

## Federal Ministry of Education Nigeria

# NATIONAL SCHOOL HEALTH POLICY

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***For Further Information, Contact***

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**November, 2006.**

## Foreword

The World Health Organisation (WHO) defined a health promoting school as one that is constantly strengthening its capacity as a healthy setting for living, learning and working. Such schools foster healthy and learning environment.

Provision of health services like immunization, school feeding, counselling, sick-bay and school dispensaries are not new to Nigeria. These support services contributed to the high quality of education Nigeria was once known for. There is a need therefore to resuscitate the School Health Programme in Nigeria, and provide a legal framework for its implementation.

This School Health Policy is aimed at promoting the health of learners to achieve the goals of Education For All (EFA), outline roles of relevant line ministries like Education, Health, Environment, Water Resources, Information and other stakeholders.

“Education for all is the business of all.” It is hoped that effective implementation of the policy and its guidelines by all, as outlined in the documents will guarantee conducive school environment and promote the education of the learner in our schools.

I, therefore, endorse the National School Health Policy and the Implementation Guideline on the National School Health Programme to be supported and implemented by all stakeholders for the realization of the ideal school environment of our dream for the benefit of our children, the future Nigerians.

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## Acknowledgement

The promotion of the health of learners in schools is a critical step towards quality achievement in education. Therefore, implementation of the School Health Programme is core to the realization of the goals of the National Policy on Education.

In 2001, the Federal Ministry of Health and the Federal Ministry of Education in collaboration with WHO took the initial step by conducting a Rapid Assessment of School Health System in Nigeria to ascertain the status of school health. The assessment noted the several health problems among learners, the lack of health and sanitation facilities in schools, and the need for urgent action in school health.

The Federal Ministry of Education acknowledges the support of line ministries, Civil Society Organisation and International Development Partners (IDPs) in the development of this policy.

I wish to commend the Federal Ministry of Health (FMOH) and the World Health Organisation (WHO) for collaborating with FME to undertake an assessment of School Health system in Nigeria. The partnership and contributions from Ministries (Federal Ministry of Health; Environment; Water Resources; Agriculture and Rural Development; and Information and National Orientation) in the development of this policy are commendable.

Likewise, the technical inputs of the following partners into earlier drafts of this document are noted with thanks: State Ministry of Education and State Universal Basic Education Boards (SUBEBs); IDPs like JICA, WHO and USAID/ENHANCE; and Civil Society Organisations like National School Health Association (NSHA), Paediatric Association of Nigeria (PAN), Nigeria Union of Teachers (NUT), Science Teachers Association of Nigeria (STAN), National Association of Parent Teachers Association of Nigeria (NAPTAN), Conference of Primary School Head Teachers of Nigeria (COPSHON), and All Nigeria Conference of Principals of Secondary Schools (ANCOPSS).

Specific gratitude goes to UNICEF for providing both technical and financial support to the process of developing this policy.

Finally, I wish to commend the officers of the Sports and Health Division of the FME for facilitating the process and ensuring that this policy document is developed.

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## Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANCOPSS	Association of National Conference of Principals a
CBOs	Community Based Organizations
CESAC	Corporative Education and Adaptive Centre
COPSHON	Conference of Primary School Head Teachers of Nigeria
CSOs	Civil Society Organizations
ECCCs	Early Child-Care Centres
EFA	Education for All
FBOs	Faith Based Organizations
FCT	Federal Capital Territory
FME	Federal Ministry of Education
FMEnv	Federal Ministry of Environment
FMOH	Federal Ministry of Health
FMWR	Federal Ministry of Water Resources
FRESH	Focusing Resources on Effective School Health
HGSFHP	Home Grown School Feeding & Health Programme
HIV	Human Immuno-deficiency Virus
IDPs	International Development Partners
IEC	Information Education and Communication
JICA	Japan International Corporation Agency
LGAs	Local Government Areas
LGEA	Local Government Education Authority
MDGs	Millennium Development Goals
NAPTAN	National Association of Parent-Teachers Association of Nigeria
NCNE	National Commission for Nomadic Education
NEEDS	National Economic Empowerment and Development Strategy
NEPAD	New Partnership for Africa Development
NERC	Nigerian Educational Research Council
NERDC	Nigerian Educational Research and Development Council
NFE	Non-Formal Education Centres

NMEC	National Commission for Mass Literacy, Adult & Non-Formal Education
NPE	National Policy on Education
NSHA	Nigeria School Health Association
NSPFS	National Special Programme on Food Security
OPS	Organized Private Sector
PHC	Primary Health Care
PTA	Parents-Teachers Association
SAME	State Agency for Mass Education
SBMC	School Based Management Committee
SHP	School Health Programme
SME	State Ministry of Education
SUBEB	State Universal Basic Education Board
UBE	Universal Basic Education
UBEC	Universal Basic Education Commission
UNESCO	United Nations Educational and Scientific Organization
UNICEF	United Nations Children Fund
WHO	World Health Organization

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# CHAPTER 1

## 1.0 BACKGROUND

### 1.1 Introduction

- 1.1.1 The history of formal education in Nigeria dates back to the colonial days with the introduction of a Western type of education by missionaries and later by the government. The curricula for the different levels of the education system – Primary and Secondary Schools, Teachers' and Higher Colleges, despite their limitations, have provided for the various educational needs of the learner at various points in time.
- 1.1.2 It was, however, not until 1977 that a National Policy on Education (NPE) was first published following the recommendations of the Ashby Commission, of 1960, Banjo Commission of 1961 as well as the National Curriculum Conference of 1961.
- 1.1.3 The defunct Nigerian Educational Research Council (NERC) and the defunct Comparative Education Study Adaptation Centre (CESAC) played pioneering roles in producing the Physical and Health Education curricula for Primary and Secondary Schools, among other subjects in the 1980s.
- 1.1.4 The NERC, CESAC, the Language Development Centre and the National Book Centre metamorphosed into the Nigerian Educational Research and Development Council (NERDC). In 2004, the NERDC commenced the review and up dating of the scope and relevance of the school curricula in tune with emerging global issues.
- 1.1.5 Although Health Education as a subject is taught at different levels of our nation's education system and certain structures and services are put in place to take care of the health of members of the school community, there has hitherto been no definite policy on School Health.
- 1.1.6 At this time in our national development, while considering the importance, the scope and wide range of stakeholders, whose contributions are required for the success of the School Health Programme, it is most appropriate to formulate a National Policy on School Health.

### **THE STATE OF SCHOOL HEALTH IN NIGERIA**

Statistics from the National Study of the School Health System in Nigeria by FMOH and FME in collaboration with WHO in 2003.

#### **Physical Location of School**

Most of the schools are located 71% at a distance of less than 5km to main markets. Also, most of these schools (68%) were located less than 1 Km to busy main roads.

#### **Physical State of Classroom and Structural Facilities**

Most schools had good ventilation (94%), and more than two-thirds had satisfactory doors, windows and adequate light.

#### **Availability of Environmental Health Facilities**

About three-quarters of schools assessed had recreation facility, one-quarter have ventilated pit latrine, 46% had pipe-borne water or bore hole and 67% were reported to be clean.

#### **Health care services in schools**

- 14% of head teachers indicated that pre-medical examination was mandatory in their school
- Food handlers are screened only in 17% of schools
- Four-fifth of schools have First Aid Box
- 17% of schools have school nurses
- 6% of schools have linkages with government-designated school clinics
- 29% of schools have social welfare services provided mainly by community based organization

#### **Health status of students**

- 30% of students have low Body Mass Index (BMI)
- 0.2% of students have lice on their heads
- 3% of students have skin rashes
- About 20% of students do not have normal visual acuity
- Lip soars were observed in 0.8% and 0.5% of the primary and secondary school students respectively
- Dental plaque was observed in more than 10% of students
- 0.4% of students have soars on their tongue
- About 19% of students do not have normal hearing

#### **Common Health Condition of Students**

Five common health problems of students that contribute to absenteeism are Fever / typhoid (56%), Headache (43%), Stomach ache (29%), Cough / Catarrh (38%) and Malaria (40%).

- 1.1.8 Education has been described as the most important instrument of change; Fundamental changes in the intellectual and social outlook of any society have to be preceded by educational initiative. The Federal Government is committed to promoting health through schools by participating in and endorsing international conventions such as Dakar and Jomtien Declarations
- 1.1.9 The provisions of this document are therefore designed to put in place a national framework for the formulation, co-ordination, implementation and effective monitoring and evaluation of School Health Programme (SHP), including the roles of the different stakeholders.

## 1.2 Definition of Terms

- 1.2.1 **School** is an institution for educating learners. In the context of this policy, it includes Early Child-Care Centres (ECCC), Primary and Secondary Schools, and Non-Formal Education Centres (NFE).
- 1.2.2 **School Community** refers to all the people living/working within the school premises including pupils / students, the teaching and non-teaching staff as well as members of their families.
- 1.2.3 **Health**, according to the World Health Organization (WHO) “is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
- 1.2.4 **Service** is a system or arrangement that supplies public needs. It could be organized by an individual, group or the government.
- 1.2.5 **School Health Programme**, in the context of this policy, is a series of harmonized projects / activities in the school environment for the promotion of the health and development of the school community
- 1.2.6 **School Health Day**, shall refer to a day set aside annually to create awareness on health related issues in the schools.

## 1.3 Development Process

The process for the development of this National School Health Policy was participatory involving stakeholder at national and state levels. Consequently, an Inter-departmental

Committee on School Health, Safety and Environment was constituted in FME. The Committee was charged by the Permanent Secretary of FME in 2004 to formulate the policy.

The need for the national school health policy became imperative when National School Health Association(NSHA) and development partners such as the WHO, JICA, UNICEF, as well as stakeholder Ministries of Health and Environment, noted the lack of standards to guide school health programmes in Nigeria.

The process included the following steps:

- Inter-sectoral Workshop for Teachers on using FRESH Approach to School Health: September – October 2005
- Development of Follow up plan on FRESH Approach to School Health with SUBEB Health Education supervisors: December 2005
- Development of initial working document on School Health Policy and Guidelines on the National School Health Programme by School Health Desk officers of the FME: November 2005 – February 2006
- Internal critique of the draft working document by the FME Inter-Departmental Committee on School Health, Safety and Environment, relevant line ministries and parastatals (FMOH, FMEn, FMWR, NERDC) and development partners (UNICEF, JICA, WHO and USAID/ENHASE): February 2006
- Development of draft one of the National School Health Policy: March 2006
- Circulation of the first draft for input by stakeholders at national and state levels: March – April 2006
- National Stakeholders' Workshop to critique the draft one and development of draft two of the National School Health Policy: May 2006
- Presentation of draft two of the National School Health Policy to the Reference Session of the Joint Consultative Committee on Education (JCCE): August 2006
- Circulation of draft two for inputs from stakeholders August-October 2006
- Finalization meeting for the Implementation Guidelines on the National School Health Programme: November 2006
- Approval of the National School Health Policy by the National Council on Education (NCE) for approval: November/December 2006

## 1.4 Vision Statement

Promoting Health of learners to achieve Education for All (EFA) and Health for All (HFA) in Nigeria

## 1.5 Mission Statement

To put in place adequate facilities, resources and programmes, this will guarantee physical and mental health, social well being, and the safety and security of the school community which will promote the learning outcomes of the child.

### **Why the school is a key setting for health promotion**

School is seen as an important context for health promotion, principally because it reaches a large proportion of the population for many years. The emphasis on schools is also a recognition that the learning of health-related knowledge, attitudes and behaviour begins at an early age.

Naidoo, J and Wills, J. 2000. Health promotion, foundation for practice

## 1.6 Goals and Objectives of School Health Policy

### 1.6.1 Policy Goals

The goals of the National School Health Policy are to:

- i. Enhance the quality of health in the school community
- ii. Create an enabling environment for inter-sectoral partnership in the promotion of child friendly school environment, for teaching and learning and health development

### 1.6.2 Policy Objectives:

The objectives of the National School Health Policy are to:

- i. Provide the necessary legal framework for mobilization of support for the implementation of the School Health Programme
- ii. Set up machinery for the co-ordination of community efforts with those of government and non-governmental organizations, toward the promotion of child friendly school environments
- iii. Guide the provision of appropriate professional services in schools by stakeholders for the implementation of the School Health Programme
- iv. Promote the teaching of skill-based health education
- v. Facilitate effective monitoring and evaluation of the School Health Programme
- vi. Set up modalities for the sustainability of the School Health Programme

## CHAPTER 2

### 2.0 POLICY FRAMEWORK

#### 2.1 Introduction

- 2.1.1 School Health Programme (SHP) comprises of all projects / activities in the school environment for the promotion of the health and development of the school community. The Programme is one of the strategies for the achievement of Health For All (HFA) declaration; education and health related Millennium Development Goals (MDGs); the National Economic Empowerment and Development Strategy (NEEDS); the Education for All (EFA); The Universal Basic Education Act (2004); and goals of the National Policy on Education (2004).
- 2.1.2 The World Education Forum in April 2000 in Dakar, Senegal (jointly initiated by UNICEF, UNESCO, WHO, the World Bank, Educational International, the Education Development Centre and Partnership for Child Development), launched the Focusing Resources on Effective School Health (FRESH) as a strategy for achieving EFA. Four main components of FRESH were identified to include School Health Policies; Water, Sanitation and the Environment; Skill-based Health Education; and School-based Nutrition and Health services.
- 2.1.3 According to the WHO, a health promoting school is “one that is constantly strengthening its capacity as a healthy setting for living, learning and working”. The characteristics of the school include:
- Fostering friendly healthy and learning environment
  - Integrating health and education officials, parents and the community in the effort to make the school a healthy place
  - Providing healthy environment, skill – based health education and school health services
  - Striving to improve the health of learners, personnel and the community
  - Building capacity for security, peace, shelter, education, food, gender equity, stable eco-system, social justice and sustainable development
  - Preventing leading causes of death, disease and disabilities in the school community e.g. malaria, water borne diseases, infections, drug and alcohol abuse, HIV and AIDS, injuries, and malnutrition

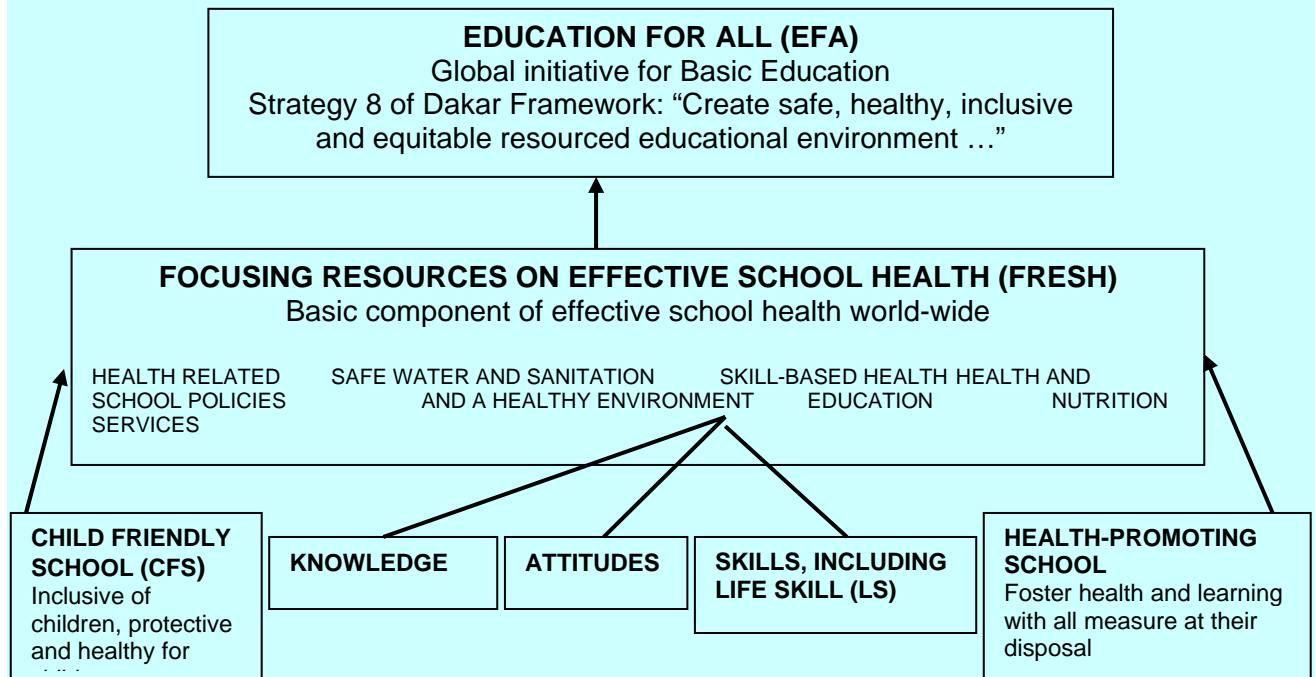
- Influencing health related knowledge, attitude, values, beliefs, skills, and behaviours

#### **The 12 WHO criteria for a health-promoting school**

1. Active promotion of self-esteem of all pupils by demonstrating that everyone can make a contribution to the life of the school
2. Development of good relations between staff and pupils and among pupils in the daily life of the school
3. Clarification for staff and pupils of the social aims of the school
4. Provision of stimulating challenges for all pupils through a wide range of activities
5. Use of every opportunity to improve the physical environment of the school
6. Development of good links between school, home and community
7. Development of good links among associated primary and secondary schools to plan a coherent health education curriculum
8. Active promotion of the health and well-being of the school and staff
9. Consideration of the role of staff as exemplars in health-related issues
10. Consideration of the complementary role of school meals (if provided) to the health education curriculum
11. Realization of the potential of specialist services in the community for advice and support in health education
12. Development of the education potential of school health services beyond routine screening and towards active support for the curriculum

## Linkage between EFA, FRESH, Health-Promoting School (HPS), Child-Friendly School (CFS),

### Skill-Based Health Education (SBHE) and Life Skills (LS)



WHO 2001. *Skill for Health: Information series on school health document 9*

## 2.2 School Health Programme (SHP)

2.2.1 The main goal of the SHP is to improve the health of learners and staff as responsible and productive citizens.

2.2.2 The objectives of the School Health Programme are to:

- i. Promote growth and development of every child taking into consideration his/her health needs
- ii. Create awareness of the collaborative efforts of the school, home and the community in health promotion
- iii. Develop health consciousness among the learners
- iv. Create awareness on the availability and utilization of various health related resources in the community
- v. Promote collaboration in a world of interdependence, social interaction and technological exposure in addressing emergent health issues
- vi. Build the skills of learners and staff for health promotion in the school community

2.2.3 The scope of the School Health Programme in this policy shall include:

- i. Healthful school environment



- ii. School feeding services
- iii. Skills-based Health Education
- iv. School Health Services
- v. School, Home and Community Relationships

## **2.3 Healthful School Environment**

2.3.1 Healthful School Environment is one of the interrelated aspects of the School Health Programme. The concept “Healthful School Environment” denotes all the consciously organized, planned and executed efforts to ensure safety and healthy living conditions for all members of the school community.

2.3.2 A healthful school environment (physical, biological and socio-cultural) serves as a major determinant of health and greatly influences the individual’s level of intellectual growth and development.

2.3.3 Provision of healthful school environment must be guaranteed for efficient performance of staff and learners. All the necessary services, facilities and tools needed for the physical, social and emotional well being of the school population must be assured, provided, safeguarded and sustained.

### **2.3.4 Objectives**

The Objectives of a Healthful School Environment are to:

- i. Create a healthy and safe learning environment in the school
- ii. Provide adequate safe water supply and sanitation facilities for use in schools

### **2.3.5 Characteristics of Healthful School Environment**

The major conditions required for healthful school environment include:

- Location of schools away from potential environmental hazards.
- Protection of the school community from excessive noise, heat, cold and dampness
- Provision of adequate buildings, constructed in line with approved standards, with particular emphasis on facilities for physically challenged learners
- Provision of an appropriate and adequate amount of furniture for learners and staff

- Provision of an adequate number of gender-sensitive toilet facilities
- Provision of adequate safe water supply and sanitation facilities for the school community
- Provision of proper drainage and waste disposal facilities
- Provision of safe recreational and sport facilities
- Perimeter fencing of the school
- Observation of Annual School Health Days
- Promotion of healthy human relationships in the school community
- Promotion of health related-school policies
- Promotion of a maintenance culture

## **2.4 School Feeding Services**

2.4.1 School feeding services are aimed at providing an adequate meal a day to all children enrolled in schools nationwide.

2.4.2 The service builds upon the Government's current National Home-Grown School Feeding and Health Programme (HGSH&HP) which aims to contribute to the realization of national and international initiatives for development.

### **2.4.3 Objectives**

The objectives of the School Feeding Service are to:

- Reduce hunger among school children;
- Increase school enrolment, attendance, retention and completion rates particularly among children in poor rural communities and urban neighbourhoods
- Improve the nutritional status of school children
- Enhance the comprehension and learning abilities of pupils/students

### **2.4.4 Characteristics of School Feeding Services**

The characteristics of school feeding services include:

- Provision of, at least, one adequate meal a day to school children
- Adequate sanitation and hygiene practices among food handlers including routine medical examination and vaccination
- Food fortification and supplementation
- Regular de-worming
- Promotion of health related-school policies

## **2.5 Skill-Based Health Education**

2.5.1 Skill-based Health Education is to promote the development of sound health knowledge, attitudes, skills and practices among the learners. The subject is also aimed at meeting the growth and developmental needs and interests of learners.

2.5.2 Health education is education for life; therefore emphasis should be placed on skills necessary for promoting appropriate behaviours and practices as against just theory-based lessons.

### **2.5.3 Objectives**

The objectives of Skill-Based Health education are to:

- i. Provide information on key health issues affecting the school community
- ii. Develop skill-based health education curriculum for the training of teachers and learners
- iii. Provide participatory learning experiences for the development of knowledge, attitudes, skills and desirable habits in relation to personal and community health
- iv. Evaluate learners progress towards healthy development

### **2.5.4 Characteristics of Skill-Based Health Education**

The following broad areas will be covered by the Skill-based Health Education Curriculum

- Personal Health
- Diseases including HIV/AIDS
- Mental and Social Health
- First Aid & Safety Education
- Community Health
- Family Life Education
- Environmental Health
- Maternal and Child Health
- Nutrition
- Consumer Health
- Drug Education
- Ageing and Death (Bereavement) Education
- Parts of the human body
- Health Agencies

## **2.6 School Health Services**

2.6.1 School Health Services are preventive and curative services provided for the promotion of the health status of learners and staff. The purpose of the School Health Services is to help children at school to achieve the maximum health possible for them to obtain full benefit from their education.

2.6.2 School Health Services shall include pre-entry medical screening; routine health screening / examination; school health records; Sick bay, First Aid and referral services. It shall also provide advisory and counselling services for the school community and parents.

2.6.3 Personnel for School Health Services shall include Medical Doctors, School Nurses, Health Educators, Environmental Health Officers, School Guidance Counsellors, Community Health Workers, Dieticians, Nutritionists, School Teachers and Social Workers

### **2.6.4 Objectives**

The objectives of school health services include:

- i. Provide basic services for disease prevention and management of injuries in the school
- ii. Build capacity of the school community to identify, treat, and manage simple illnesses, injuries, infections and infestations

### **2.6.5 Characteristics of School Health Services:**

Broadly, the School Health Services shall include:

- Appraisal of the health status of learners and school personnel through pre-entry screening, routine medical and psychological examinations
- Health counselling of the school community by counsellor / social worker
- Referrals and follow-up health services between the school, community and the health facilities
- Health screening and the maintenance of routine health records in the school
- Prevention and control of communicable and non-communicable diseases, Through inspections, exclusions, re-admissions, educational measures, immunization, sanitation and epidemic control
- Provision of special health services for learners with special needs.

## **2.7 School, Home and Community Relationship**

2.7.1 The first health educators of the child are the parents, who shape the child's habits from infancy. Long before the child is ready for school, the parents should secure needed immunization and medical care and inculcate good habits into the child.

2.7.2 The success of the School Health Programme depends on the extent to which community members are aware of, and willing to support health promotion efforts.

2.7.3 Schools shall encourage parents and community members to make inputs regarding the design, delivery, content and assessment of the SHP so as to respond to their concerns and obtain their commitment. At the same time, schools can play an important role in improving the health and development of the community as a whole.

2.7.4 For a balanced development of the child, life at home should complement a healthy life-style provided in the school; therefore, regular contacts between schools and homes are essential.

### **2.7.5 Objectives**

The objectives of promoting school, home and community relationship with regards to school health are to:

- i. Build and strengthen capacity for effective community involvement and participation in school management.
- ii. Improve advocacy and community mobilization to bring about necessary support from stakeholders

### **2.7.6 Characteristics of School, Home and Community Relationship**

The characteristics of school, home and community relationships shall include:

- Home visits by teachers, school nurses and social workers;
- Regular visit of parents to school;
- Regular communication of the health status of the learner to the home by the school health personnel and the teachers
- Active participation of the school in community outreach activities and campaigns
- Active participation of the school in community health planning, implementation, monitoring and evaluation.
- Advocacy and community mobilization for the SHP through traditional and modern media
- The community shall be involved in the promotion of health related school policies.

## CHAPTER 3

### 3.0 INSTITUTIONAL FRAMEWORK

#### 3.1 Introduction

- 3.1.1 The School Health Programme shall adopt a multi-sectoral approach in order to realize its full potential. It is important, therefore, to note that the collective effort of Government, the Organized Private Sector (OPS), International Development Partners (IDPs), Civil Society Organizations (CSOs) and Professional Organizations is required for the achievement of the goals of the education, health and environment related MDGs and EFA.
- 3.1.2 Accordingly, the Federal Ministry of Education shall work in collaboration with other relevant government ministries, agencies and parastatals (Federal, State and Local), the OPS, IDPs, CSOs, Communities and individuals in the implementation of the National School Health Policy. As such specific roles are assigned to stakeholders for effective implementation of the SHP.
- 3.1.3 The objectives of assigning roles to stakeholders in the implementation of School Health Programme are to:
- i. Define the roles of stakeholders bearers in the delivery of School Health Programme;
  - ii. Promote effective participation of the community in assuming ownership of the SHP including mobilization and utilization of local resources to support the school;
  - iii. Prioritize implementation of the SHP as a strategy for the realization of the goals of the National Policies on Education and Health;
  - iv. Facilitate and coordinate the application of research, monitoring and evaluation as tools in the management of the Programme;
  - v. Intensify the required capacity building for services delivery;
  - vi. Mobilize adequate resources for the Programme;
  - vii. Strengthen the support of IDPs for the Programme and
  - viii. Promote the effective participation of the school community in the design, implementation, monitoring and evaluation of the Programme.

## 3.2 Roles of Stakeholders

### 3.2.1 The Government

3.2.1.1 Relevant ministries, agencies and parastatals of Government at all levels (Federal, State and LGA) shall within their constitutional mandate be responsible for the implementation of the School Health Programme. For effective coordination of the decentralized implementation of the Programme, specific roles have been assigned to each level of government

3.2.1.1 **The Federal Government** shall, through its relevant ministries, agencies, and parastatals be responsible for:

- Establishing the overall policy structure for school health and the periodic review of the policy as well as enactment of relevant legislation
- Planning, co-ordination, implementation, monitoring and evaluation of the Programme among the stakeholders
- Setting standards and providing technical support on specific aspects of the Programme
- Facilitating capacity building for the Programme
- Encouraging the conduct and publication of relevant researches
- Providing adequate funding for the Programme

3.2.1.2 **The State Governments** through their relevant ministries, agencies, and parastatals shall:

- Ensure that School Health Programme is integrated into State Education Plans (strategic and operational) and into annual work plan of line ministries
- Ensure the implementation of the School Health Programme at the state levels in line with this policy and the implementation guide
- Mobilize resources from stakeholders for the implementation of the Programme
- Provide technical assistance and logistic support to Local Government Areas (LGAs) in the implementation of the Programme
- Ensure integration of health related data in State Education Management Information System (SEMIS)
- Inspect and monitor School Health Programme

3.2.1.3 **The Local Governments** shall, through their relevant departments operate according to stipulated guidelines of the State Government:

- Ensure that School Health Programme is integrated into LGA Plans of action

- Mobilize local resources for the implementation of the Programme
- Provide direct assistance and supervision to schools in the implementation of the Programme
- Render quarterly report to the relevant ministry in the state.

### **3.2.2 Ministries, Agencies and Parastatals of Government**

3.2.2.1 The relevant ministries, agencies and parastatals of government (at all levels) whose traditional functions have great implication for ensuring a learner-friendly environment for the implementation of School Health Programme include but not limited to Ministries of Education, Health, Environment, Water Resources, Agriculture and Rural Development, Housing and Urban Development, Works, Information, Sports and Social Development, Women Affairs, other line ministries and the National Planning Commission. The specific role of the federal organs detailed below. The state counterparts have parallel roles in line with their mandate.

#### **3.2.2.2 Federal Ministry of Education shall:**

- Revise the curricula of Schools to encourage the teaching of Skill-based Health Education as a compulsory subject at all levels
- Develop age-appropriate, gender and culturally sensitive teaching and learning materials for skill-based health education
- Encourage the formation of health/sanitation promotion clubs in schools
- Collaborate with other stakeholders in the capacity building of personnel for the Programme
- Oversee regular school inspection to enforce implementation of standards of sanitation and develop a database on school health linked to NEMIS
- Provide health-counselling services in schools to promote the health of learners and staff.
- Ensure regular inspection of ECCC and NFE centres on school health programme
- Conduct and publish research on School Health
- Formulate and review the implementation guidelines for the school health policy

#### **3.2.2.3 Federal Ministry of Health shall in collaboration with FME:**

- Ensure adequate provision of health services and personnel to promote the health of the school community



- Ensure that information for the prevention of communicable diseases including immunization services are extended to schools in the context of Primary Health Care (PHC)
- Support capacity building of personnel for the delivery of health services in school
- Facilitate referral services between the school and health facilities in the community
- Conduct pre-entry / routine health screening and maintain routine health records of learners

**3.2.2.4 Federal Ministry of Environment shall** in collaboration with FME:

- Establish environmental sanitation standards for schools
- Promote environmental sanitation and hygiene in schools through provision of waste disposal facilities and other activities
- Establish standards for the management of solid wastes in schools.
- Establish standards for food sanitation in schools
- Ensure compliance with minimum sanitation standards in schools through routine school inspection.

**3.2.2.5 Federal Ministry of Water Resources shall** in collaboration with FME:

- Make provisions for schools in its water supply intervention programmes
- Support water and sanitation activities in schools including sewerage and quality control of water supply sources in collaboration with the Federal Ministry of Environment

**3.2.2.6 Federal Ministry of Agriculture and Rural Development shall** in collaboration with FME:

- Promote agricultural practices in schools
- Facilitate the services of Agriculture Extension Staff to schools
- Encourage the formation and operation of Young Farmers' Clubs in schools
- Supply improved farm inputs for crop and animal farming in schools
- Develop suitable standards and cost effective meal plans for schools in different communities in collaboration with the Federal Ministry of Health

**3.2.2.7 Federal Ministry of Housing and Urban Development shall** in collaboration with FME:

- Ensure that schools are planned to meet approved standard specifications for health
- Ensure that school buildings comply with approved standards of sanitation
- Ensure that school buildings meet with approved safety standards and are sensitive to the needs of physically challenged learners

**3.2.2.8 Federal Ministry of Works shall** in collaboration with FME:

- Ensure the provision and maintenance of access roads to schools
- Design internal roads in schools with adequate drainage system
- Construct speed breakers at 1km interval within 5km radius to schools and zebra crossing in front of the school entrances.

**3.2.2.9 Federal Ministry of Information and National Orientation shall** in collaboration with FME:

- Design, produce and disseminate information, education and communication (IEC) materials on School Health through various media channels
- Conduct public enlightenment campaigns on SHP in the communities
- Support the celebration of school health days
- Broadcast inter-school competitions on health issues

**3.2.2.10 Ministry of Sports and Social Development shall** in collaboration with FME:

- Create awareness on contemporary health issues
- Employ sports to handle remediable problems of school children
- Mobilize schools to use sports as a channel to divert them from unwholesome practices
- Mobilize school children to overcome academic stress through sports
- Build capacity of personnel to supervise sporting activities in schools
- Design sporting activities in school
- Ensure the development and execution of relevant recreational activities for the health benefits of the school community

**3.2.2.11 Federal Ministry of Women Affairs shall** in collaboration with FME:

- Encourage utilization of community recreation facilities / play ground by learners

- Build capacity of care givers in ECCC for School Health Programme
- Sensitize parents and guardians on the importance of the School Health Programme
- Advocate for equitable access to School Health Programme for boys and girls.

3.2.2.12 **National Planning Commission** shall in collaboration with FME

- Mobilize funds for School Health Programme from government and IDPs
- Ensure effective coordination, monitoring and evaluation of the School Health Programme

### 3.2.3 Communities

3.2.3.1 The communities shall work in close collaboration with the school authorities to identify areas of health needs that require interventions. Consequently, the community shall:

- Participate actively in the management of their neighbourhood schools
- Mobilize local human and material resources to support the School Health Programme in schools
- Organize communal efforts especially in NFE, ECCC and Schools, for the provision of toilets, fencing, access roads and the clearing of bushes to ensure a safe learning environment
- Assist in the management and protection of facilities provided for the School Health Programme by government and other stakeholders in the school

### 3.2.4 Civil Society Organizations

3.2.4.1 This group includes Parent-Teacher Association (PTA), Community Based Organizations (CBOs), Faith-Based Organizations (FBOs) Non-Governmental Organizations (NGOs), Professional Organization (PO) and School-Based Management Committees (SBMC). CSOs shall in agreement with the school authority contribute to the improvement of the health of the school community.

3.2.4.2 **Professional Organisations (POs)** support government efforts through provision of standards and technical assistance for effective implementation of School Health Programme.

### 3.2.5 Organized Private Sector

3.2.5.1 OPS shall support government's effort in enhancing the quality of learning through the provision of learner friendly school environment in schools.

### **3.2.6 International Development Partners (IDPs)**

3.2.6.1 IDPs shall, in collaboration with government provide financial and technical assistance in support of the design, implementation, monitoring and evaluation of School Health Programmes; especially in the areas of Education, Health, Water Supply, Sanitation and Agriculture to promote the health of the school community.

### **3.3 Organisational Structure**

3.3.1 For the effective implementation of this policy, there shall be in place an organizational structure that is result oriented. The principles guiding the organizational structure stem from the fact that:

- Education is on the concurrent list of the constitution of the Federal Republic of Nigeria, with all the three tiers of government having prominent roles to play in its planning, organization and delivery
- Education for All is the business of all, which calls for the involvement of all stakeholders.

3.3.2 The guiding principles for the organizational structure shall include:

- Decentralization of roles with each level of the structure having well defined roles;
- Active engagement of duty bearers and opinion leaders;
- Effective participation of the right holders i.e. pupils and the school communities; and
- Effective supervision, monitoring and evaluation as tools of management.

### **3.3.3 School Health Committees**

3.3.3.1 The following committees shall be constituted at the National, States, Local Government and School levels.

- National Steering Committee on School Health
- National School Health Implementation Committee
- National School Health Monitoring & Evaluation Committee
- State School Health Steering Committee
- State School Health Implementation Committee
- State School Health Monitoring & Evaluation Committee
- Local Government Implementation Committee
- Local Government Monitoring & Evaluation Committee
- School Based Health Committee.

### **3.3.4 Membership of the School Health Committees**

#### **3.3.4.1 National Steering Committee**

- Honourable Minister of Education – Chairperson
- Honourable Ministers of Health, Environment, Water Resources, Agriculture & Rural Development, Housing & Urban Development, Finance, Information & National Orientation, Women Affairs, FCT and Works
- Chairman, National Planning Commission
- Chairman, National Primary Health Care Development Agency
- Chairman, National Programme on Food Security
- Chairman, National Emergency Management Agency
- Executive Secretaries, UBEC, NERDC, NEPAD, NMEC, and NCNE
- Chairmen Senate & House Committees on Education & Health
- Chairman, Governing Board, Education Trust Fund
- State Commissioners of Education
- Permanent Secretary, Federal Ministry of Education – Secretary.

#### **3.3.4.2 National Implementation Committee**

- The Permanent Secretary, Federal Ministry of Education – Chairperson
- State Permanent Secretaries of Education, Health, Environment, Water Resources, Agriculture & Rural Development, Housing & Urban Development, Information and Finance
- FCT Secretary for Education Services
- Representatives of UBEC, NCNE, NMEC, NSPFS
- Chairman, All Nigeria Conference of Principals of Secondary Schools (ANCOPSS)
- Chairman, Conference of Primary School Head teachers of Nigeria (COPSHON)
- Chairman, National Parent Teacher Association of Nigeria (NAPTAN)
- Director, Primary & Secondary Education (FME)
- Director, Planning, Research and Statistics (FME)
- Director, Educational Support Services (FME)
- Director, Community Development and Population Activities, (FMOH)
- National Coordinator HGSFHP

- Relevant International Development Agencies: (WHO, UNESCO, UNICEF, JICA etc.)
- School Health Desk, FME – Secretary
- Chairman, National School Health Association (NSHA)
- President, Paediatric Association of Nigeria (PAN)
- President, National Association for Physical, Health Education, Recreation, Sports and Dance (NAPHA-SD)
- President, Society of Public Health Educators (SOPHE)
- Representatives of Military and Para-Military Organizations

#### **3.3.4.3 National Monitoring and Evaluation Committee**

- Director, Educational Support Services, FME - Chairperson
- Director, Federal Inspectorate Services, FME – Alternate Chairperson
- Directors of State Inspectorate Services including Federal Capital Territory
- Monitoring and Evaluation Units of UBEC, NMEC, NCNE, NERDC
- Director, Community Development and Population Activities, (FMOH)
- School Health Desk, FME – Secretary
- IDPs as Observers
- Directors, of Planning, Research and Statistics (FMH & FME)

#### **3.3.4.4 State Steering Committee**

- State Commissioner for Education – Chairperson
- State Commissioner for Health, Environment, Water Resources, Agriculture & Rural Development, Housing & Urban Development, Finance, Information & National Orientation, Works, Women Affairs
- Permanent Secretary, State Ministry of Education – Secretary

#### **3.3.4.5 State Implementation Committee**

- Permanent Secretary of State Ministry of Education – Chairperson
- Representatives of State Ministries responsible for: Health, Environment, Water Resources, Agriculture, Housing & Urban Development, and Finance
- Chief Executives of SUBEB and State School Board
- Director, Planning Research and Statistics (SMOE)
- Representative of State Agency for Mass Education (SAME)
- Heads of State branches of ANCOPSS and COPSHON
- Chairman, NSHA and NAPTAN (State Branch)

- School Health Desk, SMOE – Secretary
- Representatives of Military and Para-Military Organizations

#### **3.3.4.6 State Monitoring and Evaluation Committee**

- Director of State Inspectorate Services, SMOE – Chairperson
- Director, Planning Research and Statistics, SMOE
- Directors of State Ministries of Health, Environment, Water Resources, Agriculture & Rural Development
- Representative of SUBEB
- School Health Desk, SMOE - Secretary

#### **3.3.4.7 Local Government Implementation Committee**

- LGA Chairman, - Chairperson
- LGEA Secretary – Vice Chairperson
- LG Officers of Education, Health, Agriculture, Water Resources and Environment
- Desk Officer of School Health, LGEA – Secretary
- Chairman of P T A in the LGA
- Representatives of Para-Military Organizations

#### **3.3.4.8 Local Government Monitoring & Evaluation Committee**

- LGEA Secretary - Chairperson
- Representative of Education Supervisor of SUBEB
- Chairman, P T A in the LGA
- LGA PHC Coordinator
- LGEA Education officer - Secretary

#### **3.3.4.9 School Based Health Committee**

- Head Teacher – Chairman
- Student/Pupils' representative
- School Nurse
- School Health Teacher – Secretary
- Catering Officer
- Compound Officer / Labour Master
- Representative of the community.
- Representative of the PTA

### **3.3.5 Functions of School Health Committees**

#### **3.3.5.1 National Steering Committee shall:**

- Review the National School Health Policy as appropriate and present to the National Council on Education for approval and advocate for the enactment of appropriate legislations where necessary
- Review and approve resource mobilization strategies for the Programme from Government, IDPs, and the Organised Private Sector
- Report on the School Health Programme to the Federal Executive Council and National Council on Education through its chairman
- Receive and consider annual reports on the Programme from other committees
- Provide guidance on any other issue in the pursuit of the School Health Programme

#### **3.3.5.2 National Implementation Committee shall:**

- Develop strategic plans for the implementation of the Programme and its sustainability across the nation in line with this policy
- Recommend implementation guidelines and strategies for the approval of the National Steering Committee
- Prepare annual implementation reports and submit to the National Steering Committee
- Undertake any other functions in pursuit of the implementation of the Policy with the approval of the National Steering Committee

#### **3.3.5.3 National Monitoring and Evaluation Committee shall:**

- Monitor and evaluate the implementation of the Programme in at Federal and State levels and report to the National Steering Committee.

#### **3.3.5.4 State Steering Committee shall:**

- Make policy decisions and facilitate passage of relevant legislation, complementary to those in this policy as well as those of the National Steering Committee, for the approval of State Executive Council
- Review and approve resource mobilization strategies for the Programme from the State and Local Government, Civil Society Organizations (CSOs) and the Organised Private Sector
- Report on School Health Programme to the State Executive Council and the National Steering Committee through its chairman



- Receive annual reports from the State Implementation Committee and State Monitoring and Evaluation
- Provide guidance on any issue in the pursuit of the School Health Programme
- Disseminate information to relevant committees at the state and LGA levels.

#### **3.3.5.5 State Implementation Committee shall:**

- Ensure that the implementation of the Programme in the State is in harmony with the national guidelines
- Develop state annual work plans for the implementation of the Programme in line with existing state plans on education like UBE plans
- Ensure uniform implementation of the Programme across the State
- Prepare half yearly and yearly implementation reports for the State Steering Committee
- Carry out other functions in pursuit of the implementation of the Programme
- Disseminate information to relevant committees at the state and LGA levels.

#### **3.3.5.6 State Monitoring and Evaluation Committee shall:**

- Monitor and evaluate the implementation of the Programme in Schools and LGA schools
- Report on the Programme to the State Steering Committee half yearly.

#### **3.3.5.7 Local Government Implementation Committee shall:**

- Be responsible for the implementation of School Health Programme at Local Government level
- Report on the Programme to the State Steering Committee quarterly.
- Dissemination information to schools and relevant committees at LGA level

#### **3.3.5.8 Local Government Monitoring and Evaluation Committee shall:**

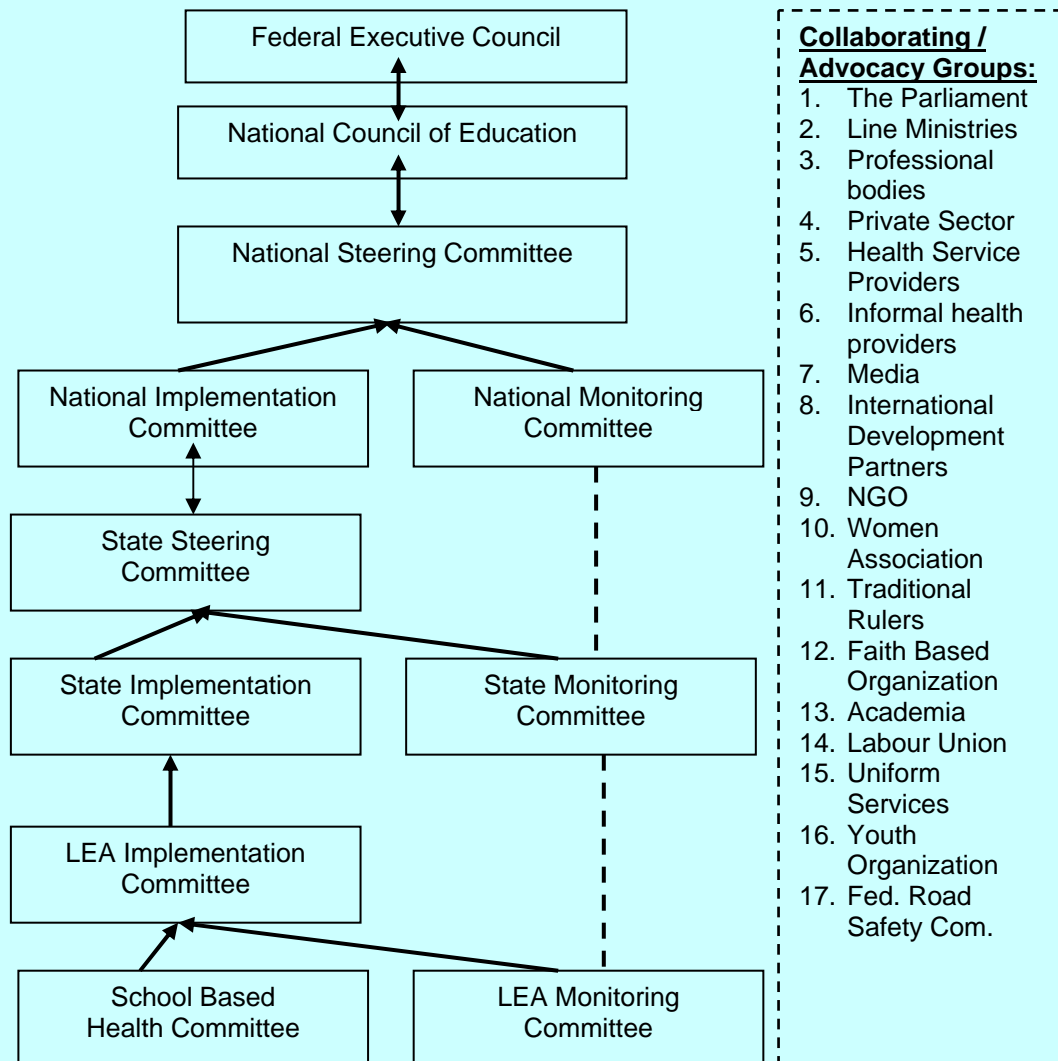
- Monitor and evaluate the implementation of the Programme in schools
- Report on the Programme to the State Implementation Committee quarterly

#### **3.3.5.9 School Based Health Committee shall** in collaboration with School Based Management Committee (SBMC):

- Organize members of the school community and assign responsibilities for the effective implementation of the Programme in the school

- Ensure that School Health Programme is incorporated into whole school development plan by SBMC
- Facilitate active participation of the school community in sanitation activities
- Ensure compliance with extant hygiene regulations
- Supervise and ensure maintenance of school health facilities
- Report on all health issues arising from the school to relevant quarters/ authorities like the Primary Health Care Centre, Hospital, LGEA, MOE, MOH etc., for appropriate action.
- Report on the School Health Programme to the LGA Implementation Committee
- Disseminate relevant health information to the communities.

## Institutional Framework for the Implementation of School Health Programme



## CHAPTER 4

### 4. IMPLEMENTATION STRATEGIES

#### 4.1 Introduction

4.1.1 Strategies that will enhance the development, realization and sustainability of the School Health Programme shall be put in place. These strategies shall include:

- Planning
- Capacity Building
- Partnership and Collaboration
- Monitoring and Evaluation
- Advocacy and Resource Mobilization
- Research and Knowledge Sharing

#### 4.2 Planning

4.2.1 Guideline for the implementation of the National School Health Policy shall be developed.

4.2.2 National strategic plans shall be developed from the guideline with time bound results and indicators for an initial period of 5 years by FME to assist states with the development of annual work plans.

#### 4.3 Capacity building

##### 4.3.1 Personnel Development

4.3.1.1 This policy recognizes that the various services to be provided in the Programme are highly technical and require the acquisition of appropriate knowledge and continuous skills development of the following officers.

- Health Education and Sports Officers
- School Nurses
- Education Inspectors
- School Catering Officer and /Food handlers
- Environmental Health Officers
- Head teachers
- Physical Education teachers
- Other teachers
- Guidance Counsellors

4.3.1.2 Consequently, adequate machineries shall be put in place for the capacity building of these personnel. This shall be done through Pre – service and In – service / refresher teacher training.

### **4.3.2 Institutional Development**

Federal and state strengthening the School Health Desk of the federal and state ministries of Education and the LGAs shall be vigorously pursued to ensure effective implementation, coordination, monitoring and evaluation of the programme.

### **4.3.3 Infrastructural Development**

For the school to be learner – friendly, basic infrastructures must be improved to meet approved standards of Health. Adequate facilities such as: toilets, water points, wash-hand basins, waste disposal facilities, sports, recreation, safety and furniture, shall be provided by relevant organs of government at all levels in all schools to promote healthy practices among learners. In the provision of these facilities learners with special needs shall be considered.

### **4.3.4 Instructional Materials Development**

In order to revitalize and promote the teaching of skill-based Health Education, copies of Physical and Health Education Curriculum shall be developed / updated and made available to schools. Appropriate learning materials – books, manual charts and other IEC materials shall be developed and provided. First Aid Boxes shall also be provided. The formation strengthening of health clubs in schools shall be encouraged to provide learners the opportunity to take up responsibilities in promoting personal and community health.

## **4.4 Partnership and Collaboration**

This policy shall be implemented with a spirit of collective ownership, responsibility, and collaboration. In order to promote this policy, all stakeholders shall work in harmony while implementing their areas of responsibility. Partnerships with community health committees and other community initiative projects shall be encouraged to sustain the Programme.

#### **4.5 Monitoring & Evaluation**

Monitoring and Evaluation activities as a veritable tool for ensuring quality control shall be adopted at every level of the organizational structure and linked with the school inspection and EMIS

#### **4.6 Advocacy and Resource Mobilization**

Political commitment, financial and technical support shall be enlisted from policy makers and other stakeholders for the effective implementation of the Programme. Resource mobilization shall be evident based and harmonized with the MDGs and the NEEDS.

#### **4.7 Research and Knowledge Sharing**

Researches into school health related issues shall be encouraged. The outcomes of such researches shall be widely publicized. The best practices and implement-able research outcomes shall be shared and replicated.

## CHAPTER 5

### 5.0 FUNDING MECHANISMS

#### 5.1 Principles of Sustainability

- 5.1.1 The School Health Programme is an on-going activity and so is the measurement of its success in realizing its goals and objectives. Adequate funding is required for the effective and sustainable implementation of the Programme. The following funding principles shall be taken into consideration to ensure sustainability of the Programme.
- 5.1.1.1 Projects to be executed shall be in the area of need for the realization of the right to education, health and development of learners and other members of the school community.
- 5.1.1.2 The beneficiaries shall be involved from the planning to the execution stage.
- 5.1.1.3 Utilization of available local resources shall be encouraged to stimulate community participation and involvement.
- 5.1.1.4 Fund utilization shall be prudent; transparently and accountability shall be pursued in the implementation of the Programme.
- 5.1.1.5 The Programme shall be school-based and community driven for ownership and sustainability.
- 5.1.1.6 Market surveys shall guide the identification of the quantum and value of materials required for the Programme.
- 5.1.1.7 Due process shall be followed in the award of contracts.
- 5.1.1.8 Statement of funds utilized shall be rendered to the appropriate accounting officer in good time.

## 5.2 Sources of Funding

5.2.1 Funds and other resources for implementing the Programme shall be obtained from the following sources:

5.2.1.1 Government budgetary allocation through Ministries of Education, and other relevant ministries, agencies and parastatals at all levels.

5.2.1.2 Support from:

- International Development Partners
- Donor Agencies
- Civil Society Organizations (CSOs)
- Organized Private Sector
- Community
- Individuals and Philanthropists