

**EVALUATION OF GOVERNMENT STRATEGIES ON IMPLEMENTATION  
OF HEALTH POLICY IN SECONDARY SCHOOLS IN AWENDO SUB  
COUNTY, MIGORI COUNTY, KENYA**

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**DECLARATION**

We hereby declare that this research project is our original work and has not been submitted for the award of a Bachelor's degree or any similar purpose in any other institution.

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## **DEDICATION**

We dedicate this research work to our dear parents, Mr. And Mrs. Achar, Mr. And Mrs. Wekesa and Mr. And Mrs. Lang'at for their efforts during research period. We appreciate you and God bless you.

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## **ACRONYMS AND ABBREVIATIONS**

<b>WHO</b>	World health Organization
<b>HPS</b>	Health Promotion School
<b>GSHP</b>	Government School Health Policy
<b>MOH</b>	Ministry of Health
<b>UNESCO</b>	United Nation Education, Social and Cultural Organization
<b>EFA</b>	Education for All
<b>NSHP</b>	National School Health Policy

## **OPERATIONAL DEFINITION OF TERMS**

**School Health Policy:** Policies that have been put in place to ensure required health standard

**Strategies:** Plans (to be) laid down in order to accomplish a specific task in order to meet a certain objectives.

**Mental wellbeing:** Psychological state without any social, economic or even political psychological torture.

**School safeties:** Having a conducive environment in school that ensure security of students.

**Jamal wellbeing:** A Chinese company in Beijing that conducts body fitness to improve health among the people.

## **ABSTRACT**

Implementation of government health policy has become a problem locally, nationally and internationally. The government of Kenya specifically undergoes this policy problem in many areas and many schools are negatively affected. Researchers for this paper therefore were seeking to evaluate and appraise government strategies on the implementation of health policy in public secondary schools in Awendo Migori County. The objective of this study were: To find out the existence and efficiency of government financial support on implementing health policy in Public Secondary schools in Awendo Sub-county, Migori County, to analyze the existence and impacts of government health facilities on implatation of heath policy Public Secodary schools in Awendo Sub\_country Migori County and to assess the impacts and the efficiency of health personnel on implatation of heath policy Public Secondary schools in Awendo Sub\_country Migori County. The target population for this research was a total of 2949 respondent including principals, teachers, students and health workers. Random sampling technique was used as sampling method to get a total of 355 respondents. The study employed descriptive research design. Questionnaires and interviews were used for data collection. Data was analyzed using statistical package for social sciences (SPSS) and presented in form of tables and charts. The study revealed that the government was providing insufficient financial support to implement health policy in public secondary schools in Awendo sub-county, Migori County. The findings further showed that there were inadequate health facilities within the schools hence most schools relied on the services from outside environment. Finally the study indicated that health personnel had an impact on implementation of health policy in secondary schools in this region of study.

## CHAPTER ONE: INTRODUCTION

The chapter the background to this research, the statement of the problem, the purpose of the study and the conceptual framework. The study also discusses the general and the specific objectives, the research questions, the hypothesis of the research and the significance of the research. The scope of the study and limitations of this study have also been discussed in this chapter.

### 1.1 Background to the Study

According to the Oxford Dictionary; Policy is a course or action adopted or proposed by an organization or person". Thus, the Government School Health policy in Kenya was put in place in 2006 with the mission of putting in place sufficient facilities, also resources and program(s) that will guarantee physic, mentally and social wellbeing plus the safe and security of the school community that will promote learning outcome of the child. Government School Health Policy Implementation Guideline (2006).

Globally Schools are among the most strategic places to promote health for children (WHO, 2009). In 1995, the Global School Health Initiative was launched by the world's health Organization (WHO) and established the concern of Health Promoting Schools (HPS). HPS are characterized by a continually evolving environment that fosters healthy life, academic learning and working (WHO, 1998), and the number of HPS has increased globally.

school health has shifted from health education in the classroom to a more comprehensive approach focusing on both children's health behavior and a supportive school environment of health promotion.

In India for instance, Sharmer (2019) report that the screening conducted in 2019 showed that a substantial number students in Indian schools suffered various health problems that needed a special care while in the school environment. The report released by Jammer Wellness company in (2019) recommended that the schools in India should invest more in taking care of student's health hygiene and safety in order to ensure wellbeing of learners in all schools.

The partial, ineffective or even Gagawala (2011) .In China for instance, the Beijing AFP (2021) reported that people were killed and 16 were injured when fire broke out in martial school in central China, the victims were taken faster to the nearest local hospital for treatment, a situation which could be prevented with proper planning and implementation of health strategies as reported.

In Pakistan, the UNSECO (2010) report showed clearly that the development of children and quality of their learning depends on a number of factors, including their own health status. The report indicated that health promoting behaviors which were inculcated by the school, not only contributed to the physical development and health care of students, but also improves awareness about health issues among the parents and local community as well.

In Africa, for instance, World Education Forum (WEF) in Senegal-Dakar in April 2000, as reported by Kenya's journal of National School Health Strategy Implementation Plan 2011-2015, resulted in a Dakar context for action 2000 which they referred to as life skills in their implementation plan, provided abilities which would enable somebody advance adaptive and positive behavior so as to effectively deal with problems and growing escalating demands of everyday life in school environment. The main goals of this approach were to enhance students' ability to take responsibility for making choices, resisting negative pressure and avoiding risky behavior.

Locally, government implementers for school health programs have recognized the need incorporate vertical (specific disease or specific service oriented) school-based health programs within a framework of comprehensive school health because they observed that such vertical programs were short-lived rather than sustained Jimba (2005).

In sub-county of Awendo in Migori County, the study sought to ascertain strategies that will trigger the success or failure of the health policies implementation in Secondary schools around the mentioned sub county. Thus this research project sought to evaluate and appraise

on the strategies that the government has laid down in order to ensure success in implementation of health policy in order to realize the physical and mental well-being of students in our schools.

### **1.2 Statement of the Problem**

The strategies that the government puts in place are critical to the realization of success of health programs among learners in our schools. Preexisting studies demonstrate that the strategies laid down by the government with their effective implementation have a direct impact on the success of health policy in the institution.

The National School Health Policy which was launched in 2009, aimed at addressing eight thematic areas; health nutrition, mental health (rehabilitation), disease prevention and control & environmental safety were among the areas which were outlined in the policy document. The policy sought to address education and health needs of all basic education learners including those with special needs and disabilities. It provided the objectives and strategies to address these needs.

However, despite this, the situation over the last decade in Awendo Sub-County has been poor as compared with the targeted and the expectation set by the stakeholders in the ministry of Education and the Ministry of Health and Sanitation in the country to ensure both physical and mental well-being of learners. Therefore, this sought to evaluate the strategies that the government has put in place to ensure successful implementation of health policy in public secondary schools in Awendo Sub-County in Migori County.

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

The study sought to evaluate the government strategies on implementation of health policy in secondary schools in Awendo Sub County, Migori County, Kenya.

### **1.4. Conceptual Framework**

A conceptual framework is a researcher understanding of how variables in his study connect Patrick (2015). In this study, government strategies are independent variables while health

policy is the dependent variables. The manipulation of the strategies laid down by the government on health in public schools can directly determine the failure or the implementation of health policy in these institutions.



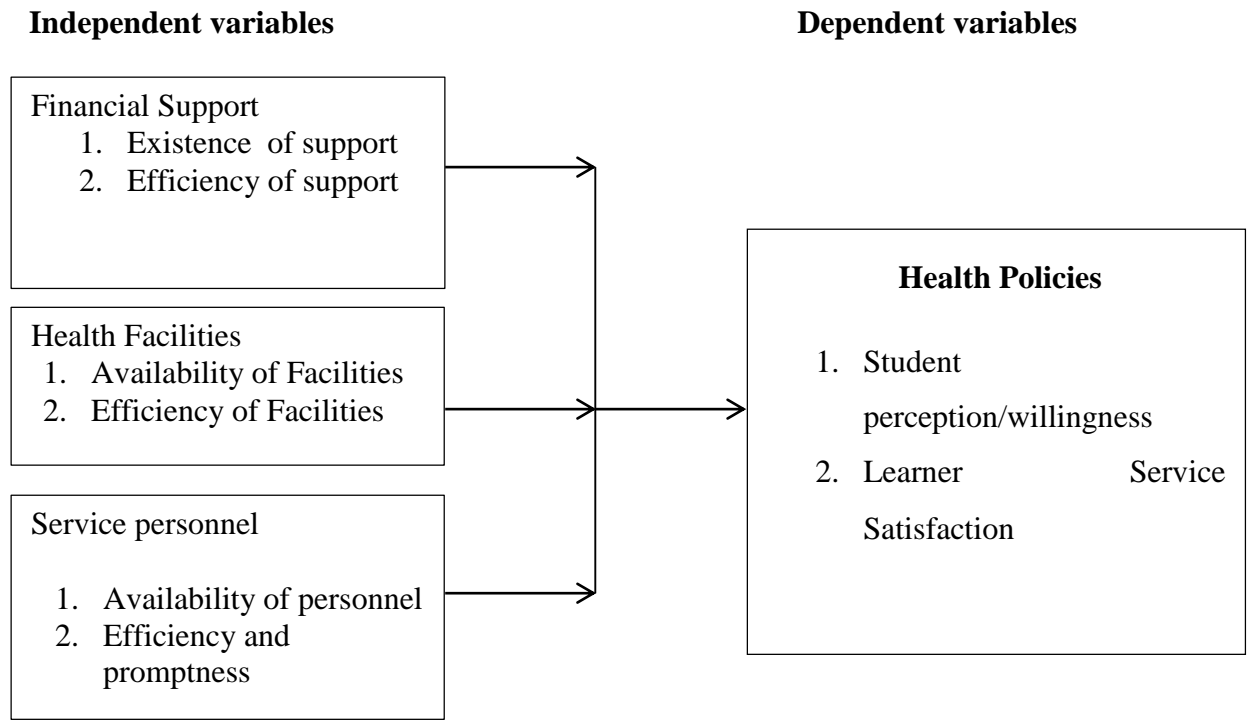


Figure 1 Conceptual Framework

## 1.5 Research Objectives

### 1.5.1 General Objective

To evaluate government strategies on implementation of health policy in Public Secondary schools in Awendo Sub-county, Migori County.

### 1.5.2 Specific Objectives

1. To check the existence and efficiency of government financial support on implementing health policy in Public Secondary schools in Awendo Sub-county, Migori County.
2. To analyze the existence and impacts of government health facilities on implatation of heath policy Public Secodary schools in Awendo Sub\_country Migori County.
3. To assess the impacts and the efficiency of health personnel on implatation of heath policy Public Secodary schools in Awendo Sub\_country Migori County.

## **1.6 Research Questions**

The research was guided by the following research Questions;

1. What is the level and efficiency of government financial support on implatation of heath policy Public Secodary schools in Awendo Sub\_country Migori County?
2. To what extent has the government health facilities contributed to implatation of heath policy Public Secodary schools in Awendo Sub\_country Migori County?
3. What is the impact of health personnel on implatation of heath policy Public Secodary schools in Awendo Sub\_country Migori County?

## **1.7 Significance of Study**

The information provided by the study was important to schools and government by providing recommendations on possible measures to ensure success on implementation of government health policy in Secondary schools across the country. It will also reveal the gaps in government's strategies in implementing health policy in Secondary schools. The study will also be of further

## **1.8 Scope of the Study**

The study was confined to Awendo Sub-county, Migori County in Nyanza Kenya.

## **1.9 Limitations of the Study**

The government being part of interviewees was of great significance to realize the objectives of this study, however this may not be possible, nevertheless, and researchers will ensure that questions presented to interviewees are sufficient to meet the objectives of the research.

## **1.10 Assumption of the Study**

The assumptions of this study are:

The data collected will give accurate information about implementation of government health policy in secondary schools.

The participants will voluntarily produce primary information required by the researchers for the study.

### **1.11 Research Hypotheses**

H<sub>1</sub> Government financial support does not contribute to implementation health policy in Public Secondary schools in Awendo Sub-county, Migori County.

H<sub>2</sub> Health facilities does not contribute to implatation of heath policy Public Secodary schools in Awendo Sub\_country Migori County.

H<sub>3</sub> Health personnel does not contribute to implatation of heath policy Public Secodary schools in Awendo Sub\_country Migori County.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter discusses various relevant literatures to evaluate government strategies on implementation of health policy in secondary schools. It also offers theoretical review on which the study is based on. The review is organized as per the objectives of the research under the following sub-headings; Government financial support and implementation of health policies, Health facilities and implementation of health policies and service personnel's and implementation of health policies in secondary schools.

### **2.2 Government Strategies and the Health Policy in Schools.**

A strategy is a plan or an arrangement of an action to achieve a long-term or a short term goal. Enactment alone does not confirm the success of a policy, but additional steps are needed to implement the policy. CDC (2021).

Different stakeholders have laid down various small-scale and large scale strategies to try implementing and realizing the health policies in schools. Often, this planning and implementation have been done with no good coordination needed to realize effective and efficient delivery of school based health interventions. NSHP (2018). Onyango (2019) says that, government, under the ministry of Education is a key stakeholder in planning health implementation in Secondary school.

Government plans and strategies for implementing required health standards in schools should be diverse and different in a way that it covers both mental and physical health of learners, and it also covers long term and short terms needs.

Ruttoh (2015) who did a research which sought to determine the factors influencing the implementation of guidance and counseling program in secondary schools, found out that many schools did not have proper strategies to implement guidance and counseling program and the research recommended the government

to make proper planning to towards ensuring successful implementation of the program in Public secondary schools in that area since it was a major contributor to student performance.

### **2.3 Government Financial Support and the Implementation of Health Policies**

One of the institutions that receive larger funding from Kenyan government is Education institution. The funding to this institution has drastically increased from 16.65% in 2015, to 26% and 29.4% 2019-2020 and 2020-2021 financial years respectively. Karigitho (2021). The evidence of successful health implementations in public schools is first measured with government financial support to those schools. Mcdaid (2019).

Munyasya (2014), on his research on factors influencing efficiency of health services in secondary schools, records that most guidance and counselors in schools depended on financial support from their principals in order to support and run the program. 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 secondary 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).

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 programs Gertrude (2012).

### **2.4 Heath Facilities and the Health Policy Implementation**

Clinics, water, sanitation and hygiene are critical towards creating an improved learning environment. The government's commitment towards Education for All (EFA) has resulted in the over stretching of already inadequate water and sanitation facilities due to the dramatically increased enrolment and lack of adequate resources. NSHIP (2015).

Omar (2015) says that schools should have and adhere to a comprehensive system to deal with day to day emergencies, since children spend more than six hours in schools. Akpelli (2019) says that health facilities and other resourceful materials constitute principle of any educational program. He adds that the role of health facilities and equipment in schools cannot be and are not supposed to be overlooked because it is an important aspect to a successful teaching and learning.

Ademugan (2010) as quoted by Akpelli (2019) opines that success and the upper limit of educational facilities is reached, when facilities can no longer be extended to more students without incurring declining returns; in other words, health facilities provided in schools should be adequate or sufficient to achieve its aims. Ehiator (2008) as quoted by Akpelli (2019) says that, schools without or without adequate facilities will definitely find it difficult to achieve the goals and objectives of the school program.

According to Edwards (2011), buildings in the school, chairs, desks, tap water, and good toilets are related health facilities which are necessary for viable school learning environment. Well-equipped medical boxes should be readily available and teachers trained in the medical first aid should nurse and the first aid content should be available in the first aid box in case of emergencies' like injuries.

## **2.5 Service Personnel's and the Health Policies in Schools.**

School health educators can incorporate education for prevention and control of diseases into Comprehensive School Health Education topics. When presenting information on maintaining good health among learners, it is recommended that the primary focus be on participating in daily physical activity and healthy eating behaviors. Gratt (2019)

Alexis (2019) in his research on role of guidance and counseling in schools says that positive mental health education, including anger management and problem-solving skills, should be included in the school's health education curriculum. By including these topics in the health curriculum, not only are all students taught positive interpersonal communication and coping

skills, but students with disorders like diabetes can also learn how to effectively cope with their diagnosis. Effectively handling with emotive barriers is critical in the initial stages of coping with the condition.

School health services personnel are trained to detect the early physiological warning signs of eating disorders (weight loss, excessive thirst, frequent urination, low energy, nausea, and fruity-scented breath). Flynn (2018). Many times, people with certain problems like diabulimia are ashamed or embarrassed by the behavior and try to hide the condition.

School health services personnel may also facilitate the creation of a “Medical Management Plan” for each student with particular health disorder. This plan should delineate the specific roles of the teacher, other school personnel, students, and parents. Granton (2020). The plan should also address the divers’ health issues like stress, anger and even physical diseases like diabetes.

In an effort to control their health standards, without rightly imparting health knowledge in them, will place students at health risks in their school environment. Granton (2017). It is important that school health personnel increase a school's staff and student awareness of most common diseases, recognize their warning signs and be supportive of those students with the condition.

## **2.6 Theoretical Framework**

This section has two theories closely relating to and explaining the concept of evaluation on implementation of government health policy strategies in secondary schools. Theories relating to this study are; first and second generation implementation theories.

### **2.6.1 First Generation Implementation Theory**

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

The top-down was the first generation of policy implementation studies. In this generation, researchers believed that policy implementation would happen automatically once authoritatively proclaimed Najam, (1995). Every actor was seen to be efficient and to act according to orders prescribed without their own reflection or discretion. The organizational hierarchy was followed without any interruption.

There was no attention paid to the implementation process as carried out in real life. Authoritative decisions and centrally-located actors are seen as most relevant in producing the desired policy effect Matland, (1995). Top-down theorists believe that policy designers are the central actors and focus their attention on factors that can be influenced by the central level.

### **2.6.2 Second Generation Implementation Theory**

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 (1990). The vital point is the policymaker's capability to exercise control over the environment and implementers Davidson (1990).

It sees implementation as concerned with 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).



## **2.8 Research Gap**

Studies did earlier have revolved much around how factors contributing to implementation of government health policy came to exist. They also gave little attention to the theories that is first generation implementation theory and second generation implementation theory information. This study aims to contribute to the gap in this field of the other contributes towards implementation of government health policy strategies in secondary schools in Awendo Migori County.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.0 Introduction**

Herein, the project presents a methodology through which data was collected and analyzed to answer the research questions and attain the set objectives. This chapter describes the measurement of variable, research instruments, validity of measurement, reliability of measurement, data collection, data analysis, and ethical and logistical consideration.

### **3.1 Research Design**

The study will use a descriptive survey research design. According to (Orodho, 2005), is a method of collecting data by interviewing or administering questionnaires to a sample of individuals hence suitable for extensive research.

### **3.2 Study Area**

This study was carried out in Awendo Subcounty, Migori County, Kenya. The area borders Uriri Sub County to the West, Rongo subcounty to the East. Singleton (2019), advises that the ideal setting for any study should be easily accessible to the researcher. Schools in Awendo Sub-county were chosen by the researcher because it was easily accessible.

### **3.3 Target Population**

The target population is defined as all the members of a real or hypothetical set of people, events, or objects to which a researcher wishes to generalize the results of the research study as indicated by Borg and Gall, (2007).

The research targeted population for this study consisted of 7 public secondary schools, 126 teachers 2800 students and 15 health workers in public secondary schools Awendo Sub-county, Migori County according to Ministry of Education data report October 2021.

### **3.4 Sampling Techniques**

The researchers used random sampling it allowed all members of the population to have an equal and unbiased chance of appearing in the sample.

When the target population is small (less than 1000 members), a minimum sample of 50% is adequate for educational research. Gay (2017). From 7 schools, 126 teachers and 15 health workers, 4 schools(principals), 63 teachers and 8 health workers was randomly selected as sample in respect to Gay’s (2017) idea. For student sampling, the researchers used Glen (2013) “10% condition in Statistics” which states that sample size should not exceed 10% of the population, therefore, 280 students

### 3.5 Sample Size

The sample comprised of 355 respondents (4 Principals, 63 Teachers, 8 health workers and 280 Students).

*Table 1 Sampling Matrix*

<b>Description</b>	<b>Target Population</b>	<b>Sample size</b> (50% of the target population)
Principals	7	4
Teachers	126	63
Health workers	15	8
Students	2,800	Using “10% condition in Statistics” 280
<b>TOTAL</b>	2949	<b>355</b>

<b>Variable</b>	<b>Indicators</b>	<b>Measurement scale</b>	<b>Question number</b>
Financial Support	Existence of support Efficiency of support	Nominal scale	Number A

Health Facilities	Availability of Facilities Efficiency of Facilities	Nominal scale	Number B
Service personnel	Availability of personnel Efficiency and promptness	Nominal scale	Number C

*Table 2 Representation of measurements of variables*

### **3.6 Research Instruments**

The data was collected using questionnaires and interviews.

### **3.7 Validity of Measurement**

Validity refers to the extent to which a test measures what the researchers' wishes to measure (Kothari, 2018). The researchers will refer to the work done by several scholars in the literature review and will also find assistance from supervisors.

### **3.8 Reliability of Measurement**

Reliability is the degree to which a research instrument yields consistent results after repeated tests (Salome, 2019). Test-retest technique was applied to test reliability.

### **3.9 Data Collection**

The researchers will administer in person questionnaires and interviews to respondents in Secondary schools, Awendo Sub-county. The respondents were assured of strict confidentiality in dealing with the responses.

### **3.10 Data Analysis**

The data collected was analyzed using distributed tables, graphs and charts. The Statistical Package for Social Sciences (SPSS) program will also be used to analyze the data.

### **3.11 Ethical and Logistical Considerations**

Some of the various ethical and logistical considerations were the questions in the research questionnaire and that of the research interview guide will not infringe respondent's privacy, also, the researchers will ask for permissions from schools to conduct the research.

## **CHAPTER FOUR: FINDINGS AND DISCUSSIONS**

### **4.0 Introduction**

This section outlines the research findings of the study based on the research objectives. The information gathered from respondents was analyzed and laid out in tables and graphs. Analysis and interpretation of descriptive research findings were done in respect the general objective which was to evaluate government strategies on the implementation of health policy Public Secondary schools in Awendo Sub\_country Migori County.

### **4.1 Demographic Information**

Is the study of the population in regard to race, sex and age. Demographic data refers to economic and social information expressed statistically including employment, income, education, birth and death rates, marriage and many others. Most of respondents particularly student ranged between 15-20years while teachers and principals were age 30 upwards. Female students participated than male students.

### **4.2 An overview of the Findings**

The findings of the study were acquired from the questionnaires in which demographic data was collected. It involved the questions related to the objectives which were to find out the existence and efficiency of government financial support, to analyze the existence and impacts of government health facilities and to assess the impacts and the efficiency, of health personnel on the implementation of health policy in Public Secondary schools in Awendo Sub- County, Migori County.

### **4.3 Questionnaire return rate**

According to the study response rate of 87.8% was obtained from the actual respondents. This was equivalent to 265 questionnaires out of 355 as shown in the table below.

<b>CATEGORY</b>	<b>ADMINISTERED</b>	<b>RETURNED</b>	<b>PERCENTAGE</b>
STUDENTS	280	196	70
TEACHERS	63	59	94
PRINCIPALS	4	4	100
HEALTH WORKERS	8	7	87

*Table 3: Response Rate*

This good response rate was achieved following the researcher's effort of being there and checking the exercise.

#### **4.4 Descriptive Statistics**

These are brief descriptive coefficients that give a summary of a given set of data which could either be a representation of the entire or a sample. As shown below, data was collected and analyzed with respect of the study variables which include Financial Support (FS), Health Facilities (HF), Service Personnel (SP), and Health Policy (HP).

##### **Descriptive Statistics**

	N	Min	Max	Mean	Std. D
HP	196	1.00	4.50	2.8367	.89091
HF	265	1.00	5.00	2.9792	.84081
FS	69	1.00	5.00	2.8478	.87994
SP	265	1.00	5.00	2.9302	.95239

#### **4.4.1 Existence and Efficiency of Government Financial Support on Health Implementation**

The researchers in their first hypothesis needed to find out the existence and efficiency of government financial support and their contribution to implementation of health policies

in Public Secondary schools in Awendo Sub-county, Migori County. In response to this, the researchers distributed questionnaires to the principals, teachers and health workers for the above hypothesis. They were expected to rate their experience and arguments within the given items on Likert scale, i.e., from strongly agree to strongly disagree. The mean and standard deviation of their responses were tabulated in table 4 below.

### **Descriptive Statistics**

	N	Min	Max	Mean	Std. D
Existence of Support	69	1	5	2.88	1.290
Efficiency of Support	69	1	5	2.81	1.427

The findings of this research revealed that the overall mean obtained for the existence and efficiency of government financial support to the implementation of health policies in Public Secondary schools in Awendo Sub-county was 2.88 and 2.81 while the standard deviation was 1.290 and 1.427 respectively.



## Frequency Tables

### Existence of Support

		Frequency	Percent
Valid	Strongly disagree	14	3.8
	Disagree	12	3.3
	Undecided	18	4.9
	Agree	18	4.9
	Strongly Agree	7	1.9
	Total	69	18.8
	Missing System	286	80.6
Total	355	100.0	

*Table 4 Frequency table for Existence of government support.*

### Efficiency of Support

		Frequency	Percent
Valid	Strongly Disagree	17	4.8
	Disagree	14	3.9
	Undecided	15	4.2
	Agree	11	3.1
	Strongly Agree	12	3.4
	Total	69	19.4
Missing System	286	80.6	
Total	355	100.0	

*Table 5 Frequency table for efficiency of support.*

#### 4.4.2 Health facilities and Implementation of Health Policy

The researchers in their second hypothesis whether health facilities contribute to implementation of health policy Public Secondary schools in Awendo Sub\_country Migori County. To achieve this, students and teachers, principals and health workers were served with questionnaire which they were expected to rate their arguments as expressed in Likert scale ranging from 1-5. The mean and standard deviation of their responses were tabled in Table 8 as follows.

##### Descriptive Statistics

	N	Min	Max	Mean	Std. D
Availability of Facilities	265	1	5	2.92	1.378
Efficiency of Facilities	265	1	5	3.04	1.384

The findings of this research revealed that the overall mean obtained for how the health facilities contribute to implementation of health policy in Public Secondary schools in Awendo Sub-county was 2.92 and 3.04 while the standard deviation was 1.378 and 1.384 respectively.

## Frequency table and Histogram

### Availability of Facilities

	Frequency	Percent	
Valid	Strongly Disagree	51	13.9
	Disagree	59	16.1
	Undecided	65	17.7
	Agree	40	10.9
	Strongly Agree	50	13.6
	Total	265	74.6
Missing System	90	25.4	
Total	355	100.0	

Table 6 Frequency tables for availability of facilities

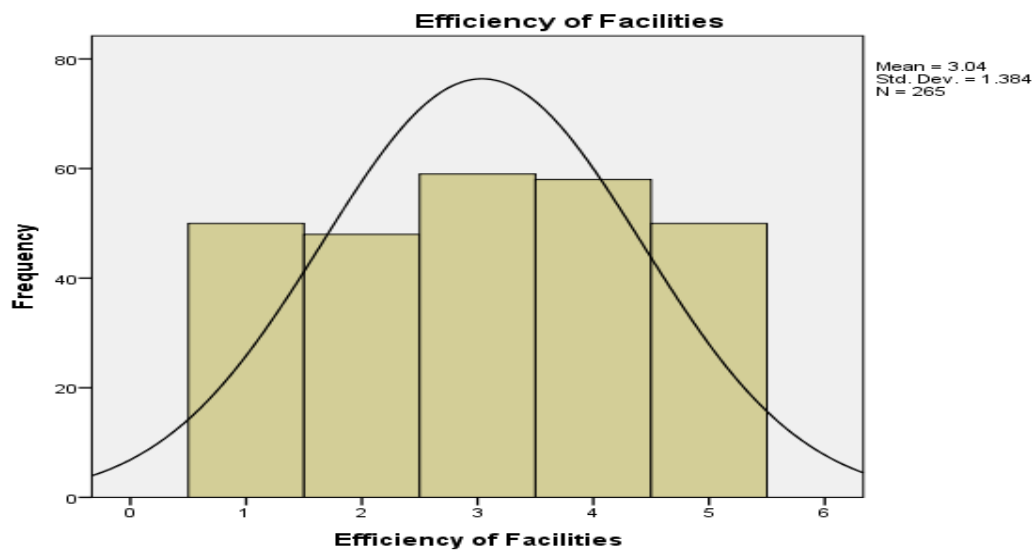


Figure 2 Histogram for the efficiency of facilities

### 4.4.3 Impact of Health Personnel on Health Policy Implementation

The researchers in their third hypothesis needed to evaluate the impact of health personnel on implementation of health policy Public Secondary schools in Awendo Sub\_country Migori County. In response to this, teachers, principals, health workers and students were served with questionnaires where they were required to rate their responses with the items on a five point Likert scale ranging from strongly disagree to strongly agree. The mean and standard deviation of their responses were tabled as follows.

#### Descriptive Statistics

	N	Min	Max	Mean	Std. Deviation
Availability of Personnel	265	1	5	2.92	1.333
Efficiency and Promptness	265	1	5	2.94	1.389

The findings of this research revealed that the overall mean obtained from the evaluation of the impact of health personnel on the implementation of health policy Public Secondary schools in Awendo Sub\_country Migori County was 2.92 and 2.94 while the standard deviation was 1.333 and 1.389 respectively.

#### Histogram

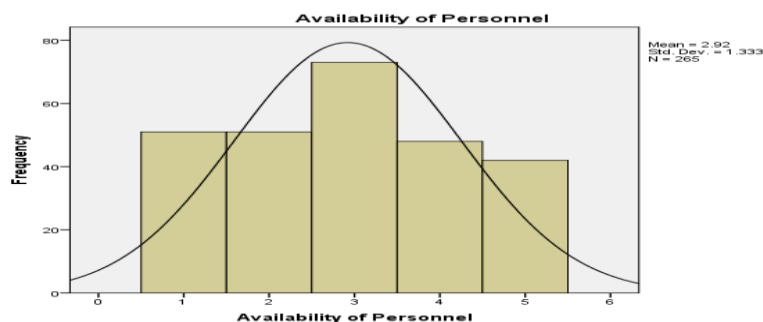


Figure 3 Histogram for availability of personnel

## Efficiency and Promptness

	Frequency	Percent		
Valid	Strongly Disagree	57	15.5	
	Disagree	46	12.5	
	Undecided	64	17.4	
	Agree	52	14.2	
	Strongly Agree	46	12.5	
Total	265	100.0		

*Table 7 Frequency tables for efficiency and promptness of Service Personnel*

## 4.5 Health Policy

### Descriptive Statistics

	N	Min	Max	Mean	Std. D
Student perception	196	1	5	2.81	1.301
Willingness	196	1	5	2.86	1.391

**Table 20:**

The findings of this research on the implementation of health policy showed an overall mean of 2.81 and 2.86 and Standard Deviation of 1.301 and 1.391 respectively. Students' willingness registered the highest mean compared to their perception on the health policy.

#### 4.6 Hypothesis Test

To test for the stated hypothesis, the researcher used linear regression test to confirm the given independent variables.

**H<sub>1</sub>** Government financial support do not contribute to implementation health policy in Public Secondary schools in Awendo Sub-county, Migori County.

**H<sub>2</sub>** Health facilities do not contribute to implementation of health policy Public Secondary schools in Awendo Sub country Migori County.

**H<sub>3</sub>** Health personnel do not contribute to implementation of health policy in Public Secondary schools in Awendo Sub- County, Migori County.

#### 4.7 Regression Analysis

To determine the relationship between variables, regression analysis was used. The researchers used linear regression to determine the relationship between the implementation of health policy in public secondary schools and the three independent variables i.e., financial support, health facilities, and service personnel.

*Table 8 Model Summary*

#### Model Summary

Model	R	R Square (R <sup>2</sup> )	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	0.9276 <sup>a</sup>	0.8956	0.8697	0.00176	0.8907	-.	2	193	0.0230

a. Predictors: (Constant), Willingness, Student perception

The coefficient of determination R<sup>2</sup>(R-squared) was 0.8956 showing the variation in the influence of independent variables on health policy. A number higher than 0.5 indicates that the model is capable of identifying the link. It is a good thing that the value in this instance is

0.8956. In multiple regressions, the adjusted R-square demonstrates the generalization of results, or the variance of the sample data from the population.

County, Kenya

*Table 9 Anova*

**ANOVA<sup>a</sup>**

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	154.776	2	77.388	.	.000 <sup>b</sup>
Residual	.000	193	.000		
Total	154.776	195			

a. Dependent Variable: HP

b. Predictors: (Constant), Willingness, Student perception

The ANOVA results suggested that the regression had a significance level of 0.000 that helps to conclude that the model was significant value at 5% level of significance and co-efficient being 77.388. Therefore, there is a significant relationship between the dependent variable and the independent variables with the dependent variable predicting 77.4%.

Table 10 Coefficients

**Coefficients <sup>a</sup>**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations			Collinearity Statistics	
	B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1										
(Constant)	4.459E-015	.000			0.01					
Student perception	.500	.000	.730		0.04	.633	1.000	.724	.984	1.016
Willingness	.500	.000	.781		0.03	.689	1.000	.775	.984	1.016

a. Dependent Variable: HP

The variables are important in affecting H.P. All the variables are significant at 5%. The constant is 4.459E, -015, student perception is 0.500, and student willingness is 0.500.



## **CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter contains a summary of research findings, conclusions, recommendations and an explanation on the implication of the findings. This chapter also suggests some additional research areas as well as the future projection based on the study.

### **5.2 Summary**

This research aimed at evaluating the government's strategies on the implementation of healthcare policy in secondary schools, in Awendo sub-county, Migori County.

Three specific research objectives were formulated to guide the study. The first objective was to find out the existence and efficiency of government financial support on implementing health policy in Public Secondary schools in Awendo Sub- County, Migori County. The second objective was to analyze the existence and impacts of government health facilities on implatation of heath policy Public Secodary schools in Awendo Sub\_country Migori County and the last objective was to assess the impacts and the efficiency of health personnel on the implementation of health policy in Public Secondary schools in Awendo Sub- County, Migori County.

The study was carried out in Awendo Sub-county, Migori County, Kenya. The research targets population for this study consisted of 7 public secondary schools, 126 teachers, 2, 800 students and 15 health workers in public secondary schools Awendo Sub-county, Migori County according to Ministry of Education data report October 2021. The methods used for data collection were interviews at interpersonal levels, and questionnaires. Descriptive form was used to process and analyze data. Data was presented in frequency tables, graphs, and percentages.

## **5.3 Discussions of findings**

### **5.3.1 Financial Support.**

An investigation on the existence and efficiency of government financial support on implementing health policy in Public Secondary schools formed the first objective of this study. The study findings indicated that governments support especially through financing was actually one of factors that influence the implementation of health policies in Secondary School learning systems. A good number of respondents indicated that they were aware that the government was supporting their institutions' healthcare through financing. 10.1% of the respondents strongly agreed to have knowledge on the government financing their schools' healthcare. 26.1% agreed, 26.1% were uncertain, 17.4% disagreed while 20.3% strongly disagreed. These results shows that majority of the respondents were either in agreement or uncertain about governments influence in their schools' healthcare. These findings were inconsistent with earlier findings from other scholars who indicated that the greatest contribution to better healthcare is the government's involvement (McCalman et al., 2020).

### **5.3.2 Health Facilities**

The quality of healthcare is often determined by the kind of health facilities available (Mackay et al., 2020). Sadly, the highest number of respondents could not tell whether or not they had those facilities in their schools. 22.3% of the respondents disagreed with the statement, 15.1% agreed and 18.9% strongly disagreed. Those who were undecided were 24.5% while those who strong disagreed were 19.2%.

### **5.3.3 Service Personnel**

The study sought to find the extent to which the availability of personnel influences healthcare provision in Secondary Schools. The study showed that availability of health workers was a worthwhile factor to consider for the implementation favorable healthcare policies in secondary schools.

## **5.4 Conclusions of the study**

From the research findings all the research hypothesis were rejected. The research findings showed that the government has tried to put down various strategies to implement health policy in public secondary school in Awendo region, Migori County. The findings revealed that the government has provided some financial support to help implement health policy in public schools in this area of study. Further, it is evident that the government has provided, though insufficient health facilities in schools as way of implementing health policy. Finally, the findings indicate that the existence and efficiency of health personnel was a factor to implementation of health policy in schools.

## **5.5 Recommendations**

Based on the research findings, the researchers make the following recommendations:

1. The government should provide more financial support to facilitate the implementation of healthcare policies in Public Secondary Schools since it has been noted that the schools were not achieving health policy implementation due to finance shortages.
2. The Teachers Service Commission and Ministry of Health should work together to employ more healthcare personnel in health centers that are within the school to help in healthcare service delivery in Public secondary schools.
3. Parents and teachers should sensitize the student to improve their healthy living while in school in order minimize health problems that arise as a result unhealthy lifestyles.
4. Teachers and Principals on behalf of their schools should source enough healthcare support from various support aids. E.g. from Non-governmental organizations to help boost financial abilities of the schools in supporting health.

## **5.6 Suggestions for Further Studies**

Researchers of this study suggest similar study to be conducted in other part of the country, so as to see if similar results will be obtained. Moreover, the researchers suggest similar research to be conducted in any part of the country, considering government officials being part of the respondent.

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**APPENDIX I: INTRODUCTORY LETTER**



Dear Sir/Madam,

**REF: ASSISTANCE IN CONDUCTING RESEARCH**

We, Velma Akoth, Dinna Wekesa and Faith Lang’at, students at Gretsa University, currently pursuing Bachelor of Education Arts. Our research topic is; **EVALUATION OF GOVERNMENT STRATEGIES ON IMPLIMENTATION OF HEALTH POLICY IN SECONDARY SCHOOLS IN AWENDO SUB COUNTY, MIGORI COUNTY, KENYA**. This is a usually one of partial requirement before a student graduate. Therefore, it is our humble pleasure to welcome you to participate in this study.

Your response was confidential and exclusively used for academic purpose. Kindly respond honestly for your response to be relied upon in documenting our final report. Thanks in advance for taking your time in participating in this study.

Yours Sincerely,

Dinnah Wekesa .....

Velma Akoth .....

Faith Lang’at .....

## APPENDIX II: QUESTIONNAIRE FOR PRINCIPAL



The main aim of this study is to evaluate government strategies on implementation of health policy in secondary schools in Awendo sub county, Migori County, Kenya.

### INSTRUCTIONS

You are kindly requested to respond to the items in the questionnaire as honestly as possible

Kindly do not write your name anywhere in the questionnaire

### SECTION A: DEMOGRAPHY

- a) Please indicate your Age below

----- years.

- b) Please pick your gender

Male  Female

### SECTION B: FINANCIAL FACTOR

Indicate the level of government health financial support in your school on a scale of 1-5

Measurement Key

1-Strongly disagree

2-Disagree

3-Undecided

4-Agree

5-Strongly agree

Measures of indicators	1	2	3	4	5
There is government health financial support in your school.					
Government health financial support in your school is sufficient					

### SECTION C: HEALTH FACILITIES

Indicate the extent to which health facilities has contributed to implementation of health policy in your school on a scale of 1-5

Measurement Key

1-Strongly disagree

2-Disagree

3-Undecided

4-Agree

5-Strongly agree

Measurements of indicators	1	2	3	4	5
There is enough health facilities in your school					
Health facilities available in your school are functional					
There is enough health personnel in your school					



**SECTION D: SERVICE PERSONNEL**

Indicate the extent to which health facilities has contributed to implementation of health policy in your school on a scale of 1-5

Measurement Key

1-Strongly disagree

2-Disagree

3-Undecided

4-Agree

5-Strongly agree

Measurements of indicators	1	2	3	4	5
There is enough health personnel in your school					
The personnel are up to task					

.....**THANKYOU**.....

### **APPENDIX III: QUESTIONNAIRE FOR HEALTH WORKERS**



The main aim of this study is to evaluate government strategies on implementation of health policy in secondary schools in Awendo sub county, Migori County, Kenya.

#### **INSTRUCTIONS**

You are kindly requested to respond to the items in the questionnaire as honestly as possible

Kindly do not write your name anywhere in the questionnaire

#### **SECTION A: DEMOGRAPHIC**

a) Please indicate your Age below

----- years.

b) Please pick your gender

Male  Female

#### **SECTION B: HEALTH FACILITIES**

Indicate the extent to which health facilities is contributing to implementation of health policy in your school on a scale of 1-5

Measurement Key

1-Strongly disagree

2-Disagree

3-Undecided

4-Agree

5-Strongly agree

Measures of indicators	1	2	3	4	5
There is provision of health equipment's by the school/government.					
Health equipment's provided are enough					
Health equipment's provided are efficient and functional					

## APPENDIX IV: QUESTIONNAIRE FOR TEACHERS



The main aim of this study is to evaluate government strategies on implementation of health policy in secondary schools in Awendo sub county, Migori County, Kenya.

### INSTRUCTIONS

You are kindly requested to respond to the items in the questionnaire as honestly as possible

Kindly do not write your name anywhere in the questionnaire

### SECTION A: DEMOGRAPHIC

a) Please indicate your Age below

----- years.

b) Please pick your gender

Male

Female

### SECTION B: HEALTH FACILITIES

Indicate the extent to which health facilities has contributed to implementation of health policy in your school on a scale of 1-5

Measurement Key

1-Strongly disagree

2-Disagree

3-Undecided

4-Agree

5-Strongly agree

Measurements of indicators	1	2	3	4	5
There is enough health facilities in your school					
Health facilities available in your school are functional					
There is enough health personnel in your school					

.....**THANKYOU**.....

## APPENDIX V: QUESTIONNAIRE FOR STUDENT



The main aim of this study is to evaluate government strategies on implementation of health policy in secondary schools in Awendo sub county, Migori County, Kenya.

### INSTRUCTIONS

You are kindly requested to respond to the items in the questionnaire as honestly as possible

Kindly do not write your name anywhere in the questionnaire

### SECTION A: DEMOGRAPHIC

a) Please indicate your Age below

----- years.

b) Please pick your gender

Male  Female

### SECTION B: HEALTH SERVICES

Indicate the extent to which health facilities is contributing to implementation of health policy in your school on a scale of 1-5

Measurement Key

1-Strongly disagree

2-Disagree

3-Undecided

4-Agree

5-Strongly agree

Measures of indicators	1	2	3	4	5
There are efficient health facilities in my school					
There are enough health personnel in my school					
Health services provided at school are satisfactory					

.....**THANK YOU**.....

## **APPENDIX VI: INTERVIEW GUIDE**

1. Do you receive health financial support from the government?
2. Does you receive any school health support from other sources?
3. Do you have health facilities in your school?
4. Are health facilities in your school sufficient and effective?
5. Do you have health personnel in your school?
6. Are students in your school willing to receive health services from the school?
7. What are the student perceptions over health services in school?
8. Do you emergency rescue equipment in your school?