EHESP

Master of Public Health

Master de Sante Publique

Evaluating the Integration of School Health and Well-Being Policies and Programs into Education planning: An analysis of Nigeria's Education for Health and Well-being program

Ayodeji IBRAHEEM

MPH 2, 2023-2024

Location of the Practicum:

UNESCO Health and Education Section.

7 Place de la Fontenoy, 75007 Paris

Professional Advisor :

Parviz Abduvahobov

Health and Education Section, UNESCO

Academic Advisor:

Matthias Brunn

Sciences Po, Paris

ACKNOWLEDGEMENT

I am grateful and acknowledge the support and contributions of my academic and professional supervisors – Dr Mathias Brunn and Mr Parviz Abduvahobov. I appreciate the support they provided towards the development of this work as well as the opportunity to work with them.

I would not have been able to achieve any of this without the support of my partner – Dr Fatou Niang, and our kids – Tina, Jayden and Olori. You guys were super supportive, and I love you all for it. To colleagues turned sisters – Fataiyah Sumaila, Alimatou Barry, and Nana Sylla, taking this MPH with you guys resulted in memories I'll cherish and nurture for life.

This acknowledgement will not be complete without mentioning the support of amazing colleagues at UNESCO headquarters – Health and Education section, the East & Southern Africa (ESA), West & Central Africa (WCA) regional offices, and the Nigeria field office for their support towards the achievement of this thesis.

Lastly, I dedicate this work to the millions of school-age adolescents and young people whose health and well-being are of dire importance simply because they are the future of our civilization(s), economy(ies), development and existence on planet earth.

TABLE OF CONTENTS

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ASCD	Association for Supervision and Curriculum Development
AU	African Union
AYP	Adolescents and Young people
CDC	United States Centre for Disease Control
CSE	Comprehensive Sexuality Education
EHW	Education for Health and Wellbeing
ESP	Education Sector Plan
FLHE	Family Life and HIV Education
FRESH	Focusing Resources for Effective School Health
HIV	Human Immunodeficiency Virus
ISCED	International Standard Classification of Education
NCE	National Council on Education
NGOs	Non-Governmental Organisations
NPSS&V	National Policy on Safety, Security, and Violence-free Schools
NSHP	National School Health Policy
NUC	National Universities Commission
OoSC	Out-of-School Children
RE-AIM	Reach, Efficacy, Adoption, Implementation, and Maintenance framework
SDGs	Sustainable Development Goals
SRGBV	School-Related Gender Violence
SRH	Sexual and Reproductive Health
SSA	Sub-Saharan Africa
STIs	Sexually Transmitted Infections
UIS	UNESCO Institute of Statistics
UNESCO	United Nations Educational, Scientific, and Cultural Organisation
UNICEF	United Nations International Children's Emergency Fund
UNODC	United Nations Office on Drugs and Crime
WASH	Water Sanitation and Hygiene
WCA	West and Central Africa
WFP	World Food Programme
WHO	World Health Organisation

ABSTRACT

Introduction: The integration of school health and well-being policies into educational planning is essential for fostering the holistic development of students. This study evaluates the integration of such policies within Nigeria's Education for Health and Well-being (EHW) program, particularly focusing on the Education Roadmap 2024-2027. The research aims to explore the inclusion of school health themes in the roadmap, identify challenges and opportunities for integration, and examine the translational gaps between policy directions and actual implementation.

Methods: The study employs qualitative research methods, including an in-depth analysis of the Education Roadmap 2024-2027 using the FRESH framework and semi-structured interviews with key stakeholders developed using the RE-AIM framework. These stakeholders include policymakers, educators, and representatives from non-governmental organizations involved in the EHW program. The FRESH framework's four core components—health-related school policies, provision of safe water and sanitation, skills-based education, and school-based health and nutrition services—were used to assess the roadmap's content while the interviews were analysed to understand the challenges and opportunities in integrating school health into educational planning.

Results: The findings indicate that while Nigeria's Education Roadmap 2024-2027 includes prescribed elements of the FRESH framework, some gaps remain. Only a limited number of school health-related actions are explicitly mentioned, highlighting a need for more comprehensive inclusion. Key challenges with integration and policy translation identified include inadequate funding, lack of human resources, cultural biases, and insufficient coordination among stakeholders. Opportunities for improvement were noted in leveraging community support, enhancing stakeholder involvement, and increasing governmental leadership.

Conclusion: Despite notable progress, the integration of school health policies into Nigeria's educational planning remains incomplete. Addressing the identified challenges requires a multifaceted approach, including better funding mechanisms, capacity building, and effective coordination among stakeholders. Enhanced awareness and commitment at all levels are crucial for bridging the translational gaps and achieving the full potential of school health interventions. This study provides valuable insights for policymakers and educators aiming to improve the coherence and effectiveness of school health initiatives in Nigeria.

1.0. INTRODUCTION AND BACKGROUND

1.1. School Health Justification and Relevance

School health refers to a set of measures implemented to diagnose, provide, and improve the physical, mental, social, and spiritual health of students and those staff who are in some way in contact with students (Asadi et al., 2023). UNESCO, in its 2022 report on school health and nutrition defines school health as aiming to protect and promote the health, nutrition, well-being, and development of adolescents, school-age children, and the wider school community through coordinated and comprehensive strategies, activities, and services that are integrated and sustained within the education system (UNESCO, 2022).

Across these two definitions, a significant demographic group is mentioned – “Students” or “school-age” children. It is imperative to note that this group of humans comprises many categories, such as children, teenagers, and adolescents. School-age typically starts across most countries from age 3 - 5 years, starting with prekindergarten and kindergarten, after which early childhood education typically begins at the ISCED level 1, covering primary education, which starts at ages 5 – 7 years lasting through ages 10 - 12 years. This is followed by secondary education at ISCED level 2 (lower secondary general or vocational education), and ISCED level 3 (upper secondary general or vocational education), this puts school-age children at about ages 5 – 18 years (UIS, 2012).

School health is essential for several reasons, one of which is that it reduces health risks among young people and contributes to academic improvement (Ezeiru and Adeniran, 2015). The importance of school health also extends beyond the period of an individual's education, as research on different population groups has shown that adults with higher education levels generally report healthier lives compared with their half-educated counterparts (Institute of Medicine, 2015).

In recent times, several health problems have been identified among students, one of the most prevalent being drug abuse. In 2021, about 5.3% of students between 15-16 years old (a total of 13.5 million students worldwide) were reported as users of cannabis. In South America alone, above 50% of individuals receiving treatments for drug use are less than 25 years old (UNODC, 2023). The CDC reported in 2019 that 22% of the 44,000 fresh cases of HIV infection in the United States are young people between the ages of 13-24 (CDC, 2019). The institution also reported that the median monthly overdose deaths among adolescents increased by 109% between July-December 2019 and 2021 (Tanz et al., 2022). Other common health challenges among students are eye diseases, ear diseases, and diseases of the nervous system (Mihajlove, 2015). Meanwhile, the private and public sectors are hoping

to recruit employees who are not just young and educated but also healthy and can help impact the global economy (Sellers et al., 2019).

Given the above, integrating school health and wellbeing policies into education planning is a crucial step towards improving students' health and maximizing their potential and contribution to society.

1.2. Inter-relationships between health and education

Health and education scholars have explored and established the interdependent relationship between health and education over the years. In the words of the Association for Supervision and Curriculum Development (ASCD) Emeritus Executive, Eugene Carter,

> *"Health and education are related. They are interrelated. They are symbiotic. There is a connection between the two sectors. When one fails, so does the other. When one succeeds, that success feeds the other. We do not just have an isolated duty to want the child to be healthy and educated-we have a moral imperative"* (Carter, 2014)

Physical, emotional, social, and mental health issues hinder the learning process and prevent students from becoming productive in society, and achieving their full potential (Birch and Auld, 2019). Stress, emotional abuse, illnesses and diseases, hunger, vision, and hearing problems, amongst others, are health challenges faced by students all over the world that impede their academic success. (Kolbe, 2019) Also, research has revealed that high school students who are known to use tobacco and alcohol and engage in fights and sexual activities perform poorly compared with students who do not engage in these behaviours (CDC, 2015).

Good health is crucial for a seamless and impactful educational experience, just as educational attainment has been highlighted as contributing to higher life expectancy. Existing literature has established that educated patients tend to live longer because they can understand their health needs, read and follow instructions, and effectively communicate with health workers when required (Zinnerman & Woolf, 2014).

Further to the above, education and health can also be linked together in the sense that lack of resources, stress, and the social and economic environment of an individual can negatively influence school success and induce unhealthy behaviours that eventually cause health problems for the individual (Zinnerman & Woolf, 2014). Also, modern school health has been described as involving ten (10) components; physical education and physical activity, health education, health services, counselling, nutrition environment and services, family engagement, community involvement, social and emotional climate, psychological and social

services, and employee wellness (Kolbe, 2019). These components are an indication of how interwoven health and education are.

In summary, education can be described as the social vaccine for various health conditions (Thompson et al., 2020), while good health is an indispensable requirement for maximising educational opportunities. Education increases psychological, social, and thinking skills, which have been linked to improved health. It also enhances cognitive abilities, sexual and reproductive health and minimises risks of later life ailments (Beadle, et al., 2020). However, anyone who hopes to get as much education as possible to enjoy these benefits can only do so in good health.

1.3. School health policy frameworks

The strong link between health and education has been recognised globally, and some efforts have been made to ensure school health improvement through the education sector in various countries. Several education sector-led commitments exist globally and at the regional level to support the health of adolescents and young people. They serve to remind and nudge policymakers to lend the required policy support and direction for adolescent and school health interventions at the local level. Examples include the 2000 Dakar Framework for Action, the 2022 West and Central Africa Commitment, the East and Southern Africa Ministerial Commitment (Watson et al., 2021), WHO and UNESCO's Health Promoting Schools Initiative in Africa (WHO, 2023), and the African Union (AU) Strategy on Education for Health and Wellbeing (EHW) of young people (UNESCO, 2023).

From a global perspective, multilateral organisations like the World Health Organisation (WHO) and the United Nations Educational, Scientific and Cultural Organisation (UNESCO) have developed educational health and wellbeing strategies to support countries. WHO, for instance, started the Global School Health Initiative in 1995 to improve the health of children, adolescents, and the global community. This was to be achieved through the promotion and execution of health programs in (Levin / s. on et al., 2019). In 2000, WHO, UNESCO, UNICEF, and the World Bank collaborated to start a partnership to focus resources on effective school health, tagged the FRESH framework. This framework seeks to promote school health and nutrition, provision of safe water and sanitation, skills-based health education, and health-related school policies (Levinson et al., 2019). Currently, studies have shown that more than 102 countries have school-linked or school-based health services (Levinson et al., 2019), and over 9 in 10 countries currently implement school health and nutrition programs according to UNESCO's Ready to Learn and Thrive report (UNESCO, 2023)

UNESCO's strategy on education for health and wellbeing focuses on ensuring improved health and education outcomes for students. It has been developed to guide the organisation's

collaboration with relevant agencies and the civil society, to place health and wellbeing at the top of the education agenda (UNESCO, 2022). The main goal of the UNESCO strategy is to support education sectors and other relevant stakeholders in the adoption of a comprehensive approach to school health and well-being, as a way of contributing to ensuring improved education and health outcomes for learners and to the achievement of health, education, and gender equality SDGs (UNESCO, 2022) The organisation will focus on three strategic outcomes to achieve this:

1. Supporting all learners with resilient school health systems to promote their mental and physical health and wellbeing.
2. Empowering learners with quality, gender-transformative, and comprehensive education on sexuality, including life skills, rights, family, and HIV.
3. Ensuring that learners benefit from inclusive learning environments that are safe and free from violence, stigma, bullying, and discrimination (UNESCO, 2022).

Furthermore, organisations like UNESCO continue to collaborate with countries worldwide to ensure the improvement of school health in these countries.

In Turkey, for example, several child health programs have been implemented to improve children's health and reduce infant mortality (Baysal & Ince, 2017). The Turkish Ministry of Health, having taken responsibility for school health since 2005, has collaborated with global and national institutions to execute projects to improve food health, mental health, and dental health and ensure the general well-being of as many students in Turkey as possible (Baysal & Ince, 2017). One such project is the Nutrition Friendly Schools program, which has been in implementation since 2013 by the World Health Organisation. The project's aim is to fight childhood obesity, promote balanced nutrition, and promote regular physical activity among students. Hence, the program generally involves the provision of nutrition education and physical training lessons to students in the school environment. As of 2015, 1423 schools in Turkey have been certified as 'Nutrition Friendly' under this program (Baysal & Ince, 2017).

Coming down to Africa, in Mozambique, the National School Health program was established many years ago to partner with the education and health ministries. This program addresses water-borne diseases and sexual hygiene, provides nutritional support, and undertakes the mass administration of antiparasitic drugs (Amade et al., 2023). Although recent studies have shown that there is a need for the school health program to look into the rate of cardiovascular diseases among students, stating that rheumatic heart disease is the most common heart condition for young people under 25 years in middle and low-income countries (Amade et al., 2023).

The school health programme in Nigeria generally consists of creating safe and healthy school environments for students, providing comprehensive school health education in the school curriculum, and providing school health services by ensuring access or referrals to primary health care, nutrition, counselling, social and psychological services, and promoting staff health and physical activity and education (Public Health Nigeria, 2024).

Figure 1: Components of Nigeria School Health Programme by Public Health, Nigeria, 2024

1.4. School health performance

In a collaborative report by UNESCO, the United Nations Children's Fund (UNICEF), and the United Nations World Food Programme (WFP), it has been reported that countries have considerably improved their investment in children and young persons' school health and nutrition (UNESCO, UNICEF, WFP, 2023). According to these bodies, about 90% of countries in the world have one form of school health and nutrition program. 80% of countries have policies on school feeding, with a 55% increase across low-income countries between 2013 and 2020. Also, about 70% of middle and low-income countries have adolescent school programs to educate students on issues like nutrition, hygiene, sexual and reproductive health, physical activities, and life skills (UNESCO, UNICEF, WFP, 2023). This global report, however, shows that many of these programs are not comprehensive enough, particularly in low-income countries. Also, countries must consistently review programs to ensure they meet the needs of school-age children and adolescents and respond to emerging challenges.

In Africa, the effectiveness of school-based nutrition interventions has been significant. Studies have shown that these interventions minimized malnutrition in students and tremendously increased verbal learning, arithmetic performance, and the general intelligence of children and adolescents (Kyere et al., 2019). 83% of East African countries and 80% of West African countries have developed an education sector strategy against HIV/AIDS. African governments have recognized the value of mainstreaming comprehensive integrated school health nutrition and are willing to gain more knowledge to mainstream better. However, globally, and specifically in Africa, specific challenges limit school health performance.

One of the major challenges in improving school health performance, particularly in Africa, is cost (Sarr et al., 2016). Other major global challenges are empowering schools and other educational institutions to deliver high-quality, school-based health education on a large scale and ensuring effective collaboration among health-promoting non-profit and government organizations to increase thought leadership and activities for educational health promotion (Mann & Lokrmann, 2019).

1.5. The Nigerian Education system: Situation analysis

Nigeria's education sector is decentralised, with most of its decision-making authority residing with the 36 state governments (Kunnuji et al., 2017; Shiffman et al., 2018). The country is diverse socially and across ethnicities, and there are disparities in health, education, and gender indicators tied to economic inequality and social conditions (NPC Nigeria and ICF International, 2019)

Before the establishment of the national school health policy, Nigerian schools had suffered neglect in the implementation of school health programmes (Ademokun et al., 2014). Health care services were inferior, and many heads of schools did not even know that there ought to be a health pre-examination done for students looking to enrol in their schools. Environmental health facilities were largely insufficient, and only about 6% of schools had linkages/affiliations with government clinics in their neighbourhoods (Ademokun et al., 2014). In recent times, many Nigerian schools now claim to have one or more health programmes integrated into their education system. Nearly all schools have effective sanitation programmes to maintain a healthy physical environment. However, most schools, especially government-owned ones, still rely on poor waste removal facilities like pit latrines, well water, and waste dumping in bushes or burning, which subsequently leads to air pollution (Ademokun et al., 2014*).* Therefore, even though there has been a shift from the implementation state of school health policies before the establishment of the national health policy, there is still a lot of work to be done on the implementation of these policies.

1.5.1. School health policy in Nigeria

The Nigerian national school health policy was adopted in 2006 to provide relevant guidelines for the implementation of the overall goals and purposes of the education and health of school children (Dania & Adebayo, 2019). The main goal of the policy was to improve health in the school community and allow for collaboration in promoting child-friendly school environments for students and their teachers (Omotayo & Aliyu, 2020). The main strategies for accomplishing the programs highlighted under the national health policies are planning, partnership, monitoring and evaluation, capacity building, resource mobilisation, advocacy, research, and knowledge sharing. The stakeholders expected to participate in the implementation of this policy included the federal government, states and local governments, ministries, and agencies in collaboration with the Federal Ministry of Education, non-profit organizations, school host communities, and international development partners (Omotayo & Aliyu, 2020). The programmes covered under the national school health policy include:

- **Skill-based health education:** This refers to an education designed to promote the inclusion of sound health knowledge, skills, attitudes, and practices among students. It includes the provision of the appropriate curriculum on mental health, social health, and personal hygiene to teachers.
- **Healthy school environment:** This provides that schools be located in serene environments and that all services and facilities required for students' and teachers' emotional and physio-social well-being must be assured, provided, and sustained.
- **School feeding services:** This service aims to provide all enrolled students a meal daily to minimise hunger, improve nutrition and enhance learning outcomes.
- **School health services:** The school health policy provides for the provision of health services to prevent and cure illnesses in learners and others in the school community and improve their physical health. These health services include referrals, first aid, pre-entry screening, examinations, sickbay provision, and counselling services.
- **School, home, and community relationships:** The national health policy recognises the need for the healthy life at school to be balanced by a healthy life at home, necessitating the need for home-school interactions. This policy provides for the communication of learners' health status to their guardians and home visits by health specialists from the school where such visitation is necessary (Omotayo & Aliyu, 2020*).*

The benefits of school health policies are extensive, including, but not limited to, health and nutritional benefits, higher memory retention, and improved learning outcomes. However, existing research has shown that the above-listed programmes are not fully implemented in the majority of schools nationwide. There have been reports of the lack of health specialists in

many schools (Alafin, et al., 2019), and the school feeding programme has been at best, insufficient to meet the nutritional needs of the students (Tijani, et al., 2018).

1.5.2. Progress with the integration of school health into Education plans

Undoubtedly, Nigeria has recorded some progress in the implementation of programs under its health policies. There have been improvements, for instance, in the key indices for communicable diseases like tuberculosis, malaria, and HIV (Osaiyuwu-Osagiede & Agbonlahor, 2020). However, Nigeria's general implementation of school health policies is very poor. Many teachers lack the essential knowledge of these policies and the roles they have to play to achieve them (Dania & Adebayo, *2019*). Researchers have also identified other factors affecting the integration of school health into education plans. These factors include the ineffective synchronization of roles between the relevant stakeholders and agencies implementing these programs, poor coordination of efforts (Ekenedo & Ekechukwu, 2018), inadequate government funding (Sarkin-kebbi & Bakwai, 2017), inadequate skills on the part of the teachers and other school management responsible for implementation (Sarkin-kebbi & Bakwai, 2019).

It is important to mention the Education for Renewed Hope Agenda, a roadmap for the Nigerian education sector for 2024- 2027. The roadmap was developed in line with the president's aspirations and reviewed by stakeholders before it was adopted and approved by the National Council on Education at its 67th session on 14 and 15 December 2023 (NUC, 2024). The major objective of this roadmap is to return 15 million children to school by 2027. One strategy to achieve this is a policy that has been adopted by the council on senior secondary and re-entry guidelines for adolescent girls who have dropped out of school (NUC, 2024). Another strategy to get out-of-school children back into school is using the school feeding program as a form of attraction for children, improving general school infrastructure, and providing wash and sanitation facilities, separately for both genders, as required (NUC, 2024).

Other plans under the roadmap include increasing the salaries of workers in tertiary institutions by 35%, payment of 4 months' salaries for the 8 months they were on strike, and granting autonomy for recruitment (NUC, 2024). Further, a blueprint against social vices among youth and children has been sent to schools to minimise all forms of violence in the school system (NUC, 2024). There has been a capacity-building workshop and empowerment of traditional rulers on the role of traditional rulers in ensuring the safety and security of the environment of senior secondary schools. There have also been discussions on the integration of digital tools into technical education and exploring innovative teaching materials (NUC, 2024).

While these plans are promising for the future of education in Nigeria, to achieve a significant progress in the integration of school health into education plans, the government and relevant stakeholders in school health implementation must find effective ways to tackle the highlighted obstacles. Government must take funding seriously on their part, and the needed materials, knowledge and resources must be provided to the teachers and other stakeholders in the implementation of these policies.

1.5.3. The Education for Health and Wellbeing program in Nigeria.

UNESCO's strategy for Education for Health and Wellbeing is one of the organisation's strategies to improve school health and nutrition globally and guides its engagement with other multilaterals, UN agencies and CSOs. It seeks to resolve issues with Gender-based violence, gender inequality, HIV and AIDS, sexually transmitted infections (STIs), unintended pregnancies, and violence and discrimination, which still pose serious threats to learners' well-being (UNESCO, 2022). The strategy has three key objectives, which aim to:

- Create and support school systems that promote physical and mental health.
- Empower learners with good quality comprehensive sexuality education that includes HIV, life skills, family, and rights.
- Nurture safe and inclusive learning environments that are free from all forms of violence, bullying, stigma, and discrimination.

The strategy is currently implemented in part through UNESCO's "Our Rights, Our Lives, Our Future" (O3) program at over 33 sub-Saharan African countries including Nigeria, though program implementation was designed in tiers – (7 program acceleration countries, 16 focus countries, and 10 networking countries) meaning that different countries, based on category, had varying levels of technical and financial support (UNESCO, 2023). Started in 2018, it aims at delivering good quality, age-appropriate comprehensive sexuality education to learners through four programmatic objectives stated below:

- Secure and sustain strong political commitment and support for AYP's access to comprehensive sexuality education (CSE) and sexual and reproductive health (SRH) services across SSA.
- Support the delivery of accurate, rights-based, and high-quality CSE programmes that provide the knowledge, values, and skills essential for safer behaviours, reduced adolescent pregnancy, and gender equality.
- Ensure that schools and community environments are safer, healthier, and inclusive for all AYP.
- Strengthen the evidence base on CSE and safer school environments.

In Nigeria, the EHW strategy is delivered as “Family Life and HIV Education” (UNESCO, 2023), though the FLHE curriculum was developed in the country and approved for use by the NCE in 2003 to drive its school-based HIV intervention strategy for AYP at school level in response to the dearth of life skill-based education, and issues with HIV surge amongst adolescents (Igbokwe et al., 2020).The O3 program leverages the initiative by focusing on supporting implementing schools at focal states to deliver curriculum content in the best possible way; this support includes technical support for curriculum reviews, integration into school syllabi, and capacity development for educators through pre-service and in-service training.

1.6. Research Objectives and Questions.

This research explores the extent to which school health and wellbeing policies and programs are being integrated into the Nigerian education planning. Specifically, this study will provide answers to the research questions highlighted below:

a) How inclusive of school health and its themes is the Nigerian Education roadmap 2024 – 2027?
b) What are the challenges and opportunities for integrating school health and its intervention themes into Education plans in Nigeria?
c) What translational gaps between policy direction for school health and its themes contained in the National School Health Policy and the implementation of the EHW (FLHE) program in Nigeria

This research is significant because it will contribute to existing discussions on improving school health in Nigeria, and serve as reference material for relevant stakeholders and future researchers working to improve the integration and delivery of school health and wellbeing policies within the Nigerian education sector

The Federal republic of Nigeria was selected as focus of this study for several reasons, including school health program maturity, access to stakeholders, and the most important consideration of population size, as Nigeria is currently the most populous sub-Saharan African country with about 43% of its population being AYPs between 0 – 14 years of age in 2022 (Statista 2024)

2.0. METHODS

In order to achieve the above-stated research objectives and provide answers to the research questions, this evaluation leverages qualitative research methods through the acquisition of secondary information from literature reviews. This is followed by the analysis of Nigeria’s most recent education sector plan (the Education Roadmap 2024 – 2027) using the FRESH

framework to determine how much of the existing school health policy components and their associated interventions are reflected on the roadmap.

The FRESH framework is an inter-agency normative framework co-developed by WHO, UNESCO, UNICEF, the World Bank, and Education International as part of operational tools to support commitments made at the 2000 World Education Forum held in Dakar. It describes the minimum, cost-effective activities that, when jointly implemented, provide a basis for ensuring effective school health interventions, making schools healthier for children, and ensuring the Education for All objective is achieved (UNESCO, 2002). It has four core components, namely:

1. Presence of health-related school policies
2. Provision of safe water and sanitation
3. Skills-based education
4. School-based health and nutrition services

The Education roadmap 2024 – 2027 was reviewed for elements of the FRESH framework across its eight (8) focus areas, namely: Equitable access, Quality education, and learning outcomes; Skills and Entrepreneurship; Research and innovation education, Infrastructure planning, Education financing, and resourcing; Systems strengthening and Policy recommendations.

To provide answers to the second and third research questions, respectively, qualitative interviews were conducted using a semi-structured interview guide developed through an adaptation of the RE-AIM (Reach, Efficacy, Adoption, Implementation and Maintenance) framework. This framework has been described as one of the frameworks useful in planning and evaluating applied research and interventions due to its ability to report on the translatability of an intervention and generalisability of published health promotion literature (Milat & Li, 2017). The RE-AIM framework evaluates program dimensions at both the individual level and ecological levels - commonly at the staff and setting levels in health systems, though it has also been used at community and national levels (Holtrop et al., 2021). Its key dimensions are:

- Reach and Effectiveness (at the individual level)
- Adoption and Implementation (at the staff, setting, system, or policy/other levels)
- Maintenance (at both the individual and staff/setting/system/policy levels)

This study adapted the adoption and implementation domain of the framework to seek answers from identified stakeholders across Government policymakers, Development partners, and Educators involved with the Education for Health and Wellbeing program in

Nigeria. A semi-structured interview model was decided on to allow for flexibility to cover the discussion agenda and adapt the questions to the respondent's expertise and role as a key stakeholder. It also allowed respondents to discuss more elaborately questions they felt were more important, emerging topics from the exchange as well as contributions that might have been left out in the discussion guide (Green & Thorogood, 2004)

A total of 6 stakeholders were invited to participate in the interviews comprising two (2) policymakers and senior-level directors from the Federal Ministries of Health and Education; two (2) representatives from NGOs supporting the implementation of the Education for Health and Wellbeing/Family Life and HIV Education program; one (1) principal and one (1) teacher from an implementing school. The interviews were conducted with respondents using the semi-structured interview guide; responses were collected via interviewer's notes and audio recordings, and all recordings were transcribed and analysed using Microsoft Excel.

3.0. RESULTS

This section is presented in three parts, which present findings in response to the previously highlighted research questions. The first part of the results discusses findings from the analysis of the Nigeria Education roadmap 2024 – 2027, laying out findings across components of the FRESH framework, while the remaining two (2) parts discuss analytic findings from the key informant interviews. It will be worthy to note here that of all six (6) respondents scheduled to be interviewed for this work, only four (4) respondents were reached resulting in a 67% response rate. Details of each part of the results are presented below, as follows:

3.1. Inclusion of school health and its themes in the Education Roadmap

Nigeria's operational ESP, the Education Roadmap 2024 -2027, was approved by the National Council on Education held from 14th – 15th December 2023 (Federal Ministry of Education, 2023). The roadmap has eight (8) focus areas that aim to achieve twenty-one (21) objectives, they are:

1. Equitable access,
2. Quality education and learning outcomes.
3. Research and Innovation education.
4. Infrastructure planning
5. Education financing and resourcing
6. Systems strengthening
7. Policy recommendations.

Across these focus areas, situation analysis findings were presented alongside details of planned strategies, specific actions, targets, responsible stakeholders, and timelines for implementation. Indicators to measure progress were also developed for all planned strategies to resolve the issues mentioned.

These health-related issues undermine the delivery of effective school health at both policy and school levels.

Policy level

- The inability of operational leads to appropriately translate roles inferred by policy provisions.
- Inadequate stakeholder synergy and collaboration responsible for overlaps or lack of cohesiveness in policy operations.

School level

- Insecurity due to incessant attacks on schools
- Gender-based violence, which places girls at a greater risk.
- Dilapidated and inadequate classrooms, furniture, sanitary, and toilet facilities
- Insufficient Water Sanitation and Hygiene (WASH) facilities, including gender-segregated toilets.
- Socio-cultural and economic barriers that create gender imbalance in Basic and Senior Secondary Education.
- Indulgence in drug abuse and social vices; learners' restiveness leading to school-based gender violence and violent extremism.

Though the planned strategies captured on the education roadmap contain school health-targeted strategies to resolve these identified challenges, opportunities for improved inclusion exist. Specifically, only about eight (8) school health-related specific actions were identified of over three hundred and twenty (320) specific actions captured on the plan. Additionally, these interventions were spread evenly across the FRESH framework components attempting to provide the minimum requirements for an effective school health program within the existing system-level constraints

FRESH Components	Issues identified on ESP	ESP interventions
Health-related school policies	Insecurity due to incessant attacks on schools as well as gender-based	Implement the National Policy on Safety, Security, and Violence-free Schools (NPSS&V)

	violence, which places girls at a greater risk.	Develop an annual Action plan on School Related Gender Based Violence (SRGBV) and a national scheme to support survivors of school attacks and kidnap
	The inability to appropriately translate roles inferred by policy provisions	-
	Inadequate synergy and collaboration responsible for overlaps or lack of cohesiveness in policy operations	Procure and install security gadgets in senior secondary schools in security-prone areas
Provision of safe water and sanitation	Dilapidated and inadequate classrooms, furniture, sanitary, and toilet facilities	Provide additional gender-friendly facilities in basic education schools
	Insufficient Water Sanitation and Hygiene (WASH) facilities, including gender-segregated toilets.	Provide WASH facilities including separate toilets for girls and boys (adequate sanitation facilities to encourage retention
Skills-based education	Socio-cultural and economic barriers that create gender imbalance in Basic and Senior Secondary Education.	Provide Guidance and Counselling services and personnel at all levels of education.
	Indulgence in drug abuse and social vices; learners' restiveness leading to school-based gender violence and violent extremism	Build the capacity of teachers on the promotion of safe schools
School-based health and nutrition services		Sustaining the school feeding programme to attract and retain children in school. (As part of strategies to reduce OoSC)
		Incentivising students through targeted feeding programmes, and effective utilisation of social investment programmes.

Table 1. School-health issues and interventions listed in the Nigeria Education Roadmap 2024 – 2027

3.2. Challenges and opportunities for integrating school health and its intervention themes into Education plans in Nigeria.

3.2.1. Challenges

The integration of school health and its intervention themes into Nigeria's education plans is undoubtedly fraught with several challenges. Analysis of key informant interviews identified the following issues as hindrances to successfully integrating school health programs and policies into education sector plans in Nigeria:

a. Financing

Funding or financing is a principal driver of policy implementation and one of the challenges participants indicated as affecting school health integration into Nigeria's education plans. Financing is a challenge both at the policy and school levels. For instance, talking about the challenges at the policy level, Participant 1 noted that:

"Financing is one of the challenges, the government is not still yet financing any of these things fully"

In the same vein, talking about existing challenges at the school level, Participant 3 stated that:

"... Another one is inadequate funding of the school health programs, like in the school, financially, we are lagging behind for us to provide all we need."

The execution of action plans contained in the 2024-2027 roadmap inevitably requires funding. The roadmap itself expresses the lack of consistency in financing the educational sector, stating that funding was done based on the interest of the government in office. (NUC,2024 p.11). It is not certain that government funding can totally cater to all health and education needs in the education sector. However, the government could at least try to meet up with UNESCO's recommended budget of at least 26%, to which other stakeholders can contribute (NUC, 2024)

Closely related to the issue of financing are the deficiencies with public financial management processes which Participant 1 expressed as follows:

“And that also would, you know, would have something to do with the budgeting, because when you have even the work plans for the year and when they put in their budgets, and the budget is there if it is something that is dependent on government funding then it's going to be a huge limitation because even for one year, the cycle of budgeting, applying for the requested for the funds, reducing the funds, the funds getting to the people who implement, etc. before you know it, the whole year is gone.”

The above response indicates that the processes involved in managing public funds to execute these strategies can be slow, complex, and time-consuming. Consequently, it is not just about ensuring there are enough funds for the execution of these projects; ensuring the funds get to the relevant stakeholders for implementation in a complete and timely manner is an even bigger problem that must be addressed.

b. Heavy reliance on external drivers

Participant response has indicated that there is a heavy reliance on external drivers to drive and implement school health policies and programmes, as policies and implementation priorities are largely determined by donors and multilaterals such as the World Bank, WHO and UNESCO, rather than being championed by the country itself. According to Participant 1:

“…we find that when you have the likes of bilateral and multilaterals interested, you know, in advancing any of those agenda, that when you see a lot more activity, action, traction in that unit. So, you find that okay, maybe there's a World Bank program, or there's UNESCO trying to support this or that"

There is nothing wrong with collaborating with these agencies to execute school health programs. However, reliance on external donors and agencies to push the implementation of a country’s school health policies is not advisable if there is an expectation for National governments to meet all set goals within a given time frame, as well as own, lead, and drive school health interventions. The relevant governmental bodies can champion these implementations, while other relevant stakeholders national and international, provide support as needed.

c. Lack of human resources

Another major theme identified as a challenge by participants in this research is the lack and inadequacy of human resources required to ensure the integration of health strategies. This is not necessarily due to an inadequacy of individuals who are expected to implement these health policies but rather a lack of persons who have the capacity to execute these projects, especially as we proceed from policy to implementation. According to Participant 1:

“The other challenge is of human resource because the capacity to also adequately design, plan, implement the school health program, you find that it's also not it doesn't cascade from top to down.”

Participant 1 further described the situation as those at the higher levels being more experienced and exposed as a result of their close association and interaction with the development partners. This exposure dwindles from the top down, resulting in a lack of capacity among mid-level to low-level officials in the system.

d. Lack of policy awareness and knowledge among key stakeholders

Closely related to the issue of lack of human resources is the lack of knowledge amongst the key role players, that is, those who are expected to implement these health strategies in their various schools. It is interesting to know that these categories of persons are not even aware of existing policies and their expectations. For instance, Participant 3 in one of their responses stated that:

“I do not know of any existence of any school health policy. What I don't know, I cannot speak on it.”

At the policy level, Participant 3 calls for a policy review *“because some of us, who are the policymakers are not even aware of the school health program”*. Similarly, Participant 4 noted in their response that there is a lack of clarity/understanding of the roles of stakeholders in the implementation of health strategies in school planning when she said

“Another problem to the effective integration of this health program in schools is that this lack of cooperation, lack of coordination among the sectors involved like the education sector, health sector, etc, who are involved in these health clubs. There is no coordination.”

Indeed, it is difficult to expect significant progress where some of those who are responsible for ensuring that progress happens, are not even aware of the policies guiding their expected roles.

e. Opposition

Responses from participants have also indicated the presence of opposition from various angles, though this is quite specific to certain aspects of SRH taught as part of the FLHE curriculum. One of them is the existence of cultural bias amongst stakeholders like the teachers in the school. These individuals, having come from various cultural backgrounds and holding on to their own unique beliefs, apparently find it difficult to look past their beliefs and execute their roles as expected. Participant 3 specifically noted that:

“Yeah, cultural norms are affecting teachers. And that is why most of the teachers don't show interest in some of the projects, and some of the things we teach. When we talk about cultural norms like within this place, you don't just come and mention menstruation, to the hearing of a male teacher, wow it's a taboo.”

Participant 4 links the problem of cultural bias to a lack of orientation and knowledge on the part of the opposing teachers, and according to them; “*And you that is trained trying to correct you're seen as opposition, trying to oppose your colleague”*. What this means is that it may not be sufficient to have trained teachers and educators attempt to expose others to the relevant aspects of these policies and their expected roles. Therefore, more formal exposure/training from experts and superiors may be a more effective way of educating these individuals and erasing their cultural bias.

In the same vein, Participant 1 noted that there was a problem of conscious and unconscious biases held by teachers and educators that prevent them from participating in some of the programmes. According to this participant,

“There's also the issue related to quality of delivery of teachers and educators and their own conscious and unconscious biases towards providing support for adolescents. You know, the environment where we grew up in Nigeria where adults assume the role of know-it-all when it comes to young people and the fact that people's biases are also taken into the work as well.”

Another type of opposition identified from the participant’s responses in this research is political opposition. According to Participant 1;

"For example, in 2022, we heard our minister's pronouncements about sex education, those things were workings of the opposition. And it wasn't just a one-day work. It's something that they do over time. So somehow, there's also the ministry being careful, even right now as I'm speaking to you, they are being careful about how they pick out the language, how they couch the program. And that in itself is a challenge is a barrier to how much this can be effectively implemented"

These responses are an indication that cultural norms and bias are fundamental problems that must be taken care of if Nigeria’s educational sector is to witness the successful integration of health strategies into its operational plans. Indeed, in some northern parts of the country, for example, females are married off at very early ages, even when they should still be in school. This practice of early child marriage, particularly in the north, is supported by Islamic interpretations (Ayodele & Arowolo,2022), and some of those who have been found participating in this wrong culture have been identified as prominent men in the political system. A classic example is the case of a Nigerian Senator, Ahmad Yerima, who married a

13-year-old Egyptian girl in 2010 and justified his actions on the teachings of his religion (Ayodele & Arowolo, 2022). Thus, it is not strange that such oppositions may arise to hinder the promotion of programmes geared towards ensuring the education and wellbeing of children, especially where it affects the life and practices of these people.

f. Poor/inadequate school infrastructure

No doubt, infrastructure like toilets and other WASH facilities, sports, and health facilities are required to ensure the successful implementation of these policies. Participant 3 noted this challenge with the response below.

"…we are lagging behind for us to provide all we need like the (sanitary)pad, the water, and the rest of them, sources of water, we lack sources of water and toilet for us to manage the health club that have been established at our school"

Further on in the interview, this same participant also noted that:

"We don't have a conducive environment for the implementation; for the full implementation of these health clubs in our school, we have established them but no conducive environment. Because the resources are not there. Though we are linked to health centres. On ground, the facilities are not there to help us implement them to the core"

Participant 1 also expressed that the provision of infrastructure was a challenge and even insinuated that these facilities were better provided for in schools in other countries.

"I think that infrastructure is also a problem because you also look at okay, what is existing on the ground to deliver for EHW, let's look at school health, hmm hmm what's it called, what they have or facilities they have in the schools. WASH facilities thank you, health bays or sick bays whatever, the nurses and you know, wherever the guidance counsellor offices or facilities, at least you said you're studying where? in France, right? If you were looking at if you went to a secondary school and you went into a guidance and counselling office in that school, I bet it's going to be a lot more welcoming than what you would get here. And so, the environment to deliver these programs even within the school does not support. You know, it doesn't appeal to the psyche, of an adolescent to sit in that environment and really feel safe and feel welcome."

This participant's observation that existing facilities do not appeal to the psyche of the student(s) is a necessary detail to note in the provision of infrastructure. For these facilities to be effective, they must be designed and built specifically to encourage the participation of the beneficiaries; otherwise, the efforts put into these programs may yield sub-optimal results.

g. Lack of coordination among key stakeholders

The integration of health strategies into school planning requires the participation of stakeholders from various sectors, particularly the health and education sectors. However, responses from the participants in this research indicate a lack of coordination among the relevant stakeholders in the programme.

For example, Participant 3, in identifying one of the challenges to health integration, explained as follows:

“Another problem to the effective integration of this health program in schools is that this lack of cooperation, lack of coordination among the sectors involved like the education sector, health sector, etc, who are involved in these health clubs. There is no coordination”

The lack of coordination among key stakeholders is evident in the perceptions of teachers responsible for delivering the Family Life and Health Education (FLHE) program at the school level. These teachers acknowledge the limitations they face in effectively implementing the program, recognizing that they are educators rather than trained health professionals. As Participant 2 stated, *"In most cases, what we do is more of health education and advocacy and sensitization of learners, but we are not health personnel."*

This perception is not necessarily of importance, as the program was designed to be delivered as a curriculum suited to teachers rather than health professionals, but the coordination issues might further exacerbate the dwindling ownership.

Unless participating sectors can find a way to come together to plan and coordinate their projects and activities, execution and implementation processes will always experience hiccups since these sectors must rely on one another in the execution of their roles.

h. <u>Ineffective monitoring systems</u>

Implementation is best ensured through effective monitoring, which determines progress made, reviews strategies, and ensures optimal outcomes. However, Participant 1 noted in their response that the implementation of these strategies is not adequately tracked and monitored. Where school monitoring is done, nothing is done to analyse the information collected and provide recommendations for improvement.

“You know, other than just submitting your monitoring reports, what action is taken after that?

This participant further noted that:

” I am not aware of a space where we are monitoring or looking at how what is happening reflects policy direction. As a matter of fact, some of us who also do work, advocacy work at

regional and global levels, are all actually saying that even the country's presentation on the issue, sometimes outside this space, does not reflect our policy direction."

Without effective project monitoring, measuring the extent of integration and determining what else must be done to ensure an all-encompassing implementation of school policies will be difficult.

i. Other implementation challenges

Outside of the foremost issues earlier discussed, additional challenges that emerged were a lack of prioritization, unsuitable interpretation of policy documents, and the perceived expansion of school health themes outside of the mandate of the relevant stakeholders. Participant 3 noted in their response that:

"In Nigeria, sorry to say that we are good in policymaking. But when it comes to implementation, we have a lot of hinderances."

The above response is not so different from that of participant 1, who also observed that:

"Our policies are very robust in this country; we have a lot of great policies. And they did half of what was in the policies; a lot will change, really. But what's on ground doesn't exactly reflect what is in the policy"

Perhaps one of the reasons for this weak implementation is the interpretation of the policies themselves. Participant 2 in their response explained that:

"What I'm saying is if you look at the roadmap, you will see (the use of generic words) that the word is a content word that in the field has different connotations that can be expanded on because you can't put everything down. If you put everything down in the policy document, you might not have enough space"

This is an indication that the use of too broad language in policy documents can limit the interpretation of the policy and consequently hinder its implementation.

Another factor affecting policy implementation identified from interview responses is that health programmes are not being prioritised by the educational sector. This was stated in Participant 3's response in which they stated that:

"School health programs not seen as priorities within the education sector (e.g., safe spaces and clubs)"

In addition to this, Participant 2 also highlighted the expansion of school health themes outside the mandate of the education ministry and its traditional partners, resulting in a situation where *"a part suddenly becomes so big that you cannot relate it to the whole"*

3.2.2. Opportunities to improve integration*.*

Despite the challenges facing the successful integration of school health in Nigeria's educational plans, there are ample opportunities for integration, as identified from the participants' responses. For example, at the policy level, Nigeria is a signatory to all political commitments at the regional, national, and global levels. This was expressed in Participant 2's response that:

"Nigeria is a signatory to almost all the school health mandates and agreements. Nigeria, adapts everything, whether it is in the SDG or United, whether it is an SDG, or African, continental or regional, whatever. The Ministry of Education, at least I can attest to that is always our way. And we'll be a signatory if you verify"

The implication is that many of the ongoing interventions are somewhat linked to one international agency or another, providing support, if not coordinating such intervention. Consequently, there is an opportunity for the relevant authorities to leverage this support in the execution of school health projects and acquire support to further entrench school health in education sector plans

Further to the above, existing policies align with the WCA commitment made in Brazzaville, providing a thrust for the EHW program. This is reflected in Participant 1's response

"So, we have great policies, the policies and EHW program are connected, they're coherent, as far as I'm concerned"

Another opportunity to improve health integration in educational plans is community and traditional support. In line with Participant 2's statement that "*if it's a community project, you go to the community to go to the traditional route…"* liaising with relevant stakeholders in communities and giving them the proper orientation can help improve execution, especially in the schools in the local communities.

Leveraging the voice of these established authorities at the community level can help to influence education and health authorities to collaborate better, leading to improvements in the integration of school health in the country's education plan(s).

3.3. Translational gaps between policy direction for school health and its themes contained in the National School Health Policy and the implementation of the EHW (FLHE) program in Nigeria

The lack of awareness of the existence of the national school health policy reported by key stakeholders in the system poses a major barrier to achieving synergy between the existing policy direction and the implementation of the EHW program in Nigeria. If the individuals expected to ensure the implementation of these projects are not even aware there is a guiding

policy, how are they expected to achieve their roles, and why it matters? This lack of awareness is also an indication that role players have been executing and implementing largely without a compass or a yardstick with which to measure the effectiveness of their efforts objectively. It is unclear how progress can be recorded and updated to align with the changing times when the majority of the participants in the system are merely working without understanding the underlying guidance.

Another significant gap is the non-existence of mechanisms for policymakers to systematically review current school health programs against the policy direction to ensure there is an alignment and determine other important steps for execution. This gap is highlighted by participant 1 in their response that:

> *“"I don't see from the government end that intention to even come back and say, you know, we have this policy and how is it reflected in our programs. like, how is this action, how are the things that we're doing showing that our policies are being implemented, and that this is our direction"*

Planning existing school health programs with the policy direction in mind will aid authorities stay on track, measure performance and ensure successful implementation of all set intervention goals.

Participant 2 also highlighted the lack of community involvement in policy translation, intervention design, and implementation. Schools are generally located in communities, small or big, and for a more successful implementation of programs, it is more beneficial to liase with community leaders and stakeholders, particularly in securing effective locations to establish relevant infrastructure and encourage both students and their parents to support the health goals of the schools by playing their own roles.

Further to the above, Participant 2 opined in their response that there are times when donor and country realities are misaligned during intervention planning, resulting in poor translation and implementation of these interventions. Ultimately, this indicates a communication gap between the collaborators to ensure that there is agreement on set goals and that interventions are planned to ensure these goals are met.

Training a few select stakeholders, which occurs due to funding constraints, is another gap that must be addressed to achieve the successful integration of school health in the educational planning process. When stakeholders, such as teachers and educators, have differing opinions on policies and interventions due to insufficient understanding, it leads to clashes and opposition. If this lack of shared understanding is not properly addressed, it will

continue to hinder the effective implementation of school health initiatives. This is rightly stated in Participant 3's response as quoted

" It is not all the teachers that were trained, so few of us that were trained are using it. And then some of them that were not trained, see most of the challenges we get is like, when you meet a teacher trying to us some abusive words on the child. And you that is trained trying to correct you're seen as opposition, trying to oppose your colleague".

Closely related to the lack of training of key educators, is the lack of training facilities to educate other teachers and equip them with the capacity to execute their roles. Where there is a lack of facilities for training, implementation of interventions will be challenging. Also, where there are no facilities for the beneficiaries, i.e., toilet facilities for the students, training becomes meaningless, as these practices can still not be effectively achieved. This position is reflected in Participant 4's response that:

"I made mention of it we don't have those facilities to keep the menstrual hygiene though there are pads, sanitary pads provided our schools. emergency sanitary boxes provided at school, but a place or restroom that a child can easily walk into change, wash your hands after changing and all those things, they are not there"

3.4. Strategies and initiatives to improve coherence and effectiveness of school health interventions

Following the identification of challenges, opportunities, and translational gaps, participants also shared their opinions on the steps that can be taken to improve the integration of health in educational planning. These strategies include:

a. Involvement of stakeholders across administrative levels

Given the lack of coordination and communication gap that often results in a misalignment of expectations, it is necessary for stakeholders to be involved in the implementation of interventions across all levels. This is in line with Participant 1's response that:

"So, I think that there needs to be involvement of the stakeholders at various levels. It shouldn't just be driven at the national level. It should be all the way to the principals, all the way to the teachers. They need to, it needs to be socialized"

Closely related to this is the involvement of the community, as suggested by Participant 2 that there should be an all-of-community approach to improve school health policy translation and implementation. In an actual sense, effective collaboration among all the stakeholders is a great way to ensure the conduct of implementation processes and safeguard that these programmes are in alignment with the policy direction.

Also, at the policy level, it is important to ensure that the policy is clear to all stakeholders so that they agree with its interpretation, and everyone is clear on what role(s) they are expected to play. Participant 3's response below reflects this position.

" As I earlier said, to improve the effective implementation of this school health program, there should be a conducive environment. The policies, they should make it in such a way that everybody will be involved, and there'll be coordination. Let it start from the policy, the policymakers should make the policies that coordinate all the sectors involved, so that each would know his/her responsibility in the implementation process"

In addition to ensuring the policy's clarity, Participant 1 suggested that more efforts should be made to help the educators and other key stakeholders understand the policy direction and eliminate translational gaps.

Participant 3 believed that creating a one-budget line for planning among all coordinating sectors, like the ministries of health and education, will also help ensure financing and provide stakeholders with a common ground for effective implementation. According to this participant.

"On the policy level, I will suggest a one budget line planning between the coordinating ministries. So that overlapping interests will be addressed. whereby there will be a common ground"

b. Provision of relevant facilities and implementation infrastructure

Per Participant 3's recommendation, at the school level, it is necessary that the government work to provide needed facilities.

"…provide all the necessary facilities needed in the school to enable us to work well. Facilities like toilet, like good sources of water that will enable us to implement in the school level"

This is undoubtedly a required recommendation for a successful health integration. Without the relevant facilities, any efforts put into the implementation of these policies will inevitably be wasted.

c. Curriculum Review

This is an interesting recommendation from Participant 3, that the school curriculum be reviewed to expand the current scope of skill-based health education topics offered by the schools. According to this participant,

"They should also review the curriculum to include other areas that FHLE program curriculum did not cover, like the nutrition aspect of it."

A curriculum review to accommodate health topics taught to students is undoubtedly an effective way to ensure that health interventions are taught and practiced among the students. However, to maximise this benefit, it is important that teachers in charge of these topics are also properly trained in theory and practice to ensure effective delivery to the students.

4.0. DISCUSSION

A review of existing literature against the results of this study shows some peculiar similarities in the findings of previous researchers on the subject matter.

The findings of this study underscore the inherent connection between health and education, corroborating the existing literature on the subject. Kolbe's (2019) research, as well as the participant responses, highlight the ways in which school health strategies can improve both health and education outcomes, contributing to the development of resourceful and knowledgeable individuals within society. As Participant 1 noted, the integration of school health supports young people's access to information, resilience, and ability to manage emerging challenges while also empowering them to claim their rights, particularly around bodily autonomy and health.

A significant finding of this study is the central role played by international agencies, such as UNESCO, in the translation and implementation of school health integration initiatives. The participants' responses reflect the observation that when international organisations are actively involved in advancing school health agendas, there is a noticeable increase in activity, action, and traction within the field. This aligns with the existing literature, which has identified the pivotal collaborative efforts between international bodies like the United Nations and UNESCO and national governments in achieving successful school health integration (Baysal & Ince, 2017).

However, the study also revealed a range of persistent challenges in the integration of school health initiatives within the educational system. These challenges are largely consistent with the issues identified in previous research. The lack of adequate facilities, particularly in government-owned schools, has been a longstanding concern, with poor waste management practices and limited access to basic amenities, such as water and sanitation, negatively impacting the health and well-being of students (Ademokun et al., 2015). As Participant 1 and Participant 3 highlighted, the physical environment of many schools often fails to appeal to the needs and comfort of adolescents, hindering their engagement and sense of safety.

Another major challenge is the weak implementation of school health policies in Nigeria. As noted by Dania and Adebayo (2019) and Sarkin-kebbi and Bakwai (2019), many teachers lack

the essential knowledge and capacity to effectively deliver these initiatives, a factor that was clearly reflected in Participant 3's admission of being unaware of the school health policy. Participant 1's assertion that the lack of capacity across implementation levels is a significant barrier further underscores this issue.

The lack of coordination among participating sectors and agencies, as well as the problem of inadequate funding, have also been consistently identified as obstacles to the successful implementation of school health policies (Ekenedo & Ekechukwu, 2018; Sarr et al., 2016; Sarkin-kebbi & Bakwai, 2017). Participant 3's experience of coordination challenges within their school context aligns with these previous findings.

Notably, this study has also highlighted an uncommon obstacle that has not been widely reported in the existing literature: the opposition to school health integration influenced by religious beliefs and cultural practices. This is an important area to explore further, as it suggests that implementation can be further hindered by the resistance of powerful individuals or groups who may hold influential positions within the system.

The persistence of these challenges identified in previous research raises concern. It suggests that progress might have plateaued in addressing these issues and ensuring improved integration of school health initiatives into educational plans. The continued prevalence of these challenges, as reflected in the participants' responses, underscores the need for a more comprehensive and sustained effort to overcome these barriers and capitalise on the synergies between health and education.

This study emphasises the need for a holistic approach that addresses the multifaceted challenges, leverages the collaborative efforts of international agencies, and fosters a shared understanding and commitment among all stakeholders to successfully integrate school health into educational plan(s).

5.0. STUDY LIMITATIONS

A major limitation to this study was the unavailability of participants for the interviews. Of the 6 participants proposed for the interview, the researcher was only able to secure sessions with four. Though the four spanned from national-level policymakers, school-level actors, and development partners working across levels, access to all 6 participants could have provided more insights and perspectives on the subject matter and probably improved the research results and made it more comprehensive.

Another limitation of this study is that the RE-AIM framework methodology used in this research was largely limited to the adoption and implementation levels. The planning level was not fully observed due to time constraints and the limitation of resources used for the

research. Given more time to gather resources, especially from relevant stakeholders in the field, this research's contribution to the field of study would have been further improved.

6.0. CONCLUSION

This study finds that Nigeria has significantly improved its efforts to integrate school health into its education sector plan, though there is room for improvement.

First, all relevant stakeholders within the system must understand the policy's purpose and be clear on their roles to ensure interventions are successfully integrated and implemented. Also, improving collaboration across all levels to ensure the effective delivery of health goals will contribute significantly to solving the coordination problem among the stakeholders.

Also, it is important for the government of Nigeria to increase its participation and champion programs while relying only on external donors and agencies for support. It is applaudable that Nigeria is a signatory to a majority, if not all school health policies at global and regional levels. However, rather than wait on these bodies to champion programmes before taking a step, the government could prioritise school health and lead local programmes while development partners can always act to support. This will help the government better own the efforts and lead deployment of its own development programmes reducing its dependence on development partners.

In addition, improving awareness across all administrative levels is integral to the successful implementation of any policy. Stakeholders must be properly educated to eradicate cultural or other forms of bias that might impede their participation. There should also be education at the community level to ensure that all role players, no matter how minute their participation is, are in sync to help achieve set goals.

In terms of funding, the government should consider increasing its allocation for this purpose as much as practicable and prioritise the speedy disbursement of funds so that programs can be implemented in due time. Also, provisions should be made for facilities that can help implement these health strategies, like toilets, sick bays, WASH, and sports facilities, as required.

Finally, it is imperative that school health interventions be monitored and evaluated against existing policy direction to ensure alignment during implementation and reduce translational gaps.

Further research may be expanded to cover more additional system stakeholders to obtain additional information on what has been presented in this study. There is also a need to study how translational gaps can be bridged and the role of the government in bridging gaps.

Researchers can also explore new tools that can be deployed to ensure better integration of school health into education sector plans.

In conclusion, researchers can attempt to come up with effective, practical ways to monitor and measure progress with integrating school health themes into education sector plans. This can help achieve a more critical analysis of the policy to determine progress with implementation and coherence, which in turn will make for effectiveness at both policy and implementation levels.

BIBLIOGRAPHY

Ademokun, M.A., Osungbade, K.O, and Obembe, T.A. (2014) A Qualitative Study on Status of Implementation of School Health Programme in Southwestern Nigeria: Implications for Healthy Living of School Age Children in Developing Countries. American Journal of Educational Research, 2(11) pp076-1087. doi: 10.12691/education-2-11-12.

Adeniran, A. & Ezeiru, S. (2016). School health programme practices among private secondary school administrators in an urban local government area in Lagos state, Nigeria. International Journal of Community Medicine and Public Health. 240-245. 10.18203/2394-6040.ijcmph20151570.

Alafin, B., Adesegun, O. A., Izang, J. A. & Alausa, K. O. (2019). Anappraisal of the School Health Programmes in primary schools in a rural community in Nigeria. Ethiopia Journal of Health Development, 33(3), 153-159

Amade ES, Lichucha E, Ossman Z, Jamal K, Mastala A, Thorup L, Soares CJ, N'Gueta RA, Mocumbi A. (2023) Leveraging School Health Programs in Africa: Integrated Screening for Rheumatic Heart Disease and Dental Caries. Annals of Global Health. 89(1): 81, 1–8. DOI: https://doi. org/10.5334/aogh.4239

AU (2023) AU Continental Strategy on Education for Health and Well-being of Young People, Health and Education Resource Centre Accessed: https://healtheducationresources.unesco.org/library/documents/au-continental-strategy-education-health-and-well-being-young-people.

Ayodele, G & Arowolo, G. (2022). Preventing and Eliminating Child Marriage in Africa: The Perspectives from Nigeria. 119. 27-42. 10.7176/JLPG/119-03.

Baysal, S.U & Ince, T. (2017) Recent Developments in School-Based Health Services in Turkey Journal of Pediatric Research, 5(2) 60

Beadle S., Pich P., Rim J., Howell C., Mnthali N., Machawira P., Manno F., Katayama H., Nji Atanga D. & Ganapathee D. (2021) Investing in adolescent well-being through education, skills and employability. Adolescent Well-being: Background Paper #7 for Multi-stakeholder Consultations. https://pmnch.who.int/resources/publications/m/item/investing-in-adolescent-well-being-through-education-skills-building-and-employability

Birch D. & Auld, E. (2019) Public health and School Health Education: Aligning Forces for Change Health Promotion Practice 20(6) pp818-823

Carter, G. (2014) Integrating coordinated school health and the whole child Initiative. Symposium conducted at the Society for Public Health Education Annual Conference, Baltimore, MD.

Center for Disease Control and Prevention (2015) Making the connection: Health risk behaviours and academic grades. Accessed at: https://www.cdc.gov/healthy.youth/healthandacademics/pdf/DASHfactsheetHealthRisk.pdf

Center for Disease Control and Prevention (2019) HIV and Youth. Retrieved from https://www.cdc.gov/hiv/group/age/youth/index.html

Ekenedo, G. O. & Ekechukwu, R. O. (2015). Achieving better educational outcomes in Nigeria through the school health programmes. European Journal of Research and Reflection in Educational Science, 3(5), 52-62

Federal Ministry of Education. (2023). Press briefing by Professor Tahir Mamman, OON, SAN, Honourable Minister of Education, held on Thursday, 20th, Abuja. Sourced at https://education.gov.ng/wp-content/uploads/2023/09/PRESS-BRIEFING-BY-PROFESSOR-TAHIR-MAMMAN-OON-SAN-HONOURABLE-MINISTER-OF-EDUCATION-HELD-ON-THURSDAY-20TH-ABUJA.pdf

Igbokwe, U.L, Ogbonna, C.S, Ezegbe, B.N, Nnadi, E.M, & Eseadi, C. (2020) Viewpoint on Family Life and HIV Education curriculum in Nigerian secondary schools. Journal of International Medical Research. 48(1) doi: 10.1177/0300060519844663.

Institute of Medicine (2015) Exploring opportunities for collaboration between health and education to improve population health: workshop summary. Retrieved from https://www.nap.edu/read/18979/chapter/1

Kolbe L.J. (2019) School health as a strategy to improve both public health and education. Annual Review of Public Health, 40, p443-463

Kunnuji, M. O. N., Robinson, R. S., Shawar, Y. R., & Shiffman, J. (2017). Variable Implementation of Sexuality Education in Three Nigerian States. Studies in family planning, 48(4), 359–376. https://doi.org/10.1111/sifp.12043

Kyere, P., Veerman, J.L., Lee, P. & Stewart, D.E. (2020) Effectiveness of School-Based Nutrition Interventions in Sub-Saharan Africa: A Systematic Review. Public Health Nutrition 23(14) 2626–36. https://doi.org/10.1017/S1368980020000506.

Levinson J, Kohl K, Baltag V, Ross D.A. (2019) Investigating the effectiveness of school health services delivered by a health provider: A systematic review of systematic reviews. PLoS ONE 14(6): e0212603. https://doi.org/10.1371/journal.pone.0212603

Mann, M.J. & Lohrmann, D.K. (2019) Addressing Challenges to the Relaibale, Large-Scale Implementation of Efffective School health Education health Promotion Practice 1-11.

Mendez, C., Reeder, N., Tolar-Peterson, T., Sargazi, G. & Roberts, M (2022). The Impact of School Meal Programs on Educational Outcomes in African Schoolchildren: A Systematic Review. International Journal of Environmental Research and Public Health. 19. 10.3390/ijerph19063666.

Mihajlova, S. (2015) Health Problems of Students in the Modern Conditions of the Educational Process. Procedis- Social and Behavioural Sciences 214 pp.222-227

National Population Commission (NPC) Nigeria and ICF (2019) Nigeria Demographic and Health Survey 2018 Key Indicators Report. NPC and ICF, Abuja and Rockville.

National Universities Commission (2024) Minister Gives Update on Education Sector Activities *Office of the Executive Secretary Bulletin* 19(2) Accessed at https://www.nuc.edu.ng/8th-january-2024-bulletin/

Public Health Nigeria (2024) Components of School Health Programme in Nigeria, Accessed at https://www.publichealth.com.ng/components-of-school-health-programme-in-nigeria/

Sarkin-Kebbi, M. & Bakwai, B. (2017). Revitalizing school health programmes for effective school administration in Nigeria. International Journal of Topical Educational Issues, 1(2), 199-211.

Sarr, B., Fernandes, M., Banham, L., Bundy, D., Gillespe, A., McMahon, B. et al. (2016) The evolution of school health and nutrition in the education sector 2000-2015 in sub–Saharan Africa.

Sellers, K., Leider, J.P. Gould, E. Castrucci, B.C., Beck A, Bogaert, K. et al., (2019). The State of the US governmental public health workforce, 2014-2017. American Journal of Public Health, 109, pp.674-680.

Shiffman, J., Kunnuji, M., Shawar, Y.R. et al. international norms and the politics of sexuality education in Nigeria. Global Health 14, 63 (2018). https://doi.org/10.1186/s12992-018-0377-2

Statista, Nigeria: Age structure from 2012 to 2022. Found at: https://www.statista.com/statistics/382296/age-structure-in-nigeria/

Tijani, S. A., Opara, J. A. & Jime, H. K. (2018). Government feeding programmes and reduction of hunger: An analysis of public health nutrition among adolescents in Maiduguri's metropolis of North-Eastern Nigeria. Scholarly Research Journal for Humanity, Science and English Language, 6(29), 8144-8152.

Tanz L.J, Dinwiddie A.T., Mattson C.L, O'Donnell, L., Davis NL (2022) Drug Overdose Death Among Persons Aged 10-19 Years- US MMWR Morbidity Mortal Weekly Report

Thompson D., Leis M., Davies N., and Viner R. (2020) Building healthy societies: A framework for integrating health and health promotion into education. Doha, Qatar: World Innovation Summit for Health (WISH). https://2020.wish.org.qa/app/uploads/2020/09/IMPJ7849-02-Schools-WISH2020-201102-WEB.pdf

UNESCO, UNICEF, WFP, 2023. Ready to learn and thrive: School health and nutrition around the world. Paris: UNESCO, UNICEF, WFP.

UNODC, World Drug Report 2023 (United Nations publication, 2023).

Watson, K., Akwara, E., Machawira, P., Bakaroudis, M.,Tallarico, R. & Chandra-Mouli, V. (2021). The East and Southern Africa Ministerial Commitment: a review of progress toward fulfilling young people's sexual and reproductive health and rights (2013–2018). Sexual and Reproductive Health Matters. 29. 10.1080/26410397.2021.1982186.

WHO (2023) Making Every School a Health Promoting School Initiative. Accessed at https://www.who.int/initiatives/making-every-school-a-health-promoting-school

Zinnerman, E. & Woolf, S (2014) Understanding the Relationship Between Education and Health. Discussion Paper- Institute of Medicine of the National Academies. Pp 1-25.

ANNEXES

List of annexes

Annex 1: Study interview guide

Introduction

Hello, my name is Ayodeji Ibraheem, an MPH student at the French school of Public Health in Paris. I am seeking improved understanding of the processes, challenges, and opportunities available for integrating school health policies and programmes into the Education sector plan in Nigeria, as well as understanding the current situation with translation of school health policies into action at school level. These findings will inform the development of my thesis titled "**Evaluating the Integration of School Health and Well-Being Policies and Programs into Education planning: An analysis of Nigeria's Education for Health and Well-being program**".

As a key stakeholder involved in the planning and implementation of education policies and programmes in Nigeria, it is imperative to acquire your perspective and perceptions about the situation of Education planning, integration of school health in education plans as well as, the optimal translation of plans into action in schools and learning environments.

This interview guide aims to gather comprehensive input from stakeholders involved in school health policies and programs, with a focus on understanding the integration process and the translation of policies into actionable practices within educational settings.

Objectives

This interview aims to collect your perceptions and understand the following:

d) What are the challenges and opportunities for integrating school health and its intervention themes into the Education roadmap 2024 - 2027 in Nigeria?
e) What translational gaps between policy direction for school health and its themes contained in the National School Health Policy and the implementation of the EHW (FLHE) program in Nigeria

Informed consent

The study consists of an interview about your experience with education planning, the integration of school health and its themes in education plans, and your experience with the Education for Health and Wellbeing program in Nigeria. This interview will take about 30 to

40minutes of your time. Your participation in this research study is entirely voluntary, you may choose to only answer certain questions and may end the interview at any time.

To help prepare my notes, I will be recording this interview so I can take notes without mistakes. Once I have made my notes, I will delete the recording. Furthermore, your privacy is very important to us, I will be using direct quotations in my notes but will do so in a manner that you will remain anonymous. By continuing, you agree to take part in this study. Thank you for your participation.

Demographics

Gender: □ Male □ Female □ Other (Specify)_____

Age: |__|__| years

Occupation:

Designation:

City of residency:

Interview Questions

RQ 1 (Adoption): What challenges and opportunities exist for adopting school health and its intervention themes into Education sector plans (ESP) in Nigeria?

1. In your opinion, what are the main challenges or barriers to effectively integrating school health and its intervention themes into education plans in Nigeria at policy and/or school level?
    - In terms of severity, are you able to categorize the discussed challenges from least severe to most severe in your opinion?
2. What efforts to the best of your knowledge, have been made to enable the adoption of recommendations from existing school health policy (NSHP 2006) into ESPs such as the Education roadmap 2024 -2027?
    - What will be your opinion on coordination between health, education, and other authorities for education planning at the policy level?
    - What policy and planning level efforts can you recall
    - What field/school-level efforts can you recall?
3. What opportunities exist to improve the integration of school health and its intervention themes into education plans in Nigeria at policy and/or school level?

RQ 2 (Implementation): What translational gaps between policy direction for school health and its themes contained in the National School Health Policy and the implementation of the EHW program in Nigeria.

1. In your opinion, can you describe existing synergies between the existing policy direction for school health and its themes in Nigeria covered by the NSHP, and the Education for Health and Well-being (EHW/FLHE) program in Nigeria?
    - Could you describe the objectives and policy components guiding the EHW/FLHE program in implementing schools, and how they align with the National school health policy?
2. In your opinion what gaps between the NSHP, the Education roadmap, and the EHW/FLHE program implemented at school-level?

- Can you provide examples of specific gaps or discrepancies between policy intentions and the actual implementation of the EHW program?
- What category of factors (Political, Socio-cultural, Capacity or otherwise) contributes to any translational gaps that have been observed in your opinion?
- Are there specific mechanisms or indicators in place to assess the extent to which the EHW/FLHE program reflects the intended policy direction?
- Has any evaluation been conducted for the EHW/FLHE program? What were the findings on policy translation to action?

3. In your opinion, what strategies or initiatives could be implemented to improve the coherence and effectiveness of the EHW program in relation to policy goals for school health?

Key informant roles and details

S/No	Interviewee alias	Role	Length of interview
1	Participant 1	Development partner supporting the EHW/FLHE program across National and sub-national levels	54 minutes
2	Participant 2	Senior policy maker at the Federal Ministry of Education, Nigeria	72 minutes
3	Participant 3	Program mentor, and teacher at an implementing school in Ebonyi state, Nigeria	62 minutes
4	Participant 4	Principal of an implementing school in Ebonyi state, Nigeria	55 minutes

Résumé

Introduction : L'intégration des politiques de santé et de bien-être à l'école dans la planification de l'éducation est essentielle pour favoriser le développement holistique des élèves. Cette étude évalue l'intégration de ces politiques dans le programme d'éducation pour la santé et le bien-être (EHW) du Nigéria, en se concentrant particulièrement sur la feuille de route pour l'éducation 2024-2027. La recherche vise à explorer l'inclusion des thèmes de santé scolaire dans la feuille de route, à identifier les défis et les opportunités d'intégration, et à examiner les écarts de traduction entre les orientations politiques et la mise en œuvre réelle.

Méthodes : L'étude utilise des méthodes de recherche qualitative, notamment une analyse approfondie de la feuille de route pour l'éducation 2024-2027 à l'aide du cadre FRESH et des entretiens semi-structurés avec des parties prenantes clés élaborés à l'aide du cadre RE-AIM. Ces parties prenantes comprennent des décideurs politiques, des éducateurs et des représentants d'organisations non gouvernementales impliquées dans le programme d'éducation à la santé. Les quatre composantes essentielles du cadre FRESH - politiques scolaires liées à la santé, approvisionnement en eau salubre et assainissement, éducation basée sur les compétences et services de santé et de nutrition en milieu scolaire - ont été

utilisées pour évaluer le contenu de la feuille de route, tandis que les entretiens ont été analysés pour comprendre les défis et les opportunités liés à l'intégration de la santé scolaire dans la planification de l'éducation.

Résultats : Les résultats indiquent que si la feuille de route pour l'éducation 2024-2027 du Nigeria comprend des éléments prescrits du cadre FRESH, certaines lacunes subsistent. Seul un nombre limité d'actions liées à la santé scolaire sont explicitement mentionnées, ce qui souligne la nécessité d'une inclusion plus complète. Les principaux défis en matière d'intégration et de traduction des politiques sont notamment le financement inadéquat, le manque de ressources humaines, les préjugés culturels et la coordination insuffisante entre les parties prenantes. Des possibilités d'amélioration ont été relevées en ce qui concerne l'obtention du soutien de la communauté, le renforcement de l'implication des parties prenantes et l'accroissement du leadership gouvernemental.

Conclusion : Malgré des progrès notables, l'intégration des politiques de santé scolaire dans la planification de l'éducation au Nigeria reste incomplète. Pour relever les défis identifiés, il est nécessaire d'adopter une approche à multiples facettes, notamment de meilleurs mécanismes de financement, le renforcement des capacités et une coordination efficace entre les parties prenantes. Une sensibilisation et un engagement accrus à tous les niveaux sont essentiels pour combler les lacunes en matière de traduction et réaliser le plein potentiel des interventions en matière de santé scolaire. Cette étude fournit des informations précieuses aux décideurs politiques et aux éducateurs désireux d'améliorer la cohérence et l'efficacité des initiatives de santé scolaire au Nigéria.