

Nigeria



SCHOOL HEALTH

SABER Country Report
2015

Policy Goals

Status

1. Health-Related School Policies

School health is included in the National Economic and Empowerment Strategy (NEEDS). A national budget for school health exists in both the health and education sectors. A situation analysis was conducted that identified health and nutrition problems amongst school-aged children, gathered statistics on school participation, and listed gaps in existing school nutrition and health services. There is a monitoring and evaluation plan for school health that is integrated into a wider national monitoring system.

Established
● ● ● ○

2. Safe, Supportive School Environments

The need for safe water provision and sanitation facilities is recognized, but national coverage has not been achieved. There are mechanisms in place to respond to all forms of institutional violence in schools.

Emerging
● ● ○ ○

3. School-Based Health and Nutrition Services

A situation analysis was undertaken, identifying the need for school-based screening and referral to remedial services. However, the government has not taken any actions to attempt to meet this need.

Emerging
● ● ○ ○

4. Skills-Based Health Education

Nigeria's school health curriculum is fully developed. All schools teach this curriculum. There are participatory approaches integrated into the national curriculum, but they are not effective.

Established
● ● ● ○



Introduction

This report presents an assessment of school health policies and institutions that affect young children in Nigeria. The analysis is based on a World Bank tool developed as part of the Systems Approach for Better Education Results (SABER) initiative that aims to systematically assess education systems against evidence-based global standards and good practice to help countries reform their education systems to help ensure learning for all.

School health policies are a critical component of an effective education system, given that children's health impacts their school attendance, ability to learn, and overall development. SABER-School Health collects, analyzes, and disseminates comprehensive information on school health policies around the world. The overall objective of the initiative is to help countries design effective policies to improve their education systems, facilitate comparative policy analysis, identify key areas to focus investment, and assist in disseminating good practice.

Country Overview

Nigeria is a lower middle income country located on the western coast of Africa. It is one of most populous countries in the world. In 2013, its population was approximately 173.6 million; children 14 years old or younger accounted for 44 percent of the population.¹ Nigeria's economy has experienced positive growth over the past decade. In 2013, the growth rate was 7.3 percent.² Despite possessing natural resources and experiencing positive economic growth, Nigeria's Human Development Index (HDI) value in 2012 was 0.471, which places the country 154th out of 187 countries.³ Its Gini coefficient in 2010 was 48.8, indicating unequal income distribution.⁴

Poverty remains a challenge since it affects the majority of the country. In 2010, approximately 84 percent of the population lived on \$2 or less a day (2005 international

prices).⁵ In addition to more people falling below the international poverty standard of \$2 a day in 2010 than in 2004, people in Nigeria were poorer in 2010 than they were in 2004. The poverty gap at \$2 a day increased from 46 percent to 50 percent.⁶ High unemployment rates may be one contributing factor to the high levels of poverty in Nigeria.⁷ Inadequate access to improved water and sanitation facilities also exacerbates poverty conditions. In 2012, 31 percent of the urban population had access to improved sanitation facilities compared to 25 percent of the rural population.⁸ In the same year, 79 percent of the urban population had access to an improved water source compared to 49 percent of the rural population.⁹

Education and Health in Nigeria

Education

Education in the Federal Republic of Nigeria has made significant progress and is seen as an important tool for the country's economic growth and poverty reduction. The structure of the Nigerian education system is known as the 6-3-3-4 system, wherein the first nine years are basic education composed of six years of primary and three years of junior secondary education, the next three years are senior secondary education, and the final four years are tertiary education. Pre-primary education spans three years and is not compulsory.¹⁰ The responsibility to provide the various levels of education is divided between the federal, state, and local governments as outlined in the Constitution, although some responsibilities are shared (concurrent), rather than exclusive. The average years of schooling for youths (ages 17–22 years) has been increasing, from 5.6 in 1990 to 8.6 in 2010.

Nigeria implemented its National Policy on Education in 1977 and updated it in 2004. The policy states that the government should provide universal access to basic education, which includes primary and lower secondary education.¹¹ Access to education has not been equal for all. One in every three of primary school-age children still does not have access to primary education. To improve access, the government established the Universal Basic Education Program in 2000 and later passed the

¹ World Bank, 2014a.

² Ibid.

³ UNDP, 2013.

⁴ World Bank, 2014a.

⁵ Ibid.

⁶ Ibid.

⁷ Federal Republic of Nigeria, 2013.

⁸ World Bank, 2014a.

⁹ Ibid.

¹⁰ UNESCO International Bureau of Education, 2011.

¹¹ Global Education First Initiative and Good Planet Foundation, 2013.

Universal Basic Education Policy in 2004 to expand the central government's role in managing basic education and to set the goal of providing free basic education to all children by 2015.¹² The gross primary enrolment rate increased from 98 percent in 2000 to 102 percent in 2006, but the rate has been slowly declining. In 2010, the gross primary enrolment rate had decreased to 85 percent.¹³

The majority of the children who have no access to primary education are in the north, in rural areas and poor households. The gross primary enrolment rate has been declining since 2004, and in 2010, it was 85 percent.¹⁴ During the 1990s and early 2000s, Nigeria experienced a prolonged teachers' strike which contributed to poor educational outcomes. Additionally, in 2007, the Home Grown School Feeding (HGSF) program was discontinued in a majority of states, thereby discouraging enrolment.¹⁵ Some believe that this was related to governance issues. Many children are not ready for school because they did not receive adequate nutrition and pre-primary cognitive stimulations. Half of all three-year-olds are stunted, and two-thirds of children between four years to five years old are not enrolled in pre-primary education. Nutritional programs are insufficient.

There is a relatively high promotion rate, with low repetition and low dropout within each school cycle thanks to automatic promotion, but the transition rates between education levels are low as seen by the effective transition rate from primary to secondary being 53 percent in 2008.¹⁶ For example, the primary completion rate in 2010 was 70 percent, which was an increase from 41 percent in 2008.¹⁷ The dropout rate decreased by almost half between 2007 and 2010, from 52 percent to 21 percent.¹⁸ Moreover, among students in grade 6—the last grade of primary school—11 percent drop out and 3 percent repeat the grade. On average, only 37 percent of students finish primary school on time by age 11, which may be due to late entry into primary school. The secondary completion rate is even lower, and a high percentage of students never finish secondary school. Only 29 percent of those who started school graduate from secondary school at the official graduating age of 17. Even if there is a delay up to age

24, only 75 percent finish secondary school, and the remaining 25 percent never finish secondary school.

Education quality continues to be an issue in Nigeria. At the national level, 60 percent of students completing grade 4 and 44 percent of students completing grade 6 cannot read a complete sentence. About 10 percent cannot add numbers by the end of primary school. Poor learning outcomes are most severe in the north. More than two-thirds of students in the north remain illiterate even after completing primary school (grade 6), as compared to only 18 percent to 28 percent of students in the south. In some states such as Yobe, low learning outcomes are extremely severe, with 92 percent of students unable to read and 31 percent unable to add numbers by the last grade of primary.

Poor learning outcomes from primary education have translated to low passing rates at the end of secondary school, particularly for students from public or federal schools in the north. English and mathematics passing rates from the West African Senior School Certificate Examination (WASSCE) have been below 40 percent between 2011 and 2013. Girls' passing rate is better than the boys' even though more boys took the exam. Girls outperforming boys on this exam may be a reflection of the large investment in girls' education.

There is a dearth of qualified teachers in some areas of Nigeria, but even qualified teachers do not necessarily have the adequate professional knowledge and competency to teach. In some states, such as Jigawa, Kano and Bauchi, where about 90 percent or more students are unable to read after finishing primary school, only about 40 percent to 50 percent of primary school teachers are qualified.¹⁹ Furthermore, schools have little autonomy over the management of their budgets, cannot hire and fire teachers, allow little participation of parents and society in school finance, have inadequate systems to assess and monitor students, and have low accountability to parents and society.

Funds for education come from a diverse array of sources that vary by government and education levels. Federal funding for education comes from the Federation Budget, as well as several major funds, including the

¹² Ibid.

¹³ World Bank, 2014b.

¹⁴ Ibid.

¹⁵ National Population Commission in Nigeria and RTI, 2011.

¹⁶ World Bank, 2014a.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Universal Basic Education Commission, 2010.

Tertiary Education Fund (TETFund), the Universal Basic Education (UBE) Intervention Fund, Science and Technical Education Post-Basic (STEP-B) program, and the Nigeria Information Technology Development Agency (NITDA), among others. The Virtual Poverty Fund, created from money saved through the Heavily Indebted Poor Countries (HIPC) initiative, has resulted in substantial funding for the Federal Ministry of Education.

Approximately 80 percent of public expenditure for education is sourced below the federal level from four main sources: state governments, local governments, direct allocations from the federal government (through the UBE Intervention Fund and the Education Trust Fund), and private individuals and organizations, including NGOs and international donors in some states.

Besides federal allocation, the State Ministry of Education is directly responsible for the financing of junior and senior secondary education and state-level tertiary education, while local governments are responsible for the management and financing of primary and pre-primary education. With ratification of the UBE law in each state, local governments are expected to finance junior secondary education, but few states have finished transferring their junior secondary schools to local authorities. Local governments manage and finance pre-primary and primary education although they do not have budgetary discretion in the allocation of budgetary resources since the wage bill is deducted from their share of federal allocations.

Accurate estimates of total public expenditure on education in Nigeria are difficult to know because of a lack of information on state government sectoral expenditures. According to the 10-year strategic plan by the Federal Ministry of Education, total education expenditure in 2006 was 5 percent of GDP. In 2007, total federal education spending, minus state and local government area spending, accounted for 12.5 percent of the federal budget. Excluding direct federal spending through Universal Basic Education Commission (UBEC) and the Education Trust Fund (ETF), total state education expenditures in real terms declined significantly between 2001 and 2005 in all but one of the nine states. Spending on essentials, such as textbooks, instructional materials, in-service training, and operations and maintenance, is inadequate. A large percentage, often around 90

percent, of total public expenditure on education is absorbed by salaries, although the benchmark is 67 percent.

Constraints on school attendance include poverty, the need to provide care for infant siblings or work on a farm, and gender—especially in the northern states, where girls' schooling depends on family income to a greater extent than boys' schooling does. Even though there is a national policy of free basic education, 36 percent of public primary school students and 61 percent of junior secondary school students still pay for school tuition. Total education expenditure for an average child from the poorest quintile to attend primary school—including tuition, uniforms, textbooks, transportation, and other related costs—accounts for one-fifth of per capita income. That ratio is about one-half for a child to attend junior secondary school. In fact, households cited cost as one of the top reasons for never sending their children to school or sending them late. Other serious constraints in the northern states include cultural/traditional practices and religious barriers.

Health Issues

Poverty hinders the government's efforts to improve the population's health conditions. In 2012, communicable diseases in addition to maternal, prenatal, and nutrition conditions accounted for 66 percent of deaths while 24 percent of deaths were attributed to non-communicable diseases. HIV in particular affects 3 percent of the population between the ages of 15 to 49.

Moreover, malnutrition is a major problem in Nigeria. In 2012, 7.3 percent of the population was undernourished. Children are especially impacted by poor nutrition. Among children aged five years old or younger, the prevalence of acute and chronic malnutrition (height for age) was 36 percent in 2011, a decrease from 2003. Following a similar decreasing trend, acute malnutrition (weight for age) among children of the same age group was 24 percent in 2011. Approximately 10 percent of children under five years old were wasted, an indication of recent nutritional deficiency.²⁰

The Case for School Health

The link between health and academic achievement has long been recognized in the developed world. In the 1980s, however, there was a change in the approach to

²⁰ World Bank, 2014a.

school health programs as more of them became pro-poor and focused on education outcomes. Low-income countries shifted their focus from a medical-based approach that favored elite schools in urban centers toward school-based programs that sought to improve access to education and school completion by improving health and tackling hunger. For example, deworming²¹, feeding²², malaria prevention²³, and iron deficiency prevention²⁴ interventions can improve school attendance and learning. These school-based interventions have proven to be most educationally beneficial to the children who are worst off—the poor, the sick, and the malnourished.

The SABER-School Health and School Feeding initiative provides evidence-based tools to improve health and nutrition and avoid hunger, contributing to the greater World Bank education strategy that identifies three main goals for children: ensure that they are ready to learn and enroll on time, keep them in school by enhancing attendance and reducing dropout rates, and enhance their cognitive skills and educational achievements.

Four Key Policy Goals to Promote School Health

There are four core policy goals that form the basis of an effective school health program. They are interrelated and impact the educational opportunities and accomplishments of children. Figure 1 illustrates these policy goals as well as outlines respective policy levers that fall under each of these goals.

The first goal is establishing health-related school policies. This is an integral part of developing an effective school health program because it provides an opportunity for national leadership to demonstrate a commitment to school health programming and ensures accountability for the quality of programs. An effective national school health policy can help a government develop its strategic vision for school health and encourage program ownership. The policy should also have a multisectoral approach to encourage cooperation because school health is relevant to many sectors, including education and health.

The second goal is ensuring safe, supportive school environments. This includes access to adequate water and sanitation facilities, as well as a healthy psychosocial environment. Safe water and sanitation practices contribute not only to obvious health benefits but have also helped girls' attendance rates.²⁵ A school administration that strives for a positive psychosocial environment by addressing issues such as bullying, violence, and other stigmas has also shown to be consistently related to student progress.

The third goal is delivering school-based health and nutrition services. Diseases that negatively affect schoolchildren's ability to learn, such as those caused by worm infections, are highly prevalent worldwide, especially among the poor.²⁶ These diseases, many of which are preventable and treatable, impact children's attendance rates, cognitive abilities, and physical development. This makes screening for health problems imperative, along with the treatment of parasitic infections, weekly supplementation to control iron deficiency anemia, and other simple but effective treatments. Interventions can also include psychosocial counseling and school feeding. Health and nutrition interventions delivered through schools systems can be highly cost-effective because schools have the infrastructure to serve as a platform to deliver simple health treatments and provide screening and referral services.

The fourth and final policy goal is skills-based health education. This skills-based approach focuses on the development of knowledge, attitudes, and values that impact the long-term behavior and choices of schoolchildren. A skills-based health education is essential to mitigating social and peer pressures, addressing cultural norms, and discouraging abusive relationships. Psychosocial, interpersonal, and life skills can strengthen students' abilities to protect themselves from health threats and adopt positive health behaviors. A skills-based health education program can include curriculum development, life skills training, and learning materials on subjects such as HIV.

²¹ Miguel and Kremer, 2004; Simeon et al., 1995; Grigorenko et al., 2006; Nokes et al., 1992

²² van Stuijvenberg et al. 1999; Powell et al., 1998; Whaley et al., 2003

²³ Fernando et al. 2006; Clarke et al., 2008

²⁴ Pollitt et al., 1989; Seshadri and Gopaldas, 1989; Soemantri, Pollitt, and Kim, 1985

²⁵ Hoffmann et al. 2002.

²⁶ Jukes et al. 2008.

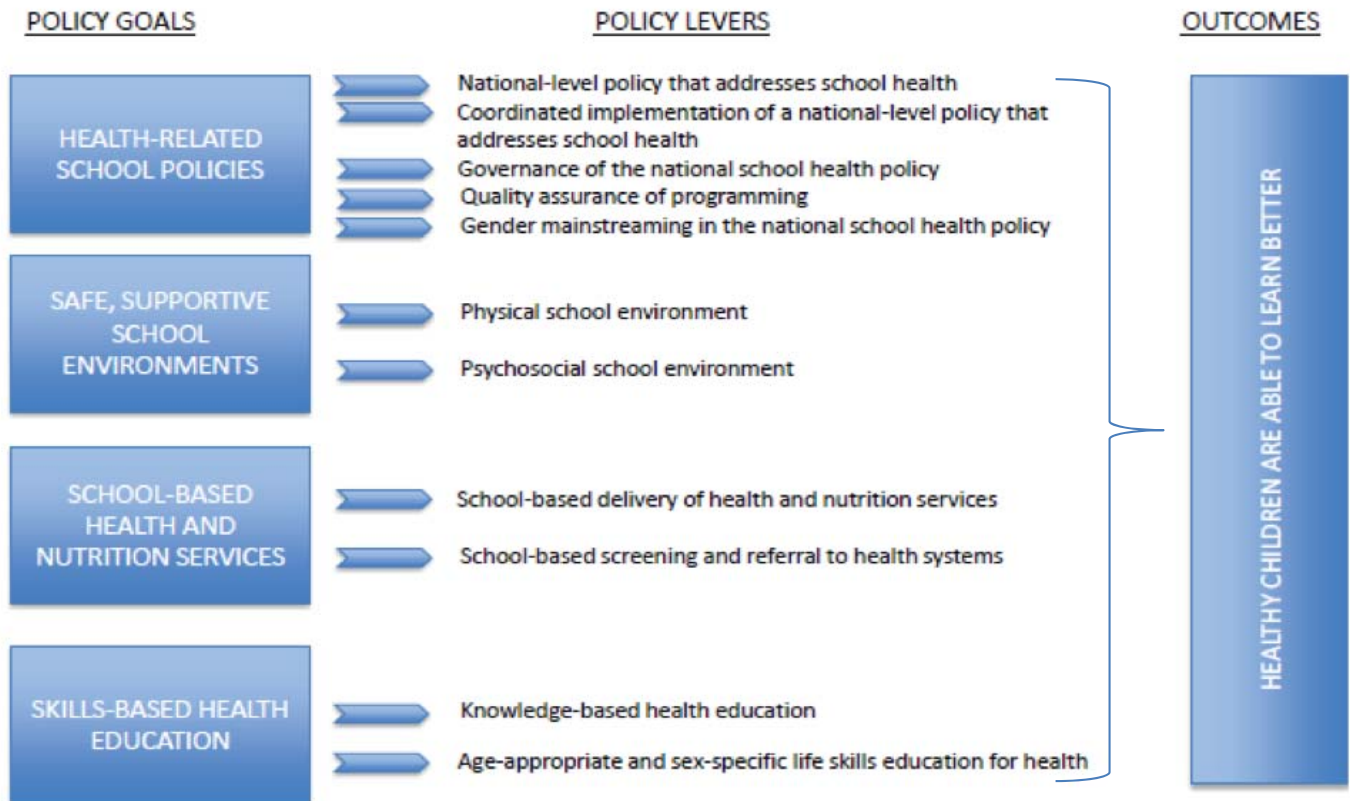
Use of Evidence-Based Tools

The primary focus of the SABER-School Health exercise is gathering systematic and verifiable information about the quality of a country's policies through a SABER-School Health Questionnaire. This data-collecting instrument helps to facilitate comparative policy analysis, identify key areas to focus investment, and disseminate good practice and knowledge sharing. This holistic and integrated assessment of how the overall policy in a country affects young children's development is categorized into one of the following stages, representing the varying levels of policy development that exist among different dimensions of school health:

1. **Latent:** No or very little policy development
2. **Emerging:** Initial/some initiatives towards policy development.
3. **Established:** Some policy development
Advanced: Development of a comprehensive policy framework

Each policy goal and lever of school feeding is methodically benchmarked through two SABER analysis tools. The first is a *scoring rubric* that quantifies the responses to selected questions from the SABER School Health questionnaire by assigning point values to the answers. The second tool is the *SABER School Health Framework rubric* that analyzes the responses, especially the written answers, based on the framework's four policy goals and levers. For more information, please visit the World Bank's website on SABER-School Health and School Feeding and click on the [“What Matters” Framework Paper](#) under Methodology.

Figure 1: Policy goals and policy levers for school health



Findings

Policy Goal 1: Health-Related School Policies in Nigeria



Policy Levers:

- National-level policy
- Coordinated implementation of a national-level policy
- Governance of the national school health policy
- Quality assurance of programming
- Gender mainstreaming

Health-related school policies provide structure for a safe, secure, and non-discriminatory school environment. These policies also convey government commitment to school health. Although there are different avenues countries may take for the delivery of school health and nutrition, a review of best practices in school health programming suggests that there are certain roles consistently played by governmental and non-governmental agencies.

School health (i.e., school-based health and nutrition services, skills-based health education, and access to a clean and safe school environment) is included in the National Economic and Empowerment Strategy (NEEDS).²⁷ The inclusion conveys that the government envisions a role for school health in improving health and educational outcomes of Nigeria's poorest children. Nigeria's government has also set targets for the school health program in the NEEDS, showing that Nigeria is not only acknowledging the importance of school health but also willing to make sure that school health programs are constantly improving and becoming more effective.

A national policy on school health was also published by the Ministry of Education in 2006 with the goals to improve the quality of health in school communities and to promote intersectoral collaboration in order to develop child-friendly school environments.²⁸ The Ministry of Education is the lead implementing agency rather than the Ministry of Health, conveying the burgeoning recognition of the importance of school health for improving education outcomes. This also

reflects recognition that the education system provides the most complete and sustainable infrastructure for reaching school-age children.²⁹ However, there were other relevant sectors that helped put together this policy, including the Ministries of Health, Environment, Agriculture, Water Resources, Women Affairs, and National Planning.

Regional and national stakeholders (Health, Environment, Water and Agriculture Sectors; UNICEF; DFID; WHO; ENHANSE; and PCD) joined efforts to ensure that the national school health policy was comprehensive in addressing school health concerns. This coordinated implementation of national-level policy is a necessary stepping stone for effective health programming. Most regional and school-level stakeholders have copies of the national school health policy, and these stakeholders have been trained on the implementation of this policy. These stakeholders' responsibilities are contained in the policy. There is also a national school health steering committee involved that coordinates school health policy, with involvement from government (Ministries of Health, Environment, Water Resources, Agriculture, Women Affairs, Nigerian Educational Research & Development Council, and Defense), NGOs (UNICEF Education, UNICEF WASH), and professional associations (Nigerian School Health Association and the Nigeria Association for Physical Education, Health, Recreation, and Dance).

A national budget line for school health exists and was developed in Nigeria by both the health and education sectors. The budget is disbursed through a series of steps: a budgetary proposal, appropriation, cash flow, and release (although release is usually truncated). The process of planning and budgeting for school health takes place at the national and implementation levels equally. Nigeria's three tiers of government (federal, state, and local government areas) ensure smooth program and budget planning at each level. Each level controls the school health budget and implementation with the help of national interventions. Each tier of government has its own allocation, so there is no basis for a level requesting financial disbursement from another. However, when levels of government need support, they collaborate with each other, usually

²⁷ Nigerian National Planning Commission, 2005.








²⁸ Federal Ministry of Education of Nigeria, 2006a.


²⁹ Bundy, 2011.

through a national intervention by the federal level.

To be effective, a school health program should be designed to meet the needs of a particular population. Nigeria has undertaken a situation analysis of school health and nutrition. There are efforts being made to ensure that the national school health policy, program design, and implementation are aligned with the needs extracted from the situation analysis and are based on evidence of good practice. To ensure the program makes use of best practices, a rapid assessment of the state of school health was carried out before developing policies and guidelines for the program, and a monitoring and evaluation checklist was used to collect data generated in the schools for the evaluator.

Finally, there is a monitoring and evaluation (M&E) plan for the school health program in Nigeria that is integrated with the wider national monitoring system. The gender dimension of health was formally addressed in a national education policy, which has been fully implemented at the national level. There is an M&E mechanism in place to monitor gender mainstreaming. A government's recognition of the gender dimension in health can foreshadow future acknowledgement of gender equality issues in schools.

1. Health-Related School Policies is ESTABLISHED		
Indicator	Score	Justification
1A. School health included in national-level poverty reduction strategy or equivalent national policy	Advanced 	School health included in NEEDS and government set targets and milestones for school feeding programs
1B. Published and distributed national policy covers all four components of FRESH	Established 	Most regional and school-level stakeholders have copies of national policy and are trained on implementation of FRESH components
1C. Published national policy involves a multisectoral approach	Advanced 	Publishing of this national policy was a joint effort and included relevant sectors
1D. Multisectoral steering committee coordinates implementation of a national school health policy	Advanced 	Multisectoral steering committee from education, health, and other relevant sectors
1E. National budget line(s) and funding allocated to school health; funds are disbursed to the implementation levels in a timely and effective manner	Established 	National budget and funding for school health exists in both the health and education sectors; funds disbursed with mechanisms in place
1F. Situation analysis assesses need for inclusion of various thematic areas, informing policy, design, and implementation of the national school health program such that it is targeted and evidence-based	Established 	Situation analysis conducted that assesses the need for inclusion of various thematic areas; policy, design, and implementation of these areas are based on evidence of good practice
1G. Monitoring and Evaluation (M&E)	Advanced 	All M&E activities are being undertaken. The M&E plan for school

		health is integrated into national monitoring and reporting occurs recurrently at national and regional levels
1H. Gender dimension of Health addressed in national education policy	Advanced 	Gender dimension is addressed in a national education policy that is implemented at the national level. There is also an M&E mechanism to monitor gender mainstreaming

Policy Goal 2: Safe Supportive School Environments in Nigeria



Policy Levers:

- Physical school environment
- Psychosocial school environment

A safe, supportive school environment is imperative for schoolchildren who spend a significant part of their day in school. Lack of safe water and other adequate sanitation measures contribute to high rates of disease and mortality among school-age children. On top of disease control, a safe psychosocial environment also affects students positively, fostering the health, well-being and learning potential of adolescents. Children should be mentally healthy on top of being physically healthy, so a supportive learning environment with a sense of personal security, fully gender-sensitive conditions, and healthy relations between pupils and teachers all contribute to the behavior and learning opportunity of students.

Two evident indicators of a healthy school environment are adequate water and sanitation facilities. Although national standards for the provision of safe water and sanitation facilities in schools have been established in Nigeria, few schools have fresh potable water and adequate sanitation facilities (42 percent and 38 percent, respectively).³⁰ M&E tools are in place to monitor, evaluate and maintain the facilities; this is carried out at different levels. Waterborne diseases and dehydration are among the many detrimental threats children face at schools, so standards and care for clean water should be immediately confronted.

Although most schools do not have adequate water or sanitation facilities, there are national guidelines on hand-washing stations in schools and national standards for regulating the safety of school infrastructure.³¹ However, only schools that were built after the safety standards were established and those that were renovated are considered safe. Nigeria has plans and mechanisms in place to update old school buildings to meet national safety standards. There is also systematic

mobilization of the school community and local stakeholders to maintain a healthy school environment. In this manner, safety standards are addressed at both national and community levels.

Apart from physical necessities, a positive psychosocial school environment can also improve school attendance and students' educational accomplishments. Members of Nigerian communities face stigmatization for having HIV and albinism. Stigma is covered in life skills curriculum in all schools,³² and pre- and in-service training for teachers cover stigma issues. The school-level policy to address bullying due to stigma seems sufficient in Nigeria, with support groups available for students and teachers to turn to, as well as country mechanisms that respond to institutional violence in schools.







National standards and guidelines addressing institutional violence have been developed and published³³, and these guidelines are in the process of being disseminated throughout the country. Psychosocial support to teachers and students who are affected by trauma due to shock is also in the process of being established. Nigeria is working towards getting students and teachers access to psychosocial support through referrals, and temporary learning spaces are being set up for targeting psychosocial support.

³⁰ Federal Ministry of Environment, 2005; WASH in School, 2014.

³¹ Federal Ministry of Education of Nigeria, 2006a.

³² UNESCO International Bureau of Education, 2011; Nigerian Educational Research and Development Council, 2003.

³³ Save the Children Sweden, Actionaid, UNICEF, and Plan West Africa Regional Office, 2010.

2. Safe, Supportive School Environments is EMERGING		
Indicators	Score	Justification
2A. Provision of safe water in schools	<p>Emerging</p> 	Need for safe water provision is recognized and standards are established, but there fresh potable water is not available in most schools
2B. Provision of sanitation facilities	<p>Emerging</p> 	Need for sanitation facilities is recognized and established, but national coverage not achieved
2C. Provision of sound school structures and school safety	<p>Established</p> 	Sound school structure standards are set but not all school adhere to these standards; systematic mobilization in place
2D. Issues of stigmatization are recognized and addressed by the education system	<p>Advanced</p> 	Stigma covered in life skills education, pre- and in-service service teacher training provided, support groups in place
2E. Protection of learners and staff from violence	<p>Advanced</p> 	Mechanisms in place to respond to all forms of institutional violence in schools
2F. Provision of psychosocial support to teachers and students who are affected by trauma due to shock	<p>Emerging</p> 	Some psychosocial support is available to learners and teachers but coverage not universal

Policy Goal 3: School-Based Health and Nutrition Services in Nigeria



Policy Levers:

- School-based delivery of health and nutrition services
- School-based screening and referral to health systems

Schools that take simple health interventions to effectively address diseases and health concerns such as malnutrition, short-term hunger, micronutrient deficiencies, vision and hearing impairments, and worm infections largely mitigate burdens and constraints that these diseases bring to schoolchildren.

Nigeria has developed cost-effective and school-based health interventions based on the needs identified in the situation analysis from the previous policy goal. However, not all interventions identified have been implemented and scaled up. There have been actions for school-based screening and referral to health centers and secondary health facilities when necessary.³⁴ Guidelines for implementing Nigeria’s School Health Programme have been developed.³⁵ Capacity building exercises were done for teachers nation-wide.³⁶ This is yielding results at the school level.

3. School-Based Health and Nutrition Services is EMERGING		
Indicators	Score	Justification
3A. The school-based health and nutrition services identified in the situation analysis and outlined in the national policy are being implemented	Established 	Situation analysis undertaken, identifying cost-effective and appropriate school-based health interventions; some are being implemented
3B. Remedial services (e.g., refractive errors, dental, etc.)	Established 	Situation analysis assessed need for school-based screening and referral to remedial services, but no action to implement these services or pre- and in-service teacher training
3C. Adolescent health services	Latent 	No provision of teacher training for referral of adolescent pupils to appropriate adolescent health services

³⁴ Abodunrin, O.L. et al. 2014.

³⁵ Federal Ministry of Education, 2006b.

³⁶ UNESCO International Bureau of Education, 2011.

**Policy Goal 4:
Skills-Based Health
Education in Nigeria**



Policy Levers:

- Knowledge-based health education
- Age-appropriate and sex-specific life skills education for health

A comprehensive health education aims at developing knowledge, attitudes, and life skills that are necessary for health promoting behaviors. There is a growing recognition of and evidence for the important role of psychosocial and interpersonal skills in the healthy development of young people.³⁷ Skills like self-management, communication, decision-making, and problem solving can strengthen the ability of adolescents to protect themselves from health threats and adopt positive relationships.

Nigeria’s National Health Education curriculum³⁸ is fully developed, covering all the issues identified in the country’s school health situation analysis and school health program needs assessment.³⁹ Issues covered include healthy living, body systems, environmental and community health, safety and first aid, nutrition and drug education, diseases (communicable and non-communicable), sanitation and hygiene (water, housing, urban planning), and emergent health issues.

All schools are teaching this developed curriculum, and pre- and in-service teacher training is provided to help teachers master the material. Health-related knowledge that is covered in this curriculum is integrated into school examinations. In terms of age-appropriate and sex-specific life skills for health behaviors, participatory approaches are in place and have been integrated into the national curriculum, but are not effective due to inadequate facilities and supplies to actualize it. There is limited in-service training and capacity building workshops for teachers of this life skills curriculum and no systematic assessment of how these health life skills relate to health learning outcomes, even though the curriculum is taught in most schools.

³⁷ WHO, 2003.

³⁸ Federal Ministry of Education of Nigeria, 2006.

4. Skills-Based Health Education is ESTABLISHED		
Indicators	Score	Justification
4A. Provision of basic, accurate health, HIV, nutrition and hygiene information in the school curriculum that is relevant to behavior change	<p>Advanced</p>	Curriculum fully developed, pre- and in-service training provided, all schools teach this curriculum
4B. Participatory approaches are part of the curriculum and are used to teach key age-appropriate and sex-specific life skills for health themes	<p>Emerging</p>	Participatory approaches integrated into national curriculum but not effective, no pre- and in-service training, life skills curriculum taught in most schools

To view the scores for all indicators and policy goals in one table, please refer to Appendix 1.

Conclusion

Based on the above findings, school health in Nigeria can be seen as established, with areas that could be strengthened moving forward. The following policy options represent possible areas where school health could be strengthened in Nigeria, based on the conclusions of this report.

Policy Options:

- Strengthen financial coordination between federal, state, and local levels.
- Uphold the established standards for safe water and sanitation facilities in schools.
- Create plan to monitor and encourage activities around psychosocial support in schools.
- Implement the school-based and health and nutrition services indicated in the situation analysis, including remedial services.
- Create and implement teaching training curriculum focused on adolescent health issues.
- Create assessments to promote accountability for the inclusion of life skills content in teaching.
- Create and implement teaching training curriculum focused on life skills.

Appendix 1

Table 1. Levels of Development of SABER School Health Indicators and Policy Goals in Nigeria

Systems Approach for Better Education Results: School Health Policy Framework						
POLICY LEVEL	INDICATOR	STAGE				OVERALL SCORE PER DOMAIN
		Latent	Emerging	Established	Advanced	
Policy Goal 1: Health-realed school policies						
National-level policy that addresses school health	School health is included in the national poverty reduction strategy or in the equivalent national policy	School health not yet included in national-level poverty reduction strategy or equivalent national policy	School health discussed by members and partners during preparation of PRSP but not included in final PRSP	School health included in the PRSP or equivalent national policy	School health included in national-level poverty reduction strategy or equivalent national policy, accompanied by targets and/or milestones set by the government	E S T A B L I S H E D
	Published and distributed national policy that covers all four components of FRESH	National recognition of the importance of school health exists but a national policy has not been published as yet	Published national policy that covers some but not all four components of FRESH (e.g. a policy on HIV in education only); some regional and school-level stakeholders have copies	Published national policy that covers some aspects of all four components of FRESH; almost all regional and school-level stakeholders have copies of the national school health policy and have been trained in its implementation	Comprehensive approach to all four areas promoting inclusion and equity; almost all regional and school-level stakeholders have copies of the national school health policy and have been trained in its implementation and written school-level policies exist that address school health	
	Published national policy is multisectoral in its approach	National recognition of the importance of a multisectoral approach to school health exists but a national policy has not been published as yet	Published national policy by the education or health sector that addresses school health	Published national policy by the education and health sectors that addresses school health	Published national policy jointly by both the education and health sectors that addresses school health and includes other relevant sectors (e.g. water, environment, agriculture)	
Coordinated implementation of a national-level policy that addresses school health	A multisectoral steering committee coordinates implementation of a school national health policy.	Any multisectoral steering committee coordination efforts are currently non-systematic	Sectoral steering committee from education or health coordinates implementation of a national school health policy	Multisectoral steering committee from both education and health coordinates implementation of a national school health policy	Multisectoral steering committee from education, health, and one or more other relevant sectors (e.g. water, environment, agriculture) coordinates implementation of a national school health policy	
Governance of the national school health policy	A national budget line(s) and funding allocated to school health; funds are disbursed to the implementation levels in an effective and timely manner	A national budget line or funding does not yet exist for school health; mechanisms do not yet exist for disbursing funds to the implementation levels	National budget line and funding for school health exists in either the health or education sector; school health funds are disbursed to the implementation levels intermittently	National budget line and funding for school health exists in both the health and the education sectors; school health funds are disbursed to the implementation levels in a timely and effective manner	National budget line and funding for school health exists in health, education, and one or more other sectors; school health funds are disbursed to the implementation levels in a timely and effective manner and implementers have the capacity to plan and budget as well as request resources from the central level	
Quality assurance of programming	A situation analysis assesses the need for inclusion of various thematic areas, informs policy, design, and implementation of the national school health program such that it is targeted and evidence-based	A situation analysis has not yet been planned to assess the need for the inclusion of various thematic areas and inform policy, design, and implementation of the national school health program	Incomplete situation analysis that assesses the need for the inclusion of various thematic areas; policy, design, and implementation of some thematic areas are based on evidence of good practice	Situation analysis conducted that assesses the need for the inclusion of various thematic areas; policy, design, and implementation of these thematic areas are based on evidence of good practice and are targeted according to situation analyses of what thematic area interventions to target in which geographic areas	Situation analysis conducted that assesses the need for the inclusion of various thematic areas, along with costings; policy, design, and comprehensive implementation of these thematic areas are based on evidence of good practice and are targeted according to situation analyses of what thematic area interventions to target in which geographic areas	
	Monitoring and Evaluation	Systems are not yet in place for M&E of implementation of school health programming	A M&E plan exists for school health programming and data collection and reporting occurs intermittently especially at national level	The M&E plan for school health is integrated into national monitoring or information management systems and data collection and reporting occurs recurrently at national and regional levels	The M&E plan for school health is integrated into national monitoring or information management systems and data collection and reporting occurs recurrently at national, regional and school levels; baseline carried out and program evaluations occur periodically	
Gender mainstreaming in the national school health policy	Gender dimension of health addressed in the national education policy	Health dimension of gender is not yet formally addressed in national education policy	Health dimension of gender addressed in national education policy but implementation is uneven	Health dimension of gender is addressed in published education policy and is implemented nationally	Health dimension of gender is addressed in published education policy, implemented nationally, and the M&E mechanism includes oversight of the gender mainstreaming	

Policy Goal 2: Safe, supportive school environments						
Physical school environment	Provision of water facilities	The need for provision of safe water is acknowledged, but standards are absent, and coverage is uneven	The need for safe water provision in all schools is recognised, standards have been established, but national coverage has not been achieved	Fresh potable water is available to students in most schools	Most schools have water that is accessible, of good quality and adequate supply; facilities are regularly maintained and monitored	E M E R G I N G
	Provision of sanitation facilities	The need for provision of sanitation facilities is acknowledged, but standards are absent, and coverage is uneven	The need for provision of sanitation facilities in all schools is recognised, standards have been established, but national coverage has not been achieved	Sanitation facilities are available to students in most schools	Most schools provide adequate sanitation facilities and these facilities are regularly monitored and maintained	
	Provision of sound school structures (including accessibility for children with disabilities) and school safety	Construction and maintenance of school buildings is unregulated and national standards are lacking on what constitutes sound school structures and school safety	New schools being built have sound structures and school safety issues are taken into account, but coverage is not universal among older schools	Sound school structure standards are set – both national and local and coverage is universal for new builds and an update program is in place for older buildings; teachers, schoolchildren, families and other local stakeholders are mobilized to achieve and sustain a healthy school environment	National and local standards for sound school structures are fully implemented and coverage is universal; building structures are regularly monitored and maintained	
	Issues of stigmatization are recognized and addressed by the education system	Any responses to issues of stigmatization in schools are currently non-systematic	Some schools are effectively responding to stigma issues, but coverage is not universal; in-service teacher training on stigma issues is being provided	Stigma is covered in life skills education, pre- and in-service teacher training are being provided universally, and bullying as a result of stigma is effectively dealt with at the school level	Stigma is covered in life skills education, pre- and in-service teacher training are being provided universally, bullying as a result of stigma is effectively dealt with at the school level, and support groups responding to specific stigma issues are in place for both learners and teachers	
	Protection of learners and staff against violence	National standards on how to address violence in schools are lacking	National standards on how to address some forms of institutional violence in schools are in place, guidelines are being developed, and in-service training is being provided	National standards and guidelines on how to address some forms of institutional violence in schools are published and disseminated; pre- and in-service teacher training are being provided universally	Mechanisms are in place to respond to all forms of institutional violence in schools	
	Provision of psychosocial support to teachers and students who are affected by trauma due to shock	Provision of psychosocial support for learners and teachers affected by trauma due to shock is non-uniform	Some psychosocial support is available to learners and teachers either in school or through referrals but coverage is not universal	Available psychosocial support for learners and teachers is mobilised (either in school or through referral services) and there is provision of appropriate psychosocial support activities for teachers and students in temporary learning spaces and in child-friendly spaces for young children and adolescents	Effective school-based intervention for supporting students' psychosocial well-being is developed and there is provision of appropriate psychosocial support activities for teachers and students in temporary learning spaces and in child-friendly spaces for young children and adolescents; impact on psychosocial well-being and cognitive function is being monitored	
Policy Goal 3: School-based health and nutrition services						
School-based delivery of health and nutrition services	The school based delivery of health and nutrition services identified in the situation analysis and outlined in the national policy are being implemented	A situation analysis has not yet been undertaken to assess the need for various school-based health and nutrition services	Situation analysis has been undertaken that assess the need for various school-based health and nutrition services but systematic implementation is yet to be underway	Situation analysis has been undertaken, identifying cost-effective and appropriate school-based health and nutrition interventions, some of which are being implemented and taken to scale in a targeted manner in the available budget	All of the school-based cost-effective and appropriate health and nutrition services identified in the situation analysis and outlined in the national policy are being implemented and taken to scale in a targeted manner in the available budget	E M E R G I N G
School-based screening and referral to health systems	Remedial services	A situation analysis has not yet been undertaken to assess the need for school-based screening and referral to various remedial services	Situation analysis has been undertaken that assess the need for school-based screening and referral to various remedial services but implementation is uneven	Situation analysis has been undertaken, identifying those cost-effective and appropriate school-based screening and referral to various remedial services that are being taken to scale in the available budget; in-service teacher training is being provided	All of the school-based cost-effective and appropriate screening and referral to remedial services identified in the situation analysis and outlined in the national policy are being implemented and taken to scale in the available budget; pre- and in-service teacher training are being provided	
	Adolescent health services	Any referrals of pupils to treatment systems for adolescent health services occur non-systematically	Teacher training for referral of pupils to treatment systems for adolescent health services	Teacher training for referral of pupils to treatment systems for adolescent health services with referral ongoing	Pre- and in-service training of teachers for referral of pupils to treatment systems for adolescent health services with referral ongoing	
Policy Goal 4: Health education						
Knowledge-based health education	Provision of basic, accurate health, HIV and AIDS, nutrition and hygiene information in the school curriculum relevant to behavior change	Some schools are teaching some health, HIV, nutrition and hygiene information, but coverage is not universal nor is the information provided	Some health, HIV, nutrition and/or hygiene information is included in the curriculum, but it may not be comprehensive; in-service teacher training is being provided, and the majority of schools are teaching the curriculum covered health information, but coverage is not universal	Curriculum comprehensively covers health (linked to the health issues identified in the situation analysis), HIV, nutrition and hygiene knowledge; pre- and in-service training is being provided; and all schools are teaching the curriculum	Curriculum comprehensively covers health (linked to the health issues identified in the situation analysis), HIV, nutrition and hygiene knowledge; pre- and in-service training is being provided; all schools are teaching the curriculum, and the knowledge is covered in school exams	E S T A B L I S H E D
Age-appropriate and sex-specific life skills education for health	Participatory approaches are part of the curriculum and used to teach key age-appropriate and sex-specific life skills for health themes	Some life skills education is taking place in some schools using participatory approaches, but it is non-uniform and does not cover all of the life skills for health themes	Participatory approaches are part of the national curriculum; some of the key life skills for health themes are covered in the curriculum; in-service training is being provided; and teaching of the participatory approaches is taking place in the majority of schools, but is not universal	Participatory exercises to teach life skills for health behaviours are part of the national curriculum; pre- and in-service training is being provided; and materials for teaching life skills for health in schools are in place and made available and teaching is ongoing in most schools	Participatory exercises to teach life skills for health behaviours are part of the national curriculum; pre- and in-service training is being provided; materials for teaching life skills for health in schools are in place and made available and teaching is ongoing in most schools; and school curricula guidelines identify specific life skills for health learning outcomes and measurement standards, including examinations	

Acknowledgements

This report was prepared from a SABER School Health questionnaire completed by staff of the Ministry of Education, Ministry of Agriculture, Universal Basic Education Commissions, and O' Meals secretariat MOE, Osun state on June 6, 2013.

The research team thanks all the Nigerian participants at the school health and school feeding workshop that took place in Banjul, The Gambia, from June 4-6, 2013; and particularly, Dada J. Josph, National Desk Officer, School Health, Federal Ministry of Education; C.A. Ogu, National Desk Officer, School Feeding, Federal Ministry of Education; Fatima Usman, Desk Officer, Universal Basic Education Commission; and A.J. Oketayo, Programme Manager, Osun State.

The research team also acknowledges Paula Trepman and Angela Ha (Massachusetts Institute of Technology) for their significant contributions to the data analysis and reporting. The research team thanks the many people that have served as reviewers, including Olatunde Adetoyese Adekola, Andy Tembon, Donald Bundy, Michelle Louie and Janet Holt, (World Bank); and Lesley Drake and Kristie Watkins (Partnership for Child Development).

Finally, the research team thanks the Federal Minister of Education, the Commissioner, Universal Basic Education Commission and the Governor of Osun State, Nigeria, for allowing their staff members to attend the Banjul meeting, and to the many others who contributed to the production of this report.

Acronyms

DFID	Department for International Development (UK)
ENHANSE	Enabling HIV & AIDS, TB and Social Sector Environment (USAID)
ETF	Education Trust Fund
FCUBE	Free Compulsory Universal Basic Education
HGSF	Home Grown School Feeding
HIPC	Heavily Indebted Poor Countries
M&E	Monitoring and Evaluation

NECO	National Examinations Council
NEEDS	National Economic and Empowerment Strategy
NGO	Non-Governmental Organization
NITDA	Nigeria Information Technology Development Agency
PCD	Partnership for Child Development
SSA	Sub-Saharan Africa
STEP-B	Science and Technical Education Post-Basic
UBE	Universal Basic Education
UNICEF	United Nations International Children's Emergency Fund
UPC	Universal Primary Completion
WASH	Water, Sanitation, and Hygiene
WASSCE	West African Senior School Certificate Examination
WFP	World Food Programme
WHO	World Health Organization

References

- Abodunrin, O.L., Adeoye, O.A., Adeomi, A.A., Osundina, F.F., and O.R. Ilori. 2014. "Practices, Scope and Determinants of School Health Services in Osun State, Nigeria". *British Journal of Medicine & Medical Research* 4 (35): 5548-5557.
- Bundy, D. A. P. 2011. "Rethinking School Health: A Key Component of Education for All." *Directions in Development*. World Bank, Washington, DC.
- Clarke, S.E., M.C. Jukes, J.K. Njagi, L. Khasakhala, B. Cundill, J. Otodo, C. Crudder, B.B. Estambale, and S. Brooker. 2008. "Effect of Intermittent Preventive Treatment of Malaria on Health and Education in Schoolchildren: A Cluster-Randomised, Double-Blind, Placebo-Controlled Trial." *Lancet* 372 (9633): 127-38.

- Federal Republic of Nigeria. 2013. "Nigeria Millennium Development Goals". UNDP. Accessed from <http://www.undp.org/content/dam/undp/library/MDG/english/MDG%20Country%20Reports/Nigeria/MDGs%20Country%20Report%20KN%20051213%20v2%200.pdf>.
- Federal Republic of Nigeria. Federal Ministry of Education. 2006a. "National School Health Policy". http://www.unicef.org/nigeria/School_Health_Policy.pdf.
- Federal Republic of Nigeria. Federal Ministry of Education. 2006b. "Implementation Guidelines on National School Health Programme". http://www.unicef.org/nigeria/Sch_Health_Prog.pdf.
- Federal Republic of Nigeria. Federal Ministry of Environment. 2005. *Policy Guidelines on School Sanitation*. Environmental Health Watch Blog. Accessed from <http://tsaftarmuhalli.blogspot.com/2011/07/national-environmental-sanitation.html>.
- Fernando, D., D. de Silva, R. Carter, K.N. Mendis, and R. Wickeremasinghe. 2006. "A Randomised, Double-Blind, Placebo-Controlled, Clinical Trial of the Impact of Malaria Prevention on the Educational Attainment of Schoolchildren." *American Journal of Tropical Medicine and Hygiene* 74 (3): 386-93.
- Global Education First Initiative and Good Planet Foundation. 2013. "Accelerating Progress to 2015: Nigeria". Accessed from <http://educationenvoy.org/wp-content/uploads/2013/07/NIGERIA-UNSE-FINAL.pdf>.
- Grigorenko, E.L., R.J. Sternberg, M. Jukes, K. Alcock, J. Lambo, D. Ngorosho, C. Nokes, and D.A.P. Bundy. 2006. "Effects of Antiparasitic Treatment on Dynamically and Statically Tested Cognitive Skills over Time." *Journal of Applied Developmental Psychology* 27(6): 499-526.
- Hoffmann, A. M., and C. Joerger. 2002. "FRESH: a comprehensive school health approach to achieve EFA." UNESCO, UNICEF, WHO, World Bank and Education International Inter-agency flagship programme in EFA. Accessed from <http://unesdoc.unesco.org/images/0012/001255/125537e.pdf>.
- Jukes, M. C. H., L. J. Drake, and D. A. P. Bundy. 2008. "School Health, Nutrition and Education for All: Levelling the Playing Field." CABI Publishing, Wallingford, UK.
- Miguel, E. and M. Kremer. 2004. "Worms: Identifying Impacts on Education and Health in the Presence of Treatment Externalities." *Econometrica* 72 (1):159-217.
- National Population Commission in Nigeria and RTI. 2011. "Nigeria Demographic and Health Survey (DHS) EdData Profile 1990, 2003, and 2008: Education data for decision-making. Washington, DC: National Population Commission in Nigeria and RTI.
- Nigerian Educational Research and Development Council. 2003. "National Family Life and HIV Education Curriculum for Junior Secondary School". NERDC. Accessed from <http://www.actionhealthinc.org/publications/docs/jnrcurriculum.pdf>.
- Nigerian National Planning Commission. 2005. "Meeting Everyone's Needs: National Economic Empowerment and Development Strategy". Accessed from <http://www.imf.org/external/pubs/ft/scr/2005/cr05433.pdf>.
- Nokes, C., S.M. Grantham-McGregor, A.W. Sawyer, E.S. Cooper, B.A. Robinson, and D.A.P. Bundy. 1992. "Moderate to Heavy Infections of *Trichuris trichiura* Affect Cognitive Function in Jamaican School Children." *Parasitology* 104 (3): 539-47.
- Pollitt, E., P. Hathirat, N.J. Kotchabhakdi, L. Missell, and A. Valyasevi. 1989. "Iron Deficiency and Educational Achievement in Thailand." *American Journal of Clinical Nutrition* 50m(3 suppl): 687-96.
- Powell, C.A., P.S. Walker, S.M. Chang, and S.M. Grantham-McGregor. 1998. "Nutrition and Education: A Randomized Trial of the Effects of Breakfast in Rural Primary School Children." *American Journal of Clinical Nutrition* 68: 873-79.
- Save the Children Sweden, Actionaid, UNICEF, and Plan West Africa Regional Office. 2010. "Too Often in Silence: Addressing Violence in Schools: Selected Initiatives from West and Central Africa". http://www.unicef.org/wcaro/VAC_Report_Directory.pdf.
- Seshadri S., and T. Gopaldas. 1989. "Impact of Iron Supplementation on cognitive Functions in Preschool and School-aged Children: The Indian

- Experience." *American Journal of Clinical Nutrition* 50: 675S-84S.
- Simeon, D.T., S.M. Grantham-McGregor, J.E. Callender, and M.S. Wong. 1995. "Treatment of *Trichuris trichiura* Infections Improves Growth, Spelling Scores, and School Attendance in Some Children." *Journal of Nutrition* 125 (7):1875-83.
- Soemantri, A.G., E. Pollitt, and I. Kim. 1985. "Iron Deficiency Anemia and Educational Achievement." *American Journal of Clinical Nutrition* 42 (6): 1221-28.
- UNDP. 2013. "The Rise of the South: Human Progress in a Diverse World: Nigeria". Human Development Report 2013. Accessed from <http://hdr.undp.org/sites/default/files/Country-Profiles/NGA.pdf>.
- UNESCO International Bureau of Education. 2011. "World Data on Education VII Ed. 2010/11: Nigeria". UNESCO. Accessed from http://www.ibe.unesco.org/fileadmin/user_upload/Publications/WDE/2010/pdf-versions/Nigeria.pdf.
- van Stuijvenberg, M.E., J.D. Kvalsvig, M. Faber, M. Kruger, D.G. Kenoyer, and A.J.S. Benade. 1999. "Effect of Iron-, Iodine-, and Beta-Carotene-Fortified Biscuits on the Micronutrient Status of Primary Schoolchildren: A Randomized Controlled Trial." *American Journal of Clinical Nutrition* 69 (3): 497-503.
- WASH in Schools. 2014. "Nigeria: Enabling Policy Environment for WASH in Schools." Accessed from <http://www.washinschoolsmapping.com/projects/Nigeria.html>.
- Whaley, S.E., M. Sigman, C. Neumann, N. Bwibo, D. Guthrie, R.E. Weiss, S. Alber, and S.P. Murphy. 2003. "The Impact of Dietary Intervention on the Cognitive Development of Kenyan Schoolchildren." *Journal of Nutrition* 133 (11): 3965S-71S.
- World Bank. Africa Region. Human Development III. 2003. Nigeria. "School Education in Nigeria: Preparing for Universal Basic Education".
- World Bank and Federal Republic of Nigeria. 2013. Nigeria Education and Skills Policy Notes. Policy Note 1: Education Access, Equity and Quality in Nigeria. Report No: 77597-NG. Washington D.C.
- World Bank. 2014a. World Development Indicators 2000-2013 [statistics]. "Nigeria". Available from the World Bank World Development Indicators database.
- World Bank. 2014b. Education Indicators 2000-2013 [statistics]. "Nigeria". Available from World Bank EdStats database.
- World Health Organization (WHO). 2011. "The School Health and Nutrition Policy (Draft)". Accessed from <https://extranet.who.int/nutrition/gina/en/node/14801>.
- World Health Organization (WHO). 2003. "Skills for Health, Skills-Based Health Education Including Life Skills: An Important Component of a Child-Friendly/Health-Promoting School." Information Series on School Health. WHO, Geneva.

The **Systems Approach for Better Education Results (SABER)** initiative produces comparative data and knowledge on education policies and institutions, with the aim of helping countries systematically strengthen their education systems. SABER evaluates the quality of education policies against evidence-based global standards, using new diagnostic tools and detailed policy data. The SABER country reports give all parties with a stake in educational results—from administrators, teachers, and parents to policymakers and business people—an accessible, objective snapshot showing how well the policies of their country's education system are oriented toward ensuring that all children and youth learn.

This report focuses specifically on policies in the area of **School Health**.

This work is a product of the staff of The World Bank with external contributions. The findings, interpretations, and conclusions expressed in this work do not necessarily reflect the views of The World Bank, its Board of Executive Directors, or the governments they represent. The World Bank does not guarantee the accuracy of the data included in this work. The boundaries, colors, denominations, and other information shown on any map in this work do not imply any judgment on the part of The World Bank concerning the legal status of any territory or the endorsement or acceptance of such boundaries.

