



# **Federal Ministry of Education Nigeria**

## ***Implementation Guidelines on National School Health Programme***

---

### **For Further Information Contact**

Sports and Health Division  
Federal Ministry of Education  
Federal Secretariat Complex, Phase III  
Shehu Shagari Way, Maitama Abuja

**December, 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.

**Dr. (Mrs) Obiageli Ezekwesili, CFR**  
Minister of Education  
Federal Republic of Nigeria

## 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 of line 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 draft of this document note with thanks: State Ministry of Education and State universal Basic Education Boards (SUBEBs); IDPs like JICA, WHO and USAID/ENHANCE; and Professional 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.

**Dr. S.N. Akpam**

Director, Education Support Services

Federal Ministry of Education

Abuja, Nigeria

## Development Process

The process for the development of this Implementation Guidelines alongside the National School Health Policy was participatory involving stakeholder at national and state levels under the leadership of the Inter-departmental Committee on School Health, Safety and Environment constituted in FME. The Committee was charged by the Permanent Secretary of FME in 2004 to formulate this document.

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 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
- In-house critiquing of the draft document by the inter-departmental committee on School Health, Safety and Environment: February 2006
- Development of draft of the implementation guideline by technical team- March 2006
- Circulation of first draft for input from stakeholders at national and state levels: March – November 2006
- Finalization meeting for the Implementation Guidelines on the National School Health Programme: November 2006

The list of the stakeholders include: Representatives of Federal Ministries of (Education, Health, Environment, Water Resources, Agriculture & Rural Development, Information & National Orientation, etc.); Professional Associations of Health Education (National Paediatric Association, National Association Physical, Health Education and Recreation, Sports and Dance, Nigeria School Health Association); Civil Society Organizations (National Union of Teachers, National Association of Parents/Teachers Association of

Nigeria, Association of National Conference of Principals Secondary Schools and Conference of Primary School Head Teachers of Nigeria); State Ministries of Education and State Universal Basic Education Boards officials; and Representatives of Development Partners especially UNICEF, WHO, JICA and ENHANSE/USAID.

We cannot forget easily the collaborative posture of the core-stakeholders ministries of Health, Environment and water Resources. The UNICEF stands out for special commendation for sponsoring all the workshops/meetings of stakeholders and for providing technical support.

With the National School Health Policy and this Implementation Guidelines on National School Health Programme in place, it is hoped that all hands will be on deck to promote healthy learning school environment in Nigeria.

**Mrs. E.M. Oyinloye**  
Deputy Director, Sports and Health  
Federal Ministry of Education  
Abuja, Nigeria

## 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
FMEEnv	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

# Table of Content

Forward	ii
Acknowledgement	iii
Development Process	v
Acronyms and Abbreviations	vii
Table of Content	ix
<b>Chapter 1</b>	
<b>1.0 Healthful School Environment</b>	<b>1</b>
1.1 Introduction	1
1.2 Aim and Objectives	1
1.3 Elements / Components	2
1.4 Strategies for Implementation	6
1.5 Institutional Roles	7
<b>Chapter 2</b>	
<b>2.0 School Feeding Service</b>	<b>9</b>
2.1 Introduction	9
2.2 Aim and Objectives	10
2.3 Elements / Components	10
2.4 Strategies for Implementation	12
2.5 Institutional Roles	13
<b>Chapter 3</b>	
<b>3.0 Skill-Based Health Education</b>	<b>15</b>
3.1 Introduction	15
3.2 Aim and Objectives	15
3.3 Elements / Components	16
3.4 Strategies for Implementation	17
3.5 Institutional Roles	19

<b>Chapter 4</b>	
<b>4.0 School Health Services</b>	<b>21</b>
4.1 Introduction	21
4.2 Aim and Objectives	21
4.3 Elements / Components	22
4.4 Strategies for Implementation	29
4.5 Institutional Roles	29
<b>Chapter 5</b>	
<b>5.0 School, Home and Community Relationships</b>	<b>31</b>
5.1 Introduction	31
5.2 Aim and Objectives	31
5.3 Elements / Components	32
5.4 Strategies for Implementation	32
5.5 Institutional Roles	34

# CHAPTER 1

## 1.0 HEALTHFUL SCHOOL ENVIRONMENT

### 1.1 Introduction

A healthful school environment is that which embraces the health and safety of learners and other members of the school community. It is an essential factor in achieving the overall goals of the School Health Programme (SHP) because it has implications for all areas of school health. It attends to the physical and aesthetic surroundings, psychosocial climate and culture of the school community as defined in the National School Health Policy.

The factors that influence the physical environment include the school building and all the areas surrounding it including biological or chemical agents, the weather and other forms of pollution that affect learners and staff of the school community. Such agents include insects, pest and vectors, temperature and humidity, noise and lighting, etc. The psychosocial environment includes the interrelated physical, emotional and social conditions that affect the well-being and productivity of learners and staff of the school community.

### 1.2 Aim and Objectives

#### 1.2.1 Aim

The provision of safe and conducive learning, working and living conditions that optimize the organization of day-to-day experiences which influence the emotional, physical and social health of learners as well as other members of the school community so that maximum benefits from education can be achieved.

#### 1.2.2 Objectives

The objectives of the healthful school environment are:

- i. To provide a safe and conducive living and learning conditions that maximizes the benefits from educational programmes.
- ii. To promote healthy practices among learners and staff in order to prevent water and sanitation related illnesses and diseases.
- iii. To bring about positive changes in hygiene behaviour of learners and the community at large.

- iv. To provide safe recreational facilities in the school.
- v. To organize school health days.
- vi. To establish interpersonal relationships within the school community.
- vii. To encourage compliance with approved environmental health and sanitation standards for schools.

## **1.3 Elements / Components**

### **1.3.1 Location**

- i. The school must be located in a safe area, away from sources of noise and other forms of pollution such as factories, markets, airports, major highways and public motor parks.
- ii. The school shall have perimeter fencing with a gate for security purpose.
- iii. The school should be located in a well drained terrain.

### **1.3.2 Size**

- i. The school shall be large enough approximately, 1 hectare of land for a maximum of 500 learners is required.

### **1.3.3 Recreational Facilities and Equipment**

- i. Every school shall have playground and a large room for indoor activities such as Ludo, Draft, Scrabble, Chess e.t.c. for recreational purposes.
- ii. Playground in the school shall be clean and safe to avoid accidents, injuries and bites from reptiles.
- iii. The facilities must be adequate and properly located within the school i.e adequate space of not less than 2.5m away from fences, buildings, walls, walkways, tree branches and other obstruction.
- iv. The facility shall have a fall zone of about 2.00m in all directions from the perimeter of the equipment/facility installed within. The fall zone shall be a distance twice the height of the pivot point where applicable.
- v. The facility must be accessible to learners and other members of the school community.
- vi. The recreational facilities and equipment shall be properly maintained.
- vii. All equipment shall be properly stored and not left indiscriminately for the protection of learners.

- viii. Recreational activities which could be indoor and outdoor games, clubs and societies, gardening, crafts etc. should be provided in schools so that learners can be fully engaged during their leisure periods.

### **1.3.4 School Building**

- i. The school building must meet architectural standards and be learner and gender friendly. It must be well lit and ventilated. It shall also put into consideration the physically challenged learners.
- ii. Materials used for the construction of the building must meet approved standard.
- iii. Number of learners in the classroom shall be in line with the National Policy on Education (NPE).
- iv. The space between the teacher and the learners on the first row shall not be less than 2m.
- v. Buildings shall maintain 2.5m distances from one another.
- vi. A room should be provided for counselling services.
- vii. Appropriate desks and chairs should be provided in the classroom in line with NPE.

### **1.3.5 Sanitation Facilities**

#### **1.3.5.1 Water Supply**

- i. There shall be adequate supply of safe water for drinking, washing, cleaning and flushing of toilets. A water point should serve a maximum of 250 people.
- ii. The water source must be properly maintained by the school authority. In the case of new bore-holes/hand dug wells, sampling of water/analysis should be done quarterly for the first one year, thereafter yearly sampling should be done if no harmful substances are discovered. The school authorities should liaise with the State Water Agency/Corporation for the water sampling.
- iii. The location of the water source should be at least 30m from any soak-away / toilet.
- iv. Wash hand basins with soap and clean hand towels should be placed at strategic places within the school premises.

#### **1.3.5.2 Refuse Disposal Facilities**

- i. Adequate and sufficient number of rust resistant, water and rodent proof covered containers must be provided.

- ii. Where possible, incinerators, composting and land fill should be provided.

### **1.3.5.3 Toilet/Bath Facilities**

- i. The toilet facilities shall be gender sensitive for both learners and staff.
- ii. Constructed compartmentalized Ventilated Improved Pit (VIP) Latrines shall be promoted. Where appropriate, Water Closet (WC) facilities will be encouraged.
- iii. There shall be at least a toilet compartment for every 30 learners.
- iv. The school shall provide fitted urinal for boys.
- v. Adequate and separate bathrooms for males and females especially in boarding schools must be provided.
- vi. The toilet and bath must be kept clean, disinfected and controlled against pests.

### **1.3.5.4 Waste Water Management**

- i. Adequate and functional drainage system shall be provided to manage wastewater from bath, kitchen and surface run-offs.
- ii. Rainwater and surface run-offs may be collected for reuse.
- iii. Drainages shall be cleaned regularly, disinfected and covered.

### **1.3.5.5 Environmental Sanitation**

- i. Cleanliness of the school environment including the toilets, the kitchen, food stores and the classrooms is mandatory.
- ii. Drinking water must be covered and kept away from contamination.
- iii. Refuse must be collected using sanitary dustbin and kept at strategic locations around the classrooms and hostels. Refuse shall be disposed daily from the point of generation to the point of final disposal.
- iv. Sewage, storm and rainwater shall be properly managed and drained.
- v. Domestic animals at residential areas within the school premises must be adequately confined.
- vi. All refuse shall be properly disposed using appropriate sanitary methods.

### **1.3.6. Road Furniture/Safety**

- i. There shall be in place adequate road signs and markings on the roads leading to the schools. These should include informative, regulatory/warning signs and Zebra crossings at least 5km radius at 1km interval from school.
- ii. At least 5 speed breakers (at 1km interval) should be provided by Federal and States Ministries of Works and other line ministries, on the major or minor roads leading to the schools so as to help regulate the speed behaviour of motorists and other road users.
- iii. At school locations where the traffic density is appreciably high, overhead crossing facilities (i.e. flyovers) should be constructed by to help discourage risky road use behaviours.
- iv. School recreational facilities (e.g playgrounds/pitches) should be located as far away from the roads as possible in order to guard against children running into the roads without warning.
- v. Side rails or cross bars shall be fixed on school locations with high road traffic densities so as to promote organised crossing of the roads by the students/staff.
- vi. FME to explore systematic implementation of the 2005 National Council of Education approved road safety awareness programme in schools through the reproduction of the NERDC/NCE approved cartoon book for use in schools.

## **1.4 Strategies for Implementation**

### **1.4.2 Capacity Building**

Orientation of teachers and members of the school based management committee to effectively implement activities that will promote healthful schools environment. Such activities will include:

- i. Formation of functional school health clubs that address environmental health issues  
e.g.:
  - Pick the Litter Club (PLC)
  - Environmental sanitation monitoring
  - Sanitary inspection
  - Environmental awareness creation club etc. These clubs would sensitize other learners, create awareness and enforce compliance.
- ii. Organization of inter and intra school competitions on environmental sanitation
- iii. Organization of school health days:

- Activities to include health related essay writing, quiz and other forms of competitions.
  - General school cleanliness, songs, drama presentations including awards to the cleanest classroom/hostel competitions, debate etc.
- iv. Procurement and maintenance of environmental health facilities.

### **1.4.3 Partnership and Collaboration**

Relevant ministries, agencies, parastatals and departments at the three tiers of government as well as the organized private sector and the civil society shall collaborate with the education sector in the implementation of all aspect of healthful school environment. Such partners shall include but not limited to the following ministries / departments:

- i. Health
- ii. Water Resources
- iii. Environment
- iv. Information and National Orientation
- v. Housing and Urban Development
- vi. Works
- vii. Sports and Social Development
- viii. Women Affairs
- ix. National Planning Commission.

### **1.4.4 Advocacy and resource mobilization**

Political commitment, financial and technical support shall be enlisted from policy makers and other stakeholders at all levels for effective promotion of healthful school environment.

#### **1.4.4.1 Monitoring and Evaluation**

The monitoring and evaluation committees as constituted in the National School Health Policy at all levels will be responsible for the overall supervision, monitoring and evaluation of efforts towards healthful school environment. In doing so, the committee shall collaborate with relevant agencies in the inspection and enforcement of necessary sanctions as related to the following:

- i. Appropriateness of the location and size of the school
- ii. Availability of recreation facilities
- iii. Physical structures and buildings

- iv. Management of Water source
- v. Management of Sanitation facilities.

## **1.5 Institutional Roles**

The roles of the various institutions involved in the promotion of healthful school environment are as follows:

### **1.5.1 Federal and State Ministries of Education shall:**

- i. Advocate for routine sanitary inspection of schools.
- ii. Revise school curricular.
- iii. Support orientation of teachers and learners on the significance of the healthful school environment.
- iv. Facilitate pre- and in- service teacher training on hygiene promotion and sanitation.
- v. Ensure sustenance of school health clubs
- vi. Conduct operational research into various factors affecting the school environment.
- vii. In collaboration with the ministries of information create awareness on the importance of healthful school environment.
- viii. Monitor and evaluate the state of environmental sanitation in the schools.

### **1.5.2 Local Education Authority shall:**

- i. Inspect all schools regularly for compliance.
- ii. Collaborate with CBOs, SBMC and PTAs on healthful school environmental activities.
- iii. Render monthly report of healthful school environmental matters to the state government.

### **1.5.3 School Authority in collaboration with SBMC shall:**

- i. Coordinate all activities related to healthful environment in the school.
- ii. Encourage the formation of functional school health clubs.
- iii. Organize inter and intra school competitions on environmental sanitation.
- iv. Procure and maintain environmental health facilities.
- v. Collaborate with stakeholders to undertake environmental health projects (e.g. sinking boreholes, planting flowers) in the school.

## CHAPTER 2

### 2.0 SCHOOL FEEDING SERVICE

#### 2.1 Introduction

The link between nutrition and learning is well documented. Healthy eating patterns are essential for students to achieve their full academic potential, full physical and mental growth, and lifelong health and well-being. Healthy eating is demonstrably linked to reduced risk for mortality and development of many chronic diseases as adults. Schools have a responsibility to help students and staff establish and maintain lifelong, healthy eating patterns. Well-being and well-implemented school nutrition programmes have been shown to positively influence learners' eating habits.

A nutrition services programme includes a food service programme that employs well-prepared staff who efficiently serve appealing choices of nutritious foods; a sequential programme of nutrition instruction that is integrated within the comprehensive school health education curriculum and coordinated with the food service programme; and a school environment that encourages students to make healthy food choices.

In Nigeria, poor nutritional habit is usually attributable to poverty, lack of information on good diet and negligence on the part of food handlers and parents. Poor nutrition has also been shown to be an underlying cause for poor attendance, retention and achievement in education among children of school age.

Poor food handling and storage often lead to the presence of intestinal parasites in school children with serious implication for absorption and utilization of nutrients and the consequent poor growth and development.

The school feeding service is recognized as a strong means of improving enrolment, attendance, retention, completion and learning achievement among pupils, therefore to assist with the realization of Universal Basic Education (UBE) and attainment of Millineum Development Goals (MDGs) in Nigeria and to show government commitment to this cause, the Home-Grown School Feeding and Health Programme (HGSFHP) was launched in September, 2005 by the President of the Federal Republic of Nigeria.

## **2.2 Aim and Objectives**

### **2.2.1 Aim**

To provide learners with a daily supplementary adequate meal that will improve their health and nutritional status for effective and sound learning achievement.

### **2.2.2 Objectives**

The objectives of the school feeding service are to:

- i. Reduce hunger and malnutrition among learners
- ii. Enhance participatory learning
- iii. Contribute to increased school enrolment, attendance, retention and completion.
- iv. Serve as avenue for teaching basic hygiene and nutritional facts to learners.

## **2.3 Elements / Components**

The school feeding service shall provide one nutritionally adequate meal each school day for all school children. The meals shall be prepared from food items produced or sourced packaged, processed, stored and utilized locally. The realisation of the above will require the following services:

### **2.3.1 Nutritional Services**

A nutritionist/dietician from the ministry of health in collaboration with the SBMCs shall produce a daily menu that is culturally acceptable and locally sourced for school feeding service. Menu as indicated in the Committees work plan must meet with the minimum criteria of supplying at least one third (1/3) of the daily requirements of all major and micro nutrients for children. Basic food items available in the communities therefore, should be combined with leafy vegetables, fish or meat and vegetable oil. Apart from carbohydrate, the preferred diet should include other sources of protein other than fish and meat such as beans, soya beans, eggs, fresh milk, yoghurt, cocoa drink etc.

### **2.3.2 Feeding Services**

Each school shall have a standard well equipped kitchen. The kitchen shall be appropriately sited within the school premises with adequate:

- i. Provision of safe water
- ii. Provision of well ventilated store

- iii. Provision of functional freezer, refrigerator for perishable items
- iv. Provision of power supply
- v. Provision for safe waste disposal
- vi. Provision of school farms and gardens

The feeding should take place in the dining room / hall where the meals are served under the supervision of the teachers with the appropriate teaching on health habits.

### **2.3.3 Food Procurement Services**

SBMC should liaise with the farmers to establish a mechanism for coordinating and monitoring of procurement activities. As much as possible, food should be obtained by direct procurement and payment made to boost further food production. Purchase of foodstuff and other requirements should be done by at least three members of the SBMC on a rotational basis after a market survey would have been conducted by other members of the SBMC. This is to ensure transparency.

### **2.3.4 Food Inspection Services**

SBMC should ensure hygienic practices in the cooking and serving of the food which should be served hot at all times and Food Vendor/handlers have up-to-date certification.

The key elements of the school feeding service shall include:

- i. Food security: in terms of availability, accessibility, affordability and sustainability
- ii. Standardization of meals for different local environments
- iii. Food storage, preparation and service
- iv. Nutrition education and home economics
- v. Food procurement
- vi. Food sanitation, quality and pest control

## **2.4 Strategies for Implementation**

The strategies being employed is as contained in the national framework for the HGSFHP include home-grown, school-based and community driven

### **2.4.1 Local Procurement**

Reliance on locally produced and readily sourced food items in the communities is essential. Bulk purchased of food items should be undertaken during harvest season. The food items shall be

directly sourced and not contracted. Locally processed foods with NAFDAC approval could be utilised. School gardens, poultry farms fish ponds, orchards etc should be encouraged. Also donations of foods, utensils should be solicited from private organizations donor agencies and individuals.

#### **2.4.2 Advocacy, Sensitization and Mobilization**

This should be comprehensive, well planned and effective at all levels. Strategies include: use of print and electronic media, advocacy visits, stakeholder meetings etc.

#### **2.4.3 Training and Capacity Building**

A comprehensive training will be given to national, state, LGA and school level implementers. The National framework for implementation of the HGSFHP, the National Guidelines for School Meal Planning and Implementation and other training modules should be used for the training.

#### **2.4.4 Partnerships**

Strong linkages and partnerships shall be established between ministries of education and other relevant ministries, agencies, parastatals e.g. NAPEP, National Special Programme on Food Security (NSPFS), SMEDAN, NEPAD and development partners. In addition, the school and the SBMC shall establish partnership with farmers and cooperatives, and food vendors in their immediate community to facilitate local procurement of food stuff.

#### **2.4.5 Regular Monitoring and Evaluation**

Inspection and monitoring of the compliance of schools to standard food sanitation shall be undertaken jointly by the Monitoring and Evaluation committees and other relevant agencies at all levels and led by the Inspectorate services. Standardized checklists and schedules shall be used.

### **2.5 Institutional Roles**

#### **2.5.1 Federal and State Ministries of Education shall:**

- i. Collaborate with other ministries, agencies, parastatals and organizations responsible for driving the process nationally in setting standards, coordination, advocacy, capacity building, monitoring and evaluation of the school feeding service.
- ii. Ensure quality control in the implementation of the feeding service

- iii. Ensure prompt release and judicious utilization of all statutory allocations meant for school feeding as provided in the 2004 UBE law.
- iv. Encourage the formation and operation of young farmers clubs (YFC) in schools

### **2.5.2 Federal and State Ministries of Agriculture & LGA Departments shall:**

- i. Advocate for necessary political support for the service at all levels
- ii. Assist with sourcing of fertilisers to boost agricultural produce for the school feeding service
- iii. Coordinate the efforts of farmers to channel and network of farm produce to areas of need
- iv. Establish storage facilities for excess grains produced e.g. silos, barns
- v. Promote agricultural practices in schools
- vi. Make available the services of agriculture extension staff to schools
- vii. Provide support to the operation of YFC – simple hand tools
- viii. Supply improved farm inputs for crop and animal farming in schools

### **2.5.3 Local Government Education Authority shall**

- i. Support routine inspection of school to ensure that food sanitation is maintained including safe drinking water and washing of utensils
- ii. Address any issues arising from school feeding service with members of school community and SBMC
- iii. Support schools in the planning, budgeting, and utilization of resources for school feeding service

### **2.5.4 School Authority in collaboration with SBMC shall:**

- i. Ensure regular provision of adequate daily meal
- ii. Coordinate all activities related to school feeding services
- iii. Encourage the formation of functional young farmers club
- iv. Report outbreak of any disease in the school to the relevant authorities
- v. Ensure that nutrition education complement school feeding services

## CHAPTER 3

### 3.0 SKILL-BASED HEALTH EDUCATION

#### 3.1 Introduction

Health Education has been a curricular subject in Nigerian schools for decades, taught at various times as hygiene education; health science; health education; or combined as physical and health education. Despite its long years as a curricular subject, its effectiveness in influencing knowledge, attitude and behaviour on health has remained a source of concern. Some of the identified limitations to effective delivery of health education in Nigerian schools were:

- i. Dearth of health education teachers
- ii. Lack of appropriate and adequate teaching aids
- iii. Less attention paid to application of skills development as opposed to instructional method of impacting knowledge
- iv. Absence of adequate facilities for teaching and learning of health education.

#### 3.2 Aim and Objectives

##### 3.2.1 Aim

To provide a sequence of planned and incidental learning experiences capable of equipping learners with adequate skills to take appropriate decisions and actions that will promote their health.

##### 3.2.2 Objectives

The objectives of skill - based health education are to:

- i. Provide basic information about health issues to learners
- ii. Develop life skill-based learning experience to influence the development of desirable health habits and discourage unhealthy practices.

#### 3.3 Elements / Components

The guidelines for proper implementation of the policy include the following critical factors:

- i. The Curriculum (teachers and pupils activities)
- ii. Teaching-Learning Materials (supplies and development)

- iii. Infrastructure – classroom, lockers and chairs, laboratory/designated rooms for practical, toilets and water points
- iv. Personnel - Health education teachers, other trained support staff.

### **3.3.1 The Curriculum**

- i. The teaching and learning of health education shall be skill-based to enhance positive health attitude and practice
- ii. The curriculum shall be adapted to the different age groups, background, culture and beliefs of the learners
- iii. Uniform curriculum shall be implemented nationwide for each level of the education system.

### **3.3.2 Teaching-Learning Materials Development**

- i. Appropriate teaching-learning materials such as textbooks, teachers guide, learners workbook shall be developed for all levels
- ii. Teaching-Learning materials shall be distributed to end users nationwide
- iii. IEC materials such as fliers, posters, charts and story books shall be developed and distributed to schools
- iv. Teachers of health education shall be encouraged to improvise Teaching-Learning materials.

### **3.3.3 Infrastructure**

- i. Facilities and equipment which encourage appropriate skills development shall be provided – classroom, lockers and chairs, laboratory/designated room for practical, toilet and water point
- ii. Effective utilization of available facilities and equipment shall be emphasized in line with approved minimum standard for schools
- iii. Proper maintenance mechanisms of the facilities and equipment shall be put in place.

### **3.4.4 Personnel**

- i. In line with the National Policy on Education, these guidelines shall insist on NCE as the minimum qualification for a health education teacher

- ii. The training institutions for health education teachers shall be encouraged to incorporate life skills in their curricula
- iii. The Teacher-Learner ratio shall be in line with the approved minimum standard
- iv. Other trained professionals shall give support to skill-based health education.

### **3.4 Strategies for Implementation**

The key strategies for achieving meaningful skill-based health education in schools are:

- i. Advocacy
- ii. Capacity Building
- iii. Social/community mobilization
- iv. Information, Education and Communication
- v. Assessment and Supervision

#### **3.4.1 Advocacy**

- i. Advocacy to policy makers in training institutions to incorporate skill-based health education in the curriculum
- ii. Advocacy to states and LGAs on recruitment of health education teachers, provision of facilities, equipment and materials
- iii. Advocacy to CBO and FBO to support skill-based health education in schools

#### **3.4.2 Capacity Building**

- i. There shall be provision for pre and in-service training for health education teachers
- ii. Health education infrastructure shall be improved by maintaining existing and providing new ones.

#### **3.4.3 Social/Community Mobilization**

- i. Motivate the school community for active participation in skill-based health education programmes. Through activities (drama on dangers on drug abuse, family life education) and incentives that can enhance healthy living.
- ii. Motivate the neighbourhood community for active participation in skill-based health education programmes. Creating awareness on benefits of healthy living such as health talk, ensuring environmental sanitation, provision of toilet facilities etc.

### **3.4.4 Information, Education and Communication**

- i. Develop IEC and support materials – fliers, posters, story books etc.
- ii. Dissemination of IEC material to schools and NFE centres by MOE, SUBEB and IDPs.
- iii. Development of dialogue guide for the IEC materials by communication experts.

### **3.4.5 Assessment and Supervision**

In the Skill-based Health Education programme, a plan must be developed to assess achievement of the desired outcomes. The procedure would involve quantitative assessments such as written tests and inventories; and qualitative assessment such as direct observation and practical tests. The practical test will focus on the ability of learners to utilize health education equipment and demonstrate taught skills

## **3.5 Institutional Roles**

### **3.5.1 Federal Ministry of Education (FME)**

The FME shall strengthen the Health Education Division in order to enable it perform the following functions relevant to skills-based health education:

- i. coordinate the design, development and distribution of skill-based health education teaching-learning materials in the country;
- ii. give technical support and distribute skills based health education guidelines to all levels;
- iii. develop human resources for skill-based health education at all levels
- iv. promote intra and inter-sectoral collaboration by establishing relevant fora for effective skill-based health education
- v. ensure that delivery of skill-based health education is in conformity with this policy, and the National Health Policy
- vi. coordinate all activities of line ministries and other stakeholders to ensure effective implementation of this policy
- vii. monitor and evaluate infrastructure, materials, personnel and maintain database
- viii. establish health instruction networking systems e.g. newsletters, health instruction forum, attending local and international meetings for sharing of experiences and exchange of information at both national and international levels

- ix. mobilize resources from various sectors such as government, NGO's, donor agencies, community and other sources for supporting skill-based health education activities in the country

### **3.5.2 Universal Basic Education Commission**

- i set the standards on learners performance
- ii collaborate with FME to monitor and evaluate the skill-based health education programme.

### **3.6.2 State Governments**

- i. Advice and support LGAs on the implementation of skill-based health education activities such as environmental sanitation, house to house inspection and immunization programmes
- ii. Implement decisions made by the FME Health Education Division relating to skill-based health education issues.
- iii. Ensure that skill-based health education delivery in the State is in accordance with the National Policy on School Health.
- iv. Conduct seminars and workshops on skill-based health education for teachers at various levels.
- v. Support schools in the designing, pre-testing and production of culturally acceptable IEC materials.

### **3.5.4 State Universal Basic Education Boards**

Collaborate with SME for monitoring and evaluation of skill-based health education activities.

### **3.5.5 Nigeria Educational Research and Development Council**

- i. Review and update periodically the skill-based health education curriculum
- ii. Assist in designing and development of skill-based health education materials.
- iii. Cooperate with the FME School Health Division in establishing skill-based health education networking system including production of needed texts and other print materials.

# CHAPTER 4

## 4.0 SCHOOL HEALTH SERVICE

### 4.1 Introduction

The WHO's Expert Committee on Comprehensive School Health Education and Promotion notes that "to learn effectively children need good health." Good health supports successful learning and successful learning supports good health.

School Health services as an essential component of effective school health program ensure that children are healthy and able to learn at all times. It is an essential component for achieving "Education for All" (EFA) inclusive of children with special needs.

School Health Services are preventive and curative services provided for the learners and staff within the school setting. 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.

School health services are provided by the physicians, dentists, school health nurses, teachers and other appropriate personnel to appraise, protect and promote the health of members of the school community.

### 4.2 Aim and Objectives

#### 4.2.1 Aim

Aim of school health services is to make the school a healthy setting for living, studying and working.

#### 4.2.2 Objectives

- i. To promote optimal health within the school setting of all persons in schools
- ii. To prevent diseases among all persons in schools
- iii. To promote healthy growth and development in all school learners.
- iv. To promote early detection of defects and diagnosis of diseases amongst all in school.

- v. To provide prompt treatment for diseases and injuries occurring among all persons in schools
- vi. To provide referral and follow-up services in schools
- vii. To ensure effective counselling services for all learners, staff and parents/guardian when necessary.
- viii. To promote effectiveness of the school feeding service (see chapter 2)

### 4.3 Elements / Components

The school health service centre should be sited in the school premises to serve the school or not more than 10 primary and secondary schools clustered within 15 minutes walk. The service centre must be easily accessible and designed to eliminate or diminish barriers to care for students and to participation by parents or guardians.

The centre must operate everyday during school/boarding hours. Hours of duty must be:

- vi. Convenient to learners and staff and include some hours before and after school for day schools
- vii. Allow parents and guardians who wish to participate in the care of their child
- viii. To the maximum extent possible permit scheduled appointments that do not unnecessarily interrupt the student's classroom time.
- ix. The centre must provide services to students in a manner which ensure the students and his/her family's right to privacy.

The minimum requirement for setting up a school health centre

- i. A space as wide as classroom for 30 - 50 students to be partitioned into
  - A waiting room
  - Private examination room
  - A treatment/observation room with a minimum of 2 beds
  - Bathroom and toilet facility
- ii. Provision of safe water – eg. solar powered bore hole or well
- iii. Provision of a functional refrigerator – powered by kerosene, solar or electricity as appropriate

- iv. Constant and regular supply of drugs and consumables according to the prevailing diseases in the community. Drugs should be provided according to the essential drug list.
- v. Provision of regular power supply – either electricity or solar
- vi. Provision of means of sterilisation of equipments and instruments
- vii. Provision of safe disposal of medical waste.
- viii. Constant and regular supply of stationeries for proper record keeping
- ix. Provision of adequate health record keeping system like record card, computer system etc.
- x. Provision of transportation to referral centres/ visits to school clinic if located elsewhere

#### **4.3.1 Pre-entry Medical and Dental Screening**

This will assist with the evaluation of the health status of a child prior to entering school; that is, before commencing primary, secondary and tertiary education. A pre – employment medical/dental examination should also be conducted for all other members of the school community including food handlers. Pre – entry medical screening should be done by trained health personnel.

##### **Purpose:**

- i. To make a comprehensive appraisal of the child’s health status.
- ii. To discover defects
- iii. To give valuable information to parents and school personnel
- iv. To provide professional counsel for any existing deviation
- v. To indicate the extent to which school health programme should be modified to benefit the child
- vi. To determine the fitness of the child to participate in the school programmes

Pre-Entry Medical and Dental Screening shall include:

- i. physical examination
- ii. mental health examination
- iii. dental examination
- iv. visual and hearing screening, and
- v. Laboratory investigations – genotype and blood group, urinalysis, stool microscopy, heamatocrit, mantoux, typhoid screening

### **4.3.2 School Health Record**

A record keeping system provides for consistency, confidentiality and security of records in documenting significant health information and the delivery of health care services.

Pre-entry health form containing essential health information supplied by parents and primary health care giver must be filled and submitted to the school health centre. Information from the pre-entry form must be put in the health record card for the child.

A health record file or exercise book should be provided for each learner when he enters school for the first time (primary or secondary school). The health information goes with the learner from class to class. If the learner transfers to another school the original should go with him and the duplicate should be retained by the original school.

The health record should contain-

- i. personal and family history
- ii. history of past illnesses/hospitalization with relevant information on treatment received and whether follow-up is necessary and being carried out
- iii. records of immunisation
- iv. records of screening tests
- v. Records of heights and weights taking at regular intervals. This will help in appraisal of rate of physical development of each child.
- vi. Results of teacher's routine observations.

It must be ensured that records contain sufficient information to justify the diagnosis and treatment and accurately document all health assessments and services provided to the student. Each entry into the student's record must be dated and authenticated by the staff member making the entry indicating name and title.

### **4.3.3 Routine Health Screening and Examination**

This is to be done for all members of the school community.

This shall include:

#### **4.3.3.1 Teacher's observation of the child.**

The main purpose of teacher's health observation is to enable early identification of those children who requires special attention. Also, to measure some simple parameters, this can be used as indices for evaluating the health status of the learners. A teacher should be trained to be observant and recognize symptoms of common ailments. The specific procedure to be carried out by the teachers includes:

- i. Periodical inspection of the learners to assess their general cleanliness and detect discharging ears/eyes, squints, unusual colour of eyes, inability to see the black board, inability to hear or read properly as appropriate for age and skin rashes. It also includes early detection of tooth decay and bad breath. Learners observed with such ailments as above should be referred to the school health centre.
- ii. Measuring the heights and weights of children at the beginning of every school term. Results must be sent to the school health clinic within 48hours of measurements for recording into the child health records file.
- iii. Periodical observation by the teacher should be carried out at the beginning of every term.

#### **4.3.3.2 Professional screening:**

- i. Visual screening to be done periodically at the school health services centre at the beginning of every session. The visual acuity test should be done in a well illuminated room using the Snellen chart. Each eye is tested separately. Any child with squinting, tilting of the head, and visual acuity of less than 6/9 in one or both eyes should be referred to the specialist.
- ii. Hearing screening to be done periodically at the school health services centre at the beginning of every session. The pure tone audiometer will be used for assessing hearing acuity. This test acuity at tones of various frequencies (pitches) over a wide range of intensities (loudness). Children with diagnosed hearing loss are referred to the specialist.
- iii. Dental/oral health screening to be done as a preventive and appraisal measure every six months at the school health services centre by a dentist. The oral examination, especially the DMF (Decayed, Missing and Filled teeth) index should be recorded into health record file. Those identified with oral health problem should be referred.
- iv. Regular de-worming exercise should be done at least once every 3 months

- v. Routine immunization and missed opportunities. In addition provision of booster doses of relevant vaccines
- vi. Food supplementation. eg. Vitamin A supplementation

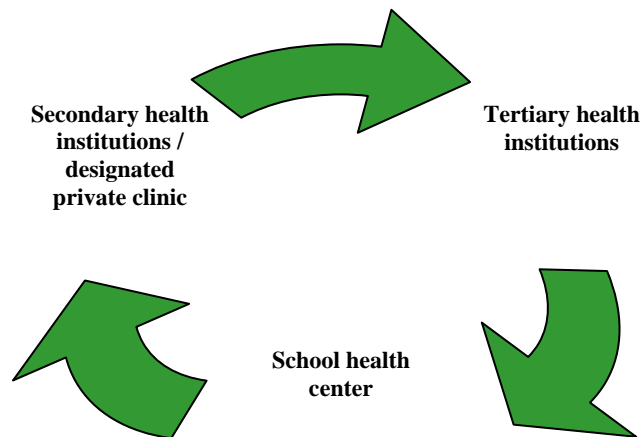
The School Health nurse is to report on these activities to the school authorities, SBMC and PTA.

#### 4.3.3.3 First-Aid/Emergency Preparedness

- i. teachers and learners shall be trained in first aid
- ii. provision of a standard first aid boxes with the following contents: iodine, crepe bandage , plaster, cotton wool, small scissors, paracetamol, gauze, gentian, glucose etc

#### 4.3.3.4 Referrals

- i. Pre-identified (near-by) health facilities should be used.
- ii. Provision of pre-identified means of transportation



#### 4.3.3.5 Special Needs Integration Services

This refers to adequately catering for children with special needs/disabilities e.g. Provision of walkways for wheelchairs

#### 4.3.3.6 Counselling

There shall be fulltime counsellors in schools to offer counselling services to the school community and parents in all areas of living. This should be done in a private room which is counselee-friendly. Counselee can be self referred or referred by teachers. Learners should be encouraged to see the counsellor as a matter of routine. Counsellor should also arrange to counsel every learner at least once during the school year.

## **4.4 Strategies for Implementation**

The key strategies for implementing school health services shall include:

### **4.4.1 Advocacy and Coordination**

- i. Advocacy to States, LGAs, PTAs, communities, development partners etc. on health services in the school community
- ii. Formulation of health related policies in schools – this refers to rules of practice e.g. prohibition of smoking and substance abuse in schools,
- iii. Strengthening of existing coordinating mechanisms at all levels of government for school health services

### **4.4.2 Capacity Building**

- i. Training of teachers and other categories of staff on medical and dental health screening and examination
- ii. Orientation of health workers to support school health services
- iii. Provision of health service facilities in schools or for use by schools by relevant authorities

### **4.4.3 Control of Communicable Diseases**

- i. Exclusion of children with contagious diseases from the larger body of children
- ii. Insisting to parents/guardians that children get fully immunized
- iii. Closure of school in times of severe outbreak of infectious diseases

### **4.4.4 Partnerships**

- i. The different stakeholders at all tiers of government shall collaborate and play their key roles in areas of comparative advantage, to ensure implementation of school health services.
- ii. Public and private sector partnership for the implementation of school health services should be explored

### **4.4.5 Monitoring and Evaluation**

Monitoring and Evaluation of school health services should be carried out by each school, LGA, State and at Federal Levels. There is a need of monitor and determine effectiveness of school health

programme/health instruction and how the programme has improved the health status of the children/school community through the measurement of its progress and the extent to which the health objectives of the school are being achieved.

The following could be done:

- i. Impact of services/activities carried out on the school community
- ii. Impact on learners' attendance/absenteeism in school etc.
- iii. Effectiveness of services provided

Usually M & E is done using measurable parameters i.e. forms/questionnaires to get essential data. See sample Annex 2 title "School Health Programme Evaluation Scale"

## **4.5 Institutional Roles**

### **4.5.1 The Federal Ministry of Health shall:**

- i. Ensure that all schools comply with the standards of providing school health services
- ii. Encourage States and LGAs to comply with provisions in this policy guidelines
- iii. Provision of manuals of implementation /policy guideline
- iv. Provision of teachers observation training manual
- v. Provision of stationeries
- vi. Provision of regular power supply
- vii. Provision of essential drugs
- viii. Participate in planning implementation, monitoring and evaluation of all School health services activities

### **4.5.2 State Governments - State ministry of health and education and other ministries that are stakeholders in the implementation of the programmes e.g. water resources, agriculture, environment, youth and sports**

- i. Monitor the implementation of school health services
- ii. Provision of staff for the school health centres.
- iii. Monitor LGAs to ensure compliance with this policy guidelines
- iv. Render annual reports of school health services programmes to the FMOH
- v. Provision of water and sanitation facility – Ministry of water resources and environment

- vi. Provision of stationeries
- vii. Provision of essential drugs.
- viii. Fund activities contributing to health outcomes such as immunizations
- ix. In collaboration with State Ministry of Education participate in planning implementation, monitoring and evaluation of all School health services activities
- x. Provision of means of transportation for referral

#### **4.5.3 LGAs shall:**

- i. Shall implement this policy guidelines
- ii. Collaborate with CBOs, PTAs and other stakeholders in school health service activities
- iii. Render monthly report on school health services to the State
- iv. Participate in planning implementation, monitoring and evaluation of all School health services activities
- v. Provision of First Aid boxes
- vi. Provision of means of transportation for referral

# CHAPTER 5

## 5.0 SCHOOL, HOME AND COMMUNITY RELATIONSHIPS

### 5.1 Introduction

Schools operate within communities, which comprise of individuals, groups and institutions. Learners and staff in schools come from homes located in the communities. Therefore, teachers, community leaders, religious and social institutions, voluntary agencies, health workers, social workers, parents and school children should all be involved in promoting school, home and community relationship, through collaboration efforts.

### 5.2 Aim and Objectives

#### 5.2.1 Aim

The aim of school, home and community relationship shall be to integrate their various efforts to promote the health of the school community.

#### 5.2.2 Objectives

The objectives of school, home and community relationships are:

- i. To provide detailed ways of solving problems that inhibits cordial school, home and community relationship
- ii. To encourage community members to participate actively in school health programme implementation
- iii. To promote environmental and behavioural change among members of the school and the neighbourhood community
- iv. To promote relationships between school staff, parents and other members of the community.
- v. To reinforce relationships between parents and learners

### 5.3 Elements / Components

The following elements are critical in forging relationship among the school, home and community.

### **5.3.1 Access and Infrastructure**

- i. Parents and members of the neighbourhood community can be involved in providing access road and other infrastructure to enhance the welfare of the learners and school community
- ii. School policies
- iii. Discipline and reward
- iv. Learning activities and materials
- v. Recreation and safety
- vi. Medium of communication like meetings etc

### **5.3.2 School Based Policies on Community Relationship**

- i. Home visits by school health personnel
- ii. School visits by parents and community members
- iii. Dissemination of information from the school to the home through the learners
- iv. Effective dissemination of health information from the schools to the homes and communities through health talks at different fora.
- v. Regular health visits to schools by health personnel in the community

## **5.4 Strategies**

In achieving home, school and community relationships, the following strategies shall be adopted:

### **5.4.1 Social Mobilization**

- i. Schools shall involve the homes and communities when formulating school health policies as collaborators in its implementation
- ii. Mobilize community resources in the design and execution of school health projects
- iii. Human and material resources in the community shall be mobilized to achieve the objectives of school health programme e.g using artisans and professionals from the community in executing school projects as well as available local materials
- iv. The home and community members shall be agents for communicating observed health needs and problems of the learner/school to appropriate authority for necessary action
- v. Cordial relationship between the school, home and community shall be maintained through school and home visits

### **5.4.2 Participation**

- i. The home and community shall be involved in decision making on matters relating to the health of the school community through stakeholders meetings
- ii. Parents shall be encourage to participate in school-based management activities as members of PTA executive and school-based management committee in charge of various schools projects activities
- iii. The school community shall encourage schools to participate in community health projects e.g. environmental sanitation programmes.

### **5.4.3 Capacity Building**

- i. School and community health personnel shall be given orientation by resource persons in the skills for handling school health matters
- ii. The teaching and practice of appropriate health behaviours should be introduced early at home and school
- iii. School staff, parents and community members shall be role models to the learners
- iv. The skill-based health education curriculum for schools shall contain health related activities involving learners and families.

## **5.5 Institutional Roles**

For effective implementation of school, home and community relationship, there is need for inputs from various stakeholders. The following roles shall apply:

### **5.5.1 Ministry of Education**

- i. Shall enforce policy guidelines that will enhance school, home and community relationship by setting standard rules of practice
- ii. Shall supervise and monitor the effective implementation of the set rules relationships among school, home and community so as to ensure harmony.

### **5.5.2 Ministry of Health**

- i. Ensure regular visits to schools for the purpose of appraising the health status of learners.
- ii. Carry out routine immunization of member of the school community.

- iii. Alert the school community of any epidemic and take steps to prevent the infection of learners.
- iv. Prepare and present health talks on topical issues.
- v. Facilitate the provision of health services to school community members
- vi. Serve on the school-based management committee.

### **5.5.3 Local Government**

- i. Provide health facilities for the use of the school community
- ii. Provide fund for specific school health projects
- iii. Create awareness about health matters in the community
- iv. Support the school, home and community relationship.

### **5.5.4 The school**

- i. Create learner friendly environment
- ii. Liaise with parents on health and academic needs of learners
- iii. Participate in community Health Projects
- iv. Provide counselling service.

### **5.5.5 School-Based Management Committee**

- i. Collaborate with the school in the implementation of school health programme
- ii. Supervise the use of health facilities within the school
- iii. Support community health projects
- iv. Be a link between the school, home and community

## Annexes

### SCHOOL SANITATION INSPECTION FORM FEDERAL MINISTRY OF EDUCATION

STATE..... LGA..... DISTRICT.....  
 NAME OF SCHOOL.....  
 Type of School (Nursery-Primary/Secondary) .....  
 Name of Principal/Head Teacher .....  
 Name of person Environmental Health Officer.....

#### Instruction for Sections A – C

- i. For each item assessed tick under A, B or C based on the guide below:
  - A. If the item is adequate
  - B If the item needs minor corrective action
  - C. If the item needs major corrective action
- ii. If B or C is ticked, indicate corrective action required by completing the column on remarks
- iii. For section C, provide a brief summary of inspection, highlighting significant findings and recommendations.

#### Section A: External Inspection

Item	Description	A	B	C	Remarks
1	Area large enough				
2	Ground well kept				
3	Presence of tall trees				
4	Are there any disused material				
5	Presence of excavations including defective septic tanks				
6	Presence of stagnant water				
7	Presence of visual barriers obstruction				
8	Recreational equipment properly installed and in good repair and with adequate fall zones.				
9	Maintenance records available and up date				
10	Well maintenance fence and gate.				

### Section B: Internal Inspection of School Building

Item	Description	A	B	C	Remarks
1	Floor				
2	Wall				
3	Roof and Ceiling				
4	Passage and stair ways				
5	Classrooms				
6	Toilet accommodation				
7	Bathroom accommodation				
8	Kitchen, food handlers/vendors trained and certified?				
9	Water supply				
10	Refuse disposal				
11	Excreta disposal				
12	Health post/First Aid Box				

### Section C: Internal Inspection of Hostel Building

Item	Description	A	B	C	Remarks
1	Floor				
2	Wall				
3	Roof and ceiling				
4	Passage and stairways				
5	Emergency evacuation plan available and displayed				
6	Dormitories/Hostels				
7	Toilet accommodation				
8	Bathroom accommodation				
9	Kitchen, food handlers/vendors trained and certified				
10	Water supply				
11	Refuse disposal				
12	Health post/First Aid box				

# FEDERAL MINISTRY OF EDUCATION, NIGERIA

## School Health Record

**Name of Learner** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Medical History** \_\_\_\_\_

**Pertinent Family History:** \_\_\_\_\_

**Current Health Issues**

<b>Y</b>	<b>N</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies: Please list: Medication _____, Food _____, Other _____
<input type="checkbox"/>	<input type="checkbox"/>	History of Anaphylaxis to _____ Epi-Pen Yes No
<input type="checkbox"/>	<input type="checkbox"/>	Asthma: Asthma Action Plan Yes No (please attach)
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Type I Type II
<input type="checkbox"/>	<input type="checkbox"/>	Seizure disorder _____
<input type="checkbox"/>	<input type="checkbox"/>	Others (please specify) _____

**Current Medications (if relevant to the student's health and safety).** *Please circle those administered in school: a separate medication order form is needed for each medication administered in school.*

**Physical Examination** **Date of Examination** \_\_\_\_\_

Height: \_\_\_\_\_ (\_\_\_\_%) Weight \_\_\_\_\_ (\_\_\_\_%) BMI \_\_\_\_\_ (\_\_\_\_%)  
*Check=Normal / If abnormal, please describe.)*

<input type="checkbox"/>	General _____	<input type="checkbox"/>	Pallor _____
<input type="checkbox"/>	Jaundice _____	<input type="checkbox"/>	Deformities _____

**Screening (To be done by school nurse)**

	Pass	Fail		Pass	Fail		Pass	Fail
Vision: Right Eye	<input type="checkbox"/>	<input type="checkbox"/>	Hearing: Right Ear	<input type="checkbox"/>	<input type="checkbox"/>	Postural Screening	<input type="checkbox"/>	<input type="checkbox"/>
Left Eye	<input type="checkbox"/>	<input type="checkbox"/>	Left Ear	<input type="checkbox"/>	<input type="checkbox"/>	(Scoliosis / Kyphosis/ Lordosis)		

This student has the following problems that may impact his/her education experience:

<input type="checkbox"/>	Vision	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Speech / Language	<input type="checkbox"/>	Fine/Gross Motor Deficit
<input type="checkbox"/>	Behaviour	<input type="checkbox"/>	Emotional / Social			<input type="checkbox"/>	Others

Comments / Recommendations: \_\_\_\_\_

**Y**  **N.** This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: \_\_\_\_\_

**Y**  **N.** Immunization are complete: If no give reason: Please attach NPI Immunization Card.

\_\_\_\_\_  
 Signature of Examiner \_\_\_\_\_  
 Name of Examiner

\_\_\_\_\_  
 Address of the Examiner

## IMMUNIZATION CARD

Name of Learner: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:      Female                  Male

<b>Hepatitis B</b>	1	
	2	
	3	
<b>Diphtheria, Tetanus, Pertussis</b>	1	
	2	
	3	
	4	
<b>Yellow Fever</b>	1	
	2	
<b>Cerebro-Spinal Meningitis (CSM) Vaccine</b>	1	
<b>Oral Polio Vaccine (OPV)</b>	0	
	2	
	2	
	3	

Name of Doctor / Nurse: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature : \_\_\_\_\_

### SCHOOL ADMINISTRATIVE DATA

1. Name of school: .....
2. Ownership:                                  Govt.( )                          Private ( )
3. School population  
 (i) Total no. of children ( )                  male ( )                  female ( )  
 (ii) Teaching staff                  ( )  
 (iii) Non teaching staff ( )
5. Who teaches health education?  
 (i) Class teacher                                  Y/N  
 (ii) Health education teacher                  Y/N
6. School has –  
 (i) a school health committee                  Y/N

- |       |  |     |
|-------|--|-----|
| (ii)  | a trained first aid administrator                          | Y/N |
| (iii) | a functional PTA/ SBMC                                     | Y/N |
| 7.    | Extra-curricular activities organized in the last one year |     |
| (i)   | Inter-house sports competition                             | Y/N |
| (ii)  | Inter-school sports competition                            | Y/N |
| (iii) | Excursions   | Y/N |
| (iv)  | Drama  | Y/N |
| (v)   | Debates  | Y/N |

## HEALTH CARE SERVICES

- |    |  |     |
|----|--|-----|
| 1. | Are there any of these personnel for School Health Services?                     |     |
| a. | Trained first aider / teachers   | Y/N |
| b. | Nutritionist   | Y/N |
| c. | Nurse/Midwife/Health Sister  | Y/N |
| d. | Doctor   | Y/N |
| 2. | Is the report of any of the following appraisals available in the school?        |     |
| a. | Routine inspection (Teachers' observation)                                       | Y/N |
| b. | Screening tests to detect growth defects, handicapping disease                   | Y/N |
| c. | Routine medical exams for staff and pupils                                       | Y/N |
| d. | Referrals to health centre/hospitals   | Y/N |
| e. | Supervision of health of handicapped   | Y/N |
| 3. | Are there system for caring for emergency illness/injury?                        |     |
| a. | First aid treatment given  | Y/N |
| b. | Treatment given recorded (if referred, referral copy given)                      | Y/N |
| c. | Notification of parents immediately  | Y/N |
| d. | Convey child home after treatment has been given                                 | Y/N |
| 4. | Is there School nutrition program in the school?                                 | Y/N |
| 5. | Is there any visit by the health workers to the school in the last one year? Y/N |     |
| 6. | When was the last visit?   |     |
| a. | This term  | Y/N |
| b. | Last term  | Y/N |
| c. | Last Year  | Y/N |

## List of Contributors

### Academia

- |                        |  |
|------------------------|--|
| 1. Dr. O. A. Moronkola | University of Ibadan, Oyo State, Nigeria                   |
| 2. Prof. Tr. Okafor    | University of Nigeria, Nsuka, Enugu State                  |
| 3. Dr. O.O. Oyerinde   | University of Ilorin, Kwara State                          |
| 4. Dr. D.O. Dike       | University of Nigeria, Nsuka, Enugu State                  |
| 5. Dr. Bob Uzoalar     | College Of Education, Nsugbe, Anambra State                |
| 6. Dr. Bose Toma       | Jos University Teaching Hospital, Jos, Plateau State       |
| 7. Dr. Abiola Oduwole  | Lagos University Teaching Hospital, Idi-Araba, Lagos State |
| 8. Dr. Bode Kayode     | University of Ilorin, Kwara State                          |

### Professional Organization

- |                     |   |
|---------------------|---|
| 1. Dr. O. Okuneye   | Science Teachers' Association of Nigeria                  |
| 2. Dr. E. Morakinyo | National Assoc of Phy., Health Educ, Recr. Sports & Dance |
| 3. Prof. Fawole     | National School Health Association                        |
| 4. Mal. M.O. Zakari | National Parents Teachers Association of Nigeria          |
| 5. Dr. N.C. Nennaya | Omega Dental Associate                                    |

### International Development Partners

- |                            |   |
|----------------------------|---|
| 1. Dr. Jim Ackers          | Basic Education Section, UNICEF Abuja     |
| 2. Dr. Tajudeen Oyewale    | Basic Education Section, UNICEF Abuja     |
| 3. Dr. Benedicta Aguisiobo | ENHASE / USAID Abuja                      |
| 4. Mr. Ayandele            | Japanese International Cooperation Agency |
| 5. Dr. Taiwo Oyelade       | World Health Organization (WHO)           |

### Line Ministries, Agencies and Parastatals

- |                     |  |
|---------------------|--|
| 1. Mrs. E.A. Ugoh   | Federal Ministry of Water Resources, Abuja     |
| 2. Dr. Tunde Segun  | Federal Ministry of Health, Abuja              |
| 3. Mrs. A.O. Etta   | Federal Ministry of Health, Abuja              |
| 4. Mrs. E.O. Eze    | Federal Ministry of Environment, Abuja         |
| 5. Dr. D.O. Okolo   | Federal Ministry of Agric. & Rural Development |
| 6. Mr. B. Onwudinjo | Federal Road Safety Commission                 |

### Federal Ministry of Education & Parastatal

- |                       |                       |
|-----------------------|-----------------------|
| 1. Dr. Lami Amodu.    | 2. Mrs. E.M. Oyinloye |
| 3. Mallam I.I. Audu.  | 4. Mr. I.O. Madu      |
| 5. Mr. Dada J.J.      | 6. Mrs. C.B. Akaeze   |
| 7. Mr. A.O. Fayemi    | 8. Mrs. H.O. Ogunsina |
| 9. Mr. A. A. Fabiyi   | 10. Dr. Ukoh          |
| 11. Mr. J.O.G. Alabi  | 12. Mrs. Mute Gadim   |
| 13. Mrs. E.B. Omotowa | 14. Alhaji A.I. Ali   |

### Secretariat

- |                      |                                       |
|----------------------|---------------------------------------|
| 1. Ms. Nike Oyinloye | University of Abuja                   |
| 2. Ms. Funmi Ajala   | Federal Ministry of Education, Abuja  |
| 3. Mrs Oluchi Ally   | Basic Education Section, UNICEF Abuja |
| 4. Mrs. Chinwe Njoku | Basic Education Section, UNICEF Abuja |