United Nations
Educational, Scientific and
Cultural Organization

Regional Office for
Eastern Africa

REPUBLIC OF KENYA
Ministry of Education

The Government of
the Republic of Azerbaijan

Assessment Report of Health Literacy and Behavior Change Practices among Adolescent Girls in Kibera

Nairobi, Kenya

September 2015

United Nations
Educational, Scientific and
Cultural Organization

Regional Office for
Eastern Africa

REPUBLIC OF KENYA
Ministry of Education

The Government of
the Republic of Azerbaijan

Assessment Report of Health Literacy and Behavior Change Practices among Adolescent Girls in Kibera

Nairobi, Kenya

September 2015

Cover Photo: Students from Olympic Secondary School ©Masakazu Shibata/UNESCO

Printing: UNON Publishing Services Section, Nairobi – ISO 14001:2004-certified

D1 No.: 16-06517/100 Copies

Acknowledgement

This report is an outcome of collaboration efforts between the Ministry of Education (MoE) and the UNESCO Regional Office for Eastern Africa. It has been prepared to inform the development of the health messages for young girls within the framework of the project "Health Literacy and Behavior Change Practices among Adolescent Girls in Kibera", implemented by MoE and UNESCO, and supported by the Government of Azerbaijan.

We would like to acknowledge the leadership role played by the Technical Committee members led by Mr. Onesmus Kiminza, Director of Basic Education, and Mr. Darius Mogaka, Director of Policy, Partnership and East African Community Affairs, together with Ms. Anne Gachoya, Ms. Bibiana Chege, Ms. Catherine Micheni, Mr. David Kabuki, Ms. Joan Murigu, Ms. Margaret Mwirigi, Mr. Milton Nzioka, Mr. Mwaura Wanjohi, and Ms. Peris Mugo from MoE. Ms. Nancy Afandi from County Department of Education (CDP), Ms. Grace Ngungi and Ms. Jane Njoroge from Kenya Institute for Curriculum Development (KICD), Ms. Magdalene Mwele from Teacher Service Commission (TSC), Ms. Pamela Obuya from Kenya National Commission for UNESCO (KNATCOM), Ms. Anda Valla-Efendija, Ms. Aurora Cheung and Ms. Jane Kamau from UNESCO.

We would also like to thank the Nairobi County Directorate of Education, particularly Ms. Nancy Afandi, Principal Quality Assurance and Standard Officer, and Lang'ata Sub-county Quality Assurance Officer in charge for Kibera, Mr. Peter Oina, for mobilizing and facilitating the data collection in schools.

We are also grateful to all 20 schools from Kibera for being part of the project, including the school principals, teachers, members of Board of Managements, parents and guardians. Special thanks to adolescent girls and boys for their time and invaluable contribution in sharing their views and experiences.

Sincere appreciation for Mr. Humphres Evelia as well for his contribution to the research process and documentation.

Finally, we are very thankful to the Population Council for their technical support, National Organization of Peer Educators (NOPE) and Lea Toto Community Outreach Programme for mobilizing the group of learners living with HIV.

This project is made possible by the generous support of the Government of Azerbaijan.

Table of Contents

List of acronyms

ART	Antiretroviral Therapy
ASRH	Adolescent Sexual Reproductive Health
CBO	Community-Based Organization
CDF	Constituency Development Fund
EFA	Education For All
FGM	Female Genital Mutilation
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
IDIs	In-depth Interviews
KII	Key Informant Interview
MDG	Millennium Development Goals
MoE	Ministry of Education
MoH	Ministry of Health
NACC	National AIDS Control Council
NAYA	Network for Adolescents and Youth of Africa
NESP	National Education Sector Plan
NGO	Non-governmental Organization
NOPE	National Organisation for Peer Education
PCEA	Presbyterian Church of East Africa
RH	Reproductive Health
SDG	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health

STI	Sexually Transmitted Infections
TB	Tuberculosis
TSC	Teachers Service Commission
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children Fund
VCT	Voluntary Counselling and Testing
YFS	Youth Friendly Services
YPLWH	Young People Living With HIV

Foreward

At the World Education Forum held in Dakar in April 2000, the international community reaffirmed its commitment to ensuring universal access to high-quality primary and secondary education by the year 2015. In 2003, the Government of Kenya initiated free and compulsory primary education, an effort that led to a high increase in school enrolment. Despite these remarkable achievements, young people, particularly adolescent girls, keep on facing numerous health and learning challenges that negatively affect their schooling. Many drop out of school due to unintended pregnancies, drug and substance abuse, early and forced marriages, among other challenges. More needs to be done to ensure improved retention and completion rates in schools for girls.

National policies by the Ministry of Education (MoE) and the Ministry of Health (MoH) outline priority intentions and strategies to improve girls' education in the country. These policies include among others: The Return to School Policy, Adolescent Sexual and Reproductive Health Policy, The National School Health Policy, The National Education Sector-Wide Plan, and the National Code of Conduct for Schools. This rapid Assessment examined the context of adolescent girls' health and learning in formal and non-formal schools in Kibera Informal Settlement to draw interventions to meet the health and learning needs of young girls. It provides evidence of the enormous task ahead of ensuring equity in our schools. By identifying the enhancers and inhibitors of adolescent girls' health and schooling in Kibera, the report sets the stage for MoE, development partners, and civil society groups to develop targeted interventions to address the emerging gaps in girls' schooling that are important in meeting Kenya's Education For All (EFA) and the newly adopted Sustainable Development Goals (SDG) 4 on quality and inclusive education.

The recently launched National Education Sector Plan (NESP) emphasizes a holistic and balanced development of the entire education sector focusing on the enrollment of all students in basic education, raising literacy and numeracy levels, reducing existing disparities and improving the quality of teaching with a focus on teacher quality, school level leadership, more practical applications of teacher training in the classroom, increasing resources to the education sector and targeting improvements as well as monitoring primary outcomes. We hope that this report will enhance our understanding of the context of learning for adolescent girls aged 10-19 years in formal and non-formal schools in Kibera, and inform the development of appropriate interventions in line with priority focus of the NESP.

This report presents the result of the Rapid Assessment for the 'Health Literacy and Behaviour Change Practices among Adolescent Girls in Kibera Project'. The project aims at supporting the Kenyan government in ensuring that health information materials that will be designed and developed as a next phase of the project will be based on Kibera girls' literacy levels and competencies, thus making it accessible and relevant to them. The Azerbaijan Government generously funds this project.

Executive Summary

This report presents the findings of a rapid assessment of 'Health Literacy and Behavior Change Practiced among Adolescent Girls in Kibera' Informal Settlement in Nairobi, Kenya. The study assessed the learning environment, community context and accessibility to formal and non-formal schools for the young girls aged 10-19 years in Kibera to inform the development of tailored interventions for health and behavior change among young population. The particular objectives of the study were: to describe the contextual indicators promoting and inhibiting learning for adolescent girls in both formal and non-formal schools, to investigate promising strategies in health education for girls, and to identify actors involved in health education programmes in schools in Kibera.

This study utilized In-depth Interviews (IDIs) and Focused Group Discussions (FGDs) to collect primary data, complemented by secondary data from reviews of published and unpublished documents on adolescents in low-income settlements. The field assessment was conducted in Kibera informal settlement in September 2015. Respondents included MoE officials, teachers, school management committee members, as well as male and female students.

A literature review of previous studies in Kibera showed adolescent pre-marital pregnancy and limited access to contraceptive information as key indicators affecting girls' education. Major initiatives being implemented to address adolescent sexual health and promote education among girls in Kibera included health education, peer groups support, and micro-credit financing. These have been found to empower the young girls socially, intellectually and economically. As such, they have a positive spiral effect on the community. Furthermore, the introduction of free primary education in Kenya has also added momentum for the adolescent girls to enroll and be retained in school.

The field findings showed that the main types of schools in Kibera are formal and non-formal. School lessons in both formal and non-formal schools are different, apart from the guidance and counseling lessons taught separately by gender due to the sensitivity of topics. Co-curricular activities, health programmes, promotion of guidance and counseling to support students, provision of sanitary towels and the return-to-school policy after giving birth were indicators of active learning environments in the schools while poor sanitation in schools affected the learning of girls.

Interviews and discussions found various sexual risk indicators for girls, such as: lack of guidance and counseling at school and home, poverty, peer pressure, orphan-hood and insecurity, poor sanitation at school, poor housing and overcrowding, lack of sexual and reproductive health (SRH) knowledge and life skills among others. These indicators reportedly predisposed and exacerbated girls' vulnerability to child labor, transactional sex which often resulted in sexual risks such as rape, early sexual debut, early and unintended pregnancy, drug and substance abuse and STIs including HIV.

The study recommends harmonization of health and learning programmes for adolescent girls within schools in Kibera, such as: 1) a stronger monitoring and follow-up system for implementation of national guidelines and policies; 2) addressing barriers relate to young girls' learning and health in Kibera, including engaging and sensitizing school communities on policies and importance of the girl child education; 3) create appropriate linkages with youth friendly primary health care centers for teenagers requiring reproductive health services; 4) disseminating national policies at grassroots e.g. the return to school policy; 5) life skills building programmes to enhance their self-efficacy; and 6) quantitative studies would enrich these findings, giving illustration of the magnitude of challenges school adolescent girls face in Kibera. The study also takes into account various recommendations made by the participants.

1.0 Background

Over time, the discourse of adolescent girls has been more defined by the challenges they face than available opportunities. The past two decades have witnessed growing attention to the plight of the girl child. Yet these efforts have hardly reached all segments of adolescent girls in the society. Pockets of extreme vulnerability remain for those who are on the fringes of mainstream development, particularly girls in rural areas and those in informal settlements.

The commitment of The Global Education For All (EFA) movement is to provide quality primary and secondary education for all children, youth, and adults. At the World Education Forum (Dakar, 2000), 164 governments pledged to achieve EFA and identified six goals to be met by 2015. Governments, development agencies, civil societies and the private sector are working together to reach the EFA goals. Achieving these will not be possible without targeted and focused efforts to reach each group of learners that may be excluded from schooling due to political, cultural, economic and demographic reasons such as adolescent girls in low-income settlements. Understanding the context of learning and health needs is an important step in recognizing the challenges they face to channel and inform the design of appropriate interventions and realize EFA goals.

Adolescent girls are vulnerable due to various adverse socio-cultural and economic reasons. The majority of health problems affecting young girls are preventable, and we achieve this by promoting proper hygiene practices early through school-based health education. Health status is a crucial determinant of training and learning outcomes. Health challenges affecting girls' impact negatively on school enrollment, attendance, completion and overall educational achievement which is a fundamental challenge to the attainment of EFA and Millennium Development Goals (MDG), and the newly adopted Sustainable Development Goals (SDG) 4 on quality education, and SDG 5 on gender equality.

UNESCO in collaboration with MoE is implementing a project to improve the health and learning of girls in Kibera Informal Settlement, Nairobi County. The project aims at increasing access to health-related information for adolescent girls in Kibera to improve their schooling outcomes.

The low economic status of residents is compounded by inadequate infrastructure, water, and sanitation, which pose serious health risks. The National Adolescent Sexual and Reproductive Health Policy 2015 recognizes adolescents in the informal settlement as a vulnerable group in society. These vulnerabilities adversely affect teenagers and are likely to have long-term effects on their health and learning. In Kibera, the retention of girls in school is noted to be low; a Population Council study found that 43% of girls in Kibera were out of school, compared to 29% of boys[2]. Furthermore, girls were less likely than boys to start schooling on time with 61% of school-going boys' starting schooling by age six, compared to 49% of girls[3].

The Kenya Education for All End of Decade Assessment (2012) highlighted many programmes initiated by the Government of Kenya to address the issue of girls' education, for instance by making curricula gender-sensitive. Actualized programmes have been launched through initiatives, such as the sensitive gender teaching methods and materials, and ensuring that learning institutions have gender sensitive infrastructure (toilets, playgrounds) and improved sanitation facilities by separating boys' and girls' toilets. However, it is also important to ensure that health-related information becomes accessible, relevant and age appropriate. 2015 NESP outlines priority strategies and policy directions for the education sector that also addresses school health education.

Initiating interventions early in life for adolescents is critical in modelling and supporting them to not only manage and confront the challenges of transition to adulthood but also help them develop necessary skills for completing their education and realizing their career goals and aspirations. Understanding the learning and health context of adolescent girls in low-income settlements remains a fundamental basis for directing efforts aimed at alleviating their status in the community.

1.1 Goal

To assess the learning context for adolescent girls aged 10-19 in formal and non-formal schools in Kibera, in order to identify priority areas for interventions.

1.2 Specific objectives

a. To determine the indicators influencing learning (promoting and inhibiting) for adolescent girls in formal and non-formal schools in Kibera;
b. To identify the promising approaches and strategies used by different actors to support girls' learning in Kibera;
c. To suggest priority areas for interventions to promote health education and learning for girls in formal and non-formal schools in Kibera.

2.0 Methodology

This section describes the study design, study location, target population, sampling, data collection and analysis processes.

2.1 Study design

The research study was a descriptive case study. It combined qualitative field assessment with a literature review.

2.2 Study sites and population

This study was conducted in Kibera Informal Settlement in Nairobi. Kibera has six administrative wards: Laini Saba, Sarang'ombe, Lindi, Mugumoini, Nyayo Highrise and Makina. There is a total of 335 schools in Kibera (144 pre-primary, 147 primary and 31 secondaries and 13 vocational schools) distributed across the locations. Of all the schools, only 4% are formal schools (government schools with almost a third – 27% of the total population of 54,840 students in Kibera). The rest (81%) are non-formal schools operated by NGO/CBO – 37%, private individuals – 29% and religious schools – 27 %[4].

The 'Health Literacy and Behaviour Change Practices among Adolescent Girls in Kibera' project by the MoE and UNESCO targets girls aged 10-19 years. As expected, the principle target population for this rapid assessment were girls aged 10-19 years in formal and non-formal schools in Kibera. Boys in similar age range and school were aimed to provide complimentary information on the situation of girls in their respective schools. The field assessment targeted teachers, school administrators, parents and members of school Boards of Management from the same schools as well as MoE officials. The field assessment took place during the month of September 2015.

a. Literature review

The desk review examined published and unpublished materials on health, education and livelihood among adolescent girls in Kibera. The analysis aimed at understanding the socio-economic and cultural context of young girls living in Kibera. It also helped in identifying key strategies and approaches used in health promotion, identification of behavior change

strategies used in promoting girls health, learning and livelihoods in Kibera. The literature review also informed the development of the qualitative data collection guides.

b. Field assessments

The field evaluation used both IDI and FGDs to collect data from MoE officials, teachers, members of school management committees, girls and boys. In total, 138 people were interviewed for the rapid assessment. The field assessments collected data on social and economic contexts of learning for adolescent girls in Kibera identifying enhancers and inhibitors of girl child health and learning as well as existing strategies used in promoting health education and learning for girls in Kibera.

2.3 Sampling

In March 2015, the MoE with support from UNESCO selected a representative number of 20 formal and non-formal primary and secondary schools from the seven locations in Kibera for inclusion in the UNESCO Kibera project. A joint consultative meeting with these schools was held on 31st March 2015 to sensitize them on the project. Out of the 20 schools target for this rapid assessment, only 18 schools were reached during the period of the study. Due to administrative and logistical reason at the time of data collection, two school could not be achieved. Among the schools participating in the study, six schools, two formal and four non-formal, were targeted for information from the primary target groups of girls and boys aged 10-19 years. The selection of the schools was done in consultation with MoE and UNESCO. Choice of the six schools adopted the characteristics and variabilities used in selecting the 20 schools for the Health education project for adolescent girls in Kibera. These parameters were: formal and non-formal differentiation, administrative location, primary and secondary schools, the existence of any particular groups of teenagers (HIV-positive learners) as well as willingness and availability to participate in the rapid assessment. The evaluation conducted IDIs and FGDs with teachers, school administrators and management committee members from all the schools. The FGDs with adolescent boys and girls used the H-diagram method that provides both a structured framework for guiding the interview process, as well as an analysis of prioritization of key promoting and enhancing indicators affecting girls' learning in Kibera. Mobilization of participating schools was supported by the Nairobi County Directorate of Education and Lang'ata Sub-county Quality Assurance officer in charge of Kibera.

Qualitative samples are constructed to be representative of the differences in views and values both regarding variation and consensus and often select "cultural experts" to give both depth and breadth of coverage for a particular domain[5]. Samples of girls and boys were purposely drawn with the support of school administrators and teachers in the selected schools, and took gender, age as well as those who could freely discuss the context of learning for adolescent girls in Kibera schools were taken into account.

2.4 Data collection

MoE in partnership with UNESCO have developed the tools for data collection and trained the data collecters.

The assessment conducted during the month of September used IDIs and FGDs to collect data from MoE officials, teachers, members of school management committees, girls and boys. In total, 18 out of the 20 schools enrolled in the project participated in the rapid assessment. Rapid assessment reached to 138 people in total.

Qualitative research was attained through FGDs with in-school adolescents aged 10-19 years in Kibera. During this assessment, a total of 15 FGDs were conducted. Among these, four (4) FGDs with formal school students (elementary and high school) and nine (9) FGDs with non-formal school students (primary and secondary schools) of which one (1) FGD was conducted with ten (10) HIV-positive living girls (see annex 1 for details). Two (2) FGDs with a total of 18 participants were held with teachers and school administrators (including the board of managers) and parents. Additionally, 13 in-depth interviews were conducted with MoE officials, teachers and members of school management committees.

2.5 Qualitative data analysis

Qualitative data analysis utilized a tentative coding framework developed through the reading of 5 FGDs and 1 KII transcript as well as the topic guides for data collection. A final thematic framework was then developed after the review of the data and the research question. Qualitative data was coded using QSR Nvivo 10 Software © (International Pty 2012, Australia). FGD data on priority issues was collected using the H-diagram method and analyzed using Excel to capture tallies and ranking on the main items and thematic issues identified. Preparation of this report triangulated some of the qualitative study findings with findings from the literature review. The following key thematic areas were drawn from the FGDs conducted with girls and boys in the study.

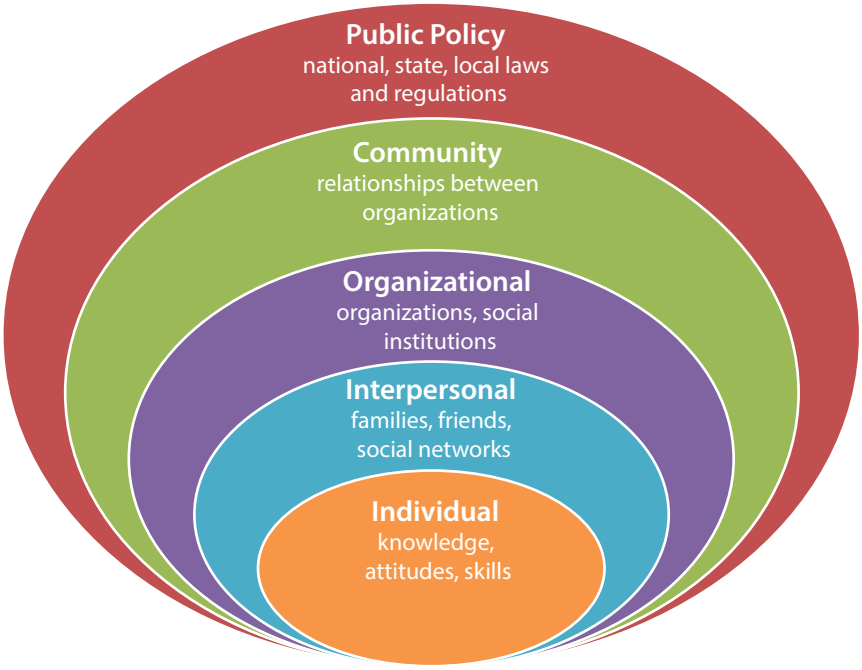
(a) Indicators affecting the learning of girls aged 10-19 in Kibera.
(b) Indicators affecting the health of girls aged 10-19 in Kibera.
(c) Causes of health problems among the adolescents.
(d) Access to health information and services by the adolescents.
(e) How girls can protect themselves against illness such as TB, STIs, and HIV, early pregnancy, and cholera.
(f) Ways of addressing the health need that young girls aged 10-19 in Kibera face.
(g) How girls can be supported to complete school.
(h) How girls can be encouraged to address their health needs.

(i) Stakeholders to address learning and health needs of the girl child.
(j) Awareness of return to school policy.
(k) How can girls be supported to meet their needs in school.
(l) Learning needs for children with HIV in school.

2.6 Theoretical framework

This assessment was guided by the social, ecological model. Social, cultural, economic and demographic indicators determine and shape human interactions and behavior. The Ecological Framework for Human Development explains children's development within the social context that forms his or her environment[6]. The model describes child development as influenced by indicators of interaction at the individual level such as gender and age, the interpersonal level such as peers and family, the organizational level such as school, church and health facilities and the public policy level. The social, ecological model is illustrated in figure 1 below.

Figure 1: Socioecological model adapted from Bronfenbrenner, Urie (1994).



2.7 Study limitations

The primary target population for this assessment were in-school girls and boys in Kibera aged 10-19 years old. The study also focused on teachers, parents, members of school management committees, administrators from the 20 schools piloting the MoE and UNESCO adolescent girls project in girls and boys.

Although the study was commissioned to begin in August 2015, it was delayed to allow for term school opening in early September 2015. The assessment was also affected by the national industrial action by unionized teachers particularly in formal schools which made it difficult to mobilize study participants. Delay in commencement of the study limited the allowable time for preparation, planning and execution of this study.

3.0 Findings

This section presents findings from the rapid assessment in the context of girls learning in formal and non-formal schools in Kibera. It first describes the background in which young girls in Kibera live before discussing the indicators inhibiting and promoting their education and health in Kibera, followed by the presentation of the results of approaches and strategies used by various actors and recommended roles for different stakeholders in enhancing girls' learning and health.

3.1 Background characteristics of study population

The ethnic composition of Kibera residents is diverse with dominant ethnic communities reported to be Luo, Luyia, Nubian, and Kamba[7]. The baseline survey on adolescent girls (11-14 years) in Kibera established similar trends in ethnic distribution with Luo at 36%, Luhya at 32% and Kamba at 9% [8]. About 76% of girls had both parents still alive, 4% and 15% with deceased mother and father respectively while 4% were double orphans. Additionally, slightly over half (52%) of girls in the study reported being living with both parents with 16% of girls not living with a parent[8]. The study found low educational attainment among parents of adolescent girls who participated in the study.

At the school level, the rapid increase in enrollment after the introduction of free primary education exacerbated problems of teaching thus straining learning facilities, increased classroom congestion and raised teacher-pupil ratios in Kibera[9]. Given the few formal schools in informal settlements, most poor parents are guided by quality considerations in choosing low-fee private schools rather than being crowded out by the excess demand for public schools[3]. Studies show that almost twice as many children from the informal settlements use private schools than from the non-informal settlement regions; around one-fifth of children from the non-informal settlements attend private schools, compared to nearly 40 percent from the informal settlements[1,10].

These rapid assessment findings are consistent with the general characteristics of schooling environment described in the literature for schools in informal settlements such as the diverse composition of schools and students, infrastructure, schooling environment, small school and teaching amenities. Assessment results show the main types of schools in Kibera are formal and non-formal schools sustained by religious bodies, NGO/CBOs, and private

individuals. Nearly all these schools host students from diverse ethnic, social and economic backgrounds, although these are neither consideration for school enrollment nor class composition. Gender distribution in Kibera schools is skewed with more boys than girls enrolled in schools, a finding similar to previous studies conducted in the area.

Adolescent girls in Kibera are significantly less likely to be attending school than boys; 43% of girls in the sample were out of school, compared to 29% of boys[2]. The study also indicates that girls were less likely than boys to start school on time with 61% of school going boys having started school by age 6, compared to 49% of girls. Over half (59%) of boys and 51% of girls reported dropping out due to lack of school fees, 14% of girls due to early marriage and 9% due to pregnancy[2]. The rapid assessment found that all classes are mixed during formal lessons except for guidance and counseling lessons which are sometimes taught separately if the issues to be discussed focus on a particular gender.

Schools in Kibera are built with diverse materials: some schools have permanent structures with adequate provisions for special needs of adolescent girls, while others have makeshift classrooms and lack basic facilities like proper desks for students. In some schools, the structures are made of iron sheets and share fences with business and residential shelters, making it difficult for students to concentrate in class. Findings show that classroom sizes in non-formal schools are near acceptable standards. However, this cannot be said of the public schools which are overcrowded due to free primary school education.

3.2 Contextual indicators affecting learning of girls 10-19 years in Kibera

3.2.1 Indicators promoting girls' learning in Kibera

The rapid assessment results identified various indicators that support the learning of adolescent girls in Kibera. These signs are present at the individual, family, school and external levels beyond school.

Adolescent girls reported self-motivation and desire to succeed as key indicators to continue schooling despite the challenges they face. Individually set goals motivate them to work hard and seek help from teachers and mentors to achieve in their lives. Self-motivation comes from the desire to lead better lives than they currently do. The FGD, with girls shows that schooling is the gateway to escaping poverty and not live like their parents. A recent study found attendance by adolescent girls in Kibera exhibits attitudes that promote gender equality with 89% of the girls in the study agreeing with the statement "It is as important for girls to complete secondary school as it is for boys" and 77% agreeing that girls are as intelligent as boys[8].

A high proportion of girls in Kibera, like in other informal settlements, attend non-formal schools. A study on quality and access to education in urban settlements in Kenya showed that about 47% of primary school children in informal settlements in Kenya attend non-government schools, with this proportion reaching 63% in Nairobi's informal settlements[9].

Encouragement at the family level plays a critical factor in promoting girls learning and health in Kibera. For example, parents provide guidance and counseling, basic needs including school uniforms, shoes, books, pens, timely payment of school fees, checking of homework and regular visits to schools to discuss class performance with teachers.

> *"Encouragement from parents has promoted learning because girls can also come to school and not worry about the lack of tuition fees."*
>
> **Participant, FGD with Girls Ayany Primary**

For both formal and non-formal schools, results from the rapid assessment show the following indicators to enhance girls learning:

(a) Peer support factors
(b) Availability of school learning amenities
(c) Adequacy of space, participation in co-curricular activities
(d) Presence of female teaching staff
(e) Availability of guidance and counseling departments
(f) Availability of teachers
(g) Access to mentors
(h) Provision of sanitary towels
(i) Availability of adequate and clean toilets as well as sanitary facilities within the school

Provision of clean sanitary towels was identified in 8 out of 13 FGDs with young people (four male FGDs and three female ones) and with all IDIs as a critical indicator that promotes learning of girls as they are kept in school during their menses every month.

> *"Provision of sanitary towels promotes learning of girls because a girl can come to school even during her menses."*
>
> **Participants, FGD with Girls Elite Visionary School**

> *"… Those who don't have pads stay at home till the menses stop."*
>
> **Participants, FGD with Girls Glory Primary School**

Assessments results show that adequate and proper conditions of school buildings promote girls' learning. Permanent school structures are seen as easy to clean and maintain thus allowing smooth running of the learning process. Moreover, they allow separation of different classrooms, reducing interference from adjacent classes during lessons. Adequate, clean and separate toilets for boys and girls within a reasonable distance of each other were identified in the assessment as a critical consideration for the learning of girls. These features increase perceptions of safety, privacy and autonomy for the girls using these facilities thereby encouraging girls, in particular, to come to school regularly and consistently.

> *"Modern learning facilities…Adequate and proper condition of school buildings and classes" … The school is not so bad because we can come to school and learn, and this is because the buildings don't affect our learning."*
>
> **Participant, FGD with Girls Glory Primary School**

> *"We have tissues in the toilets that are clean… there are enough washrooms, and we do not share them with the boys."*
>
> **Participants, FGD with Girls Ayany Primary School**

Assessment findings show that participation in co- and extra-curricular activities such as 4k clubs, integrity clubs, justice clubs, debating clubs, football, drama, netball, music, and games is an important motivating indicator promoting girls learning in formal a non-formal schools. The results show that this gives them an avenue to express themselves, vent out tensions, build their confidence levels and discover talents that open up more life opportunities in sports and art. Findings from girls' FGDs show that having separate playing spaces for girls motivates them to attend school as this reduces likely accidents and the dominance of boys in the available spaces.

Availability of spaces for girls to meet is seen as an essential enhancer to learning for girls in Kibera. The results identified school health clubs, health education programmes, guidance and counseling sessions in schools as avenues for sharing and discussing learning and health issues affecting them. IDIs with teachers show that advice and counseling lessons are sometimes held separately for boys and girls in schools, depending on the topics that is discussed to encourage open discussions and sharing. Findings from FGDs with girls show that use of safe spaces is also linked to other approaches such as the use of role models and mentors to encourage girls to stay focused and complete their education. Some of the role models and mentorship programmes are linked and supported by the community.

> *Guidance and counseling department is in schools where two teachers are in charge of it: one male and one female teacher.*

Participants, FGD with Girls Ayany Primary School

> *Health education programmes in the schools are available, for examples of St. Johns (Ambulance group).*

Participants, FGD with Girls Lea Toto Programme

The presence of adequately qualified teachers was also cited as a primary school-based factor that positively influences girls' learning. This choice was observed to increase the selection of teachers to approach for academic support, guidance and counseling. Besides, gender balancing among teaching staff makes it easier for girls to approach the female teachers on sensitive issues that affect them for discussion.

> *Some teachers are concerned about the girl child education. They motivate them… the teachers are like their parents…they encourage them and tell them about life outside school, when one is pregnant they advise her to go back to school.*

Participants, FGD with girls Lea Toto Programme

> *…The gender balance of teaching staff is fair.*

FGD with Girls Ayany Primary School

> *Female teachers in the school are more than the male teachers.*

Participants, FGD with Girls Olympic Secondary School

The study found that implementation of favorable government policies such as the school feeding programme, deworming programmes, return to school policy after giving birth, free compulsory primary education, laws prohibiting cultural practices such as early marriage and FGM to promote retention and completion rates of girls in school. Additionally, support for enforcing these policies at the community level has been reinforced by sensitization of communities by civil society groups on the rights of the girl-child and available opportunities for them.

> *"Even girls are given the opportunity to learn. Free education for girls has promoted learning because girls can also come to school and not worry about lack of school fees."*
>
> **Participants, FGD with girls Ayany Primary**

> *"Free education… A girl can do well in school because she knows her tuition fees have been paid, and she doesn't have to worry about being sent home for fees."*
>
> **Participants, FGD with girls Elite Visionary School**

> *"Due to free education, there are more girls in schools than boys."*
>
> **Participants, FGD with Girls Olympic Secondary**

Civil society groups also support girls' education through the building of schools for girls, provision of learning materials and payment of the tuition fees. Findings show that Constituency Development Fund (CDF) has been very instrumental in supporting infrastructural development in schools in Kibera, such as the building of classrooms and toilet facilities in schools. CDF also provides bursaries to students in need, including girls in Kibera. Provision of these facilities including bursaries for girls was identified to be very instrumental in enhancing learning and health of girls in formal and non-formal schools.

Findings show that girls child's perception of short distances to schools as a motivator for learning. Short distances to reach school are seen to promote school attendance even when tied with household chores to accomplish. It also reduces difficulty in reaching schools during rainy seasons when there is a lot of mud along the way. Short distances are viewed by girls to enhance the perception of safety and freedom to attend schools regularly as they considerably reduce vulnerability associated with long distances and exposure to sexual abuse and violence along the way.

> *"The distance from school to home is not that far, and we do not pay for tuition fees because it's a public school."*
>
> **Participants, FGD with Girls Ayany Primary School**

3.2.2 Indicators inhibiting learning for girls aged 10-19 years in Kibera

Assessment results identified indicators that inhibit girls learning in Kibera. Poverty is a critical factor associated with lack of school fees, school uniforms, shoes, bags, inadequate learning materials and poor nutrition at home contributing immensely to girls being forced to miss schooling.

> *"Lack of tuition fees – several girls come to school but with a lot of hopelessness written on their faces. They do not know whether after completing primary education, they will be able to proceed to secondary school because they come from poor backgrounds hence their parents may not afford to educate them."*
>
> **IDI, School Administrator**

> *"Lack of tuition fees because most parents are self-employed and have unpredictable income … Most girls come from poor backgrounds which cannot support their studies, buy school uniforms, books, and other stationery."*
>
> **Participants, FGD with Girls Soweto Primary School**

Additionally, poverty is a contributor to overcrowded houses with children and parents sharing the same room; this leads to cases of early sexual activities, abuse of drugs and substances. Study findings also show that poverty also contributes to girls being required to perform domestic chores such as caring for younger siblings and attending to small business activities to supplement the family income. In other cases, girls are forced to engage in child labor and child prostitution to cater for family and own needs.

Living conditions in the informal settlements are characterized by poor sanitary conditions and disease outbreaks such as cholera and TB. The results show an association of poverty with drug and substance abuse which was reported to make it difficult for girls to concentrate in class, leading to absenteeism and poor academic performance.

> *"Girls get into groups and cliques that mislead them due to peer pressure; they end up taking drugs like Miraa, and Bhang…the girls are engaging themselves in drug abuse and stop schooling to fulfill their basic needs."*
>
> **Participants, FGD with Girls Lea Toto Programme**

Ignorance about body changes in adolescence was also cited as a major constraint on education and learning for girls during the rapid assessment; this includes knowledge of the safe days for girls who are sexually active and means of preventing unintended pregnancies.

> *"Girls at the adolescent stage can easily get pregnant. They tend to hang out a lot with boys hence fall prey to early pregnancy."*
>
> **Participants, FGD with Girls Lea Toto Programme**

Studies[2] in Kibera have found similar results. About 40% of 11-12-year-old girls and 62% of 13–15-year-old girls know that there is a fertile period during the menstruation cycle, but only 14% in both age groups could correctly identify when the fertile period occurs during the menstruation cycle[8]. Recent studies by APHRC (2014) in Nairobi informal settlements show that about 11% of males and 9% of females had initiated sexual activity before the age of 15, with 84% of women and 87% of man already sexually active by age 20.

Findings from the rapid assessment report frequent and unprotected sexual activities associated with early sexual debut, early and unplanned pregnancies and school dropout rates among girls. Kabiru et al. (2010) observe that in low-income settlements in Nairobi, the transition to first sex is influenced by age, slum residence, perceived parental monitoring and peer behavior. The study also found evidence of coupling of risky behaviors with the findings underscoring the need to focus on very young adolescents and those growing up in resource-poor settings, as these young people may be highly vulnerable to negative health outcomes11.

> *"Those girls who have sex at an early stage get pregnant and can also get HIV and STIs."*
>
> **Participants, FGD with girls Ayany Primary School**

However, findings from the rapid assessment of high sexual activities differ from a survey carried out in Kibera among girls aged 11-14 that shows that just 2%[8] of the girls in the study had initiated sexual activities. The survey findings were, however, cautious around underreporting suggesting that sexual activities could be higher in the assessed area. An earlier study in Kibera established high sexual activities among adolescents with 32% of boys and 36% of girls reporting to have had sexual intercourse among whom 16% had begun childbearing[2].

Early sexual debut exposes young girls to risks of pregnancy and sexually transmitted infections including HIV. A study by Population Council established that general knowledge of STI including HIV transmission is high among adolescents in Kibera although accurate knowledge on presentation remains small. In the study, only 1 in 5 respondents knew that women could not always tell when they were infected with an STI. 5% of boys and 6% of girls reported having had a sexually transmitted disease, either diagnosed or suspected[2]. Over half (52%) of girls did not seek treatment compared to 20% of boys reporting not doing anything[2]. Those who sought treatment reported going to a clinic or hospital. General knowledge of Family Planning was also high; 81% of boys and 71 % of girls had heard of at least one family planning method[2].

This rapid assessment results show that early marriages affect girls' education in Kibera. Despite the existence of safety nets for girls who get pregnant to return to school, some still fall through the cracks and are lost due to early marriage caused for different reasons such as peer pressure, no one to care for infant baby, embarrassment and stigma associated with going back to school.

The study observed cultural inhibitors to girls' learning in Kibera. Among these were reported incidences of early marriage and noted reports of gender preference in the education of their children. Many parents prefer to educate their sons at the expense of their daughters in the belief the girls will get married soon.

> *"In some cultures, it is believed that boys are superior to girls, so most girls do not get education … some cultures do not believe in education at all."*
>
> **Participants, FGD with Girls Lea Toto programme**

Peer pressure and stigma against pregnant girls force them to drop out of school. Males (8%) in Kibera were significantly more likely to agree with the statement that boys should be sent to school before girls if the family is poor and cannot send all children to school, compared with their female counterparts (5%)[8].

Other cultural norms associated with the distribution of domestic chores due to ascribed gender roles affect girls' education negatively. As a result, girls hardly get sufficient time to undertake their studies, this extends to child labor to complement family income. These findings are consistent with other studies conducted in Kibera, which reported 25% boys and 14 % of girls have worked for pay[2]. Austrian et al. (2015) indicated that 8% of girls aged 11-14 years in Kibera have ever worked for pay in cash or in kind with the most common types of work being washing dishes, braiding hair, and babysitting[2].

> *"Too much work at home such that personal study does not take place … some girls miss some lessons especially the first one, and this reduces concentration where they spend a lot of time thinking about how they will carry out many duties awaiting them at home after school. Mothers leave for girls the responsibility of taking care of their younger siblings when they are not around. There is a general belief among people that it is the girl to do a lot of work."*

Participants, FGD with boys Ayany Primary

Cultural norms that favor early marriages comes from the belief that young girls have matured once they are in adolescent stage thus leading to indiscipline, early sexual debut, incest and cohabitation with older partners in the community.

> *"Indiscipline cases where some young girls become difficult hence do not take their academic work seriously."*

In-depth interview, teacher

> *"Rape cases/early sexual debut – last year a class eight girl was impregnated by a close family friend. The parents took action and reported the culprit to the police."*

In-depth interview, administrator

Family background factors, conflicts, and disintegrations negatively affect girls' learning and health in schools. Orphanhood, single-parenthood, family fights and conflicts, limited parental or guardian care directly impact on the girl child's education and are associated with lack of school fees, school uniform, and basic needs for girls as well as to girls' self-esteem in school.

This rapid assessment findings report incidences of physical and sexual violence among adolescent girls in Kibera. Sexual and gender-based violence predisposes girls to the risk of unplanned pregnancy and STIs. In Kibera, 31% of women compared with their male counterparts (25%) were significantly more likely to agree with the statement that men rape girls because they cannot control themselves[8]. About one-third of girls in Kibera reported having experienced emotional, physical, and sexual violence. Furthermore, almost 90% of girls noted that they did not feel safe walking in the community after dark[8].

> *"Due to insecurity in Kibera most girls gets pregnant when raped, this phenomenon is very high."*
>
> **Participants, FGD with girls Elite Visionary School**

> *"Girls are easily raped because there is no security in our slums. As you come from school in late hours you expose yourself to crime, rape specifically."*
>
> **Participant, FGD with Girls Ayany Primary School**

> *"When a girl is raped it reduces their self-esteem."*
>
> **Participant, FGD with Girls Silanga PCEA High School**

Another indicator that was found to inhibit learning for girls was the limited time and spaces allowed for co-curricular activities. Study findings show that due to competing pressure to cover the school syllabus, both formal and non-formal schools utilize life skills and physical education lessons to teach examinable subjects. Some non-formal schools do not have guidance and counseling departments and teachers where girls can seek assistance. Lack of support and advice from teachers leaves the young girls vulnerable to peer influence and pressure, an indicator that was reported to contribute to early sexual debut, drug and substance abuse, and child prostitution.

> *"We don't engage in these activities because the school is mostly focused on education. When we go for games it's only on Friday and for a very short time."*
>
> **Participant, FGD with Girls Elite Visionary School**

> *"There is no guiding and counseling department, when you have a problem we don't have anyone to share with."*
>
> **Participants, FGD Girls Silanga PCEA High School**

In cases where there is no regular provision of sanitary towels, girls miss attending school. Because of self-stigma and fear that their flow would be noticed by peers, many girls opt to stay at home missing lessons three to four days in a month.

> *Lack of sanitary towels, some parents cannot afford to buy pads for their girls … Pads for girls … it helps us as girls to come to school during our menses. Those who don't have pads stay at home till the menses stop.*

Participants, FGD with girls Ayany Primary School

> *Lack of sanitary towels makes girls lose concentration in class. They miss approximately three days a month, and that adds to almost a month a year.*

Participant, FGD with girls Lea Toto programme

> *We are not given enough sanitary pads … we are not given sanitary towels regularly.*

Participants, FGD with girls Silanga PCEA Secondary School

Other indicators that inhibit adolescent girls learning in Kibera include: lack of linkages with role models and mentors to motivate the girls; exposure to harmful influence from the media (internet, pornography, movies and games at video kiosks) and peer pressure that lead to experimentation with drugs; early and unprotected sexual activities leading to infections, unplanned pregnancies, and school dropout. For girls who get pregnant, embarrassment, self-stigmatization and ignorance about the return to school policy deter girls' completion their education.

3.2.3 School-based indicators inhibiting girls learning

In both formal and non-formal schools, indicators that inhibit learning of girls include: inadequate learning materials and facilities, especially during national examinations; poor school infrastructure, including insufficient and poor sanitary facilities such as dirty toilets, and sharing of toilets with boys.

> *Although we have books they are not enough. We share one book in a group of four…In our class for mathematics, we have only 12 books, yet we are 52….When our lockers are broken we have to share or repair it with your own money, yet sometimes you don't have money … Our laboratory is not well equipped.*

Participants, FGD with girls Elite Visionary School

> *We don't have enough teachers…we don't have enough apparatus in the lab…we don't have enough books.*

Participants, FGD with girls Silanga PCEA High School

> *For us girls we have urinals that are meant for the boys, yet the boys have toilets … We have one key for the toilets, and it is given to one person so when you are pressed you need to go and ask for the key from the individual who is in another class.*

Participants, FGD with girls Elite Visionary School

> *We have very few toilets … we share toilets with boys and the teachers … The toilets are very far from the classes. We don't have water and soap to wash hands after using the toilets.*

Participants, FGD Girls Glory Primary

> *Sometimes the washrooms are very dirty because they are not cleaned regularly.*

Participants, FGD with girls Olympic Secondary School

> *We don't have enough toilets … the toilets are dirty because they are not cleaned regularly … there is no water, tissue, and soap in the toilets.*

Participants, FGD with Girls Silanga PCEA High School

> *There is not enough sanitary facilities. One toilet is divided into two wings. Girls have no place to dump the used sanitary towels.*

Participant, FGD with boys Silanga PCEA High School

Long distances to schools were noted to limit accessibility particularly for older adolescents in high schools due to the fewer number of secondary schools. Long walking distances to schools in Kibera tires girls, making them less attentive in class. Additionally, long distances expose girls to sexual and gender-based violence whereas too much mud during the rainy seasons makes accessibility to schools severe, leading to lateness.

> *"I come from far, and the places I pass when I come to school are very insecure especially at night when I come from school late."*
>
> **Participants, FGD with Girls Elite Visionary School**

Overcrowding in formal schools was identified as a key indicator that inhibits girls' learning. Discussions with study participants revealed that some schools have inadequate teachers resulting in high student-teacher ratio. All four FGDs with students in formal schools identified this as a problem compared to less than half (4 out of 9 FGDs) with students in non-formal schools.

> *"Unavailability of teachers, there are many students in the school, but few teachers to teach the students … there are many students because of the free primary education yet the teachers are not enough to teach the student."*
>
> **Participants, FGD with Girls Olympic High School**

Gender imbalance among teaching staff was also noted as a key challenge with focused group discussants reporting more male than female teachers. Results show that this imbalance limits the choices girls have on whom to approach among the female teachers to discuss their needs. The results also show that the few female teachers get overwhelmed by the girls' requests for support, thus affecting the quality of guidance and counseling they can provide to the girls. Irrespective of school type, it is curious to note that even within the same school, the imbalance was reported among the lower and upper primary school divisions. Female teachers were reported to be assigned to lower classes while male teachers to upper primary. Gender imbalance in teaching staff was more acknowledged among the formal than non-formal schools (reported in 2 out of 4 FGDs with students in formal schools and 2 out of 9 FGDs with non-formal schools).

> *"There are more male teachers than female teachers. The female teachers are only three. …When you have a problem and the female teachers are not around, we cannot go and ask for help from the male teachers. Only female teachers provide guiding and counseling, so for us girls, it becomes hard to go and seek help."*
>
> **Participants, FGD with Girls Elite Visionary School**

> *"Upper classes male teachers are more than the female teachers … lower classes female teachers are more than the male teachers."*
>
> **Participants, FGD with Girls Glory Primary School**

Additional inhibiting indicators identified in the study were:

(a) Lack of amenities and facilities such as teaching aids, for example, computers and the Internet to facilitate access to learning materials and use of ICT in teaching.
(b) Some informal schools do not have teachers registered with Teachers' Service Commission (TSC).
(c) Overcrowding numbers of students in public schools, especially, limits playing areas as well separate clean toilets and hand-washing points for girls and boys.
(d) Poor coordination of existing health education programmes in schools by different NGOs and CBOs.
(e) Infrequent visits by MoE official affects the quality of education.
(f) Lack of enforcement of existing policies and laws meant to support girls' learning.

Analysis of priority factors inhibiting girls learning in Kibera from the FGD with young people identified the following challenges:

(a) Poverty (8/13FGD);
(b) Peer pressure (5/13 FGDs);
(c) Lack of adequate sanitary facilities at the school (4/13 FGDs).

3.3 Indicators influencing the health of girls in schools in Kibera

The rapid assessment investigated indicators affecting the health of adolescent girls aged 10-19 years in Kibera. Unlike the indicators affecting learning, the study revealed more inhibiting than promoting indicators, an indication of the weight of the challenges girls faces as discussed in this section.

3.3.1 Indicators promoting health of adolescent girls

The results indicated that girls were aware of growing up and body changes with some aware of safe days hence promoting their reproductive health, because they have some reproductive health information. Life skills lessons taught in school, school health programmes, guidance and counseling in schools also promote the health of girls as discussed by the respondents. It is worth noting that most of these promoting indicators are school-based. This was also echoed by the views of IDI participants. Additionally, from the IDIs, a deworming programme from MoH also promote the health of girls in Kibera.

Adolescents reported various sources of health information for girls including hospitals, clinics, pharmacies, social media, peers, teachers, parents, youth groups, mentors, counselors, NGOs and school health clubs. Survivors of rape seek support from available hotline numbers (116), chiefs and police stations. Among these sources, the most preferred order of priority were teachers, guidance and counseling programmes, peers, parents and health workers. These sources are preferred because of perceptions of qualified personnel, trustworthiness, free services offered, and often youth friendly services, observing client privacy and confidentiality as well as proximity to their residence. In Kibera, only 38% of girls had received health care in the six months preceding the survey. Most of the girls who did receive health care went for general health/sickness services (35%), followed by pharmacy visits (7%)[8]. Assessment results indicate that the most sought after services in these facilities were pregnancy tests, guidance and counseling, HIV testing and counseling, post-rape care services, treatment of STIs, cholera, typhoid and regular medical checkups.

3.3.2 Indicators inhibiting the health of adolescent girls

The discussions from both the male and female groups elicited numerous indicators that inhibit the health of young girls in Kibera. These indicators include drug and substance abuse, unintended pregnancy, unsafe abortion, sexual and gender-based violence, the risk of STI infections including HIV, inadequate SRH information, understanding growing up and body changes in adolescence, and limited access to health services. Austrian et al (2015) found the main barriers to health care cited by girls in Kibera to be money for treatment (41%), not willing to go alone (34%), and concern that there may not be drugs available (28%).

> *"Early and unplanned pregnancies, are very high in Kibera ... Some girls are disobedient to their parents, they do not listen to their parent and elders."*
>
> **Participants, FGD with girls Elite Visionary School**

> *"Girls who get pregnant at an early stage consider having an unsafe abortion so that they could go back to school. Some don't want shame and to be called mothers…they mix Coca-Cola and drink it."*
>
> **Participant, girls FGD Lea Toto.**

Other indicators inhibiting health of young girls in Kibera include malnutrition to poor household incomes, poor sanitation and hygiene resulting in outbreaks of diseases such as Cholera, sexual violence and sexually transmitted infection, limited access to affordable health care with few health facilities, irregular provision of sanitary towels during menses,

lack of changing rooms in schools for girls during menses. Other indicators identified health risks associated with drug and substance abuse, child prostitution, girls with chronic illnesses such as those living with HIV.

> *"Some indicators affecting the health of the girl child in Kibera negatively are early sexual debut, sexual and gender-based violence and child prostitution due to poverty which exposes the girl child to health risks such as early pregnancy, unsafe abortions and child-bearing and STIs including HIV."*
>
> **IDI MoE Quality Assurance Officer, Langata District**

> *"Early sexual debut hence predisposed to STIs."*
>
> **IDI Teacher Toi Primary**

> *"Some girls are affected with STIs, but they hide it, sometimes we identify them and take them for guidance and counseling then they are taken for treatment."*
>
> **Participants, FGD with parents and Teachers, members of the Board of Management, from different schools**

> *"STIs – some pupils are HIV positive. Parents inform the school about their status after which the school social worker makes a follow-up and assist the infected pupils."*
>
> **IDI Deputy Headteacher, Primary School**

3.3.3 Learning needs for children with HIV in school

Assessment results show the recognition of HIV positive learners in schools. HIV positive learners face similar challenges as other learners such as safe environment at school, spaces for participation in routine school activities, school fees, learning materials, parental love, and care. Findings from one focused group discussions with HIV positive learners indicate that they require additional support in regular counseling on living HIV positive, accessing to treatment regiments, access to youth-friendly services and information on growing up, reproductive health, and proper nutrition. An important priority need identified by girls living with HIV was creating a stigma-free learning environment in schools.

3.3.4 Prioritization of health needs

Analysis of the H-Diagram method identified the following as priority indicators inhibiting health for girls in Kibera's schools:

(a) Drugs and substance abuse (9/13 FGDs).
(b) Early pregnancy (6/13 FGDs).
(c) Sexual harassment, rape and defilement (5/13 FGDs).

3.4 Existing strategies supporting girls' learning and health in schools

Various actors working with schools in Kibera employ varied strategies to promote girls' health and learning as shown in Table 1 below. Results show that efforts by different actors to support girls' health and learning have increased girl participation in education, improved retention and completion levels, reduced negative health outcome associated with early and unprotected sexual activities. The efforts have also improved girls' self-efficacy and academic achievements.

Table 1: Key strategies by different actors in Kibera

Key strategy	Actors in Kibera
Provision of sanitary towels	NGOs, MoE
Peer education	NGOs such as Carolina for Kibera
Mentorship-use of peer mentors and role models	NGO such as Carolina for Kibera through the Binti Pamoja
Guidance and Counseling	NGO & MoE - through mandatory guidance and counseling programmes in schools
Financial literacy training and micro-credit services for adolescent girls	Carolina for Kibera, Population Council, and K-Rep Development Agency
Return to school policy, Sensitization of teachers and parents on return to school policy and importance of girl child education	MoE, Teachers, parents, NGOs such as Shining Hope for Communities in Kibera (SHOFCO)
School feeding programme	MoE, World Food Programme
Provision of free medical services for girls	NGOs such as Shining Hope for Communities in Kibera (SHOFCO)

Key strategy	Actors in Kibera
Free post-rape care, Toll-free hotline numbers survivors of sexual violence	NGOs such as UMANDE TRUST
Nurturing girls' talents through sports and music	NGOs such as Shining Hope for Communities in Kibera (SHOFCO)
Creation of safe and supportive spaces and financial literacy training	NGOs such as Carolina for Kibera, Population Council
Use of health clubs	NGOs such as Amref Health Africa & MoE
Use of computer based CSE programmes	Africa Alive, Nairobits & MoE
Use of peer mentors	Carolina for Kibera, Population Council, KREP Bank
Use of role models	Carolina for Kibera, Population Council
Empowering girls through micro-credit services, financial products	Population Council and K-Rep Development Agency
Deworming programme for all students	MoH in collaboration with MoE
Youth friendly SRH services	St. Mary's Hospital by the Catholic Church, Gertrude's Sunshine Smile Clinic, Chemists
Building of girl schools	Shining Hope for Communities in Kibera, Kibera School for the Girls, Catholic Church, AVSI -Little Rock, Constituency Development Fund (CDF)
School fees bursaries	Constituency Development Fund
WASH programmes	Kenya Water for Health Organization Kibera, Amref Health Africa, UNICEF
Education sponsorships for girls	PCEA and Catholic Churches also sponsor a few pupils in the school, Amref – sanitary towels, Carolina for Kibera
HIV-related programmes for young girls	Global communities (Dreams Initiative programme) NOPE (addresses HIV/AIDS issues) Lea Toto (treatment and nutrition for children born with HIV), Hope Worldwide, Sauti Sikika Girl and Boys (Formed by YPLWH to address their social issues, sexuality education information and sex work), NACC (Provision of SRH, HIV information)
Provision of SRH information	Marie Stopes Kenya, Church organizations visit the school to talk to adolescent girls on education, health, and spiritual matters, I Choose Life, NOPE, MoH. Liverpool VCT (Toll-free hotline for ASRH information), NAYA(Radio talk shows on ASRH issues), Gertrude's Sunshine smile Clinic (YFS, SRH information)

Addressing the health and learning needs of young girls in Kibera requires a multi-sectoral approach. Indeed, all stakeholders including the girls themselves, boys, teachers, peer educators and mentors, community leaders (including chiefs and religious leaders), NGOs, parents, and the MoE have a role to play. (Annex 2 shows the matrix of the proposed roles different stakeholders).

Assessment results show consensus on the need to support girls to complete their education. Study participants recommended: provision of scholarships, opening more schools, lowering school fees in the non-formal schools, regular provision of sanitary towels, increased parental guidance and counseling for students, sponsorships to busy basic school requirements for girls like uniform, books, shoes, gender balancing in teaching staff especially for guidance and counseling, establishment of health clubs, linkage to mentors and role models for girls, creating awareness of dangers of drugs and substance abuse, sensitizing girls and the community on importance of education, improving security in the community and empowering girls through life skills training to raise their self-esteem.

MoE supports equal opportunity programmes through setting up supportive policies such as the return to school policy, school health policy, and the national code of conduct for schools. It also sensitizes parents and the community on these policies. Additionally, the Ministry recommends each school to establish a guidance and counseling department with at least two teachers - male and female. Life skills lessons are timetabled to be taught once a week. The ministry has also partnered with local civil society groups to support the distribution of sanitary towels to girls as well as campaign against early marriage. The MoE in partnership with the World Food Programmeme supports and monitors the school feeding programme. To curb child molestation in schools, the Teachers Service Commission (TSC) has outlined stringent measures for perpetrators leading to the reduction of incidences of molestation, especially in formal schools.

Assessment results show that although the MoE experiences challenge in the enforcement of all policies, primarily the teaching of life skills in schools, most policies have been well received and supported, such as the return to school policy.

> *"Some schools follow up on girls who give birth to come back to school, e.g. Ayany primary with three such cases …. Many girls have returned to school after giving birth."*
>
> **IDI Teacher, Secondary School**

The assessment established that most schools are not aware of national policies affecting girls' education due to poor policy dissemination. This inhibits the implementation of the policies. In schools, the study also found poor planning of how the policies can be implemented which is compounded by limited support supervision, lack of coordination of partner programmes in schools and the demand to meet the academic needs of the high population of students. In formal schools, the high student population limits the application of these policies. Informal schools, on the other hand, do not fully comply with the policies. In some cases, informal schools are not included in the mainstream MoE activities like dissemination of policies and guidelines. This leads to reduced compliance including in reporting of challenges they face, such as reporting of child abuse incidences which are resolved with parents at school level.

A key lesson learned in the implementation of these strategies is the need for more systematic and regular monitoring and follow-up by MoE to ensure all programmes are undertaken. It was observed by MoE that despite all efforts in schools in Kibera, more sensitization on the importance of girl child education was required at the community level to build adequate support. Age-appropriate sexuality messages in school are also needed.

4.0 Discussion

Adolescent girls living in low-income settlements like Kibera face many challenges at home, school, and community that affect their education and health. Vulnerabilities associated with living in informal settlements stem from poverty. Overcrowded houses, inadequate food, and provision of basic needs for the family such as clothing impact negatively on them and have a bearing on their health behavior. Results from this study have associated poverty with child labor and domestic work, and child prostitution to enable the family to meet its need. This adversely affects girls: some have to attend school late, miss or drop out altogether to be able to compliment household income. Poverty directly affects the affordability of school fees for parents. Given that over two-thirds of students in Kibera attend non-formal schools, addressing this concern remains a priority for all efforts geared at promoting girls education in Kibera.

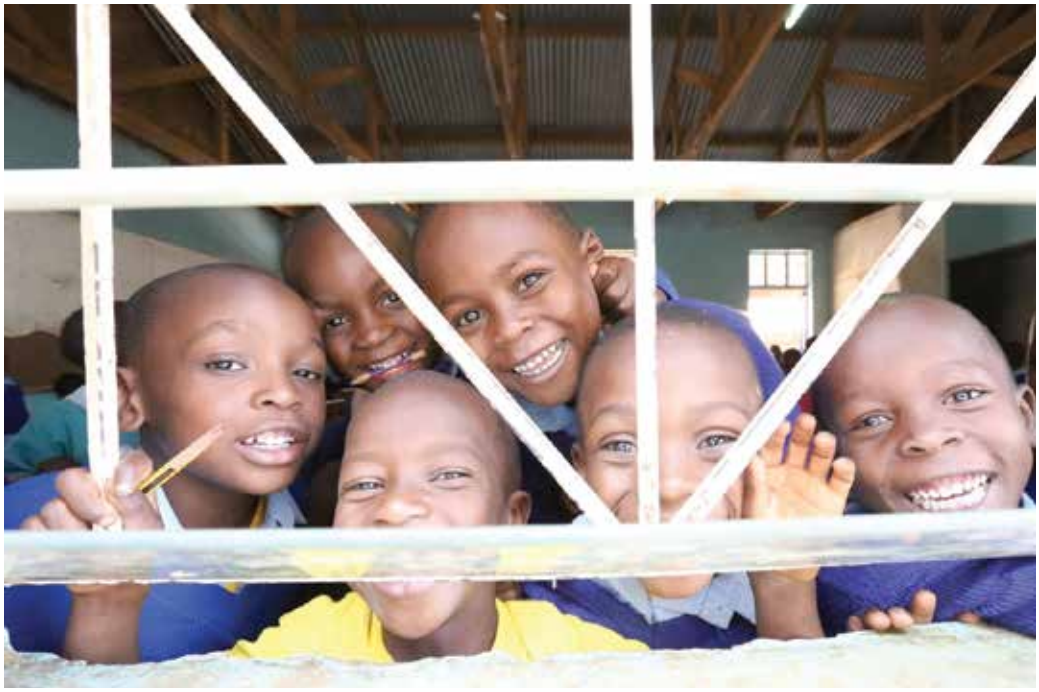
Other challenges identified to inhibit learning for girls are social-cultural attitudes and practices. Forced early marriages and practice of female genital mutilation were inhibiting girls' access to education. This directly impacts on the literacy levels of girls, their retention, transition and completion levels. The study findings allude to gender preferences in education with boy child being more preferred than girl child in the family, suggesting the need for more efforts to sensitize communities on the importance of girl child education. Social cultural indicators inhibiting access to education are compounded by the high poverty levels in Kibera. At the school level, the study illustrates the need to cater to the specific need of girls. Results in the study observe the need for the provision of facilities and amenities for girls at school to enhance health and learning. Availability of school facilities including desks, books, clean and separate sanitary facilities (toilets, with water for hand washing), separate playing spaces for girls and gender-balanced teaching staff were noted to enhance learning and health of girls. The study noted the importance of the adequate provision of teaching materials in facilitating learning for girls. Some non-formal schools were reported to use different materials and curricula from public schools.

Results from this study highlight the challenges of growing up into adolescence for girls, with limited knowledge of their body changes. Like other adolescents, girls in Kibera are confronted with challenges of dealing with their sexuality amidst poverty, drug and substance abuse, and strong peer and media influence. The study illustrates how this negatively affects girls' education. Early sexual debut and experimentation are associated with risks of unplanned pregnancies, early marriages, unsafe abortions and risks of STIs/

HIV. This is complicated by low knowledge level of body changes and means and access to services to prevent and address the negative reproductive health outcomes. Influence of media and peers through video kiosks in the community expose girls to pornography and prostitution. Addressing these challenges required structured programmes to deliver life skills and comprehensive sexuality education. The study identified other causes of the health problems affecting adolescent girls. These include: lack of guidance and counseling from parents and teachers, poverty which is tied to child labor, and prostitution exposing young girls to risks such as HIV and STIs, as well as early pregnancies. Peer pressure also lures girls into early sexual debut, drug and substance abuse and child prostitution. Poor sanitation, poor housing, and overcrowding were observed to contribute to the spread of communicable diseases.

Sexual and gender-based violence attributed to gender norms, insecurity, drug and substance abuse have been identified in the study as major concerns to adolescent girls' health. Largely, results from this study highlight the need to strengthen sexually and reproductive health education for very young adolescents and to equip them with culturally relevant, accurate, and age-appropriate information about sexuality and relationships. The health intervention will deliver this information using the Safe Spaces Model, which has been shown to have positive effects on young people, including increased sexual and reproductive health knowledge in both rural and urban settings.

Students from Olympic Primary School



The study has also highlighted some of the key actors involved in supporting learning for adolescent girls in Kibera. Most of the commonly used strategies to promote girls education in Kibera are: sponsorship programmes for fees and basic requirements like books and school uniforms; provision of sanitary towels; sensitization of communities on importance of girls' education; linkages to mentorship programmes; training on life skills and reproductive health; return to school policy; and, school feeding programmes. Results from the study point to challenges infidelity to implementation and enforcement of guidelines outlined by MoE at the school level and in the community. Recent surveys by the department indicated that very few schools were teaching life skills as a subject[12]. The discussion highlighted some of the strategies that have been successful in ensuring girls access to education in Kibera. At the same time, concern has been raised on how these strategies by different actors can be coordinated to optimize impact.

Poverty, peer pressure and lack of sanitary facilities were identified in this study as the three top priority indicators inhibiting the learning of girls in Kibera. Likewise, drugs and substance abuse, early pregnancy, sexual and gender-based violence were identified as the three priority indicators inhibiting the health of adolescent girls aged 10-19 in Kibera.

Addressing these priority challenges require multi-pronged and multi-sectoral approach as observed by findings from this rapid assessment. Findings from this rapid assessment provide a basis for the formulation of appropriate strategies addresses the needs of girls in school. These should be built on existing MoE frameworks such as School Safety Manual for schools and the Comprehensive School Health Policy. The Education Sector Policy on HIV and AIDS, life skills teaching, setting of guidance and counseling departments and units within the school, return to school policy, the gender policy and the recently launched National Education Sector Plan 2015 also provide suggestions on how these critical indicators can be addressed.

Conclusion

In conclusion, the study identifies key indicators that impact on the health and learning of girls in formal and non-formal schools in Kibera. It also identifies existing efforts by MoE, NGOs/CBOs, religious institutions and other development partners in addressing the health and learning needs of girls aged 10-19 years in Kibera. This provides opportunities for synergy among different efforts for the welfare of the girl child around the priority health and learning concerns identified through the study.

Poverty, peer pressure and lack of sanitary facilities were identified in this study as the three main priority indicators inhibiting the learning of girls in Kibera. Likewise, drugs and substance abuse, early pregnancy and sexual and gender-based violence were identified as the three priority indicators inhibiting the health of adolescent girls aged 10-19 in Kibera.

Recommendations

The study suggests that MoE and UNESCO should support to:

- Organize a workshop to develop age-specific SRH information messages addressing the priority indicators inhibiting adolescent girls and boys learning and health in Kibera and to further develop a log frame for the next steps in the project.
- Maintain gender balance in schools while appointing teaching staff, in primary and secondary, to encourage girls to seek assistance from female teachers.
- Enforce the teaching of the life skills curricula by:
  - Making the teaching of life skills mandatory subject by maintaining attendance registers for students per topic covered.
  - Training teachers on teaching life skills and comprehensive sexuality education.
  - Conducting regular supportive supervision for the teaching of life skills in schools.
  - The inclusion of life skills, reproductive and menstrual cycle questions in annual school examinations.
  - Inform girls and boys about body changes during the puberty.
  - Supporting schools improve coordination of the co-curricular activities to allow girls to participate.
  - Supporting creation of safe spaces for girls linked to mentors and role models to encourage discussion of issues affecting their health and learning in schools.
- Strengthen the provision of targeted school-based health services (de-worming, essential nutrient supplements, immunization, trachoma treatment and prevention, and jigger control, regular provision of sanitary towels, provision of first aid kits and painkillers, including liaison with MoH for qualified school nurses per school).
  - Reinforce the provision of safe water, sanitation, and hygiene through constructing and supplying schools with water point, adequate soap and safe toilet facilities separated for boys and girls.
  - Provide information and education materials and pamphlets on observing personal hygiene and nutrition education for girls and boys in schools.

- Build a sexual health culture among girls and boys that prioritizes and supports behavior change.
  - Educate girls and boys about the effects and consequences of drugs and substance abuse.
  - Provide age-appropriate comprehensive sexuality information to enable them to make informed decisions about their health lives.
  - Provide information on the full range of reproductive health services available for girls and where to access them.
  - Create awareness among girls on where to seek prompt private and confidential sexual and reproductive health information and services.
- Conduct regular supervisory visits to all schools to ensure compliance with the national guidelines and standards on safety and sanitary school environment.
- Disseminate and inform the youth population about national policies such as return to school, the school health policy, teaching of life skills, laws prohibiting child marriage and sexual and gender-based violence including female genital mutilation to the school community.
  - Promoting community awareness regarding the existence of Prohibition of *FGM Act 2011* and *Children's Act 2001* at school level.
  - Provide legal aid to girl survivors of SGBV.
  - Work with security agents such as the police and community policing to reduce insecurity.
  - Promote regular school health visits and outreach by Ministry of Health service providers.
- Strengthen partnerships between ministries, development partners and Kibera community to address urban poverty through the provision of social welfare, providing more bursaries, books, and uniform for girls.
- Opening more public schools in Kibera settlement enabling enrollment of greater number of students.
- Undertake complimentary quantitative studies to illustrate the magnitude of health and learning challenges facing adolescent girls and boys aged 10-19 years in formal and non-formal schools in Kibera.

References

1. Ngware M. W., Oketch M. and Ezeh A. C. (2010) Quality of primary education inputs in urban schools: evidence from Nairobi. Education and Urban Society XX(X): 1–26.
2. Erulker A. S. and Matheka J. K. (2007) Adolescence in the Kibera Slums of Nairobi, Kenya. Population Council. New York
3. Ngware M. W., Oketch M., Ezeh A. C., et al. (2009) Do household characteristics matter in schooling decisions in urban Kenya? Equal Opportunities International 28(7): 591–608.
4. Kibera School Map. www.openschoolskenya.org
5. Trotter R. Richard H. N. G. Christopher B. A. (2001) Methodological Model for Rapid Assessment, Response, and Evaluation: The RARE Program in Public
6. Bronfenbrenner, Urie (1994). International Encyclopedia of Education Vol 3, 2nd Ed. Oxford: Elsevier. @ https://en.wikipedia.org/wiki/Social_ecological_model
7. Annabel S. Erulkar, James K. Matheka. "Adolescence in the Kibera Slums of Nairobi Kenya" (PDF). Population Council.
8. Austrian, K., Muthengi, E., Riley, T., Mumah, J., Kabiru, C., and Abuya, B. (2015). "Adolescent Girls Initiative-Kenya Baseline Report." Nairobi: Population Council.
9. Dixon P. and Tooley J. (2012), A case study of private schools in Kibera. An update. Education management leadership 40(6) 690–706. SAGE
10. Oketch M., Mutisya M., Ngware M., et al. (2008a) Why are there proportionately more poor pupils enrolled in non-state schools in urban Kenya in spite of FPE policy? APHRC Working Paper No. 40, African Population and Health Research Center, Nairobi, Kenya
11. Kabirua C. W., Beguya D., Undie Chi-Chi, Zulu E. M. and Ezeh A. C. (2010) Transition into first sex among adolescents in slum and non-slum communities in Nairobi, Kenya Journal of Youth Studies 13:4, 453–471
12. Republic Of Kenya, MOEST 2015: National Education Sector Plan Volume One: Basic Education Programme Rationale and Approach 2013–2018
13. Ministry of Health (2015): National Adolescent Sexual and Reproductive Health Policy 2015. Nairobi, Kenya
14. Ministry Of Education, Science and Technology (2015): National Education Sector Plan-Volume One: Basic Education Programme Rationale And Approach 2013–2018. Nairobi, Kenya

Annexes

Annex 1

Table 1: Summary of participants sampling

Participating schools	School Type (Formal or Non-formal)	Age group of participants	Sex of participants	Number of participants
Olympic Secondary School	Formal	15-19	Boys	9
Olympic Secondary School	Formal	15-19	Girls	8
Kibera Soweto Baptist Primary	Non-formal	10-14	Boys	8
Kibera Soweto Baptist Primary	Non-formal	10-14	Girls	8
Elite Visionary Secondary School	Non-formal	15-19	Boys	8
Elite Visionary Secondary School	Non-formal	15-19	Girls	8
Ayany Primary School	Formal	10-14	Boys	8
Ayany Primary School	Formal	10-14	Girls	8
Glory Primary School	Non-formal	10-14	Boys	8
Glory Primary School	Non-formal	10-14	Girls	8
P.C.E.A Silanga Secondary School	Non-formal	15-19	Boys	8
P.C.E.A Silanga Secondary School	Non-formal	15-19	Girls	8
Lea-Toto	Non-formal	10-19	Girls (LWH)	10
Mixed from different schools	-	-	Mixed parents and teachers of both sexes	8
Mixed from different schools	-	-	Mixed parents and teachers of both sexes	10

In-depth interviews

Institutional affiliation	No of participants
MoE	2
Teachers	7
Head teachers	2
BOM/parents	2

Annex 2

Recommended roles for stakeholders supporting learning and health needs of adolescents:

Stakeholder	Roles
Girls	• Form girl groups to share information • Give moral support to each other • Being role models to other girls • Sharing learning materials • Practicing abstinence • Seek guidance from mentors and parents • Focus on education
Boys	• Have positive and constructive relationships with girls • Sharing learning materials and information with girls • Motivating girls • Protecting their sisters from rape, sexual abuse and harassment • Have respect for girls
Parents	• Provision of basic needs • Moral support • Guidance and counseling • Payment of school fees • Reproductive health education • Protection of girls and avoid child abuse • Reporting of girl child abuse and follow up on cases • Ensure girls go to school
Peer educators or mentors	• Guidance and counseling • Being role models to girls • Sensitization on the importance of education • Motivation • Provide personal effects like sanitary towels • Mentorship • Providing girls with SRH information
Teachers	• Guidance and counseling for the girls • Life skills education • Academic support • Provision of sanitary towels • Provision of learning facilities • Organize sponsorships for needy girls • Sensitize girls on importance of education • Show respect for girls when handling them or their issues • Mentorship • Health education • Encourage co-curricular activities

Stakeholder	Roles
Community leaders, chiefs and religious leaders	• Build rehabilitation centers • Sensitization on the importance of education • Ensuring security for girls • Provision of free sanitary towels • Setting up of community libraries • Build free community schools for girls • Mobilize stakeholders to support girl child education • Sponsorship and bursaries for girls • Spiritual guidance • Create guidance and counseling platforms for girls • Ensuring punishment for people who sexually abuse girls • Motivation of girls • Being role models for girls • Organize public forums for girls • Build health centers • Creation of employment for parents to deal with poverty • Improve housing
NGOs	• Provision of scholarships for girls • Provision of sanitary towels • Free medical checkups and treatment for girls • Provision of learning materials and facilities • Curriculum development • Support girl child education • Mentorship programmes • Guidance and counseling • Provide information to girls • Build more health facilities and equip them • Provide mentorship and peer educators for girls • Employ more teachers • Open up talent incubation centers for girls • Improve youth friendly health services for girls • Encourage co-curricular activities in school and provision of sport kits • Support school trips for exposure of the girl child

Stakeholder	Roles
MOE	• Provision of free education or reduction of fees • Provision of learning facilities • Strengthening guidance and counseling • Employment of enough teachers • Paying teachers well • Supervisory visits to schools • Ensure life skills is taught in school • Empower School Feeding Programme (SFP) • Discourage child labor • Take action against those who violate girl child rights • Introducing girls only schools • Sponsorship of girls • Build free health facilities • Motivating girls by rewarding good performance • Creating Income Generating Activities (IGAs for girls) • Build more schools • Provide sanitary towels • Create employment opportunities for those who complete schooling • Improve enrollment of girls in schools
CDF	• Improving infrastructure in schools, provision of bursaries for needy girls
GOK	• MoE to build more formal schools in Kibera to improve access • Empower the community economically to improve nutrition and health of the girls • To build more government clinics and equipping them • Improve youth friendly health services for girls • Upgrade informal settlements to improve security and reduce sexual abuse • Starting up national boarding schools for girls at the heart of the informal settlements to promote girl child education

Annex 3

Some similarities and differences between formal and informal schools perceptions

Sub-theme	Formal Schools	Non-formal
Scholarships and provision of basic needs by different stakeholders	4/4	8/9
Provision of sanitary towels	3/4	4/9
Extracurricular activities in school	4/4	5/9
Adequate qualified teachers	4/4	4/9
Good condition of school buildings creating conducive environment for learning	2/4	5/9
Enough and clean toilets, separate for boys and girls plus provision of toiletries	4/4	3/9
Availability of guidance and counseling department and teachers	4/4	3/9
Adequate teaching and learning facilities	4/4	2/9
Gender balance in teaching staff	2/4	2/9
Short distance to schools	1/4	2/9
Parental guidance and counseling as well as provision of basic needs	1/4	4/9
Timely payment of school fees by parents	0/4	5/5
Parents involved in school fund-raising	1/4	4/9
Free education for all including girls	2/4	1/9
Sensitization on importance of education	1/4	1/9
Poverty causing lack of school fees, uniform, learning materials, child labor or child prostitution, school dropouts, early marriage	3/4	8/9
Early unplanned pregnancy	4/4	4/9
Peer pressure, early sexual debut	3/4	4/9

Annex 4

List of schools

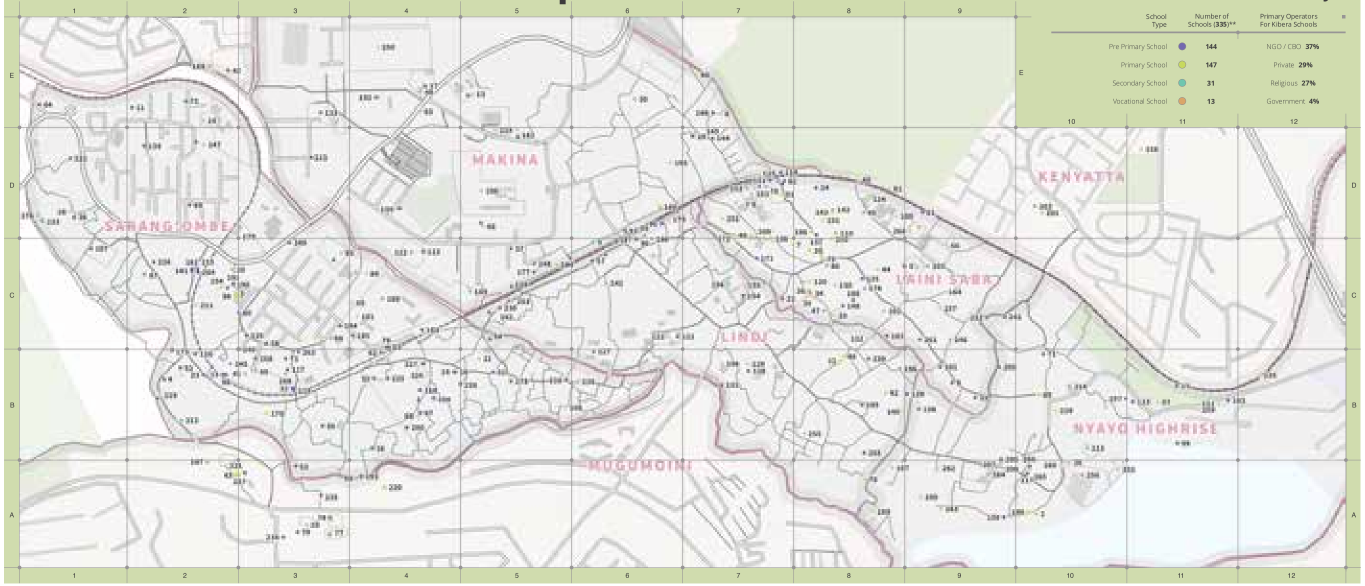
Primary schools	Formal/Non formal
1. Ayany Primary school	Formal
2. Kibera Primary School	Formal
3. Lindi Friends School	Non formal
4. Olympic Primary School	Formal
5. Raila Education Center	Formal
6. Kibera Soweto Baptist Primary	Non formal
7. Glory Primary	Non formal
8. Toi Primary	Formal
9. Siloam F.M Academy	Non formal
10. ACK Emmanuel Education Center	Non formal
11. Jeremic Adventist Academy	Non formal
12. Mashimoni Squatters	Non formal
13. Don Bosco Boys	Non formal
14. Lea Toto School	Non formal
Secondary schools	
15. Olympic Secondary Schools	Formal
16. Raila Education Center	Formal
17. P.C.E.A Silanga	Non formal
18. Golden Light Academy	Non formal
19. Kibra Academy	Non formal
20. Star Rays Hope Community Secondary School	Non formal
21. Elite Visionary School	Non formal

Annex 5 Kibera Schools Map

MAP KIBERA

Kibera Schools Map

www.openschoolskenya.org
Nairobi, Kenya


School Type
Number of Schools (335)**
Primary Operators For Kibera Schools
Pre Primary School 144
Primary School 147
Secondary School 31
Vocational School 13
NGO / CBO 37%
Private 29%
Religious 27%
Government 4%
MAKINA
SARANG'OMBE
KENYATTA
LAINI SABA
LINDI
MUGUMOINI
NYAYO HIGHRISE

This map was produced by Map Kibera Trust by a citizen-led survey of schools. It was developed in conjunction with a website containing up-to-date school information in much higher detail than could be included in this printout. Please see www.openschoolskenya.org.

The map creation process started with research conducted with parents, teachers, school administrators and officials. The team then went door to door to each school speaking to school leaders and teachers and collecting photographs, survey data, and GPS location of each school (all data is based on school self-reporting). We hope the map will serve as the beginning of a discussion on improving education in Kibera among all stakeholders. The website also contains schools data from other sources for comparison (such as Open Data Kenya), and we welcome additional data sets to include. Above all this is an open community resource.

With the advent of Free Primary Education in Kenya, public schools in the area were reported to have become overcrowded. This project found that the four public primary schools within the borders of the Kibera slum average 63 students per teacher. School leaders and teachers at other schools in Kibera noted that they address this overflow, averaging 25 students per teacher, but they often operate without resources other than school fees charged. Many parents are unable to pay these fees, however, leading to a shortage of basic supplies and textbooks.

Total number of students in Kibera	54,840*
Students attending government schools	27%*
% of schools considered informal	81%
Average school size	179 students
Schools with reliable electricity	28%

** Includes schools slightly outside the boundaries of Kibera, serving both slum and surrounding areas.*
*** schools that include more than one school type of pre-primary, primary, secondary, and/or vocational are counted separately, even if they occupy one campus.*

Help us keep this map up to date! We know Kibera changes often, but our online maps and data are meant to keep up with changes. Get in touch anytime at contact@mapkibera.org.

Pre Primary Schools

144 schools total

1	ABC Academy	C 8
4	Abib Kindergarten	B 2
8	All Nations PEFA Academy	D 7
9	Amazing Grace	B 9
11	Angles of Hope	E 2
13	Archbishop Benjamin Nzimbi Academy	E 5
15	Babylon Daycare Nursery School	B 2
16	Baptist Rescue Centre	B 4
17	Baraka Nursery School	E 4
18	Baraka Za Ibrahim	B 4
22	Better Life Center	C 7
23	Bidii Nursery School	B 2
24	Blessed Juniour Academy	D 8
27	Brimalisa School	B 11
29	Calvary Educational Centre	D 7
30	Calyx Academy	E 6
31	Cana Junior Children Centre	B 5
32	Care Highway Little School	B 3
33	Carona Vision Centre	B 9
37	Charity Nursery School	C 5
38	Chema Vision Children Centre	D 1
42	Chrisco Educational Centre	E 2
43	Church On The Rock Academy	A 2
46	Egesa Children Centre	E 7
50	FPFK Gatwekera School	B 3
52	Fairview Eduacational Centre	B 2
53	Galilaya Educational Centre	A 3
54	Gifted Hands Educational Centre	C 5
55	Global One Kibera School	B 4
57	God's Mercy Academy	C 6
58	Golden Heart Academy	C 3
61	Gospel Revival Academy	D 9
62	Grace Springs Academy	B 4
64	Greatstar Academy	E 1
66	Green Pastures School	D 5
67	Guum CBO Nursery School	B 4
69	Happy Kids Children Center	D 2
70	Happy Kids ECD	D 7
71	Harvest Pre-School	B 10
72	Havilla Children Centre	E 2
73	High Flyer Children Centre	B 3
74	Hope Academy	A 3
76	Hope and Faith Junior Academy	C 4
77	Hoywik Primary School	A 3
79	Imani Nursery School	A 3
80	Inua Mimi Rescue Centre	C 3
82	Jamhuri Assembly School	D 7
83	Jamy Quality Educational Centre	C 4
87	Joysprings Educational Centre	C 2
88	Julie Hope Children and Rescue Centre	B 2
89	KAG Olympic Education Centre	B 3
90	Kambi Muru Nursery	D 6
91	Kambi Muru Ushirika Nursery	D 6
93	Karama Academy	C 3
94	Kenya Adonaimasters and Servants of Children	C 2
99	Kibera Christian Primary School	B 11
101	Kibera Community Academy	B 9
104	Kibera Hamlets	B 4
107	Kibera Salvation Army School	C 1
113	Kibra Nursery	C 4
114	Kicoshep Nursery School	D 7
116	Kid-Villa Education Centre	B 2
117	Kids Zone School	B 3
118	Kimmta Academy	B 4
119	Kings Kid Kindergarten	B 3
121	Kisumu Ndogo Nursery School	C 6
123	Kwa Njeri Nursery	B 11
125	Lasoha Pre-school	C 8
126	Lifespring Educational Centre	C 3
127	Linda Baby Care	B 6
128	Lindi Friends School	B 7
131	Lindi Ushirika Nursery School	B 7
133	Little Prince Primary School	E 3
134	Little Rock ECD	D 2
137	Loving The Orphan	D 8
138	Lumina Academy	B 9
139	MOC Nursery School	B 9
141	MSK Tusaidie Watoo School	C 2
144	Makina Baptist Nursery School	D 7
146	Makina Self Help School	E 7
148	Maranatha Laini Saba Academy	C 8
150	Maria Consolata Nusery	A 9
151	Mashimoni Friends ECD	D 7
154	Mashimoni Squatters Nursery School	C 7
157	Mashoni Children Centre	D 7
159	Mchanganyiko School	D 4
160	Mercy Junior Educational Centre	D 6
161	Methodist School	C 2
162	Miracle And Victory Children Centre	C 5
163	Mlimani Academy	B 11
165	Mount Sinai Educational Centre	C 4
171	Neema Academy	C 7
173	Nesco Centre	B 2
175	New Joy Centre	D 6
177	Niami Educational Centre	C 5
178	Oloos Children Centre	B 5
182	Optimist Educational Centre	D 5
183	P A G School	C 8
185	Palm Olive Academy	C 4
187	Pracious Children Centre	C 6
188	Raibow Educational Centre	C 6
191	Redrose Children Centre	C 2
192	Restoration Educational Centre	E 4
193	Riverside Childrens Centre	A 4
194	Robter Nursery School	C 3
195	Rosy Tender Care Centre	D 6
197	Salvation Army Laini Saba	B 10
199	Saviour Kings Academy	B 8
200	Seed School Kibera	B 4
203	Shalyne Educational Centre	B 8
204	Shammah Children Centre	C 2
205	Shepherd Staff Junior Children Centre	B 9
206	Siloam Pre-School Academy	B 9
215	St Andrews ACK School	C 2
216	St Anne Children Centre	B 5
217	St Bakita Nursery School	A 10
219	St Catherine Children and Educational Centre	B 2
222	St Collins Nursery School	D 1
223	St Florence Educational Centre	D 3
224	St George Orthodox School	C 2
225	St John PAG Nursery	B 4
227	St Judy Community Centre	B 4
228	St Juliet Education Centre	C 5
230	St Mark Centre	C 5
233	St Michael Holy Unity Academy	D 1
234	St Monica Nursery School	A 3
235	St Peters Wonder	A 3
236	St Poly Children Centre	B 6
238	St Stephen Children's Centre	B 4
239	St Veronica Nursery School	B 8
240	St Vincent De Paul Nursery School	C 3
241	St. Bakhita Pre-School	C 9
242	St. Gyavira Centre	C 6
244	Stara Rescue Centre School	C 5
247	Tenderlings School	D 2
248	The Great Achievers Preparatory School	C 5
249	Three Bells Center	C 3
252	Tree Hill	C 9
254	Tunza Childrens Center	C 2
258	Valley of Hope	B 3
261	Wings Nursery School	C 9
263	Wisdom Ashrays Academy	B 3
266	Zelyn Pre-School Academy	A 10

Primary Schools

147 schools total

2	ACK Emmanuel Primary School	A 10
3	AMMSA Junior Academy	C 2
6	Adventure Pride Centre	E 7
7	Akili Complex	C 7
10	Anajali Primary	A 3
12	Anwar Junior Academy	B 8
13	Archbishop Benjamin Nzimbi Academy	E 5
14	Ayany Primary School	E 2
16	Baptist Rescue Centre	B 4
18	Baraka Za Ibrahim	B 4
21	Bethel Outreach Children Centre	B 5
25	Bidge 0f Hope Educational Centre	C 8
26	Bright Star Junior School	A 10
28	Brothers Missionery Primary School	D 1
29	Calvary Educational Centre	D 7
30	Calyx Academy	E 6
31	Cana Junior Children Centre	B 5
35	Changing Times Primary School	C 8
38	Chema Vision Children Centre	D 1
39	Chemichemi Ya Tumaini	C 8
40	Chery Children Education Centre	D 7
42	Chrisco Educational Centre	E 2
43	Church On The Rock Academy	A 2
‡	Damside School	
44	Desert Stream School	C 8
46	Egesa Children Centre	E 7
49	Emuhaya Rescue Rentre	B 8
51	Facing The Future Educational Centre	D 7
52	Fairview Eduacational Centre	B 2
53	Galilaya Educational Centre	A 3
54	Gifted Hands Educational Centre	C 5
55	Global One Kibera School	B 4
56	Glory Primary School	C 9
57	God's Mercy Academy	C 6
58	Golden Heart Academy	C 3
60	Goodnews Academy	D 8
65	Green House Pre-Unit School For Deaf	C 4
66	Green Pastures School	D 5
68	Guum CBO Primary School	B 4
74	Hope Academy	A 3
75	Hope Restoration Centre Kenya	C 8
77	Hoywik Primary School	A 3
78	Imani Jere Children Center	A 8
81	Jakes Academy	D 8
‡	Jamuhuri Primary	
84	Jeremic Adventist Academy	C 4
85	Jesus Winners Pre-School	B 10
‡	Joseph Kangethe Primary School	
87	Joysprings Educational Centre	C 2
89	KAG Olympic Education Centre	B 3
92	Kara Kids Centre	B 8
93	Karama Academy	C 3
94	Kenya Adonaimasters and Servants of Children	C 2
95	Kibera Academy	D 6
97	Kibera Blessed Academy	B 11
100	Kibera Church Of God Primary School	D 8
102	Kibera Free Methodist Academy	C 8
104	Kibera Hamlets	B 4
105	Kibera New Hope Centre	A 8
106	Kibera Primary School	D 5
108	Kibera School For Girls	B 5
109	Kibera Silanga Ushirika	A 9
111	Kibera Soweto School	B 11
115	Kicoshep Primary School	D 7
120	Kingulu Primary School	C 8
122	Kisumu Ndogo Primary School	C 6
124	Laini Saba Primary School	D 8
‡	Langata Road Primary School	
129	Lindi Friends School Kibera	B 7
130	Lindi PAG	C 8
132	Lindi Ushirika Primary	C 8
133	Little Prince Primary School	E 3
135	Little Steps Academy	B 12
136	Love Africa Somi School	C 7
140	MOC Primary	B 8
‡	Madaraka Primary School	
143	Magoso Primary School	D 8
145	Makina Baptist Primary School	D 7
146	Makina Self Help School	E 7
149	Maria Consolata	A 10
153	Mashimoni Primary School	D 7
155	Mashimoni Squatters Primary School	C 7
158	Mbagathi Road Primary.	D 11
159	Mchanganyiko School	D 4
160	Mercy Junior Educational Centre	D 6
162	Miracle And Victory Children Centre	C 5
164	Mobjab Children Centre	C 9
167	Nairobi Children Outreach Centre Academy	A 8
170	Nazarene Self Help School	B 3
172	Neema Primary School Academy	C 7
173	Nesco Centre	B 2
175	New Joy Centre	D 6
177	Niami Educational Centre	C 5
178	Oloos Children Centre	B 5
179	Olympic Educational Centre	D 3
181	Olympic Primary School	C 4
182	Optimist Educational Centre	D 5
185	Palm Olive Academy	C 4
186	Patmos School	D 8
189	Raila Educational Centre	C 5
190	Red Rose Children Center	C 2
192	Restoration Educational Centre	E 4
195	Rosy Tender Care Centre	D 6
198	Saviour King Education Centre	B 7
200	Seed School Kibera	B 4
201	Shadrack Kimalel Primary School	D 10
204	Shammah Children Centre	C 2
207	Siloam Primary Academy	A 9
209	Slum Outreach	D 7
210	Slumcare Community Centre	C 8
211	Soda Academy	C 2
212	Soweto Academy	B 2
216	St Anne Children Centre	B 5
218	St Batholomew	D 5
219	St Catherine Children and Educational Centre	B 2
220	St Charles Lwanga School	A 4
221	St Christine Primary School	A 2
223	St Florence Educational Centre	D 3
226	St Joseph (Missionaries Of Charity)	B 4
227	St Judy Community Centre	B 4
228	St Juliet Education Centre	C 5
229	St Lazarus School	B 10
231	St Martins	D 8
232	St Marys Educational Centre	A 10
233	St Michael Holy Unity Academy	D 1
235	St Peters Wonder	A 3
236	St Poly Children Centre	B 6
237	St Stephen	A 3
238	St Stephen Children's Centre	B 4
242	St. Gyavira Centre	C 6
243	St. John Community School	A 9
244	Stara Rescue Centre School	C 5
247	Tenderlings School	D 2
	Three Bells Primary	
250	Toi Primary School	E 4
251	Tranform Center	D 7
253	Tumaini Juniour Academy	C 5
254	Tunza Childrens Center	C 2
255	Ujamaa Community Primary School	B 8
257	Ushirika Children Centre	C 9
259	Victory Hope Community Centre	B 11
260	Wanken Children Centre	A 10
262	Wings Of Life Children's Centre	A 9
264	YMCA School	D 9
‡	Young Achievers School	
265	Zelyn Academy	A 10

Secondary Schools

31 schools total

5	Academia School Of Kibra	C 6
19	Baraka Za Ibrahim Secondary School	B 4
29	Calvary Educational Centre	D 7
‡	DPS High School	
47	Elite Visionary High School	C 8
48	Elite Visionary School	E 4
59	Golden Light Secondary	A 4
84	Jeremic Adventist Academy	C 4
86	John Paul II Secondary School	C 8
96	Kibera Academy Secondary School	D 6
103	Kibera Glory Secondary School	C 9
104	Kibera Hamlets	B 4
112	Kibra Academy	C 4
147	Maono Educational Centre	A 2
152	Mashimoni High School	D 7
156	Mashimoni Squatters Secondary School	C 7
168	Nairobi Day High School	B 3
174	New HorizonHigh School	C 8
176	New Lang'ata Centre School	D 1
180	Olympic High School	C 4
184	PCEA Silanga High School	A 9
189	Raila Educational Centre	C 5
196	Rudolf High School	B 8
202	Shadrack Kimalel Secondary School	D 10
208	Siloam Secondary Academy	A 9
212	Soweto Academy	B 2
213	Soweto Baptist High School	B 10
227	St Judy Community Centre	B 4
233	St Michael Holy Unity Academy	D 1
245	Starays Hope Community Center	B 2
246	Straight Secondary School	C 9

Vocational Schools

13 schools total

20	Berith Bible College	C 2
34	Changing Times Adult School	C 8
36	Changing Times Vocational School	C 8
41	Childlife Olympic Vocational Centre	B 3
45	Don Bosco	D 8
63	Graebens Driving Shool	E 4
98	Kibera Center For Evangelization	C 3
110	Kibera Slum Educational Program	D 8
142	Magoso School	D 8
166	Mzalendo High Technical Center	C 6
169	Nairobi Training Centre	E 2
214	Soweto Resource Centre	B 10
264	YMCA School	D 9

‡ schools serving Kibera children outside of map boundary

UNESCO Regional Office for Eastern Africa
United Nations Offices, Gigiri
Nairobi, Kenya

Website: www.unesco-nairobi.org
Fax: 254-20-7622750
Tel.: 254-20-7622356

Ministry of Education
Jogoo House
Harambee Avenue

Website: www.education.go.ke
Fax: 254-20-2214287
Tel.: 254-20-318581