Abstract

With incessant outbreak of deadly diseases such as Ebola, Lassa fever, Zika Virus, Meningitis, Cholera, Typhoid, Malaria and lots of others, which claim thousands lives in Africa and Nigeria in particular, these and other health related issues become detrimental to the health and lives of students and school community in Nigeria. The health and life of students need to be secured from any physical harm or danger, thus School Health Programme play pivotal role in protection, preservation and promotion of health of individuals in schools for effective school administration. The paper discussed the concepts of School Health Programme and Administration. It also analysed the impact of School Health Programme on student’s health for effective school administration. The needs to revitalise School Health Programme in Nigerian schools were highlighted. Challenges affecting school health programme in Nigeria such as inadequate/lack of school health personnel, inadequate health facilities, poor commitments toward the provision of School Health Programme from school administrators, community, health department and Ministries of Education and Health, were examined. Finally, the paper recommended that, school clinic/sickbay should be established in every school, be equipped with necessary facilities and health personnel as specified by National School Health Policy, and there should be routine health screening/examination in all schools especially during admission exercise.

Keywords: Administration, Effective School Administration, Revitalisation and School Health Programme.
Revitalising School Health Programme for Effective School Administration in Nigeria

Introduction

With incessant outbreak of deadly diseases such as Ebola, Lassa fever, Zika virus, HIV/AIDS, Hepatitis, Meningitis, Cholera, Typhoid, Malaria, and rest of others, which claimed thousands lives of people in Africa and Nigeria in particular, among which are school going age, one of the nation’s responsibilities is to protect the lives and health of its citizens from any life threatening diseases and other health related issues. Revitalising School Health Programme (SHP) will thus play vital role in protecting, preserving and promoting health of individuals in schools and nation at large since there is relationship between students, staff, and community health.

It is a well known saying that “health is wealth”, and one of the most important aspects of all human development is health. According to the World Health Organisation (WHO) (2003) health is a state of complete physical mental and social well-being and not merely the absent of disease or infirmity. Thus, the health of students and staff in the schools is a matter of great concern if we are to ensure effective school administration for realisation of educational goals and objectives. Students' health is one of the factors that determine the learning outcomes of students, this is because a well nourished and healthy student is expected to perform better than the mal-nourished and sick student. Kolbe (2002) opined that children, who are unhealthy or injured, hungry or depressed, abusing drugs or pregnant, are less likely to learn than those who are not. Sarkin-kebbi (2016) stressed that if student is sick he/she might not be able to give maximum attention to his/her lesson or might not be able to come to school thereby breaking learning process.

Furthermore, Abdou in Sita (2009) opined that if health and nutrition are determinants of qualitative and basic education, they are also the product of education. To get a full access to educational activities and its benefits, children must be in good health and well-fed. A safe school environment helps in protecting children against health problems, bad treatments and exclusion. In addition, according to the WHO (2014), an effective school health programme can be one of the most effective investments a nation can make to simultaneously improve education and health. School health programmes is a strategic means to prevent important health risks among youth and to engage the education sector in effort to change the educational, social, economic and political conditions.

In 2001, the Federal Ministry of Health and 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 (Federal Ministry of Education, (FME) 2006a). A statistical study on the state of school health system in Nigeria by Federal Ministry of Health and Federal Ministry of Education in collaboration with WHO in 2003 have shown that only 14% head teachers indicated that pre-medical examination was mandatory in their school, only 17% of schools have school nurses, about 30% of students have low Body Mass Index (BMI), about 20% of students do not have normal visual acuity, and about 19% of students do not have normal hearing. The study also identified that five common health problems of students that contribute to absenteeism are fever/typhoid with 55%, headache 43%, stomach ache 29% cough/catarrh 38% and malaria with 40%. As result of the above shows, it becomes imperative for school administrators to ensure that SHP is well implemented into their schools in collaborative effort with ministries of education, health, environment, etc, as well as the stakeholders and communities (FME, 2006a).

The declarations of Dakar 2000 which stipulates Education for All (EFA) and Health for All (HFA) also paved the way for the formulation of Nigerian National School Health Policy in the year 2006. The mission of the National School Health Policy was to put in place adequate facilities, resources and programmes, which will guarantee physical and mental health, social well being, and safety and security of the school community which promote the learning outcomes of the child (FME, 2006a). Despite the provision of National School Health policy with the vision of promoting health of learners to achieve Education For All (EFA) and Health For All (HFA) in Nigeria, School Health Programme is been neglected in Nigerian schools, right from primary, secondary and tertiary institutions and the programme is still suffering from dwindling problems ranging from inadequate facilities, inadequate funding, lack of awareness, mismanagement, etc, and this policy becomes a mere rhetoric with poor implementation. Therefore, to assure the Nigeria’s philosophy of education, every Nigerian child shall have a right to equal educational opportunities irrespective of any real or imagined disabilities, each according to his/her ability in order to maximise their learning ability towards the actualisation of educational goals and objectives. This can be only realised if adequate and appropriate facilities are provided among which are school health facilities.

Conceptual Clarification

School Health Programme

The FME (2006a) defined school health programme as all activities/projects in the school environment for the promotion of health and development of the school community. The programme is one of the strategies for the achievement of Health
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For All (HFA) declaration; education and health related Millennium Development Goals (MDGs); the National Economic Empowerment Strategy (NEEDS); the Education For All (EFA); the Universal Basic Education Act 2004; and goals of the National Policy on Education. Sita (2009) opined that, the modern school health programmes are based on the concept that school can prepare pupils or students to do what is necessary for the protection, preservation and promotion of their own health for the purpose of effective and qualitative teaching and learning in the school. Kolbe (2002) identified the following as the goals of school health programme: Improving health knowledge, attitudes, and skills; Improving health behaviour and health outcomes; Improving educational outcomes; and improving social outcomes. According to Fodor & Dalis (1981) school health programme are directed towards promoting the health of children and staff. The activities are meant to provide learning opportunities, experience, services and environment, which can favourably influence those value, attitudes, practices and cognitive capabilities that can promote individual, family and community health. According to the FME (2006a) in National School Health Policy the scope of the school health programme shall include: healthful school environment; school feeding services; skilled-based health education; school health services; and school, home and community relationships. Therefore, School Health Programme (SHP) involves all activities which are planned, organised and carried out in school in order to maintain, protect and improve the health of individuals in the school, through health instructions, health services, healthful school living as well as school community cooperation.

Administration

Administration according to Oxford University (2010) involves the activities that are done in order to plan, organize, and run a business, school or other institution. Kocchar (2005) defined administration as a comprehensive effort to direct, guide and integrate associating human strivings which are focused towards some specific aims. Administration is the component part of management concerned with facilitating the accomplishment of the objectives of an organisation through systematic management of constraints and careful utilization of the limited resources which include human, material, equipment, supplies, finance, space and work techniques or technology (Peretomode, 1995). Administration occur in every organization be it political, social, business, education etc. Therefore, educational/school administration is essentially a service, an activity or tool through which the fundamental objectives of educational process may be fully and efficiently realised. It does involve the arrangement of the human and material resources available for education and using them for the attainment of educational objectives (Mahuta, 2010).
Impact of School Health Programme on Student’s Health

The importance of school health programme to school community, family and society cannot be over emphasised, as it helps in promoting, preserving and protecting nation’s health as well as contributing factor for achieving national educational goals and objectives. Mason & Mogninnis (1985), expressed the conviction that the school must play an essential role in the promotion of health. They argued that, a major aspect of a nation’s health promotion and prevention objectives can be influenced directly by what does and does not occur in the school setting. This of course is a pointer to the magnitude of the contribution schools can make to a nation’s health. 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; skilled-based health education; and school-based nutrition and health services (FME, 2006a).

The mission of the National School Health Policy is to put in place adequate facilities, resources and programmes, this will guarantee physical and mental health, social well being, and safety and security of the school community which in turn promotes the learning outcomes of the child (FME, 2006a). The Federal Ministry of Education identifies the goals and objectives of National School Health Policy as follows:

The goals of National School Health Policy are to:

- enhance the quality of health in the school community
- create an enabling environment, for teaching and learning and health development.

The objectives of National School Health Policy are to:

- provide necessary legal framework for mobilisation of support for the implementation of the school health programme;
- set up machinery for the co-ordination of community efforts with those of Government and Non Governmental Organisations, toward the promotion of child friendly school environment;
- guide the provision of appropriate professional services in the schools by stakeholders for the implementation of the school health programme;
- promote the teaching of skilled-based health education;
facilitate effective monitoring and evaluation of the school programme; and set up modalities for the sustainability of the school health programme (FME, 2006a).

The statement of objectives of any programme or activity becomes necessary for the success of that programme, the objectives have to be clearly stated in order to avoid problem in the process of implementation of that programme. The Federal Ministry of Education (2006a), have clearly stated the objectives of School Health Programme in Nigeria in National School Health Policy these are to:

- promote growth and development of every child taking into consideration his/her health needs;
- create awareness of collaborative efforts of the school, home and the community in health promotion;
- develop health consciousness among learners;
- create awareness on the availability and utilization of various health related resources in the community;
- promote collaboration in a world of interdependence, social interaction and technological exposure in addressing emergent health issues; and
- build the skills of learners and staff for health promotion in the school community.

Thus, according to WHO (2014), a health promoting school is one that is constantly strengthening its capacity as a healthy setting for living, learning and working.

Various studies have shown that SHP has significant impact on student’s health and learning outcomes. A study carried out by Biswas, Roy, Sen & Biswas (1990) on the impact of health education imparted to school children reported that health knowledge of the students significantly improved after education. The practice of personal hygiene also revealed improved. Another related was study carried out by Ademiji & Ayanlaja (2006) which assessed teacher’s perception of school health services and concluded that public primary school teachers are aware of school health services and their benefits to pupils and school community and that non-provision of varied services by school. Ogbe (2012) conducted study on the impact of school services on knowledge, attitude and practices of health among students strengthening national health status in Delta University, Abaraka. The study revealed that students had good understanding, knowledge, attitude and practice with three variables significantly correlated. It was observed that health education students were significantly positively informed than their social education counterparts. A study on school buildings which is one of the aspects of SHP was conducted by Olson & Kellum (2003) found that sustainable schools and the good qualities of lighting, site planning, indoor air, acoustics, healthy
buildings materials, and the use of renewable energy benefited the students’ achievement. A study carried out by Ogundele (2012) investigated the relationship between recreational facilities and students academic performance of secondary schools in Kwara State, Nigeria. The findings of the study revealed that high positive significant relationship exist between recreational facilities availability, utilisation, improvisation and students’ academic performance of secondary schools in Kwara State. Another study by Bryant, Banta & Bradly in Ibrahim (2013) found that 30% of the respondents reporting recreational facilities to be an important factor in both college selection and persistence. The authors concluded that recreational facilities, facilitates social integration by creating wide range of opportunities for members of the school communities to interact.

At this juncture one can understand that SHP becomes necessary if we are to achieve overall educational goals, as well as Education for All and Health for All which is in line with Dakar declaration. Thus, in order to realise effective school health programme, there is need of collaborative efforts from school administrators, school community, health personnel, Federal and State Ministries of Education, Health, Environment, Water Resources, etc. as well as Non Governmental Organization (NGOs).

Needs to Revitalise School Health Programme for Effective School Administration in Nigeria

Despite the provision of National School Health policy in Nigeria, with the vision of promoting health of learners to achieve Education For All (EFA) and Health For All (HFA) in Nigeria. The school health programme is been neglected in Nigerian schools, right from primary to secondary schools and the programme is still suffering from various problems ranging from poor implementation, inadequate facilities, inadequate funding, lack of awareness and political will, mismanagement, etc, and this is a bad signal to health, education and economic sectors.

Other needs to revitalise SHP in Nigeria are food poisoning crises in Nigerian schools which claimed life of many students and staff in different schools across the country. Just of recent, in March, 2016, two students of Government Unity Secondary School, Gummi, Zamfara State, were reported killed by food poisoning with nine others in critical condition at the Federal Medical Centre, Gusau (Maradun, 2016). Similarly no fewer than 71 students of Government Girls Secondary School, Kalgo, Kebbi State have been admitted in the hospital after eating contaminated food bought from a food vendor in the school premises (Ogbeche, 2016). In 2011, ten secondary schools teachers are reported to have died of food poisoning and several others hospitalised in Katsina State. The
incidence occurred at the weekend at a workshop organised by the state Ministry of Education for some 650 teachers at Government Day Secondary School, Kofar Yan-daka, Katsina (Gistmania, 2011). Furthermore, during the Ebola outbreak in 2014, the Federal Government ordered all primary secondary schools to remain closed till 13 October, 2014 (Ogundipe, Ndujhe & Akoni, 2014).

Many studies have revealed that SHP is facing a lot of serious challenges in Nigeria. A study by Ogwu & Ayabiogbe (2010) which studied school health services in public and private Senior Secondary Schools in Kogi State, revealed that school health services do not include: frequent measurement of weight and height, inspection of food in public schools, vaccination in public schools, health appraisals in private schools, and provision of potable water and drugs in public schools; and that both private and public schools have some inadequacy of provision of health services among others. Another related study by Ademokun, Osungbade & Obembe (2014) assessed the implementation of SHP in selected public secondary schools in Ibadan, Nigeria. The study revealed that school feeding services and sanitary conditions could be better implemented in majority of the schools. It also found that implementation was poor, most especially in the areas of school services and healthful school environment. Reported reasons for the poor implementation were lack of funds and inadequate health facilities. A related study carried out by Sulaiman (2002) examined the provision of school health facilities for students’ learning in primary schools in Sokoto North Local Government, Sokoto State. The findings of the study revealed that the provision of health facilities are inadequate and still received little recognition from the authority concerned. It also revealed that provision of health facilities remains one of the major factors that militate against the organisation and administration of school health programme in primary schools; thus hindering the quality of learning.

Therefore, to protect, preserve and promote health of individuals in the schools for better learning outcomes and realisation of educational goals and objectives which is integral part of school administration, there is need to revitalise School Health Programme nationwide.

**Challenges of School Health Programme in Nigeria**

From the discussion so far it was observed that School Health Programme in Nigeria faces a lot of crises which need urgent attention and to be addressed properly for appropriate measures. These include:

1. Poor implementation of National School Health Policy: In 2006 the Federal Republic of Nigeria formulated National School Health Policy to
support SHP with adequate and necessary facilities, resources and programme to ensure physical and mental health, social well-being, safety and security of school community for better learning outcomes. But the policy was poorly implemented right from Federal, state and local government level, some of the stakeholders of SHP are not discharging their duties properly to the extent that some are not even aware of this policy after a decade of formulation.

2. Inadequate School Health Facilities: In order to implement SHP successfully, there must be adequate provision of school health facilities. As examined in this paper, it has shown that most of schools in Nigeria especially primary and secondary are suffering from inadequate and lack of health facilities such as school clinic/sickbay, drugs, safe drinking water, waste disposal facilities, safe buildings, sport facilities, recreational facilities, etc.

3. Inadequate Health Personnel: In the implementation guidelines of National School Health Policy the FME (2006b) stated that, School health services should be provided by physicians, dentists, school health nurses, teachers and other appropriate personnel to appraise, protect and promote the health of members of the school community. In most schools in Nigeria the common health personnel is health master and only few schools with nurse as the overall health officer in the schools. The worst part is that some of the school health masters don’t have any health related certificate or training.

4. Poor Commitments from Stakeholder of School Health Programme: There are poor commitments and lack of political will to support the programme effectively from the stakeholders of school health programme such as school administrators, School Based Management Committee, community, federal and state ministries of education, health, environment, water resources works and related departments in the local government.

5. Poor Implementation of School Health Education: Despite the importance of school health education/instruction in educating our children in schools and other health related awareness and campaign is dying in Nigerian schools mostly in senior secondary schools. Study by Idehen (2004) revealed that in many parts of Nigeria, health instruction in secondary schools was poorly carried out the non implementation of instructional components of health education curriculum.

6. Inadequate Funding: One of the common and most difficult problem of education is funding issue. SHP covers many areas such as school health services, healthful school environment, school feeding services etc. These require large amount of money to support the programme appropriately.
Conclusion

If health of students and school community is a matter of protecting, preserving and promoting health of individuals in schools and nation at large for better learning outcomes, effective SHP becomes necessary in schools which will help immensely in realisation of educational goals and objectives. Therefore to create enabling an environment for teaching and learning and health development, school administrators and other stakeholders in education should ensure effective provision and maintenance of school health programme.

Recommendations

Based on the conclusion drawn from this paper to improve School Health Programme in Nigeria for better learning outcomes, effective school administration and to actualise educational goals and objectives, the paper submits the following recommendations:

1. In the process of implementing SHP school administrators, School Based Management Committee, and other stakeholders should ensure that they stick to implementation guidelines as specified by the National School Health policy. Copies of National School Health policy and implementation guidelines should be available in all schools.
2. School clinic/sickbay should be established in all schools with adequate drugs. Adequate and appropriate health facilities, such as first aid box and referral services should be made available in all schools.
3. Physicians, Dentists, Nurses, and other health personnel should be provided in all schools and only health personnel should be assigned as a school health master. There should be routine health examination in all schools especially during admission exercise and regular food and kitchen inspection.
4. School administrators, School Based Management Committee, Ministries of Health, Education, Environment, Water Resources etc. should intensify their efforts in provision and maintenance of School Health Programme.
5. School Health Education should be maintained and implemented in all schools from primary to secondary schools levels Health Instruction should be included in senior secondary schools curriculum.
6. Adequate funding should be provided to the programme. In doing so school administrators and School Based Management Committee should liaise with community, local government, state and federal ministries and other non-governmental organisations (NGOs).
References


