to reach large numbers of adolescents with health information and services. Evidence shows that comprehensive sexuality education results in delayed initiation of sexual activity, increased safe sex practices, and improved communication in young people's relationships [10-13]. However, only a minority of schools (15%) offer comprehensive school health programs [14] as stipulated by the 2009 School Health Policy [15]. Though a recent report showed that about 55% of sampled schools in Nairobi had sexuality topics taught as part of the national curriculum, topics such as use and source of contraception were only taught in about 13% of schools [16]. These findings, though encouraging, suggest the focus of sexuality education within the learning process in Kenya maintains a moralistic approach, while 'controversial' topics are provided to very few. This evidence points to the need to enhance the implementation of the comprehensive school health program and to find innovative ways of reaching young people in primary and secondary schools with potentially lifesaving information and services. Against this backdrop, the Nairobi City County, with technical assistance from the STEP UP Research Consortium sought to address the issue by developing a Plan of Action that will guide the County's efforts to strengthen school health programs in public and private schools in Nairobi County using SRH as an entry point.

CONSULTATIVE PROCESS FOR THE DEVELOPMENT OF PLAN OF ACTION

Stakeholders Consultative Meeting

In November 2014, the STEP UP Consortium convened a meeting bringing together various stakeholders, including policymakers and education and health professionals to examine the barriers to implementation of the school health policy, and to identify ways to improve and increase school health programming, particularly with regard to adolescent SRH in Nairobi City County schools. Participants underscored the need for the government and partners to support and train teachers to effectively carry out school health programs that include age-appropriate comprehensive SRH content that is quality controlled, and that has measurable outcomes. Stakeholders further noted that school administrators should update and enforce policies that clearly dictate expectations to support students who experience unintended pregnancy, as well as disciplinary actions for teachers who have sexual relations with students. Finally, stakeholders highlighted the need to strengthen linkages between ministries, especially the Ministries of Education and Health, as well as linkages between County and Ministry government officials to ensure effective coordination of school health programs. The discussions from this meeting provided the impetus to develop a Plan of Action to strengthen school health programs in the Nairobi City County.

NATIONAL SCHOOL HEALTH POLICY IMPLEMENTATION: TEACHERS' PERSPECTIVES ON OPPORTUNITIES AND CHALLENGES

Drawing on discussions from the first consultative meeting, a second meeting was held in March 2015 with head teachers of primary and secondary schools in Nairobi to discuss their experiences around the implementation of National School Health Policy and explore responses to challenges of implementation. The head teachers were in agreement that there was minimal implementation of the Policy. Although head teachers noted that minimal implementation of the policy was partly due to lack of awareness about the policy, they also provided several reasons for the minimal implementation of the policy. These reasons included the ''mean score syndrome''— the high priority placed on performance on national examinations. The emphasis on academic performance was noted to push schools to prioritize examinable subjects over co-curricular and other activities including school health programs. Teachers agreed however, that the emphasis on academics was unfortunate as students are deprived of a holistic education that will not only make them well-rounded and grounded individuals but also be able allow them make better decisions in various life situations.

Teachers also noted that the shortage of staff in schools was also a challenge because it meant that most teachers hardly have time to give the required life skills classes. Moreover, they noted that pre-service training colleges do not train teachers on the school health policy or its components, particularly as regards sexuality education nor are they taught how to discuss sensitive topics with students. Many of them therefore felt inadequately prepared to counsel young people or provide life skills education, including SRH information.

Similarly, schools were reported to have minimal funds to improve infrastructure needed to ensure healthy school environments or to fully implement every component of the policy. Many schools therefore implemented only certain components of school health programs often in partnership with NGOs who are interested in the specific component.

Discussions with teachers further highlighted an inherent conflict with cultural practices or taboos around talking about sex— especially with children. Consequently, many teachers reportedly opt out of teaching SRH issues or integrating SRH topics into the curriculum. Further, teachers noted that many of their colleagues believe that parents not teachers bear the responsibility of teaching young people about sexuality and healthy choices. In addition, some teachers also reportedly believe that students perceive school only for academic learning and would therefore be opposed to life skills lessons on issues such as healthy relationships and choices. However, some of the teachers argued that it is the school administrators that need to change their attitudes towards lessons on sexuality and healthy choices being taught in schools.

Possible Solutions

During the meeting with head teachers, they suggested that a useful strategy that could be used to enhance policy implementation, particularly the sexuality education components would be to integrate the topics in the life skills lessons that is being taught as part of the curriculum. Teachers also noted that it would be useful to bring in health personnel into the schools to educate students about SRH matters. Further, teachers suggested that it would be beneficial for schools to hire specially-trained school counsellors to provide guidance and counselling rather than the designation of one of the existing teaching staff as a guidance and counselling teacher, as is the current practice.

Head teachers also suggested that to enhance the teaching of various components of the school health program, including SRH, teacher training colleges should provide training on adolescent development and the provision of health education as part of the training curricular. To address the limited awareness about the policy, head teachers suggested that avenues such as the Kenya Primary School Heads Association (KEPSHA) meetings and Kenya Secondary School Heads Association (KSSHA) meetings, could be used to raise awareness on the policy, to share experiences on implementing school health programs, and to provide opportunities for teachers to attend seminars and workshops where they can get on-job training.

The head teachers also reported that parents can also play a role in supporting school health programs. They suggested that parent-teacher meetings would be a useful platform to inform parents about the school health policy and gain their support in supporting and reinforcing various components of school health programs.

Many of the head teachers also noted that the quality assurance (QA) process was not rigorous enough. They suggested that QA officers should go beyond 'ticking the box' and asking school leadership to produce the right documents to actually checking if the policy was being adequately implemented in schools. Finally, teachers noted that partners such as NGOs, health care facilities, and religious institutions, among others, who can help them implement parts of the policy should be encouraged to support school health programs (e.g., through talks on sexual and reproductive health).

PLAN OF ACTION TO STRENGTHEN SCHOOL HEALTH PROGRAMMING USING SEXUAL AND REPRODUCTIVE HEALTH AS AN ENTRY POINT

Though evidence suggest that schools are a good environment to reach young in-school adolescents, implementation at school level seem to be limited, with most effective programs run on a small scale by non-governmental organizations and other development partners. The key challenges noted are insufficient collaboration between departments of health and education; competition for limited resources, shortage of teachers trained in school health policies; over-reliance on development partners, lack of follow up on implementation after formulation of policy and guidelines, as well as limited human and financial resources.

Kenya is in the process of devolving key systems and services from national to county levels. The devolution process creates an enabling environment to work with the county governments and key partners to develop evidence-based programs to address local needs. Together with the Nairobi County decision makers and program managers, as well as key stakeholders from a variety of governmental and non-governmental bodies, this Plan of Action has been developed to strengthen the implementation of school health programming at county level and to ensure that adolescents have access to health information and services critical for their well-being.

This Plan of Action is based on the premise that an effective sexuality and relationships education program should aim to help children and young persons:

- avoid sexual risk behaviour
- communicate effectively about sexuality, emotions and healthy relationships
- develop positive messages about sexuality, including the benefits of abstinence
- explore and define their individual values as well as the values of their families and communities through values-based education
- develop the necessary skills to make informed and responsible decisions and choices about their sexual behaviour and health
- develop the necessary skills to enter into relationships that are based on mutual respect and understanding for one another's needs and boundaries
- think critically about gender identities and gender-role stereotyping
- acquire the necessary information that they need to take care of their sexual health, including information about different types of contraception
- acquire the necessary information about different types of sexually transmitted infections
- acquire the knowledge and skills to identify and access sexual health resources in the community

The development of this Plan of Action was guided by the following principles, as outlined below:

- **Adolescents form a critical national resource** for today and **that they are the core of future development efforts.**
- **Adolescents' health is a worthwhile investment** for future growth and development.
- **Schools, parents, governments and non-governmental organizations are gatekeepers with the key to addressing adolescents' health needs,** particularly as they pertain to their sexual and reproductive health.
- **The school is an important avenue to reach young people with essential information** to improve their health and well-being.

PLAN OF ACTION

Overall Goal

By 2025, all schools in Nairobi City County implement comprehensive age-appropriate programs as outlined National School Health Policy to reduce early and unintended pregnancies

Specific Goal

Reduction in number of early and unintended pregnancy among primary and secondary school learners in Nairobi County from 17%[1] to 5% by 2025

[1] Teenage pregnancy rate in Nairobi is based on the 2014 Kenya Demographic and Health Survey. 17. Kenya National Bureau of Statistics, Ministry of Health, National AIDS Control Council, Kenya Medical Research Institute, National Council for Population and Development, and International, I., Kenya Demographic and Health Survey 2014. 2015, KNBS and ICF Macro: Calverton, Maryland

Objectives	Target Audiences	Activities to Meet Objectives	Actors	Timeline	Risks	Process Description & Measures	Expected Outcomes
1. Increase the proportion of schools providing age-appropriate comprehensive sexuality education (CSE) in the learning process from 55%[2][16] to 100% of primary and secondary schools in Nairobi City County by 2025	• School-going children/ learners • Parents • Religious leaders • Teachers • Teachers Service Commission (TSC) • Kenya National Union of Teachers (KNUT) • Ministry of Education Science and Technology (MoEST) • Ministry of Health (MoH) • Policy makers	1. Map out and engage partners who can support implementation of CSE 2. Conduct sensitization meetings to create awareness on the National School Health Policy, other related policies and delivery of age appropriate CSE 3. Pilot the Draft of National Guidelines on CSE in schools (curriculum reform is currently underway) 4. Develop instructional materials based on the National Guidelines on CSE (including creation of an ICT platform to disseminate health information to learners) 5. Train teachers to provide age appropriate CSE o Develop a capacity building manual and materials and integrate for in-servicing teachers o In-servicing of teachers on age appropriate CSE 6. Strengthen school health clubs/ school peer education programs 7. Provide ongoing technical assistance as needed 8. Implement a Continuous Quality Assurance process to monitor and evaluate the implementation of age-appropriate CSE	• TSC • MoEST (National and County) • Education Standards and Quality Assurance Council (ESQAC) • MoH • Student council/ children parliament • Education ICT and youth sector **Support** • KICD • Teacher training colleges • Kenya Secondary School Heads Association (KSSHA) • Kenya Primary School Head Teachers Association (KEPSHA) • Development Partners	2016-2025	• Resistance to age-appropriate CSE due to various cultural and religious backgrounds and beliefs • Heavy teacher workload • Inadequate resources • Prioritization of examinable subjects • Limited teacher capacity to effectively integrate SRH education into curriculum • A fast changing dynamic policy and social context • Delays in finalizing the CSE curriculum • Shortage of quality assurance officers to implement the quality assurance process to monitor and evaluate the implementation of age-appropriate CSE	• National guidelines on age-appropriate CSE piloted, tested, and finalized in Nairobi City County. • Curriculum materials and implementation plan developed • Increased parents awareness on age-appropriate CSE • In-service capacity building materials developed • Documentation of capacity building trainings and workshops provided • Increased number of schools that provide age-appropriate comprehensive • Increased knowledge of SRH among adolescents • Enhanced and clearly defined/ transparent Continuous Quality Assurance process	• Increased number of schools implementing age-appropriate comprehensive sexuality education

[2] This estimate is based on a recent report that assessed the proportion of schools providing formal and non-formal sexuality education programs in several counties in Kenya, including Nairobi City County. 16. Sidze, M.E., Stillman, M., Keogh, S., Egesa, P.C., Stephen, M., Leong, E., Mutua, M., Muga, W., Bankole, A., and Izugbara, O.C., From paper to practice: Assessing comprehensive sexuality education policies and their implementation in Kenya. 2016, Guttmacher Institute and African Population and Health Research Centre: New York.

Objectives	Target Audiences	Activities to Meet Objectives	Actors	Timeline	Risks	Process Description & Measures	Expected Outcomes
2. Increase the proportion of schools with access to health services from 15% to 50% by 2020	• School nurses • County health personnel • County health administrators • School administrators	1. Advocate for an increase in the number of registered nurses working in the County School Health Program from 10 to 45 2. Advocate for every secondary school to have a qualified nurse o Sensitize head teachers on the importance of trained health personnel in schools 3. Develop a clear job description with minimum qualifications for school health nurses 4. Sensitize school health nurses about the importance of ensuring that they are sensitive to the needs of young people including ensuring confidentiality 5. Identify facilities that provide adolescent-friendly services around school catchment areas 6. Enhance the capacity of health personnel at referral facilities to provide quality and effective youth-friendly services 7. Support and work with providers in the referral facilities to develop and implement programs to provide youth-friendly sexual and reproductive health services to learners 8. Develop and implement a Continuous Quality Assurance process to monitor the implementation of programs/processes, a regular feedback mechanism to continually improve the process and a plan to evaluate the impact	• MoH • MoEST (National and County) • Student council/ children parliament **Support** • KEPSHA • KSSHA • Development partners	2016-2025	• Lack of financial resources. • Loss of human resources due to transfers, retirement • Unfriendly health facilities • Fear of inability to pay for services (as a learner) • Stigma of visiting sexual and reproductive health facilities • Lack of coordination between national and county government, between health and education sectors, and between primary and secondary schools	• List of reproductive health information and services available to adolescents at linked health facilities • Referral system between schools and health facilities developed • Professional development needs identified • Training topics identified • Trainings and workshops conducted • List of providers trained on provision of adolescent-friendly services • Enhanced Continuous Quality Assurance process	• Increased number of health personnel trained to provide quality youth-friendly health services, including sexual and reproductive health services to learners • Increased access to youth-friendly health services, including sexual and reproductive health services for learners in Nairobi's primary and secondary schools

Objectives	Target Audiences	Activities to Meet Objectives	Actors	Timeline	Risks	Process Description & Measures	Expected Outcomes
3. By 2025, increase the number of pregnant learners/ adolescent mothers remaining in school and returning to school after delivery by 30% from baseline	• Learners • School administrators & teachers • Parents/school community • Local administration • Religious institutions	1. Conduct baseline assessment by 2018 to estimate the proportion of adolescents who are out of school as a result of pregnancy 2. Develop and implement appropriate strategies to support in and out-of school pregnant adolescents/adolescent mothers to remain/re-enter school (this should include measures to ensure appropriate child care for their children) 3. Sensitize the teacher and head teachers on the school re-entry policy 4. Create an awareness campaign on anti-stigmatization of pregnant learners/ adolescent mothers o Advocate for the release of the school re-entry circular 5. Engage with parents using avenues such as the Parent-Teacher Association meetings on the school re-entry policies 6. Develop and implement a Continuous Quality Assurance process to monitor re-entry/retention of pregnant learners	• MoEST (legal officers) • TSC • ESQAC • Student council/ children parliament **Support** • Development partners • Community health workers • Health care providers including school health nurses	2016-2025	• Lack of proper documentation on cases of pregnant learners • Stigma may prevent learners from continuing with their education • Lack of adequate child care services for adolescent mothers	• Implementation of strategies that support re-entry of pregnant learners/adolescent mothers in schools • Monitoring and evaluation of the Continuous Quality Assurance process • Description of barriers and challenges to implementation, including Technical Assistance provided	• Increased number of girls allowed to continue school during pregnancy • Increased number of girls who returned to school after pregnancy

Objectives	Target Audiences	Activities to Meet Objectives	Actors	Timeline	Risks	Process Description & Measures	Expected Outcomes
4. Implementation of a rigorous monitoring system to track implementation of school health programs	• School administrators • Health personnel deployed • MoH • Board of Management • Learners • Parents/school community • Quality assurance officers • KESSHA • KEPSHA	1. Develop and implement a standardized quality assurance tool to monitor implementation of school health programs, especially aspects related to sexual and reproductive health, in Nairobi City County o Develop a database from which key indicators can be generated o Indicators should include an assessment of the proportion of students who effectively receive school health programs (e.g., how students say that they have received the different components of comprehensive sexuality education) 2. Conduct trainings for the monitoring team	• MoEST • TSC • ESQAC • Student council/ children parliament **Support** • Development partners	2016-2025	• Inadequate resources, including a shortage of quality assurance officers • Lack of funding • Resistance to change by Quality Assurance officers	• Monitoring tool(s) developed • Continuous assessment of programs • Number of training workshops held for monitoring team • Description of barriers and challenges to implementation, including technical assistance provided	• Improved Quality Assurance processes to achieve goals

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ANNEX 1: TASK FORCE MEMBERS

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Elizabeth Keter	LVCT Health	Program Manager
Carol Mukiira	APHRC	Research Officer
Chimaraoke Izugbara	APHRC	Senior Research Scientist & Head, Population Dynamics and Reproductive Health Program
Albert Obbuyi	Center for the Study of Adolescence	Executive Director
Joyce Olenja	University of Nairobi	Associate Professor, School of Public Health
Anne Mwangi	Ministry of Health	Program Manager
Erastus Ngari	Ministry of Health	Program Officer
Nancy Afandi	Quality Assurance and Standards, Nairobi County	ADQAS,MOEST
Kinoti Kiogora	Quality Assurance and Standards, Nairobi County	ADQAS,MOEST
Edna Ambasa	Quality Assurance and Standards, Nairobi County	ADQAS,MOEST
Kenneth Marangu	Teachers Service Commission	
Irene Mwathi	Procter & Gamble	Communications Manager
Grace Waweru	Nairobi City County School Health Program	Assistant Director, Education
Sharon Atito	Precious Blood Secondary School	Youth representative
Lynne Ombati	Precious Blood Secondary School	Youth representative
Olive Mbuthia	Kenya Institute of Curriculum Development (KICD)	Senior Assistant Director
Zipporah Musengi	Teacher Service Commission	Principal Administrator
Eunice Mlati	Moi Avenue Primary	Head Teacher
Vincent Akuka	Eastleigh High School	Deputy Head Teacher
Dr. Charles Wanyonyi	NCC, Health	Deputy Director of Medical Services/ Head of Clinical Services
Joseph Ndungu	NCC, Education	DCASO
Jacinta Charles	NCC, Education	Chief Advisor to Schools

ANNEX 3: HEAD TEACHERS CONSULTATIVE FORUM – PARTICIPANTS' LIST

NAME	ORGANIZATION
Elisheba Khayeri	Uhuru Gardens Primary School
Ann Mutungu	Kongoni Primary School
Charles Kado	Milimani Primary School
Mary Mudaki	Kangemi Primary School
Frashiah Kariuki	Plainsview Primary School
S.G Kuria	Kayole Primary School
Hassan Tala Munyalo	New Eastleigh Primary School
Joseph Njoroge	Rithimiti Primary School
Eunice Mlati	Moi Avenue Primary School
John Njuguna	James Gichuru Primary School
Pamela Mangoli	Daniel Comboni Primary School
Cyprin Onguka	Mukuru kwa Njenga Primary School
Agnes Ndolo	Lavington Primary School
Carolyn Ng'ang'a	Buruburu 1 Primary School
Mark Omuyonga	Toi Primary School
Mathews Linge	Ofafa Jericho Secondary School
Fred Awour	Eastleigh Boys Secondary School
Joan Muoti	State House Girls' Secondary School
Jacinta Akatsa	Precious Blood Secondary School
Beatrice Ndiga	St. Anne's Girls' Secondary School
Agnes Chege	Ruaraka Secondary School

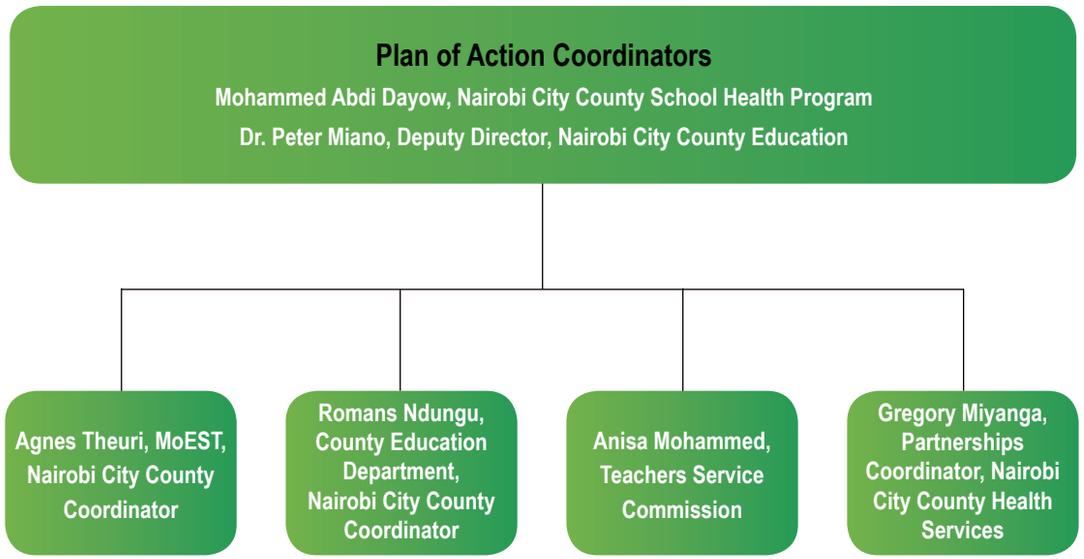
ANNEX 4: PLAN OF ACTION VALIDATION MEETING PARTICIPANTS

NAME	ORGANIZATION
Jacinter Charles	NCC, Education
Peter Miano	NCC, Education
Caroline Kabiru	APHRC
Carol Gatura	APHRC
Danielle Doughman	APHRC
Joyce Mumah	APHRC
Estelle Sidze	APHRC
Lynne Ombati	Precious Blood Secondary School
Sharon Atito	Precious Blood Secondary School
Mohammed Abdi Dayow	NCC, Education
Shadrack Tsuma	NCC
Joseph Waiganjo	NCC
Evelyne Sigei	NCC
Esther Kiambati	NCC
Dr. Wanyonyi	NCC, Health
Ngari Karani	MoH
Anne Njeru	MoH
Alice Mburu	NCC, Health
Benta Abuya	APHRC
Aurora Cheung	UNESCO
Schehenagode Feddal	UNESCO
Veronica Njeri	NCC
Rosemary Nyaga	NCC, MoEST
Annalice F.T Ouma	NCC, PEHC
Olive Mbuthia	KICD
Jackson Mbuvi	NCC, Education
Grace Waweru	NCC, Education
Romans Ndungu	NCC, Education
Emily Ogolla	KNUT - Nairobi
Eric Ineda	NCC, County Health Office
Rosemary N. Kimani	NCC
Hesbon Otieno	KNUT
Agnes Theuri	MoEST
Anisa Mohammed	TSC
Stella Kemunto	NCC
Elizabeth Ndung'u	NCC
Dr. Alfred Owiti	NCC

ANNEX 4: PLAN OF ACTION VALIDATION MEETING PARTICIPANTS (Cont'd)

NAME	ORGANIZATION
Florence Hungi	MoEST
Samuel Boto	NCC, MoEST
Charles Kado	KEPSHA
Beth Wainaina	NCC
Ruth Owuor	NCC, Education
John Njuguna	KEPSHA
Winfred M. Mutua	NCC, Education

ANNEX 5: COORDINATION STRUCTURE FOR PLAN OF ACTION



About the Coordination Structure:

As with the development of the Plan of Action itself, its implementation will be coordinated by both the NCC health and education leaders, who will jointly manage the operationalization of the Plan of Action, the implementation of activities, and monitoring to ensure progress is on track. Dr. Peter Miano, Deputy Director of Education and Mohammed Abdi Dayow, Acting Chief Nurse and School Health Coordinator will serve as joint coordinators for the Plan of Action and will work together to ensure coordination between the various entities represented by Agnes Theuri, Romans Ndungu, Anisa Mohammed, and Gregory Miyanga. Should one of these four no longer be able to serve on the coordinating group, it will be the responsibility of the Joint Coordinators to identify a replacement to represent that entity.

This document was developed by Nairobi City County in partnership with:

African Population and Health Research Center