

Influence of Head Teachers' Interpersonal Skills on the Implementation of Health and Hygiene Safety Guidelines in Public Primary Schools in Muranga South Sub-County, Kenya

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Abstract: The purpose of this article was to examine the influence of head teachers' interpersonal skills on the implementation of health and hygiene safety guidelines in public primary schools in Muranga South Sub-County, Kenya. The article is part of a larger research study entitled influence of Head teachers' leadership skills on the implementation of health and hygiene safety guidelines in public primary schools in Muranga South Sub-County, Kenya. The study employed convergent parallel mixed methods design. The target population consisted all the Head teachers, teachers, District Quality Assurance and standards officers (DQASO) and Officers in the Ministry Public Health and Sanitation (MPH&S) in Muranga South Sub-County. The study employed stratified random sampling, proportionate, simple random and purposive sampling procedures to arrive at a samples of 35 schools, 35 Head teachers, 285 teachers, 2 DQASO and 2 MPH&S officers. Questionnaires and interview guides were used to collect data. Quantitative data were analyzed using descriptive and inferential statistics using SPSS (version 23), then presented inform of frequency tables and percentages. Qualitative data adopted a content and thematic analysis approach. The study findings showed that; Ability to work with stakeholders, Building partnerships, networks and Benchmarking greatly influence implementation of Health programmes in schools. The study findings also revealed a statistical significant positive association between head teachers' Interpersonal skills and the extent to which Ministry of Education(MOE) Health and Hygiene safety guidelines had been implemented in public primary schools in Muranga South Sub- County. The study recommended that: Emphasis should be placed towards intensive capacity building for head teachers on the whole issue of policy implementation and that DQASO and MPH&S officers should visit the schools more frequently to guide the Head teachers on effective and efficient implementation of Health and Hygiene safety programs.

Keywords: Interpersonal skills, Hygiene safety programs, Health and Hygiene safety guidelines, Health programs, leadership skills, school safety guidelines, safety guidelines implementation



INTRODUCTION

Interpersonal skills can be defined as the ability to work effectively as a group member and to build cooperative effort within the team one leads (Akpa 2016: Katz, 1974). Interpersonal skills are demonstrated by how a leader perceives and interacts with those around them, including superiors, peers, and followers. The head teacher is the primary source of leadership in a school, and he or she takes the lead in promoting change for the better. School leadership, according to Leithwood, Day, Sammons, Harris, and Hopkins (2011), is second only to classroom teaching in terms of influencing students' learning outcomes and wellbeing. This responsibility is further reinforced by Bush (2007) who advanced that effective implementation of government policies largely depend on the leadership abilities, skills and attitudes of the Head teacher and would not succeed unless the head teacher considered them significant enough to the school. Trumph (2008) supports this idea and contends that today's school health and safety is not only a money issue but also a leadership issue, where school leaders plan and budget for all forms of safety in schools. This shows the significant role that head teachers play in policy implementation.

UNICEF, WSP and World Bank Group (2010) conducted a longitudinal survey in Washington DC on school health programmes. The study used questionnaires and observation schedules in a sample of 50 schools. The findings established that where Health and hygiene programmes were successful and sustained, all the stakeholders had been involved including parents, teachers, and the local community. The study recommended that to foster representation and informed participation by all stakeholders, the head teacher should ensure the participation of all stakeholders, including teachers, children, parents and the wider community at all stages of the project cycle. This idea is echoed by MOE (2014) who stated that successful implementation of the safety measures in schools in Kenya would require partnerships with various stakeholders, among them learners, teachers, parents, local communities, NGOs, religious organizations and other community based organizations (CBOs). This is important in order to foster ownership and sustainability of the Health projects. Similarly, UNICEF (2013) states that effective Child-friendly school leaders reach out beyond their confines, seeking partnerships with other actors who contribute to the school's effective implementation of all aspects of child-friendliness. These stakeholders also include health care and social welfare professionals and institutions that contribute to child health and nutrition.

A review of literature by Leithwood et al (2011) in England on successful school leadership noted that for all successful heads, building and improving the reputation of the school and engaging with the wider community were essential to achieving long-term success. The successful head teachers and their senior leadership teams (SLTs) in the study schools had developed positive relationships with community leaders. Furthermore, they had built a web of links across the schools to other organizations and individuals. Strong links with key stakeholders in the local community benefited the schools in many ways including creating healthy and a child-friendly school where all children were healthy and learnt to be healthy. Such head teachers had the capacity to lead staff in



implementing National as well as local education policies in order to ensure quality outcomes for the learners. It is evident that the head teachers' leadership skills in creating linkages and health networks are important in effective implementation of health and hygiene safety in schools.

This also implies that it is the responsibility of the head teacher to create an environment conducive for effective teaching and learning. This can be achieved through creating a child-friendly school environment that ensures students are healthy in order for them to attend school and concentrate in class. According to Schleicher (2012), it is critical to have managers who can implement policies and guidelines in any organization, including a school. Head teachers are the key school managers, and as such, they should have leadership skills that enable them implement policies and guidelines, including those pertaining to the health and hygiene safety of the learners in schools. Such leadership skills include interpersonal skills such as the ability to work with all stakeholders, building partnerships and networks, Benchmarking and capacity building.

Obara (2011) investigated the effectiveness of school-community partnerships in educational development in Kenya's Kenyenya district public secondary schools. Kenya. The findings revealed that infrastructural development, including water and sanitation, was good where the head teacher had established strong school-community partnerships. This implies that having a head teacher with good interpersonal skills enhances implementation of government policies including Health and Hygiene policies in schools.

Despite the success in increasing enrolment, about 1.1 million primary schoolaged children in Kenya remain out of schools. This is the world's 7th largest out-ofschool population (UNESCO, 2011, Republic of Kenya, 2014, Republic of Kenya, 2018). Though there are many factors that influence pupils' enrolment, absenteeism and dropout rates, UNICEF (2010) asserts that access to clean water, sanitation and proper hygiene at school is a critical factor that is understudied. Although health and hygiene safety guidelines in schools are critical, there have been few empirical studies on how leadership skills, particularly interpersonal skills of head teachers, affect the implementation of health and hygiene safety guidelines in schools. Therefore, this study examined the influence of head teachers' interpersonal skills on implementation of health and hygiene safety guidelines in public primary schools in Muranga South Sub-County.

METHODOLOGY

The study employed convergent parallel mixed methods design to examine the influence of head teachers' interpersonal skills on the implementation of health and hygiene safety guidelines in public primary schools in Muranga South Sub-County, Kenya. This means that the researcher collected both quantitative and qualitative data simultaneously, and then merged the two sets of results into an overall interpretation, for corroboration and validation purposes (Creswell & Clark, 2011). A cross-sectional survey was used to gather data from a relatively large number of cases to assess the influence of Head teachers' interpersonal skills on the implementation of Health and Hygiene safety in primary schools. Phenomenology approach on the other hand enabled an in-depth study of the variables under study in order to establish the existing situation (Creswell



1998, Creswell, 2013). The target population for this study included all the 70 public primary schools in Muranga South-sub-county, all the 70 Head teachers, all the 1078 teachers, the three DQASO and the three MPH&S officers.

A total of 35 schools (50%) out of the 70 public primary schools in Muranga South Sub-county were sampled using stratified random technique. According to Orodho (2010), a sample of ten to twenty percent is representative enough. However, using a higher sample in this study made the results more reliable.

All the 35 head teachers of the sampled schools were automatically included in the study. A Sample size of 285 teachers was arrived at by using Krejcie and Morgan (1970) table. All the three DQASO and the two officers from the Ministry of Public Health and Sanitation(MPH&S) were purposively selected.

The study made use of both questionnaires and interview guides to collect data. Self-administered Questionnaires were used to collect information from head teachers and teachers. Interview guides were used to collect data from long serving head teachers, DQASO and from officers in the MPH&S. To ensure content validity, the researcher availed the research instruments to the supervisors who were also her mentors. Having worked with the researcher right from the beginning, the mentors understood the study better and were therefore in the best position to ascertain the validity of the instruments. Test-retest technique was used to ascertain reliability of the instruments. All quantitative instruments scored an alpha above 0.7, which was considered acceptable.

Both quantitative and qualitative data analysis methods were used to analyze the data. Quantitative data analysis was done using both descriptive and inferential statistics using a Statistical Package for Social Sciences (SPSS) version 23. Under descriptive statistics, data were presented in form of frequency tables and percentages. Qualitative data were from interviews and open-ended questions in the questionnaires. Interview data were transcribed first, coded, re-read and put into categories and themes. The researcher then created meaning from the data and the literature. The findings were reported in a descriptive narrative form using excerpts from the interviews. The two strands of data were then merged during data presentation.

RESULTS

The study examined the demographic characteristics of head teachers and teachers who participated in the study. The results are shown in Table 1.



			Head teachers(n=25)		Teachers(n=200)		
No	Demographic characteristic		f	%	f	%	
1. Gender		Male	12	48	91	45.5	
		Female	13	52	109	54.5	
2.	Age Bracket	25-30	-	-	5	2.5	
	-	31-35	-	-	13	6.5	
		36-40	1	4	-	-	
		41-45	5	20	38	19.0	
		46-50	8	32	69	34.5	
		over 50	11	44	63	31.5	
3.	Academic Qualification	Certificate	17	68	139	69.5	
		Degree	5	20	54	27.0	
		Masters	2	8	3	1.5	
		PHD	1	4	0	0.0	
4.	Years of Experience	1-4	3	12	4	2.0	
		5-10	4	16	26	13.0	
		11-15	6	24	28	14.0	
		16-20	7	28	68	34.0	
		Over 21 Years	5	20	73	36.5	
5.	Year of experience in current school	1-4	17	68	77	38.5	
		5-10	4	16	85	42.5	
		11-14	3	12	23	11.5	
		15-20	1	4	6	3.0	
		Over 20	-	-	9	4.5	

Table 1Demographic Characteristics of Head teachers and Teachers

Source: Field Data, 2020

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The aspects of interpersonal skills considered in this study included : The ability to involve stakeholders, ability to build partnership with relevant institutions, networking with relevant bodies, Benchmarking and capacity building. The results are presented in Table 2 below.

Table 2

Effect of head teachers' Interpersonal skills on implementation of health and hygiene safety

Statement			No effect		Minor effect		Neutral		Moderate effect		Major effect	
			f	%	f	%	f	%	f	%	f	%
Ability to involve stakeholders	all	Head teachers	-	-	-	-	3	12	5	20	17	68



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	Teachers	1	0.5	3	1.5	20	10	76	38	10 0	50
ability to build partnerships with relevant	Head teachers	-	-	-	-	3	12	10	40	12	48
institutions	Teachers	-	-	4	20	22	11	95	48	79	39. 5
Networking with relevant bodies	Head teachers	-	-	-	-	1	4	12	48	12	48
	Teachers	1	0.5	9	4.5	19	9.5	59	29.5	11 2	56
Benchmarking with better institutions	Head teachers	-	-	2	8	4	16	9	36	10	40
	Teachers	2	1.0	10	5	17	8.5	107	53.5	64	32
Capacity building for teachers	Head teachers	-	-	1	4	1	4	7	28	16	64
	Teachers	1	0.5	7	3.5	9	4.5	87	43.5	92	46

As shown in table 2, a majority of head teachers (68%) were of the view that involving stakeholders had a major effect on the implementation of health and hygiene measures in schools. Another 20% felt it had a moderate effect. None of the head teachers stated that involving stakeholders in health programmes had no effect on its implementation. On the other hand, half (50%) of the teachers indicated that involvement of stakeholders had a major effect on the implementation of health hygiene programmes, while 40% felt that it had a moderate effect.

One Head teacher whose school had a big problem of water explained how she worked with the local community and the parents to buy water tanks to collect rain water for pupils' use. This is what she said:

....for example we used to have a big problem with water...when the promise given by CDF did not materialize, I called the chief who is also a parent in this school. So me and the chief mobilized the local community and they raised enough money to buy three large water tanks, so now unless there is a prolonged drought, we have enough water to take us up to the next rainy season though we also have plans for a borehole (Head teacher 2, interview January 20, 2020).

However, some head teachers were experiencing challenges trying to involve parents in the improvement of sanitation facilities in schools. One head teacher lamented saying:

In this area parents like a lot of politics. Last time I tried to involve them to give us additional latrines and they were like...no! That is not our work, it should be done by the government... So I think this notion of free primary education is really confusing most parents. (Head teacher 4, interview February 20, 2020).



Ability to build partnerships and networks with relevant institutions was also considered as an essential skill for head teachers in promoting health and hygiene implementation in public primary schools. From the study findings, majority of head teachers (48%) indicated that building partnerships is a skill that had a major effect, another 40% said it had a moderate effect on the implementation of health and hygiene safety programmes in schools. The response trend was similar to that of teachers where 39.5% stated that building partnerships had a major effect while 48% indicated that it had a moderate effect. Only 20% of teachers indicated that building partnerships had a minor effect on the implementation of health and hygiene safety programmes in schools. Speaking on building partnerships, one head teacher had this to say:

In this school, we have partnered with Macheo a local NGO... they do for us Deworming of pupils once or twice in a year. Occasionally, they also support our girls in class six to eight with sanitary pads whenever we call upon them ... and this has helped us to keep our girls in school (Head teacher 4, January 16, 2020).

Moreover, some schools had partnered with the local churches to improve the welfare of the learners. For example one school had partnered with the nearby church where there was a Health clinic so that when pupils are sick they can be treated at a subsidized price. The head teacher explained;

We realized that when we send pupils home when they get sick, most of the time they are not taken to hospital because the parents have no money to pay for treatment. And they end up staying at home a long time. So I just talked to the chairman of the church and after consultation with other church leaders they agreed to be treating our pupils at a subsidized price. So when they get sick in school, we refer them to the clinic instead of telling them to go home. This has reduced absenteeism in our school. The clinic also donates Deworming drugs for the pupils whenever we request them (Head teacher 3, interview January 30, 2020).

The local politicians had not been left behind as partnering with schools as have they donated water tanks and built additional classrooms in many schools. This was evidence as the researcher observed that there were many water tanks and classrooms labeled CDF (Constituency Development Fund), meaning that they were funded from the local Member of Parliament's office. One head teacher said;

...when we are in need we call upon our politicians for help, sometimes they respond other times they don't. However, last year I contacted the area MP and he gave us two water tanks which we using to collect rain water for use by the pupils (Head teacher 4, January 16, 2020).



The study also sought to investigate whether networking skills were essential for head teachers in public primary schools in the implementation of health and hygiene programmes in schools. From the study, 48% of head teachers and 56% of the teachers agreed that networking with relevant bodies had a major effect on the implementation of health and hygiene safety programmes in schools. Only 4% of head teachers were neutral while 4.5% of teachers indicated networking as a skill had a minor effect on the implementation of health and hygiene safety programmes in schools. One Head teacher had a problem when three of the pupils' latrines sunk due to heavy rains. He had tried to mobilize parents to replace the latrines to no avail, so he decided to involve the old boys and girls of the school. This is what he said:

Three of the pupils' latrines sunk last year when it rained heavily. I tried to mobilize parents to raise some money but they were resistant... and children were defecating outside around those toilets, and it was becoming a health hazard. So I contacted one of the old boys and we formed a WhatsApp group where we included other old boys and girls. They were able to raise enough money to construct a block of eight latrines and that work is going on right now as we speak (Head teacher1, January 27, 2020).

The study also sought to establish whether benchmarking with well performing schools in terms of health and hygiene was a skill being practiced and was considered by head teachers and teachers as essential in the implementation of ministry of health and education guidelines on health and hygiene in public primary schools. The findings established that 40% of head teachers felt that it was a leadership skill that moderately influenced implementation of health and hygiene guidelines. Additionally, slightly more than a third (36%) of head teachers indicated that it had a major effect on how the programmes were implemented. Slightly more than half (53.5%) of the teachers agreed that benchmarking had a major effect on how health and hygiene measures were being implemented while 32% said benchmarking as a skills had a moderate influence on how health and hygiene safety programmes are implemented in schools.

However, head teachers lamented the challenges that come with benchmarking. One head teacher who had attempted benchmarking had this to say:

We tried benchmarking with a private school in Muranga town. We found that they had a block of latrines for every class and had also employed someone to clean the toilets. But we were not able to implement that idea here because we lack enough resources, so we did not find it very useful to us (Head teacher 1, January 27, 2020).

The study also sought the views of head teachers and teachers on whether capacity building of teachers who are the implementers of health and hygiene programme in public primary schools could alter the way the programme was being implemented either positively or negatively. The findings established that, majority of head teachers



64% and 46% of teachers agreed that capacity building was necessary while only 4% percent of the head teachers and 8.5% of the teachers indicated that capacity building had a minor influence on the implementation of health and hygiene programmes in schools. One of the head teachers through interview indicated that;

We normally release teachers who are in-charge of health in our school to attend seminars which are organized by Ministry of public health and Sanitation in partnership with ministry of education. For example, last year during school holiday two teachers from my school attended a training seminar which was hosted at Muranga High School on school and health. After the training they were able to start a health club in the school whose activities have helped improve hygiene standards among the learners (Head teacher 1, January 27, 2020).

3.2.2 Association between the Head teacher' Interpersonal Skills and MOE Health and Hygiene safety Guidelines Implementation

The study sought to examine whether there was a statistical significant association between head teachers' interpersonal skills and the extent to which MOE health and hygiene safety guidelines had been implemented in public primary schools in Muranga. The null hypothesis was stated as:

 HO_1 : There is no statistical significant association between the head teachers' interpersonal skills and the extent of implementation of MOE Health and Hygiene safety guidelines in public primary schools in Muranga South Sub-County. Table 2 shows chi-square test for independence results.

Table 3

	Chi-Square Tests			
	Value	df		Asymp. Sig. (2-sided)
Pearson Chi-Square	215.419ª		5	.008
Likelihood Ratio	162.813		5	.599
Linear-by-Linear Association	.039		1	.843
N of Valid Cases	200			

Association between the Head teacher's Interpersonal Skills and MOE Health and Hygiene Safety Programmes Implementation in schools.

As shown in Table 3, the obtained level of significance for the association between the head teachers' interpersonal skills and the extent of implementation of MOE health and hygiene safety in public primary schools is smaller than the level of significance, 0.05, χ^2 (5, N = 200) = 215.419, p = .008, the null hypothesis is rejected. Therefore, the study concludes that there is a statistical significant association between the head teachers' interpersonal skills and the extent of implementation of MOE health and hygiene safety guidelines in public primary schools in Muranga South Sub-County.



This implies that the head teachers' ability to involve stakeholders, build partnership, network and benchmark with others plays a critical role in implementation of the MOE health and hygiene safety guidelines in schools.

DISCUSSION

The study findings revealed that the ability to involve various stakeholders had a major effect on the implementation of health and hygiene measures in schools. This implies that when all the stakeholders are brought together, various ideas are brought to the table hence the team is able to pick the best idea that will lead to the best result. This involvement also enables the stakeholders to own the program being implemented. The findings were consistent with those of Gatua (2013) who assessed the implementation of Ministry of Education safety Guidelines on physical infrastructure in public secondary schools in Nairobi west Region Kenya. The study findings established that involving all stakeholders including teachers and students brings about a sense of ownership and hence sustainability of the programmes.

The findings further established that building partnerships is an important skill in promoting health and hygiene implementation in primary schools. The partners bring in their skills, experiences and funding necessary for policy implementation. The findings agreed with those of Obara (2011), who conducted a descriptive cross-sectional study on the effectiveness of school community partnerships in educational development in public secondary schools in Kenya's Kenyenya district, Kenya. According to the study findings, the Head Teachers had established strong school-community partnerships, which improved health and sanitation services in schools. Similarly, a study by Samdal and Rowling (2012) discovered that mutually beneficial partnerships and networking are most important for successful health-promoting school development. According to Project Management Body of Knowledge PMBOK (2017), networking is an essential skill for project managers since it assists them to understand both internal project environment and the external potential project beneficiaries and suppliers of materials. Head teachers with appropriate networking skills stand a better chance of implementing school programmes since they get people who can help them with ideas as well as finances to implement various programmes in their schools.

The study established that capacity building of head teachers who are the implementers of health and hygiene programme in public primary schools has a major effect on implementation of health and hygiene safety guidelines. However, the Head teachers felt that they lacked the necessary leadership skills due to inadequate training. Being the project managers and policy implementers in schools, Head teachers need to be equipped with the skills to enable them implement government policies in schools. Gatua (2013) found that, capacity building and training for all those directly involved in Safety implementation in schools was very critical in policy implementation.



CONCLUSION

This study examined the influence of head teachers' interpersonal skills on implementation of health and hygiene safety guidelines in public primary schools in Muranga South Sub-County, Kenya. Overall, the finding suggested that head teachers' interpersonal skills had a major effect on implementation of health and hygiene safety guidelines in schools. However, the Head teachers lamented lack of the leadership skills due to inadequate training. In addition, the head teachers had challenges in terms of ability to involve all stakeholders, particularly parents who believed that they had no role in the implementation of health and hygiene safety guidelines in schools. As such, this created a gap between the policy and the actual implementation. The study recommended that: Emphasis should be placed towards intensive capacity building for head teachers on the whole issue of policy implementation and that DQASO and officers from the MPH&S should visit the schools more frequently to guide the head teachers on effective and efficient implementation of Health and Hygiene safety programs in schools.

The study further recommended that the school management committee, in collaboration with MOE establish forums to sensitize parents on the importance of supporting health and hygiene safety programs in schools. This will enhance implementation of health and hygiene safety guidelines through shared ideas, responsibilities and resource mobilization.

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