THE NATIONAL SCHOOL HEALTH POLICY: PROBLEMS OF IMPLEMENTATION AND WAY FORWARD

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Abstract
Promoting the health of the young population is the priority of any development oriented nation. The school health promotion has been identified by global health bodies as the most effective way of achieving this aim. Nigeria keyed into the health promoting school concept of the World Health Organisation with the launching of the National School Health Policy and its Implementation Guidelines in 2006. However, a yawning gap appears to exist between the policy implementation guidelines and actual implementation as indicated by the fact that the problems that necessitated the policy development still exist. The paper highlighted some of the problems associated with implementation of the National School Health Policy. Some factors identified as necessitating implementation gap in policies were discussed including less stable political systems; lack of political leadership; failure to calculate cost implications; lack of statistics and research data; lack of monitoring/supervision and evaluation; and lack of capacity among others. The paper identified and discussed some way forward for bridging the implementation gap in the National School Health Policy, such as conducting periodic researches, establishing means of helping local schools implement the school health programme, developing a sound professional development plan among others.

Key words: National School Health Policy, School Health Programme, Implementation Problems, Health Promoting School.

Introduction

School health programme (SHP) is an important component of the overall care delivery system of any country. A well organized and properly executed school health programme can be used to create safe environment for school children. Next to the family, the school is the primary institution responsible for the development of young people worldwide (Ademokun, Osungbade, & Obembe, 2014). School health programmes in sub-Saharan Africa have continued to reveal obvious gaps in implementation of school policies.A good number of children spend a considerable part of their life in school, and are exposed to a variety of environmental influence. For this reason, the SHP was established to see to their welfare and ensure that adequate health care services are provided for them.

School health programme is a health programme directed to meet the needs of school children and school personnel.Itis the totality of projects and activities in a school environment, which are designed to protect and promote the health and development of the school community (Federal Ministry of Education [FME], 2006). The objectives of SHP are to obtain a rapid and sustained improvement in the health of school children; to ensure that children from preschool age to adolescence are in optimum health at all times so that they can attain their physical and intellectual potentials, as well as to receive maximal moral and emotional benefits from health providers, teachers, and the school environment (FME, 2006).

The current concept of the SHP brings together parents, the community, experts and professionals from the education platform 'the school' to provide a comprehensive primary health care (PHC) to children. The SHP targets primary schools and consists of five components: healthful school environment; school feeding services; skill-based health education; school health services; and school, home and community relationships (FME, 2006).

Healthful school environment denotes all the consciously, organized, planned and executed efforts to ensure safety and healthy living conditions for all members of the school community. The aim of healthful school environment is the provision of safe and inclusive 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 benefit from education can be achieved (FME, 2006). The Implementation Guidelines addressed the key elements of healthful school environment which include:location;size; quality of school building; provision of recreational facilities and equipment; sanitation facilities such as water supply, refuse disposal and toilet/bath; waste management/environmental sanitation and road and furniture safety.

School feeding services aim at providing learners with daily supplementary adequate meal that will improve their health and nutritional status for effective and sound learning achievement (FME, 2006). Elements of school feeding services include: nutritional services, feeding services, food procurement, and food inspection. The only component of the SHP, where considerable emphasis has been placed in Nigeria in recent time is nutrition. In recent times, because of the need to make the universal basic education (UBE) programme of the federal government of Nigeria succeed, both the federal and State governments have come out to lend support for the provision of school meals for pupils under UBE (Ofovwe & Ofili, 2007).

Skill-based health education is to promote the development of sound health knowledge, attitudes, skills and practices among the learners. It is aimed at providing 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 (FME, 2006). It comprises of curriculum development and coverage of health education components in schools, supplies and development of teaching-learning materials, provision of infrastructure and adequate and qualified personnel.

School health services are preventive and curative services provided for the promotion of the health status of learners and staff, which also helps in providing information to parents and school personnel on the status of school children. It is operational within a school or college, and aims atmaking the school a healthy setting for living, studying and working (FME, 2006); and for promoting and maintaining the health of school children so as to give them a good start in life (Olugbenga, Amoran, & Kuponiyi, 2016). The school health services deal with health appraisals and provide for the setting up of a well equipped school health centre, provision of pre-entry medical and dental screening, keeping of school health record, routine health screening and examination, teacher's health observation of the child, professional screening and control of communicable diseases, sick bay, first aid and emergency preparedness, referral services, special needs integration services and counseling for the school community and parents (FME, 2006; United Nations Children Fund [UNICEF], 2007).

School, home and community relationship aims to integrate the various efforts of the three parties to promote the health of the school community (FME, 2006). This involves provision of access and infrastructure to the school and development of school-based policies on community relationship. The first health educators of the child are the parents, who shape the child's habits from infancy. Involvement of the community with school health has only been productive through PTA.

Schools have been recognized by various authorities as an important setting for health promotion of school children. Over the last two decades, school health has shifted from health education in the classroom to a more comprehensive approach focusing on both children's health behaviour and a supportive school environment of health promotion (Deschesnes, Martin, & Hill, 2003). In 1995, the Global school health initiative was launched by the World Health organization (WHO) and established the concept of Health-promoting schools (HPs). A health promoting school is characterized by a continually evolving environment that fosters healthy living, learning and working (WHO, 2012).

The National School Health Policy (NSHP) was, therefore, developed in line with the principles of the health promoting schools. The promotion of the health of learners in schools is a critical step towards quality achievement in education. Therefore, implementation of the school healthy programme is core to the realization of the goals of the national policy on education, which requires periodic evaluation of its implementation blue print and activities (FME, 2006).

The National School Health Policy

Nigeria keyed into WHOs health promotion school concept with the development and launching of the National School Health Policy (NSHP) in 2006. The NSHP is crucial for school-based health promotion, and provides a common goal and strategy for all schools and other implementers across the country (United Nations Educational, Scientific and Cultural Organization

[UNESCO], 2012). Besides, augmenting the care for the populace, research indicates that effective school health policy helps to increase school attendance and academic performance, decrease school dropout rates (Bonell et al., 2011).

In the past, before the publication of the NSHP in 2006 as observed by Ezekwesili-the then Minister of Education, schools had engaged in some forms of health activities such as teacher's health observation, environmental sanitation among others. However, the health activities carried out in schools were not coordinated in such a way as to produce an effective health outcome. School health activities were also the initiatives of individual schools. Hence, the lack of standards to guide school health programmes in Nigeria necessitated the development of the National School Heath Policy and Implementation Guidelines which were published in December, 2006 by the Federal Ministry of Education. However, NSHP implementation across the country has not been fully shared (Saito et al., 2015).

One of the aims of the policy was to promote the health of learners so as to achieve the goals of living and education. The 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 such as education, health, environment, water resources, information and other stakeholders (FME, 2006). The goals of the NSHP according to FME (2006) are to: enhance the quality of health in the school community; and create an enabling environment for inter-sectoral partnership in the promotion of child friendly school environment, for teaching and learning and health development. This will involve the development of appropriate preventive and curative services for school children and school personnel, the improvement of environmental sanitation, and the promotion of health education in all schools. The objectives of the NSHP according to FME (2006) are to: provide the necessary legal framework for mobilization 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 organizations, toward the promotion of child friendly school environments; guide the provision of appropriate professional services in schools by stakeholders for the implementation of the School Health Programme; promote the teaching of skill-based health education; facilitate effective monitoring and evaluation of the School Health Programme; and set up modalities for the sustainability of the School Health Programme.

The Implementation Guidelines of the NSHP outlined strategies for the implementation of the components of the SHP which include training and capacity building, partnership and collaboration, advocacy and resource mobilization, sensitization and mobilization, information, education and communication, control of communicable diseases, participation, and monitoring and evaluation. Institutional roles in the implementation of the various components of the school health programme were also outlined in the NSHP Implementation Guidelines. The institutions involved in the implementation of the school health progrmme include the Federal and State Ministries of: Education, Health, Agriculture, Environment, Water Resources, Youth and Sports and other line Ministries; UBE Commission; State UBE Boards; Nigeria Educational Research and Development Council; State Governments; Local Governments; School Authority and School-Based Management Committee (SBMC).

Problems of Implementation of NSHP

All efforts at addressing the school health programme in Nigeria have remained largely at policy level, with minimal implementation. As laudable as the NSHP and the Implementation Guidelines are, it is clear that the many problems that necessitated the development of the policy still exist. However, studies that provide information on problems of implementation of NSHP and way forward in Nigeria have been abjectly inadequate. This paper therefore, becomes highly imperative, because it provides information on the problems of implementation of NSHP in Nigeria alongside factors influencing its implementation.

This paper identified some of the problems of implementation of NSHP in Nigeria based on reviewed studies. These include lack of qualified, interested and enthusiastic teachers (Ofovwe & Ofili, 2007); poor teachers' job satisfaction (Ofili, Usiholo, & Oronsaye, 2009); teacher's inadequate knowledge of the SHP (Oyinlade, Ogunkunle, & Olanrewaju, 2014).Lack of funds and inadequate health facilities; lack of directives to educators on how to implement NSHP; dilapidated structures and poor funding; poor nutritional status; and lack of granting of grants for implementation of NSHP

by government and ministry of education are some of the constraints to its implementation (Ademokun et al., 2014). Lack of awareness and understanding observed in educators (key stakeholders in SHP) is a major area of concern in policy implementation process because the roles of educators are not only fundamental to the effective implementation of the programme but also linked to adoption of healthy lifestyles (Alex-Hart & Akani, 2014). Weak information communication technology, communication lapses (between principals and ministry of education); and poor embrace of technology in schools; and fostering limited access to the NSHP document are some of the problems of NSHP implementation (Obembe, Osungbade, & Ademokun, 2016).

Implementation problems seem to exist more on the aspect of school health services. There is a dearth of school health clinics in Nigeria, and where they exist, the services are not comprehensive enough or not organized to meet the needs of the pupils (FME, 2006). Studies have shown that primary school children in Nigeria have not been provided with basic health examination services and pre-entrance medical examinations thus baseline information about them was absent. Ramma (2010) identified the following as problems and constraints to implementation of NSHP: lack of adequate environmental facilities (means of waste disposal, source of water supply, and toilet facilities); inadequate health education instructional materials (posters, textbook, and pamphlets), inadequate training and poor knowledge of teachers on SHP, health beliefs, values and attitude of teachers and students; inadequate fund for the implementation of the health programme; lack of health facilities such as presence of a sick bay or first aid box; and parents' financial status and their level of education. There is no provision of medical counseling and psychological services (through which parent and the community can be brought into the SHP) in most Nigerian schools.

Prior to the formulation of the NSHP in 2006, there had been a gross neglect of SHP in Nigeria. A national study of the school health conducted by the WHO in collaboration with the Federal Ministry of Health (FMOH) and FME revealed that health care services in schools were sub-optimal. Studies (FME, 2006; Ademokun et al., 2014) also show that a high proportion of teachers did not know that pre-admission medical examination should be made compulsory in schools, a high proportion did not have school nurses and only smaller proportions of the schools have linkages with government-designed clinics. Most of the schools had inadequate environmental health facilities with fewer schools having ventilated pit latrine and pipe-borne water or bore hole, screening of food handlers was not seen as an activity to be carried out before they are employed in schools due to the fact that the screening was done only in few schools.

Factors influencing policy implementation in Nigeria

In order to improve the policy process, it is vital to identify the factors that foster or undermine policy implementation. Lledo and Poplawski-Ribeiro (2011) identified the following constraints to policy implementation in sub-Saharan Africa: poor data quality, weaknesses in forecasting capacity, large and frequent macroeconomic shocks, inadequate budget institutions, dependency from volatile and unpredictable aid flows, slow project execution, and less stable political systems. The Federal Ministry of Health had also noted that the failure to realise the potential of the NSHP exists because of the gaps prevalent not only in implementation but also in generating evidence, policy development, governance and political will.A review paper on HPs identified four factors that enhance the implementation of a comprehensive school health approach: systematic planning (including tracking the progress and making adjustments), school/family/community partnerships, political and financial commitment and process evaluation (Deschesnes et al., 2003).The following factors are discussed in this paper: less stable political systems/lack of political leadership; failure to calculate cost implications; lack of statistics and research data; ineffective communication; lack of monitoring/supervision and evaluation; lack of capacity and slow project execution.

The political system in Nigeria is always shaky and filled with uncertainties. Political appointees do not stay in office for a considerable length of time to allow for completion of projects that have been started. There is also lack of continuity of projects by incoming administrations. This situation does not favour effective implementation of policies. The lack of clear political will and leadership at the higher levels of government constitutes hindrances to the effective implementation of policies. Our leaders politicize important developmental issues and use them to score cheap political points by pretending to be interested in such projects, set up boards and committees, make pronouncements about their zeal to pursue such projects, and sometimes put some light structures to

give the impression of commitment only to turn the other way as soon as public awareness have been created about such project. An example is the noise and fanfare that was made during the Obasanjo regime about the school meal which never saw the light of day after the launch of the pilot project.

The cost implications of policies on the fiscus are not usually properly calculated or sufficiently considered in the budgeting process. Principals and head teachers are always complaining of lack of fund to administer the school. Hence, it becomes difficult to provide and maintain basic health promotion facilities and equipment such as sick bay, perimeter fencing, adequate toilet and wash room facilities among others. One begins to wonder if the policy developers did not realize that funding is an issue in policy implementation. Inadequate budget institutions were identified by Lledo and Poplawski-Rebeiro (2011) as stalling policy implementation in Sub-Saharan Africa.

Research data have been found to be very useful in setting policy agenda, formulating policies and evaluating the impact of policies (Haines, Kuruvilla, & Borchert, 2004). The development of the NSHP and the Implementation Guidelines took place within a space of one year (September, 2005 – November, 2006) and no mention was made of the process involving the use of research data. Research data provides information on existing situations and ensures that the content of the policy meets with current needs and interests of the target population as well as provides information necessary for effective implementation such as availability of human and material resources.

When the content of a policy is not communicated to all relevant stakeholders and implementers, implementation becomes difficult. Often time, communication stops at the desk of top officials of relevant stakeholders and does not sufficiently get down to the actual implementers of the policy. Therefore, one may wonder whether 'stakeholders' include implementers. While the policy is communicated to top officials, those who should go to the field to do the actual implementation are neglected. Apparently, whatever fund that is allocated for the implementation also stops at the desk of the top officials. One common complaint among school health desk officers and teachers who have been privileged to attend workshops on the implementation of the NSHP (oftentimes organized in collaboration with UNICEF) is that they are not given the opportunity to put into practice what they were sensitized at the workshop.

The NSHP Implementation Guidelines clearly identified monitoring/supervision and evaluation as strategies for implementation. But, it is doubtful if any monitoring of school health programme is going on in schools. Monitoring is important to ensure that programmes are implemented and according to stated standards. Evaluation provides feedback which helps to show parts of the policy that needs adjustment especially in the implementation process, and the extent to which the aims of the policy are being met. Monitoring and evaluation also helps to keep policy implementers on their toes. The absence of monitoring and evaluation suggests that a programme has been abandoned.

One of the challenges of policy implementation in sub-Saharan Africa is weakness in forecasting capacity (Lledo & Poplawski-Ribeiro, 2011). Policies are oftentimes developed without consideration for the workforce required for implementation. Lack of knowledge and skills among policy implementers in implementing the content of the policy is a major stumbling block in the effective implementation of policies. Some years of interaction with primary and secondary teachers on in-service training (Sandwich programme) have shown that teachers, head teachers and principals are grossly ignorant of the existence of the NSHP as well as the content of the policy. Added to this is the unfortunate fact that student teachers in institutions of higher learning are not exposed to any course that will prepare them to implement the school health programmes. This shows that many teachers who should play fundamental roles in the policy implementation are not yet trained to take up the responsibility of implementing the school health programme. The few school health desk officers in the States and Local Government Education Boards are not sufficient to monitor and supervise the implementation of the school health programme in the numerous government and private primary and secondary schools in the country. The few school health nurses who visited some schools in the past have all gradually disappeared. Doctors under the government employment are not yet enough to serve the hospitals and other health facilities, and so nobody spares a thought about sending some to schools even on a visiting basis.

Project execution in Nigeria always goes on at a very slow pace to the extent that sometimes the usefulness of a project is lost even before it is completed. Many schools are yet dilapidated without perimeter fencing, appropriate roofing, doors and windows; classrooms are yet overcrowded

and without adequate furniture, many schools are still being located along high ways, close to industries, markets and other sources of pollution. Many secondary schools do not have adequate health education teachers and well equipped health education laboratories for appropriate skill-based health education among other numerous problems.

Way Forward for Bridging NSHP Implementation

The way forward discussed in paragraphsare believe to be able to help bridge the existing gap between NSHP and its implementation. There is need to conduct assessment of critical health needs and the policies and programmes designed to address NSHP implementation. This can be done by adequately training teachers on SHP, calling the attention of parents and community, and enlightening them on the importance of SHP (Ofovwe & Ofili, 2007). School health programmes should be based on high quality data describing the health needs including the health risk behaviour of young people and the characteristics of the policies and programmes already in place to address those health needs. Assessments of school health policies and programmes should aim to determine their strengths and weaknesses and to identify the resources needed to successfully implement school health guidelines. To obtain continuous high quality data, the survey can be conducted at the State levels every two years. To evaluate effectiveness of school health policies and programmes, States can develop school health education profiles every two years by surveying representative sample of primary, junior and senior secondary schools. These surveys provide information of local education and health policies and programmes. The Federal Ministry of Education should create a framework for co-ordinating State-level data gathering and data analysis activities and establish on-going processes for selecting samples, collecting data, interpreting results, writing reports for State and local decision makers and sharing data with agencies and organizations interested in promoting the health of young people. Results from the surveys can be disseminated to key decision makers in both the health and education sectors, such as State and local health officers, education administrators school board members, legislators, and parents.

State agencies can collectively build the support systems to plan, implement, and evaluate fully functioning co-ordinated school health programmes by co-ordinating the allocation of new resources and using existing resources more efficiently. The State Ministry of Education should build the State's capacity to assist in the local implementation of school health guidelines and co-ordinated school health programmes, strengthen collaborations among relevant partners, and facilitate advocacy for school health programmes. To build a State-level infrastructure that supports co-ordinated school health programmes, health and education agencies must work with other relevant State agencies such as social services, mental health, and environmental health as well as with non-governmental organizations in the State. State Ministry of Education should clarify the relevant State agencies and the personnel responsible for implementing school health-related policies and programmes and should help to co-ordinate the delivery and use of resources for multi-agency programmes related to school health. The personnel involved should also obtain the funding needed to support school health programmes and ensure that the funding can be used in flexible ways; and establish interagency agreements to facilitate collaborative programme planning and to provide resources for local school health programmes. The State Ministry of Education could train school health programme managers and develop responsibilities and competencies for them. These managers should include school head teachers, principals and health education teachers. The training programme should include the following key areas of responsibilities as identified by Fisher, Hunt, Kann, Kolbe, Patterson, and Wechner (2012): management; policy; curriculum, instruction, and student assessment; professional development and technical assistance; and surveillance; and competencies: competency in needs assessment, planning, and collaboration; in marketing, information dissemination, and communications; in program implementation; and in monitoring and evaluation).

Efforts in establishing means of helping local schools effectively implement co-ordinated SHP and policies could involve assisting in the formation of a School Health Management Committee with a school health co-ordinator; quality professional development of school health staff, produce and disseminate the NHSP implementation guidelines to all schools and appropriation of fund for the running of school health programme. Some teachers were trained in the Focusing Resources on Effective School Health (FRESH) initiative during the initial NSHP development process. This did not have to stop. The training should be continued until all teachers are reached with the training.

Establishment for the implementation of school health services can help in this situation (Ramma, 2010). States can enact legislation that establishes appropriations to support hiring school health coordinators, physical education teachers, health education teachers, school counselors, or school nurses in all schools; assessing local school health standards, policies, and programmes; providing professional development for school staff responsible for delivering school health programmes and implementing school health guidelines, ensuring that young people have access to facilities that promote physical activity. Strengthening advocacy to relevant stakeholders for provision of funds and health facilities can help assist local schools to implement NSHP effectively (Ademokun et al., 2014).

There is need for awareness creation through effective communication strategies on the role the school health programme plays in promoting the health and education of young Nigerians. This can be done by creating awareness through mass media (Ofovwe & Ofili, 2007). The ministry of education should, therefore, identify and provide appropriate media campaign materials that can help promote positive health messages and programmes in favour of school health. The ministry should also communicate school health-related research findings so that the government and public will be appropriately sensitized on issues concerning the health of school children and the role they can play in bettering the situation.

State boards of education can set professional development requirements for school health programme staff and other personnel who implement health programmes in schools. School teachers could be offered professional development in Life Skills Training, a programme to help teens develop healthy personal and social skills. There is need for ensuring that availability of environmental facilities, including sick bay and health personnel are adequate (Obembe et al., 2016).Professional-development events may be needed for school personnel, such as health and physical education teachers, nurses, school counselors, food service directors, and administrators. Depending upon the work plan and desired outcomes, professional development could include awareness sessions, skill-building training, topical events, or customized offerings for teachers and school health co-ordinators. Other avenues for professional development include professional-preparation programmes offered by institutions of higher education, and professional journals.

Programme evaluation is an essential ongoing organizational practice in public health and education. Two kinds of evaluations can be performed: process evaluations and outcome evaluations. Process evaluations require accurate and organized records of programme activities and are central to the ability of programme implementers to effectively monitor and report on their activities. By delineating the 'who, what, when, and where' of programme activities, process evaluations allow programme implementers to assess whether these activities met their goals and objectives. Because a basic understanding of the process of programme activities is critical to evaluating their outcomes, the Ministry should conduct process evaluations annually. There is need for regular and periodic on-the-spot checks and for compliance with regulations by experienced government delegates (from federal and State ministries of education) with the NSHP (Obembe et al. 2016). Evaluation results are only valuable when they are used to develop and improve programme activities. Evaluation results may be communicated to national, State, and local education and public health agencies; to school districts and individual schools; to community-based organizations; and to community members. State Ministries could develop evaluation resources, tools, and a technical assistance process to help local schools evaluate their programme activities. Involvement of non-governmental organizations (NGOs) and school-governing bodies saddled with monitoring and regulation of SHPs is essential in this case (Ofovwe & Ofili, 2007, Obembe et al., 2016).

Conclusions

Nigeria has a well-articulated policy on school health promotion and an implementation guideline. The poor status of SHPs in Nigeria may be attributed to failure of policy enunciation, poor primary health care base and lack of supervision of SHPs. The problem is however inability to implement what has been provided in the policy due to some identified factors such as less stable political systems/lack of political leadership; failure to calculate cost implications; lack of statistics and research data; ineffective communication; lack of monitoring/supervision and evaluation; lack of capacity and slow project execution. This paper concludes that problems of implementation of the NSHP can be handled through some identified priority action areas such as conducting researches, building capacity, establishing a system for evaluating and improving programmes at the local levels

and using communication strategies to sensitize the government and the public on school health matters among others.

References

Ademokun, O. M., Osungbade, K. O., & Obembe, T. A. (2014). *Qualitative study on status of implementation of school health programme in South Western Nigeria: Implications for healthy living of school age children in developing countries.* Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC482.

Alex-Hart, B., & Akani, A. (2014). Evaluation of health knowledge of teachers in public primary schools in bonny local government area of Rivers State. *Nigeria Journal of Paediatrics, 41*, 365-9.

Bonell, C., Harden, A., Wells, H., Jamal, F., Flatcher, A.. Petticrew, M. et al. (2011). Protocols for a systematic review of the effects of schools and school-environment interventions on health: Evidence mapping and syntheses. *BMC Public Health, 11*,453.

Deschesnes, M., Martin, C., & Hill, A. J. (2003). Comprehensive approaches to school health promotion: How to achieve broader implementation? *Health Promotion International, 18*, 387-396.

Federal Ministry of Education (FME). (2006). *National school health policy.* Retrieved from http://www.unicef.org/nigeria/NG resources.schoolhealthpolicy.pdf.

Fisher, C., Hunt P., Kann, L., Kolbe, L., Patterson, B., & Wechlser, H. (2012). Building a healthier future through school health programme. Accessed from http://www.cdc.gov/healthyyouth/publications/pdf/PP-Ch9.pdf.

Haines, A., Kuruvilla, S., & Borchert, M. (2004). Bridging the implementation gap organisation. *Bulletin of the World Health Organisation, 82* (10), 724 – 733.

Lledo, V., & Poplawski-Ribeiro, M. (2011). Fiscal policy implementation in sub-Saharan Africa. *IMF working paper*, African Dept.

Obembe, T. A., Osungbade, K. O., & Ademokun, O. M. (2016). Awareness and knowledge of National School Health Policy and School Health Programme among public secondary school teachers in Ibadan metropolis. *Nigeria Medical Journal, 57*, 217-25. doi.10.4103/0300-1652.188341.

Ofili, A. N., Usiholo, E. A., & Oronsaye, M. O. (2009). Psychological morbidity, job satisfaction and intentions to quit among teachers in private secondary schools in Edo State, Nigeria. *Annals of African Medicine, 8*, 32-7.

Ofovwe, G. E., & Ofili, A. N. (2007). Knowledge, attitude and practice of school health programme among head teachers of primary schools in Egor local government area of Edo State, Nigeria. *Annals of African Medicine, 6* (3), 99-103. doi.10.4103/1596-3519.55726.

Olugbenga, T. K., Amoran, O. E., & Kuponiyi, O. T. (2016). School health services and its practice among public and private primary schools in Western Nigeria. *BMC Res Notes, 9,* 203. doi.10.1186/s/3104-016-2006-6.

Oyinlade, O. A., Ogunkunle, O. O., &Olanrewaju, D. M. (2014). An evaluation of school health services in Sagamu, Nigeria. *Journal of Clinical Practice, 17*, 336-42.

Ramma, L. (2010). *Evaluation of implementation of the school health policy in two schools in Cape Town.* Wits Institutional Repository on DSpace (WIRe DSpace. Retrieved from http://wiredspace.wits.cac.za.

Saito, J., keosada, N., Tomokawa, S., Akujama, T., Kaewviset, S., Nonaka, D.,… Jimba, M. (2015). Factors influencing the National schhol health Policy implementation in Lao PDR: a multi-level case study. *Health Promotion International, 30* (4), 843-854. Retrieved from https://doi.org/10.1093/heapro/dau016.

UNESCO. (2012). *Monitoring and evaluation guidance for school health part 1*. Retrieved from http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/HIV-AIDS/Pdf/ENGLISH.

UNICEF. (2007). *Launch of National School Health Policy and the national education sector.* Retrieved from http://www.unicef.org/nigeria/media.2216.html.

UNICEF. (2009). *Schools and health.* Retrieved from http://www.unicef.org/nigeria/media.html.

World Health Organisation. (2012). *What is a health promoting school?* Accessed from http://www.who.int/school_youth_health/gshi/hps/en/index.html.