



NATIONAL OPEN UNIVERSITY OF NIGERIA (NOUN)

Plot 91, Cadastral Zone, Nnamdi Azikwe Express Way, Jabi, Abuja

Website: <http://noun.edu.ng>

B.Sc (Ed) Health Education

HED 434

SUPERVISION OF SCHOOL HEALTH PROGRAM

Course Team: Dr. Adijat M. Abdulraheem

(Course Writer)

Department of Health Promotion and Environmental Health Education,

Faculty of Education, University of Ilorin, Nigeria

elias.am@unilorin.edu.ng

Course Editor:



NATIONAL OPEN UNIVERSITY OF NIGERIA (NOUN)

National Open University of Nigeria Headquarters

University Village

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COURSE GUIDE

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Introduction

The purpose of school health program supervision is to learn more about how to organize, execute, and evaluate the major components of a school health program. It will assist students in learning how to develop, formulate policies, and monitor school health and physical education programs. Healthful school environments, health education, school feeding programs, school, home, and community relationships, school health services, and physical education programs are examples of such programs.

What You Will Learn in this Course

HED 434- Supervision of School Health Program is a two-credit unit course that covers school health programs in depth, guidelines for a comprehensive school health program, supervision and administration of physical education programs, the importance of physical education program administration and planning, as well as facilities for the implementation of school health and physical education programs. You will gain the necessary knowledge, attitudes, values, and abilities to comprehend the concept of school health and physical education program supervision. This will be an eye opener for you and will help you plan and administer a school health program.

Course Aim

The purpose of this course is to give you accurate information on the concepts and definitions of health program administration, planning, and supervision, as well as the policies and facilities needed to implement school health and physical education programs.

Course Objectives

By the end of this course, you will be able to:

- i. Define related terms in Health Program Supervision and administration
- ii. Describe the School Health Program
- iii. State the guidelines for school health program supervision;

- iv.Explain why administration and planning are important.
- v.Explain the administrative facilities for school health and physical education programs.

Working Through the Course

You must read the course material from unit to unit in order to obtain a deep comprehension of the topics and to successfully complete this course. Each unit has a self-assessment exercise that you should try to complete. You will also find references in this course content that you can utilize for additional reading.

Course Materials

The module, which will be made available to you on-line and organized into units for proper learning, is included in the course materials for this course. It is available to you wherever you are and whenever you need it.

Study Units

This course is divided into seven modules with a total of 26 study units. The followings are the modules and units:

MODULE 1 CONCEPT OF SUPERVISION, ADMINISTRATION AND PLANNING

- | | |
|--------|---------------------------------------|
| Unit 1 | Definition of Terms |
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| Unit 3 | Components of School Health Programme |

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- | | |
|--------|--------------------------------|
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- Unit 3 Skill-Based Health Education
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- Unit 1 Stakeholders in School Health Programme
- Unit 2 Facilities Required for a School Health Centre

MODULE 5 DEVELOPMENT OF ACTION PLAN

- Unit 1 Healthful School Environment
- Unit 2 Development of Action Plan for School Feeding Services
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- Unit 1 Physical Education and it's Challenges
- Unit 2 Administration of Physical Education and Sports in Primary
Schools
- Unit 3 Administration of Physical Education and Sports in
Secondary Schools
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MODULE 7 PROVISION OF FACILITIES FOR PHYSICAL EDUCATION AND SPORTS

- Unit 1 Key Elements in Planning of Sports Programme
- Unit 2 Planning Processes Involved in Physical Education, Recreation
 and Sports

Textbooks and References

At the end of each unit, you'll find a list of resources for further reading. It's a good idea to check out the references and resources. You may also use the internet to research course-related material. As a result, you'll be able to cover a wide range of topics during the course.

Assignment File

A Self-Assessment Exercise and Tutor-Marked Assignment are included at the end of each Unit. You should put in a lot of time practising the exercises and evaluating yourself. You should also make an effort to apply what you've learned in this course to this activity.

Tutor Marked Assignment

The final grade will be determined by the Tutor Marked Assessment (TMA), which is worth thirty (30) marks. A final examination for seventy (70) marks will be given at the end of the course.

Final Examination and Grading

This course's final examination is worth seventy per cent of the grade (70 percent). You will be require to take the final examination in each of your study centre .

Presentation Schedule

The presentation schedule for this course includes the modules, units, and self-assessment activity. You must read all of the modules, answer all of the questions, and

turn in all of your work by the deadlines. You should make every attempt to stay on track with your work.

Course Overview

What is certain is that children's education and health are intricately linked. A student who is not healthy, who has an undiagnosed eyesight or hearing problem, who is hungry, or who is impaired by drugs or alcohol, will not benefit fully from the educational process. Similarly, an individual who does not receive early help in developing healthy attitudes, beliefs, and behaviours is more likely to experience the repercussions of lower productivity later in life. School might be one of the most important places for children and teenagers to learn about the issues that affect their health. It can also be the location where some or all of the required health care services are provided or coordinated. Youths are considered to make up one-third of our population and our entire future.

How to Get the Most from this Course

This course's medium of instruction is the course module. The course module allows you to read and learn at your own pace and at a time and location that is most suitable for you. Each study lesson includes an introduction, goals, and self-assessment questions to help you learn the material better. Each module requires you to read all of the modules and respond to all of the questions at the conclusion. Attend all facilitating sessions at your study center and make sure to answer all of your TMA questions. You will be expected to take a final examination at the end of the course.

Facilitators/ Tutors and Tutorials

You will be able to connect with your professor and colleagues from all around the world via online facilitation.

Summary

The course is divided into four modules, each of which includes an overview of supervision, administration, and planning, as well as guidelines for comprehensive

supervision of school health programs, guidelines for comprehensive supervision of physical education programs, the importance of school health program administration and planning, and facilities for school health program administration.

MODULE 1: CONCEPT OF SUPERVISION, ADMINISTRATION AND PLANNING

UNIT 1 DEFINITION OF TERMS

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Administration
 - 3.2 Planning
 - 3.3 Other Related Terms
- Self Assessment Exercise
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

The definition of related terms are discussed in this section. Such terms include health, administration, planning, health programs, Health education, Physical education and comprehensive school health programme.

2.0 Objectives

At the end of this unit, you will be able to define the following terms;

- i) Administration
- ii) Planning
- iii) Health
- iv) Comprehensive School Health Programme

3.0 Main Content

3.1 Definition of Administration

Working with people to make decisions and take actions in order to attain established goals and purposes is what administration is all about. The universal process of efficiently managing people and resources in order to steer activities toward common aims and objectives is known as administration. Administration is also the management of an organization's affairs, such as a business or an institution. It is the act of launching an organization's aims and objectives.

Components of Administration: 4 major components

- Definition of specific functions and task
- Formal organization
- Group work
- Leadership

Philosophies Guiding Administration of Health Education

1. Philosophy of Health Education

It is a continuum that considers both individuals and society, as well as contemporary approaches that acknowledge the relevance of health education. It encompasses an ecological interaction in optimal health, serious sickness, and finally death. It is easier to reach optimum health status when this ecological model of health and disease is understood in health administration and health program planning. All of these elements must be grasped while discussing administrative philosophy. One of the most basic philosophies of administration is what it does for humans, which is essentially to contribute to human improvement.

2. People do not miraculously work together

There is no magic for bringing people together to pursue the same goal & objective if they are not connected administratively & if roles and functions are not clearly defined.

3. Administration helps in fulfilling desired goals, wishes & objectives

Administration is a means to an end, not an end in itself. The goals of accomplishing the ecological model of health are closely tied to health management, whether it is school

health, community health, public health, hospital health, home health, or society health, etc.

4. School health administration, like every other level of administration, requires apparatus and an organizational framework.

5. Administration exist for people & not people for administration

In another sense it could be said that administration is a good servant but a bad master. A good servant if well utilized but a bad master if it is poorly utilized.

6. There must be associated effort in administration so that administration will give a good direction.

7. There must be leaders and there must be followers.

3.2 Planning

Friedmann defines planning as the direction of change within a social system. Planning, according to Arnold, is the use of scientific thinking to solve problems (rationality, resource allocation, and the aims of what you want to prepare for). According to McCluskey, planning is the effort you make to reach certain future objectives by making a sensible decision in the presence of the necessary resources (people, money, and physical space) to meet the specified objectives. It's the process by which the choices you make now are linked to the outcomes you want in the future. It's also the process of making decisions about future activities based on a series of options.

Planning, according to Brittan, is a policy formation exercise or a collection of policies that together form a credible strategy for reaching a specified goal.

We must keep in mind that planning is not the same as forecasting in all of these categories. Planning isn't just a collection of actions that aren't tied to the people who will carry them out. Programme planning is a political and social process that focuses on people, not just a set of techniques.

The following are the elements of planning in general.

Solving problems, allocating resources, utilizing future trends, and pursuing desirable objectives

The following are the assumptions that underlie planning: 1.It is a calculated intervention that will better the future

2. Decisions must be made now in the context of a future time horizon.
3. It is also thought that plans must be adaptable and resilient, that is, broad enough to accommodate a variety of circumstances.
4. A minimal decision should be made at any given time.
5. From the start, the methods for attaining the goals must be specified and identified.

Planning has to be a never-ending process. For the school and health educator, planning is a tool for systematic thinking that allows for informed decision-making and intelligent anticipation when delivering school health programs and promotions to students.

Why is it necessary to plan for the SHP?

There will never be enough resources in the health industry to meet all of the demands. These resources are so sparse in a school system that a SH planning program is practically impossible to implement. As a result, this circumstance necessitates a significant amount of effort to maximize opportunity through careful planning. Finance, labor, facilities, equipment, infrastructure, the body of knowledge available, and technology for health promotion are all areas where these needs are particularly prominent in SH planning. For successful and efficient planning, all of these are necessary. Furthermore, health issues in schools and health educators' responsibilities have expanded to include many different sectors and professional contributions. The majority of planning requirements arise from a lack of good program administration and control, and the need for health program planning stems from a variety of issues that may or may not be related to one another. The necessity to cope with present technological changes is another cause and purpose for health program design. Other reasons for planning include'

- Consumer demand/student health needs must be met and dealt with.

- To conquer and regulate the size, complexities, and issues that now exist inside the organization.
- To develop a process that is acceptable and compatible with educational practices.

In conclusion, the SH administration is more competitive than ever before, competing with other interests such as education, housing, other school departments, the environment, and other services within and outside the school community. As a result, comprehensive planning is required in order to prioritize resource allocation. As a result, the school health provider/community health professional/medical health professional must create clear plans, identify and quantify the health needs and challenges of the social subset in which he works, and provide strong implementation processes.

What is Health?

Health can imply a variety of various things to different persons or groups of people. We'll look at many definitions of health in this area. According to the World Health Organization, health is a condition of complete physical, mental, and social well-being, not only the absence of sickness, damage, or disability.

There are also more definitions of health.

- It's a way of living that involves dynamic interaction and independence between people's well-being, mental and emotional responses, and the social complex in which they live.
- It's a holistic approach to working that focuses on maximizing an individual's potential. It necessitates that the individual maintains a continuous state of equilibrium and intentional direction with the environment in which he or she is working.

Internally consistent values, attitudes, beliefs, and external social and cultural pressures shape health as a set of health-enhancing behaviours.

Capacity Building

The process of establishing and enhancing the skills, instincts, abilities, processes, and resources that organizations and communities require to survive, adapt, and thrive in an ever-changing world is known as community capacity building.

Community mobilization: This is a strategy for bringing together human and non-human resources to carry out developmental activities in order to achieve long-term development.

Collaboration: This is when you cooperate with others to complete a task or reach a common objective. It is a recursive process in which two or more people or organizations collaborate to achieve shared goals (this is more than the intersection of common aims observed in cooperative ventures, but a deep, collective commitment to achieve the same goal).

Partnership: A sort of commercial organization in which two or more people pool their money, skills, and other resources and share profit and loss according to the partnership agreement's conditions. A partnership is assumed to end if the participants in an enterprise agree to share the related risks and profits equitably in the absence of such an agreement.

Retraining: This is the process of learning a new skill or trade, usually as a result of a change in the economy. Rather than an upward progression in the same subject, it usually represents changes in profession.

3.4 School Health Program (Comprehensive)

This is an organized set of policies, processes, and activities aimed at safeguarding and promoting the health and well-being of students and staff, and has traditionally included health services, a healthy school environment, and health education. Physical education, food and nutrition services, counseling, psychiatric and social assistance, employee health promotion, and family/community involvement should all be included.

Self Assessment Exercise

1. The four major components of administration are

2. Health is

3. is an organized set of policies, procedures and activities designed to protect and promote the health and well-being of students and staff of a school?

4. Give three reasons why planning is necessary

Ans:

1. Definition of specific functions and task

- Formal organization
- Group work
- Leadership

2. A state of complete physical, social and mental well-being of an individual and not merely the absence of a disease or infirmity.

3. School health programme.

4. The need to cope with contemporary technological advances

- The need to meet and cope with consumer demand/student health needs
- To overcome and control existing organizational size, complexities and challenges

4.0 Conclusion

Administration is a way of organizing through working with people to achieve a set objectives or goals. It is a way of harnessing all available resources including (human and material resources) to achieve a set goal. Planning on the other hand is the effort you make to achieve a proposed objectives in the presence of all the required resources. While health is the complete physical, mental and social well-being of an individual and not merely the absence of a disease, injury and infirmity. Lastly, school health programme includes all the activities put in place by the school to improve the health status of the students and staff of the school.

5.0 Summary

In this unit, you have learnt the description of administration, planning, health and comprehensive school health programme

6.0 Tutor Marked Assignment

1. Describe administration
2. What is planning?
3. State the philosophies of administration

7.0 REFERENCES/FURTHER READING

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Unit 2 Comprehensive School Health Programme

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- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Concept of School Health Programme
 - 3.2 Goals of School Health Programme

Self Assessment Exercise

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

The concept of school health programme and its component are all discussed in this unit.

2.0 Objectives

At the end of this unit, you will be able to;

- v) Explain the concept of School health programme
- vi) Describe the Goals of a Comprehensive School Approach

3.0 Main content

3.1 Concept of School health programme

You may have heard of a school health program during your prior academic years. A school health program is a coordinated series of activities/events held at a school to promote the physical, emotional, and educational development of all students and members of the community. A school health program considers more than what occurs in the classroom. What is certain is that children's education and health are intricately linked. A student who is not healthy, who has an undiagnosed eyesight or hearing problem, who is hungry, or who is impaired by drugs or alcohol, will not benefit fully from the educational process. Similarly, an individual who does not receive early aid in

developing healthy attitudes, beliefs, and behaviours is more likely to experience the repercussions of lower productivity later in life.

According to health experts, an unhealthy lifestyle is responsible for 50% of all premature sickness, injury, and mortality. Students' health-related information, attitudes, and behaviors can all be improved with a comprehensive school health strategy, according to experience and research. Other significant determinants of health status, including as genetics, the health-care delivery system, and socio-economic, cultural, and environmental factors, are also acknowledged as requiring a multidimensional approach to maintaining and improving health status.

3.2 Comprehensive School Approach Goals

A comprehensive school health approach encompasses a wide range of activities and services that take place in schools and their surrounding communities to help children and youth improve their health, reach their full potential, and form productive and fulfilling relationships in their present and future lives. The objectives of a comprehensive strategy are to:

1. Support health and well-being.
2. Avoid certain diseases, ailments, and injuries.
3. Avoid high-risk social interactions.
4. Assist children and youth who are in need or who are at risk.
5. Assist people who are already in need of particular medical attention.
6. Encourage good health and safety habits.

The achievement of these objectives necessitates a multi-pronged approach that coordinates different projects and employs multiple tactics. Families, students, and community people should be included in the program design process via work teams working with a coordinating council. Furthermore, in order to effectively address specific health-related challenges, professional staff development is required. A comprehensive school health program focuses on key behaviours that contribute to students', staff's, and families' health, safety, and well-being, while also ensuring a supportive and healthy atmosphere that fosters academic growth and development. Leadership from health and education agencies, as well as elected and appointed officials, is required for the successful implementation of this comprehensive approach,

as is adequate funding, trained personnel, administrative support, appropriate policy, quantitative and qualitative evaluation, legislation, and regulations.

Self Assessment Exercise

1. What is school health programme?
2. State four goals of School health programme

Ans

1. School health program is an integrated planned school based set of activities/events designed to promote the physical, emotional, & educational development of all learners & members of the society. School health program looks beyond what happens in the classroom.

2. The goals of school health programme includes;

- I. Promote health and wellness.
- II. Prevent specific diseases, disorders and injury
- III. Prevent high risk social behaviours.
- IV. Intervene to assist children and youth who are in need or at risk.

4.0 Conclusion

The health and well-being of children and youth must be a fundamental value of society. Urgent health and social problems have underscored the need for collaboration among families, schools, agencies, communities and governments in taking a comprehensive approach to school-based health promotion.

5.0 Summary

This unit looked at the concept of and goals of school health programme

6.0 Tutor Marked Assignment

1. is an integrated planned school based set of activities/events designed to promote the physical, emotional, & educational development of all learners & members of the society?
2. Attainment of the goals of school health programme requires

.....

3. State five goals of school health programme
4. State three stakeholders in the planning of a comprehensive school health programme

7.0 REFERENCES/FURTHER READING

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UNIT 3 Components of School Health Programme

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- 3.0 Main Content
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 - 3.2 Importance of a comprehensive school health Programme
 - 3.3 Obstacles to health programme planning
 - 3.4 Criteria for Organisation & Administration of School Health Programme

Self Assessment Exercise

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the various components of school health programme

2.0 Objectives

At the end of the lesson, students should be able to;

- i) State the components of a comprehensive school health programme
- ii) State importance of a comprehensive school health programme
- iii) Obstacles to health programme planning
- iv) Criteria for Organisation & Administration of School Health Programme

3.0 Main Content

3.1 Major Components of a Comprehensive School Health Programme

The followings are the major components of a school health programme;

1.Health Education: Health education allows students to gain the knowledge, attitudes, and skills they need to make health-promoting decisions, achieve health literacy, adopt health-promoting behaviours, and promote the health of others. Comprehensive school

health education covers topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention for students in grades pre-kindergarten through 12. The National Health Education Standards should be addressed in health education curriculum (NHES). Students who receive health education are more likely to live healthier lives. Health education is taught by qualified and educated teachers.

2. Health Services: These services are intended to ensure access to or referral to primary health care services, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counselling opportunities for promoting and maintaining individual independence.

These services are provided by qualified professionals such as physicians, nurses, dentists, health educators, and other allied health specialists.

3. School Feeding Program: All students should have access to a range of nutritious and enticing meals that meet their nutritional and health needs.

The dietary Guidelines for and other requirements for achieving nutrition integrity are reflected in school nutrition programs. School nutrition services provide students with a learning laboratory for nutrition and health education in the classroom, as well as a resource for establishing connections with nutrition-related community services. These services are provided by qualified child nutritionists.

4. Healthy and Safe School Environment: The physical and aesthetic surrounds, as well as the school's psychosocial climate and culture, all contribute to a healthy and safe school environment. The school building and the region around it, any biological or chemical agents that are harmful to health, and physical circumstances such as temperature, noise, and illumination are all factors that influence the physical environment. The psychosocial environment encompasses the physical, emotional, and social factors that influence students' and staff's well-being.

5.Relationships between school, home, and community: An integrated school, parent, and community strategy can improve children' health and well-being. School health advisory committees, coalitions, and broad-based constituencies for school health can help school health programs gain traction. To respond more effectively to children' health-related needs, schools should aggressively encourage parent involvement and engage community resources and services.

6. Staff Health Promotion: Schools can give chances for school employees to enhance their health through activities such as health assessments, health education, and health-related physical activities. These opportunities encourage staff members to live a healthy lifestyle, which benefits their overall health, morale, and personal dedication to the school's comprehensive health program. This personal devotion frequently translates into a deeper commitment to students' health, resulting in effective role modelling. Increased Productivity, reduced absenteeism, and decreased health insurance expenses as a result of health promotion efforts.

7. Counselling and Support Services: These services include individual and group assessments, interventions, and referrals to improve students' mental, emotional, and social health. Counsellors and psychologists' organizational evaluation and consultation skills contribute not only to the health of students but also to the health of the school environment. These services are provided by licensed school counsellors, psychologists, and social workers.

8. Physical Education: Physical education is a school-based instructional program that teaches children the skills and information they need to engage in physical activity for the rest of their lives. Physical education is defined as a structured, sequential curriculum-based course of study that provides cognitive content and learning experiences across a wide range of activity categories.

Students who participate in high-quality physical education programs are more likely to meet national physical education standards. A quality physical education program produces physically educated people who have the knowledge, skills, and confidence to engage in healthy physical exercise for the rest of their lives.

Physical education is taught by qualified and certified teachers.

3.2 The Value of a School Health Program

The National School Health Policy's objective is to ensure that adequate facilities are in place. According to WHO (2017), the goal of offering a school health program and the importance of achieving the following goals in a learning environment cannot be overstated for school children to achieve the highest possible health standard;

I. By offering a school site, direct health services, and a health education consultation room, the School Health Programme, if appropriately implemented and supervised, will serve to promote the greatest physical, social, emotional, and educational growth of school children.

II. By enhancing School Health Services through the school nurse, the School Health Programs will aid in improving students' academic progress. The expansion of the overall School Health Services component can also help in the application of tailored therapies to health concerns or difficulties that have been recognized.

III. The School Health Program's availability will aid the school health officer in assessing the following areas: vision, hearing, date of last check-up, eating habits, bedtime/sleep patterns, and overall school attendance. While School Health Services are operational in a learning environment, some specific areas may need to be addressed, and proper health information will be offered to the student; as a result, all of these areas have a substantial impact on a child's overall academic accomplishment.

IV. Providing school health programs will also assist the school health officer in identifying pregnant and/or parenting teens and providing professional counselling services, as well as tracking their attendance to help reduce the number of days missed at school and address issues that may prevent them from graduating from high school.

V. The primary goal of any School Health Program is to provide complete school health services as defined by the Centers for Disease Control and Prevention.

VI. In a learning environment, the School Health Program will assist families in recognizing health routines, preventative health, and dental care for their children, all of which are critical to obtaining the highest level of health and wellness for the children.

VII. The school health officer will assist these students' families by reminding them of the importance of a healthy child and child care, as well as connecting them with

accessible resources. School The goals of health and physical education in the school curriculum are both health and educational.

- VIII. To supply high-quality meals for improved nutrition, which will have a good impact on teaching and learning.
- IX. To develop an environment in the school that is suitable to a standard academic setting.
- X. Inform students about the causes of various diseases.
- XI. Promote positive relationships between school, home, and community through a school health program.

3.3 Challenges of Planning Health Programs

- 1. A shortage of qualified employees
- 2. Exaggerated expectations by planning enthusiasts
- 3. Difficulty in following the techniques for planning to a logical conclusion
- 4. Previous programs may have been poorly or incorrectly performed, leaving the program planner unmotivated.
- 5. Program planners' inability to incorporate flexibility into their plans
- 6. The changing nature of health programs, care, and services (which makes long-term planning impossible)
- 7. A lack of motivation
- 8. It's difficult to break old habits, but a successful program should learn from the past in order to create a better future.

3.4 Criteria for Organization and Administration of School Health Programs

- 1. The major goals of school-based healthy living must be followed or prioritized.
- 2. The duty for the school-aged kid must be assumed by the home and the school itself.
- 3. Demographic and epidemiological determinants must be taken into account so that the complexity of children's health can be fully addressed.

Self Assessment Exercise

- 1) The establishment of any School Health Programme is primarily to implement
- 2) The school health officer will help the families of these students and remind them of

3) School health program promote good relationship between school,
and

4) State three objectives of population education

Ans

1. comprehensive school health services
 2. the importance of a healthy child and care for children
 3. Home and Community
 4. The School Health Programme if carefully implemented and monitored will help to promote the maximum physical, social, emotional and education growth of school children by providing a school site, direct health services, health education consultation room.
- ii. The School Health Programmes will help to improve students' academic achievement by intensifying School Health Services through the school nurse. Expansion of the entire School Health Services components can also help in applying individualized interventions at identified health conditions or issues. iii. The availability of the School Health Programme, will further assist the school health officer to assess the following areas: vision, hearing, date of last check up, eating habits, bed time/sleep habits as well as overall school attendance. While the School

4.0 Conclusion

The major components of a comprehensive school health programme include school health education, school feeding programme, health services, school, home and community relationship, health promotion for staff, counselling services, physical education and healthful school environment. All these components are important and all stakeholders including school authorities, parents, community members and the three tiers of government must work together to achieve optimal health for the students and staff of a school.

5.0 Summary

In this unit, you have been taught the components of a comprehensive school health programme and the importance of school health programme.

6.0 Tutor-Marked Assignment

1. List and explain five components of school health programmes
2. State five importance of school health programme

7.0 References

Rani S. G. & Elisa A. Z. (2016). School Health Policy & Practice, (7th Edition). American Academy of Paediatrics Council on School Health

Sarkin-Kebbi, M. & Bakwai, B. (2016). Revitalising school health programme for effective schools administration in Nigeria. International Journal of Tropical Educational Issues, 1(2), 199-211

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MODULE 2 PLANNING OF A HEALTH PROGRAMME

Unit 1 Establishing the Health Team

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Establishing the Health Team

Self Assessment Exercise

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the steps involved in planning a comprehensive school health programme

2.0 Objectives

At the end of the lesson, students should be able to;

- 1) State the Steps in Planning a comprehensive school health Programme

3.0 Main Content

3.1 PLANNING

The planning process: the 6 key steps in a planning process are;

- 1. Establishing the planning team
- 2. Assessing health problems and service needs
- 3. Set goals and objectives
- 4. Develop an action plan
- 5. Implement the plan
- 6. Evaluate the effectiveness of the planning process and program

1. ESTABLISHING THE PLANNING TEAM

When forming the team, roles are assigned based on team members' responsibilities associated with their existing school health role.

Primary team members:

Primary team member	Role
<ul style="list-style-type: none"> School administrators (Principal, VC, School head) 	<ul style="list-style-type: none"> The School Administrator oversees all aspects of the school health program, including the formulation of policies that ensure the program's long-term viability. For the school health program to be successful, he or she should collaborate closely with the school nurse, who is licensed by the Public Education Department (PED). The School Administrator is responsible for ensuring that all students and personnel under his or her supervision follow state health and safety rules and regulations. The Administrator is responsible for ensuring that the school is run in line with all federal, state, and PED rules.
<ul style="list-style-type: none"> School nurses Nurse practitioners Clinic aides 	<ul style="list-style-type: none"> Participating in the school health program's planning, implementation, and assessment. Acting as a spokesperson for students' health needs and rights. Nursing methods are used to assess needs, design solutions, and evaluate outcomes when providing health services to students. Providing and/or helping students in obtaining health counseling and guidance, either individually or in a group environment. Participating in events for kids, school officials, and the community as part of a health education program. Facilitating communication between the student,

	family, medical provider and the community.
<ul style="list-style-type: none"> • Health educators 	<ul style="list-style-type: none"> • They link supplemental health instruction to the health curriculum and provide access to a number of health resources.
<ul style="list-style-type: none"> ● Physical educators <ul style="list-style-type: none"> • Trainers • Coaches 	<ul style="list-style-type: none"> • Through health education and promotion, assists students, families, and groups in achieving optimal levels of wellness.
<ul style="list-style-type: none"> • Food service directors • Food service managers 	<ul style="list-style-type: none"> • Encourages pupils to be health-educated and knowledgeable consumers of health care.
<ul style="list-style-type: none"> • Guidance counsellors • School psychologists • Social workers 	<ul style="list-style-type: none"> • Serves as a health education resource for school workers, students, and families.
<ul style="list-style-type: none"> • Worksite health promotion directors 	<ul style="list-style-type: none"> • Can organize health promotion activities and coordinate community health promotion resources
<ul style="list-style-type: none"> • Community health professionals • Physicians • Parents • Community leaders • School health advisory board members • Law enforcement officials (e.g. civil defence officers, school security officers, School based mgt committee) 	<ul style="list-style-type: none"> • Demonstrates current knowledge in such areas as; • (1) professional issues in school nursing, • (2) school and community health, • (3) communicable disease control, • (4) growth and development, • (5) health assessment, • (6) special health conditions—both chronic and acute, • (7) injury prevention and emergency care,

	<p>(8) health counselling, health education and promotion, and</p> <ul style="list-style-type: none"> • (9) current adolescent issues. <p>School-Based Health Centres (SBHCs) provide comprehensive health services, so that students can avoid health-related absences and get support to succeed in school. SBHCs are a cost-effective and accessible way to provide age-appropriate primary care, behavioural health, and dental services for students in schools. SBHC services are complementary to, and supportive of, the services provided by school nurses and other health professionals in the school setting</p> <ul style="list-style-type: none"> • The full service community school approach combines the best educational and youth development practices and partnerships to assure young people are prepared to learn and succeed in school and in life. • They can integrate extended day learning programs, comprehensive school-based health, family supports, and community engagement. • They have access to human and material resources and leverage within the community to assure implementation of projects
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Self Assessment Exercise

1. State the six key steps in planning a school health programme
2. Highlight three major members in a health team and state two functions each that they perform.

Answer

1. Establishing the planning team

Assessing health problems and service needs

Set goals and objectives

Develop an action plan

Implement the plan

Evaluate the effectiveness of the planning process and program

2. Worksite health promotion directors: Can organize health promotion activities and coordinate community health promotion resources

ii. **Health Educators:** They coordinate supplemental health instruction with health curriculum and provide access to a variety of health resources.

Assists students, families, and groups to achieve optimal levels of wellness through health education and promotion.

iii. **School Administrators:** The School Administrator provides leadership for all phases of the school health program including the development of policies needed for adequate maintenance of the program.

He/she should work closely with the school nurse, licensed by the Public Education Department (PED), in the planning and implementation of the school health program for it to be successful.

4.0 Conclusion

The steps in the planning of a health programme include, establishing the planning team, assessing health problems and service needs, setting goals and objectives, developing an action plan, implementing the plan and evaluate the effectiveness of the planning process and program. The health team must be selected based on the roles their existing role in the school.

5.0 Summary

In this unit, you have been taught how to establish a planning team.

6.0 Tutor Marked Assignment

1. You have been selected as the head of a health team in your area, discuss how you would establish your health team and state five personnel you would select and the function they would perform.

7.0 References

- Rani S. G. & Elisa A. Z. (2016). School Health Policy & Practice, (7th Edition). American Academy of Paediatrics Council on School Health
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- Valente, C.M. & Lumb, K.J. (1981). Organization and function of a school health council. Journal of School Health, 51(7), 499-469

UNIT 2 PROCESSES INVOLVED IN PLANNING

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Assessing the health problems and service needs
 - 3.2 Set Goals and Objectives
 - 3.3 Develop an Action Plan

Self Assessment Exercise

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the how to assess the health problems and service needs of the community

2.0 Objectives

At the end of the lesson, students should be able to;

- 1) To explain in detail, how to assess health problems and service needs

3.0 Main Content

3.1 Assessing the health problems and service needs

Regular collection, analysis, and sharing of information regarding community health conditions, hazards, and resources will be part of the assessment process. This is required in order to detect:

1. Trends in sickness, injury, high-risk health behaviours, and death, as well as the factors that may contribute to these events.

2. Available school health resources and how they're used, unfulfilled needs, and community opinions of school health.
3. To be able to identify the school's unique needs, data is collected to answer questions like: "What are the significant health problems?"

- I. What is the present state of programs addressing these health issues?
- II. What are the gaps?
- III. What are the most pressing health issues that need to be addressed first?

Methods of Data Collection: Data may be gathered from a variety of sources which include:

- I. Students' knowledge, attitudes, and behaviours concerning health in general or in any priority area.
- II. School-based health programs in each of the five areas.
- III. Community resources are the third category. Specific key areas are addressed through programming in the school and community.
- IV. Epidemiological and social indicator data (e.g., mortality/morbidity) (e.g., injury reports, school health records, crimes, driving-under-the-influence arrests).
- V. Parents

Tools for gathering information.

a) health survey, which might address the components of a comprehensive SHP as specified by national policy, is one example of a tool that could be utilized for assessment.

b)The Virginia Department of Education produced the School Health Evaluation Survey, which is a modified version of the previous survey.

c)The Centers for Disease Control and Prevention (CDC) established the Youth Risk Behaviour Survey (YRBS) to assess health-related risk behaviors in youth. The study looks at six different behaviours:

- (1) physical fitness,

- (2) diet,
- (3) purposeful injuries,
- (4) unintentional injuries,
- (5) reproductive health, and
- (6) substance misuse.

Local programmers can compare the behaviour of local pupils to those of students at the national or state level.

d) School Health Education Profile (SHEP), which is a report developed to assist state and local education agencies in monitoring the status of school health education in their school divisions at the middle/junior high school level. The profile focuses on the quantity and quality of school-based health education.

e) Guidelines for Health Service Evaluation; this is an assessment of both general and specific school health services, such as school health processes and cumulative health records, as well as nursing and screening programs.

3.2 SET OBJECTIVES AND GOALS

An objective is the desired result of taking a specific activity.

Guiding Principles

Within the broad framework of the school health program, objectives should be developed in connection to the priority health concerns and risks identified in the framework of the school health programme.

Objectives must be SMART, I.e Specific, quantifiable, accurate, realistic, and time-bound .

They must:

1. address the priority problems and risks identified in assessments in a coherent manner;

2. be tailored for specific phases of the response; differentiate between men and women, girls and boys, as appropriate; and
3. take into account protection and human rights issues, security conditions, and any access restrictions.

If the situation or the resources available (including the quantity, interests, and competencies of the health actors present), or when new information becomes available via evaluation or monitoring activities, objectives may need to be evaluated and adjusted.

3.3 Develop an action plan

An action plan is a document that lays out the activities that must be performed to accomplish a given goal. An action plan's goal is to specify what resources are needed to achieve the goal, create a time-line for when certain activities must be done, and establish what resources are needed.

A series of processes or activities that must be followed in order for a plan to be successful.

(1) Specific tasks: what will be done and by whom are the three primary aspects of an action plan.

(2) Time frame: when will it be completed?

(3) Assigning resources: determining which money are accessible for which activity. It's also known as an action plan.

The development of an action plan is the next phase in the development of a school health program. The action plan is a strategy or blueprint for addressing the assessment's identified priority needs. The action plan responds to the question of what can be done to address the stated problems or needs. It focuses on analyzing the need, prioritizing goals and objectives, identifying strategies to help achieve the goals and

objectives, defining the precise activities required to accomplish each strategy, establishing time lines, and determining evaluation processes.

Strategies

To attain each goal, the team needs devise appropriate strategies. A strategy is a set of activities aimed at achieving the intended outcome. To modify behaviour, strategies can include policy development, formal education, informal modelling, social support, facility modification, direct intervention, or mass media campaigns. As the action plan is implemented, it is critical to pay close attention to the program's reception and progress. A formative evaluation is conducted during this phase to provide guidance for program adjustment. If the strategy is not progressing as planned or unanticipated consequences are uncovered, the action plan should be revised and restructured.

Factors to consider when developing the action plan

When designing an action plan, it is critical to consider the following factors:

1. As many people as possible should be involved in the planning process. The more individuals who believe in the plan, the more likely they are to support it after it is executed. School health improvement projects that are successful link professionals within the school and integrate school activities with community activities.
2. Identify the major players involved in the situation and urge their participation.
3. Anticipate and establish contingency strategies for any probable problems with the plan.
4. Make sure that everyone who will be affected by the strategy is aware of it.
5. Assess whether the plan is feasible and reasonable.
6. The school health team's work is aided if the community has launched a comparable campaign and if there is a link connecting community programs to what is happening in the school. School community partnerships can take many forms, including official task forces that comprise coalitions or consortiums, as well as community agency experts and parents working on school health improvement teams. The duties and

responsibilities of participating persons and agencies should be specified as the organizational unit grows more formal and complex.

Self Assessment Exercise

1. To be able identify the unique needs of the students in the school; data are collected to answer which of the following questions?
 - A) What are the major health problems?
 - B) What is the current status of programming that addresses these health problems?
 - C) What are the gaps?
 - D) All of the above
2. is an evaluation of general school health services, such as school health procedures and cumulative health records and specific school health services, such as nursing and screening programs.
3. Describe school health education profile

Answer

1. D
2. Guidelines for evaluation of health services
3. It is a report designed to help state education agencies and local education agencies monitor the status of school health education at the middle/junior high school level in their school divisions.

4.0 Conclusion

Assessment will involve the regular collection, analysis and sharing of information about health conditions, risks and resources in the community. This is needed to be able to identify the trends in illness, injury, high-risk health behaviours and death as well as factors that may cause these events, available school health resources and their application, unmet needs and community perceptions about school health issues.

5.0 Summary

In this unit, you have been taught the assessment of health problems and service needs.

6.0 Tutor Marked Assignment

1. Identify three data collection tools in assessing the health needs of a community.
2. Discuss three methods of collecting data to assess the health needs of the people?
3. Discuss the factors to consider in setting an action plan
4. What is an action plan?
5. Highlight the three major elements of an action plan.

7.0 References

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Unit 3 IMPLEMENTATION AND EVALUATION

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Implementation
 - 3.2 Evaluation
 - 3.3 Scope of school health programme evaluation
 - 3.4 Evaluation Procedures

Self Assessment Exercise

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn about implementation and evaluation of health programmes.

2.0 Objectives

At the end of the lesson, students should be able to;

1. Define implementation
2. Describe Evaluation
3. Describe the scope of school health programme evaluation
4. Explain evaluation procedures

3.0 Main Content

3.1 Implementation:

The process of putting a decision or plan into action is known as implementation. After Planning for implementation, the strategy is then put into action to address the identified school health needs. Each school division will establish strategies that are specific to their component's condition, as each school component has unique demands. A strategy

designed to suit the accessibility demands of a small rural school district, for example, will not be acceptable for the needs of a major urban school district. Only 5 children with special needs may be in one school, whereas 100 students with special needs may be in the other.

General Guidelines

- Identify appropriate resources at the state and local levels, such as school health advisory boards, school administration, area health professionals, local health departments, and school boards.
- Involve the community and community leaders in the implementation of the action plan.
- Communicate the plan to all persons who need to be involved.
- Obtain a written agreement from all interested agencies and partners, detailing each person's or organization's participation in the action plan.

3.2 Evaluation

The process of analyzing a program or process to see what works, what doesn't, and why is known as evaluation. Evaluation establishes the worth of programs and serves as a guide for decision-making and improvement. 2001 (Rossett & Sheldon). Formative and summative evaluations are the two types of evaluations that are commonly used.

Formative Evaluation

A formative assessment (also known as an internal evaluation) was defined by Wally (1978) as a mechanism for appraising the worth of a program while the program activities are still being formed (in progress). The process is the emphasis of this section of the evaluation. As a result, formative assessments are mostly made on the fly. They let designers, students, and instructors to keep track of how successfully the educational goals and objectives are being reached. Its primary goal is to identify inadequacies so that appropriate learning interventions may be implemented to help learners grasp the necessary skills and information.

Formative assessment can also be used to assess instructional materials, student progress, and teacher effectiveness. Formative evaluation is basically a construction process that brings together a variety of fresh materials, abilities, and issues to form a

larger, more meaningful whole. Prototyping is also used in formative evaluations to examine a specific design feature over one or more iterations.

Summative Evaluation

A summative evaluation (sometimes known as an external evaluation) is a means of assessing the value of a program at the conclusion of its operations (summation). The focus is on the end result. Although all assessments have the potential to be summative (i.e., serve a summative purpose), only a few have the added capability of performing formative functions. - Writer (1967). Questionnaires, surveys, interviews, observations, and testing are some of the tools used to gather data. The data collection model or approach should be a detailed step-by-step procedure. To ensure that the data is reliable and valid, it should be properly planned and implemented.

Questionnaires are the cheapest method of external evaluation and can be used to collect significant amounts of data from graduates. Before distributing the questionnaires, they should be trialed (examined) to confirm that the recipients comprehend the operation as intended by the creator. When creating questionnaires, keep in mind that the most crucial element is the instructions provided for completing them. Nothing should be taken for granted...all directions should be clearly expressed.

Evaluation is the last step in the planning process. The evaluation's goal is to assess the impact of the school health program. During the planning phase, evaluation processes should be devised. The implementation of a program is guided by ongoing or formative evaluation. The effectiveness of a program is determined by its outcome or summative evaluation. The goals, objectives, strategies, activities, personnel, and time frames chosen for the program planning process are evaluated to see if they were adequate, feasible, comprehensive, congruent, and acceptable to community norms. Planned and unplanned results, as well as the degree to which set goals were met, are used to assess the program's efficacy. The following are the basic steps in the evaluation process:

1. Create a list of questions that should be answered in order to determine the program's success.

-Scope of the evaluation of the school health program

- Methods of evaluation
- Measuring student achievement
- A teacher's perspective

3.3 Evaluation of school-based health programs

The collection of information about the activities, features, and outcomes of programs at regular periods is known as evaluation.

Evaluation and Monitoring: Each school, LGA, State, and Federal levels should conduct monitoring and evaluation of school health services. The success of the school health program/health education, as well as how the program has improved the health status of the children/school community, must be monitored and determined through the measurement of progress and the amount to which the school's health objectives are being met. Consider what the aim of the assessment will be, what the performance indicators will be, and how the information will be used before beginning an evaluation of your school's health program or its health education component.

One could choose to assess the following:

- i. Impact of services/activities on the school community
- ii. Impact on students' school attendance/absenteeism, etc.
- iii. Adequacy of services offered

Typically, M&E is conducted utilizing measurable factors, such as forms/questionnaires, to obtain critical information.

The various levels of evaluation could include:

- pupil level, for example, what do they know? What are their priorities? What options do they have?
- the level of the teachers, for example, how well do they assist pupils in learning? Is there a nice atmosphere in the classroom?
- Curriculum level, for example, do the students receive a thorough health education? Is health well-coordinated at all stages of the year?

- at the school level, for example, has the school atmosphere been safer and more supportive? Is there a stronger connection between the school and the community?
- Parent level: Ask the class to form questions at the parent level.

At the community level:

Returning to the questions in 3.2 on a regular basis to track aspects of the students' and schools' health could give a useful record of progress in the school health program.

3.4 PROCEDURE FOR EVALUATION

As many persons as possible who are directly (e.g., students, teachers, school administrators) or indirectly (e.g., parents, community groups) involved with the school health program should be included in the evaluation. Remember that having a small amount of information that is extremely valuable is preferable than having a large amount of information but does not provide you with the knowledge you require. This type of data can be acquired by using the following methods:

- keeping track of important meetings or activities - gathering unit outlines and resources from teachers
- gathering samples of student work - conducting interviews and discussions centered on issues and accomplishments
- filling out questionnaires

Assessing the performance of students

Pupil learning should be assessed in accordance with the health education curriculum's objectives, such as cognitive, emotional, and skill objectives. While assessing the affective domain can be challenging, it is especially relevant in health education, since students' beliefs and attitudes are critical to making good decisions. Students' learning can be assessed in a variety of ways, including:

- personal interviews
- survey questionnaires
- talks in small groups
- Examining students' assignments, tests, quizzes, course notes, practical skills, and other materials

- videotapes of students' inquiries, actions, and behaviors both within and outside the classroom

What will be evaluated, the level of the pupils, the time and resources available, and what will be user-friendly will all influence the evaluation instruments chosen. Pupil assessment data can be used to determine:

- what students have learned and what additional work is needed;
- where students' health beliefs and behaviors have changed;
- which themes, teaching tactics, and resources were successful; and
- the school health program's progress and orientations.

Teacher's Reflection Teacher reflection should be a part of the evaluation process. Teachers' ideas and practices are only likely to be refined if they ask questions of themselves. Some of the questions a teacher might ask himself or herself are how far he or she:

- recognizes the individuality and worth of each student in the class?
- recognizes that each student's learning experience will be unique and subjective?
- stimulates pupils' active participation with the issue so that it becomes personally meaningful and has an impact on their behaviour? - encourages students, parents, and the community to collaborate in their learning?
- supports open, authentic, and respectful classroom connections between pupils and between themselves and the pupils? - recognizes that everyone has the right to make errors and emphasizes that mistakes can serve as springboards for future learning?
- by their own actions, sets an example of health-promoting practices?
- invites all participants to evaluate at all levels?
- has helped to make the school a safer and healthier place to be?

Self Assessment Exercise

1. Implementation is
2. The followings are the guidelines for implementation of health programmes except
 - A. Communicate the plan to all persons who need to be involved.

- B. Identify the appropriate resources at the state level, such as the ministry of Education and the ministry of Health, and at the local level, such as school health advisory boards, school administration, area health professionals, local health departments, and school boards.
- C. Build partnerships and develop interdisciplinary collaboration as needed.
- D. Never obtain a written agreement with all involved agencies and partners so that each person's/organization's role is clearly defined in the action plan.
3. Assessment of students' learning can occur through the followings except
- A. Interviews
- B. Questionnaires
- C. Non-scrutiny of pupils' assignments
- D. small group discussions
4. Some questions which the teacher might ask him/herself during evaluation include the extent to which he/she
- A. acknowledges the uniqueness and value of each pupil in the group?
- B. accepts that for each pupil the learning experience will be personal and subjective?
- C. encourages pupils' active engagement with the topic so that it becomes personally meaningful and impacts upon their behaviour?
- D. All of the above

Answer

1. Implementation is the process of putting a decision or plan into effect; execution
2. D
3. C
4. D

4.0 Conclusion

Implementation involves the execution of the action plan. While evaluation is the process of examining a program or process to determine what's working, what's not, and why not. There are two major types evaluation in health programme planning, these are summative and formation evaluations.

5.0 Summary

In this unit, you have learnt about implementation and evaluation of health Programmes

6.0 Tutor Marked Assignment

1. What is implementation
2. State three of the guidelines to follow in implementing health programmes
3. Describe evaluation
4. Discuss fully, the two types of evaluation in health programme planning. Discuss three methods of collecting data to assess the health needs of the people?
5. State three key areas that can be evaluated in school health programme planning
6. State four questions a teacher can ask him/herself during self evaluation.

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MODULE 3 GUIDELINES FOR THE SUPERVISION OF A COMPREHENSIVE SCHOOL HEALTH PROGRAMME

Unit 1 Healthful School Environment

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- 2.0 Objectives
- 3.0 Main Content
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 - 3.2 Planning a Healthful School Environment

Self Assessment Exercise

- 4.0 Conclusion
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1.0 Introduction

In this unit, you will learn the guidelines for the supervision of a comprehensive school health programme. We will discuss each components and their policies and guideline as we go further in this section

2.0 Objectives

At the end of the lesson, students should be able to;

- i) State the guidelines for a comprehensive school health programme

3.0 Main Content

3.1 Healthful School Environment

This will be covered under policy and administrative support, as well as the psychosocial and physical environments. The health and safety of students and other members of the school community are prioritized in a healthy school environment. Because it has consequences for all aspects of school health, it is a critical component in accomplishing the overall aims of the School Health Programme (SHP). It considers the

school community's physical and aesthetic surrounds, psychological environment, and culture, as outlined by the National School Health Policy.

The school building and all the areas surrounding it, including biological or chemical agents, the weather, and other forms of pollution that affect students and staff, are all variables that influence the physical environment. Insects, pests, and vectors, as well as temperature and humidity, noise, and lighting, are examples of such agents. The psychosocial environment refers to the interconnected physical, emotional, and social factors that influence the well-being and productivity of students and school employees.

3.2 Planning a Healthful School Environment

Aim and Objectives

Aim

The provision of safe and conducive studying, working, and living environments that optimize the organization of day-to-day experiences that influence the emotional, physical, and social health of students and other members of the school community in order to attain optimum educational gains.

Objectives:

The goals of a healthy school environment are as follows: i. To offer a safe and conducive living and learning environment that maximizes the educational benefits.

ii. To encourage learners and staff to adopt healthy habits in order to avoid water and sanitation-related illnesses and diseases.

iii. To influence beneficial changes in learners' and the community's hygiene habits.

iv. To create a safe recreational environment at the school.

v. To plan school-wide health days.

vi. To form interpersonal bonds among the school community.

vii. To urge schools to follow authorized environmental health and sanitation guidelines.

Administrative and Policy Support

- Government policies and administrative guidelines indicate a commitment to preserving an open and positive psychological climate as well as a healthy physical environment that support high student success and the long-term health of students and staff.
- Policies, rules, and regulations must all be followed consistently.
- A report on the school's psychosocial climate and a report on the physical environment, as well as an action plan for ongoing improvement of the school environment, must be received by the chief administrator, the school board, and the school health coordinating council at least once a year.
- A standardized method for reporting accidents and health concerns in the school setting should be in place and analyzed for the purposes of monitoring risk variables, trends, and patterns, as well as identifying potential preventive interventions.
- Policies that ensure safe transportation of kids to and from school (e.g., bus, bicycle, walking) should be enforced, and efforts should be made to compare success in the psychological and physical health arenas with applicable educational goals.
- The Psychosocial Setting
- Government and school policies and procedures provide administrative support for a healthy psychological environment.
- The school climate is welcoming, nurturing, and accepting of differences, as well as physically and emotionally safe and conducive to learning, with high academic expectations.
- Problems with school atmosphere are addressed honestly, in a timely manner, and publicly within the confines of privacy.
- All kids benefit from effective educational strategies and approaches that promote learning, self-worth, and mental wellness.

- Students, families, and staff collaborate to create and implement programs and activities that affirm students from diverse cultural, linguistic, and socioeconomic backgrounds.
- Students, family, and staff are valued members of the school community and are actively involved in school governance.
- Students are given the opportunity to lead in the development and execution of initiatives that support a healthy school environment.
- People's feelings and wants are prioritized over chores and responsibilities.
- Students and staff are strongly encouraged to work together to solve problems and manage conflicts in an open and polite manner.
- In the event of violence, suicide, unintentional injury, death, or other school-site situations, a crisis response strategy should be designed to support students and staff.
- The engagement and assistance of family members is encouraged.

Physical Environment

- To maintain the safety and well-being of students and employees, the quality of air, water, and other environmental factors is checked.
- On all school-owned property and vehicles, the district/school maintains a tobacco-free, drug-free, and violence-free policy for students, staff, and guests.
- Accessibility for people with impairments is ensured through the structure of school buildings or adaptations to them.
- Emergency disaster plans are prepared for the district and schools, and emergency exercises are held on a regular basis.
- Staff and students are taught in emergency, first aid, and infection control protocols, including universal precautions, and put them into practice.
- All schools have the equipment and supplies necessary to execute first aid and universal precautions for infection control, and they keep them up to date.

- Buildings, equipment, playgrounds, and athletic fields are clean, well-maintained, devoid of risks, and in compliance with all safety regulations.
- The comfort of students and staff is ensured through the application of appropriate standards for heating, cooling, ventilation, lighting, space, safety glass, and noise.
- The cafeteria fosters an atmosphere that encourages students to help with lunch preparation.
- There are bathrooms that are safe, clean, and well-equipped, with hand-washing facilities.

Self Assessment Exercise

1. State three key important aspects of policy and administrative support in Healthful school living
2. Highlight three major points in psychosocial environment in a healthy school environment.

Answer

1. a) Policies, rules and regulations must be consistently enforced.

b) The chief administrator, the school board and the school health coordinating council must receive, at least annually, a report on the psychosocial climate of the school and a report on the physical environment, along with an action plan for continuous improvement of the school environment.

c) A uniform process for reporting injuries and health problems in the school environment should be in place and analysed for the purpose of monitoring risk factors, trends and patterns and suggesting possible preventive measures.

- 2 Psychosocial environment

Physical environment

Policy and administrative services

4.0 Conclusion

Healthful school living encompasses more than just the physical environment but also the psychosocial environment of the school for the benefits of both the staff and students of the school.

5.0 Summary

In this unit, you have been taught the supervision of healthful school living as a component of the school health programme.

6.0 Tutor Marked Assignment

1. The quality of air, water and other environmental elements is monitored to ensure the safety and well-being of students and staff. This key area in healthful school living belongs to which component?

- A. Psychosocial environment
- B. Physical environment
- C. Policy and administrative services
- D. None of the above

2. Highlight and discuss the three aspects that should be considered in the supervision of healthful school living as a component of school health programme

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UNIT 2 GUIDELINES FOR THE SUPERVISION OF SCHOOL FEEDING PROGRAMME

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 School Feeding Programme
 - 3.2 Guideline for the Supervision of School Feeding Programme
- Self Assessment Exercise
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the supervision of school feeding programme.

2.0 Objectives

At the end of the lesson, students should be able to;

- i) Describe School Feeding Programme
- ii) State the Guidelines for the Supervision of School Feeding

Programme

3.0 Main Content

3.1 School Feeding Programme

There is a well-established link between diet and learning. For kids to realize their maximum academic potential, full physical and mental growth, and lifetime health and well-being, they must adopt healthy eating habits. Schools have a responsibility to assist students and staff in developing and maintaining good eating habits that will last a lifetime. Students' eating habits have been found to be positively influenced by well-being and well-implemented school nutrition programs. The school feeding program is

widely acknowledged as a powerful tool for increasing student enrolment, attendance, retention, completion, and learning achievement. In September 2005, the Home Grown School Feeding & Health Programme (HGSFHP) was launched in Nigeria to achieve the UBE and MD targets.

Aim and Objectives

Aim: To offer learners with a daily supplementary appropriate meal that will improve their health and nutritional status, allowing them to learn more effectively and successfully.

Objectives

The school food service's goals are to:

- i. reduce hunger and malnutrition among students; and
- ii. improve the nutritional status of students.
- iii. Increase school enrolment, attendance, retention, and completion
- iv. Contribute to higher school enrolment, attendance, retention, and completion
- v. Assist in the teaching of basic hygienic and nutritional information to students.

Administrative and Policy Support

The district's rules demonstrate a commitment to providing all kids' nutritional needs in a setting that promotes positive attitudes and social skills. At least once a year, the chief administrator, the school board, and the school health coordinating council, which includes the school food service professional, review reports on the status of food and nutrition services and progress toward achieving annual objectives, as well as the action plan for continuous school nutrition improvement.

Nutrition education is an important component of the cafeteria experience, and it complements the classroom curriculum in terms of overall school health. A qualified food service/nutrition professional, preferably with a bachelor degree in food service systems management, is in charge of the planning, management, and delivery of nutrition services. The local food service manager has the necessary training and experience in managing institutional food services, including nutrition courses. All food service employees are certified based on their degree of experience and compliance with state and professional criteria.

Food items provided to students during school hours (fundraisers, vending machines, snack bars) that compete for student funds or substitute their usual school lunch intake provide adequate nourishment.

Components of the Program

- Teachers and students benefit from the services, technical expertise, and resource materials provided by school food and nutrition specialists in order to improve nutrition and health education curricula and activities. There are pleasant eating venues available. This includes enough time and space for students to consume school meals, well-lit cafeterias with a suitable temperature and sound level, well-maintained walls and ceilings, positive supervision, and role modeling at mealtime.
- School personnel are viewed as role models for encouraging nutrition and eating skills. At school, students are taught to make responsible, nutritious food choices. At school, students who qualify for free or reduced-price meals receive them. To protect the dignity of pupils, status confidentiality is respected. As part of their individualized education plan, students with unique dietary needs receive a written personalised meal plan (IEP). The Ministry of Agriculture has defined nutritional goals for the meals supplied at school.
- Students are served a range of foods, including fresh fruit, fresh vegetables, and whole grain items. The salt, calcium, and iron levels in school meals are all within acceptable limits. Meals are prepared with the goal of consuming no more than 30% of total calories from fat and no more than 10% of total calories from saturated fat.
- Foods that provide appropriate nutrition are available at fund raisers, vending machines, and food sales by organizations other than the school food and nutrition service.
- Students' ethnic and cultural dietary preferences are reflected in menu planning procedures. Menu planning, menu evaluation, and taste testing are all done with the help of students and their families. For students and families, nutrition messages are presented on printed menus.

Professional Development

Staff development is a continuous and effective process. To fulfil the goal of providing nutritious meals, the staff development program involves training in food service

management, procurement, preparation, planning, and promotion of foods/meals, as well as nutrition education.

Self Assessment Exercise

1. Give two components of the school feeding programme
2. State three objectives of school feeding programme

Answer

1. Fund raisers, vending machines and sale of foods by organizations other than the school food and nutrition service offer foods that provide appropriate nutrition.

Menu planning practices reflect the ethnic and cultural food preferences of students. Students and families are involved in menu planning, menu evaluation and taste testing. Nutrition messages are included on printed menus for students and families.

- 2a. Reduce hunger and malnutrition among learners
- b. Enhance participatory learning
- c. Contribute to increased school enrolment, attendance, retention and completion.

4.0 Conclusion

The school feeding programme is essential in order to complement the nutrition intake of the students. Fruits and snacks are given to the students, cafeteria that are well illuminated and hygienics are also provided to improve the eating habit of the students

5.0 Summary

This unit looked at school feeding programme and it's supervision

6.0 Tutor Marked Assignment

1. Describe school feeding programme
2. What are the goals and objectives of school feeding programme?
3. Explain the key areas in the supervision of school feeding programme

7.0 REFERENCES/FURTHER READING

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UNIT 3 GUIDELINES FOR SUPERVISION OF SKILL-BASED HEALTH EDUCATION

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Skill-Based Health Education
 - 3.2 Guidelines for the Supervision of Skill-Based Health Education

Self Assessment Exercise

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

The scope of population education are important in gaining an in-depth understanding of the course. Population education has five major scope which include demography, population change, reproductive health, determinants of population change and planning for the future.

2.0 Objectives

At the end of this unit, students will be able to;

- i) Describe Skill-Based Health Education
- ii) State the guidelines for the Supervision of Skill-Based Health Education

3.0 Main Content

3.1 Skill-Based Health Education

For decades, health education has been a mandatory subject in Nigerian schools, taught as hygiene education, health science, health education, or a combination of physical and health education. Despite its lengthy history as a curricular subject, its ability to influence health-related information, attitudes, and behaviour has remained a cause of concern. Some of the identified barriers to effective health education delivery in Nigerian schools included a shortage of health education teachers, a lack of appropriate and adequate teaching aids, a

focus on skill development rather than instructional methods for imparting knowledge, and a lack of adequate facilities for health education teaching and learning.

Aim and Objectives

Aims: to deliver a series of planned and unplanned learning experiences that will empower learners with the necessary skills to make informed decisions and take activities that will benefit their health.

The objectives of skill-based health education are to:

- i. provide learners with fundamental health information;
- ii. develop life skill-based learning experiences to promote the development of desired health habits and discourage unhealthy ones.

Administrative and Policy Support

1. Government policies and administrative standards demonstrate a commitment to achieving desired student outcomes that are critical to physical and mental health.
2. Reports on activities performed and results obtained relating to anticipated student outcomes, as well as an action plan for continuous improvement in health education, are sent to the chief administrator, the school board, and the school health coordinating council at least once a year.
3. At the intermediate and secondary levels, health courses are taught by qualified health education professionals who are also teachers.
4. It is encouraged to collaborate and teach in groups with other specialists in the field.
5. Elementary school teachers have received professional training in elementary health education.
6. When implementing a new curriculum, educators are offered opportunity for successful professional development.

Objectives and Goals

The district/school's health education goals and objectives are explicit, based on evaluated needs, and defined in terms of expected student results at each grade level and for each course.

Student Outcomes

1. For each grade level or health education course, entry and exit levels are determined, as well as adjustments for children with special needs.
2. Formative evaluations are used to track the implementation process and assess how administrators, teachers, other staff, families, and students respond to the curricular materials.
3. Summative assessments are used to track changes in students' health-related knowledge, attitudes, behaviours, abilities, and social action.
4. The evaluation measures, the district's health education curriculum, instructional practices, and the important health objectives for student learning are all in sync.
5. Students exhibit mastery of the essential health education objectives for each grade level or course.

Curriculum

The content of the health education curriculum is focused on priority areas that are appropriate for the developmental stage and potential dangers.

- The ten content areas suggested by the 1990 Joint Committee on Health Education Terminology: community health, consumer health, environmental health, family life, growth and development, nutritional health, personal health, disease prevention and control, safety and injury prevention, and substance use and abuse include integration of the physical, intellectual, social, emotional, and spiritual dimensions of health as a basis of study.

- At each grade level, health education is a regularly scheduled component of the curriculum. Graduation is contingent on satisfactory completion of health education.
- Health and safety issues are often incorporated into numerous academic areas' curricula (e.g., home economics, science, language arts, social studies, vocational education)
- Guidance and counselling courses, as well as other pupil services preventive programs, encourage healthy decision-making and psychosocial health. Media, social clubs, community service, extracurricular activities, and all school programming, including school nutrition programs, are all used to promote health-promoting concepts.
- Students at all levels are given opportunities to develop generic personal and social skills (e.g., problem solving, decision making, and communication).

Methods of Teaching

To fulfil instructional goals, appropriate instructional tactics are adopted.

Peer instruction is a method of enlisting active student participation in the classroom.

Health courses are prepared and implemented with active family participation.

Materials for Teaching and Learning

Teachers can access current, research-based instructional materials for ordinary and special needs students, as well as pupils with poor English competence.

Resources for health education from competent agencies and groups are gathered and used (e.g., state, county or city health departments, state departments of education, Cancer Society, Heart Association, Lung Association, Red Cross).

Standards for Health Educators

Those who provide health and safety education have the following responsibilities and competencies:

- Identifying individual and community health education needs.

- Creating and implementing effective health education programs.
- Putting health-education programs in place.
- Assessing the efficacy of health education programs.
- Coordinating the delivery of health education services and serving as a health education resource.
- Health and health education needs, concerns, and resources are communicated.

Professional Development

- Teachers are involved in (1) identifying staff development needs and (2) working with school officials to put staff development programs in place to ensure that standards are met.
- At the LG level and from professional organizations, staff development and in-service programs pertaining to current health and safety issues and instructional practices are provided..

Self Assessment Exercise

1. State the limitations to the teaching of health education in schools?
2. State three important things to check in the development of health education curriculum.

Answer

1. Dearth of health education teachers,
lack of appropriate and adequate teaching aids,
less attention paid to application of skills development as opposed to instructional method of impacting knowledge.
2. Health education curriculum content is targeted at priority areas appropriate for developmental stage and potential risks.

Health education includes integration of the physical, intellectual, social, emotional and spiritual dimensions of health as a basis of study in the ten content areas suggested by the 1990 Joint Committee on Health Education Terminology: community health, consumer health, environmental health, family life, growth

and development, nutritional health, personal health, prevention and control of disease, safety and injury prevention and substance use and abuse.

Health education occurs as a regularly scheduled component of the curriculum at each grade level. The successful completion of health education is required for graduation.

4.0 Conclusion

Skill-based health education is a very important component of the school health programme which deals the development of health education curriculum, use of appropriate teaching techniques and instructional materials.

5.0 Summary

In this unit, you have been taught the supervision of skill-based health education.

6.0 Tutor Marked Assignment

1. Describe skill-based health education
2. Highlight five requirements for the development of a health education curriculum.

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UNIT 4 SCHOOL HEALTH SERVICES

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- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Description of School Health Services
 - 3.2 Guidelines for the Supervision of School Health services

Self Assessment Exercise

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

This unit deals with the supervision of school health services.

2.0 Objectives

At the end of this unit, students will be able to;

- i. describe school health services
- ii. State the guidelines for the supervision of School Health Services

3.0 Main Content

3.1 School Health Services

Effective learning supports good health, and successful learning supports good health. School health services are preventative and curative treatments provided to students and staff in the classroom. The goal of the School Health Services is to assist students in achieving the best possible health so that they can fully benefit from their education.

School health services are an important part of a successful school health program because they ensure that children are healthy and able to learn at all times. It's a

necessary part of attaining "Education for All" (EFA), which includes children with special needs.

Aims and Objectives

The aim of school health services is to make the school a healthy place to learn, live, and work.

Objectives

- i. To promote optimal health for all people in schools within the school setting.
- ii. To protect all students in schools from sickness.
- iii. To encourage all students to grow and develop in a healthy manner.
- iii. Encourage early discovery of abnormalities and disease diagnosis among all students in school.
- v. To offer early treatment for all diseases and injuries that occur in schools.
- v. To provide school-based referral and follow-up services
- vii. To provide excellent counselling services to all students, faculty, and parents/guardians as needed.
- viii. To improve the efficiency of the school feeding program

Administrative and Policy Support

- ❖ Students, employees, and the community's health and safety are promoted, protected, and improved through policies and administrative standards.
- ❖ Quality assurance and accountability are reflected in policies and administrative standards for an effective health services component.
- ❖ A strategy for coordinating health services with other school and community activities has been devised.
- ❖ Reports on activities done and outcomes obtained by the health services component, as well as an action plan for continuous improvement in the delivery of health services, are reviewed at least once a year by the chief administrator, the school board, and the school health coordinating council.
- ❖ A physician trained in school or child/adolescent health or a registered nurse with a minimum of a baccalaureate degree in nursing (BSN) and relevant experience in

school, child/adolescent, or community health may serve as the director of school health services.

- ❖ A school health professional is responsible for the planning, management, and delivery of school health services (e.g., at least a registered nurse or physician).
- ❖ Registered nurses with a bachelor degree who have met special school nurse standards are known as school nurses.

Goals, Objectives and Program Outcomes

The health services component's goals and objectives are unambiguous, based on assessed needs, and defined in terms of expected outcomes.

Students Services

- ❖ All school health services are provided in accordance with the law or the school health services plan (e.g., dental, hearing, vision and spinal screenings, sports participation physicals).
- ❖ School nurses assess kids' health, arrange appropriate interventions, and evaluate the care they get.
- ❖ Case finding, direct care, health counseling, health education, referral, and follow-up are all examples of nursing interventions.
- ❖ School nurses give direct, one-on-one health training to kids when needed, and collaborate with teachers and administrators to deliver classroom instruction.
- ❖ Students with special health care needs have a written, customized health care plan that is included in their individualized education plan (IEP), 504 modification plan, or individual family service plan, as applicable (IFSP).

For the general school population, the minimum ratio of school nurses to students is: — 1:750.

—1:225 for students with exceptional needs who are integrated into the regular school population.

—1:125 for pupils who are severely or profoundly impaired.

(Students with special medical needs may need lower ratios, which must be determined on an individual basis.)

- ❖ The delegation of nursing activities to other school workers is required by state legislation and requires the school nurse to offer training and continuing supervision for the selected personnel regarding the delegated care.
- ❖ Students and families are given educational programs to help them access and use health care services successfully.
- ❖ School rules include provisions for the preservation of confidential health/mental health records as defined by federal and state law, and all school health records are preserved as required by law or as stated by the school health services plan.
- ❖ To aid prevention, school illness, injury, and violence reports are evaluated.

Services Coordination

1. In each school, services are offered in a health room or clinic with proper facilities, equipment, and supplies.
2. School health services are coordinated with associated in-school experts, as well as community, city, county, and state agencies and organizations, as well as children's primary care physicians.
3. School health services make use of community-based resources, such as professional and volunteer health organizations, as well as school-based resources.
4. The director works with primary care professionals in the community to ensure that every student has continual access to comprehensive primary health care.
5. The district school health coordinating council oversees the strategy to integrate health services with other school programs.

Standards for Physicians

- A trained consulting physician is available to consult with school health professionals and administrators.
- The school health physician is conversant with federal, state, and local laws, regulations, policies, and programs relating to comprehensive school health initiatives.
- The school physician ensures effective communication and collaboration with the medical community; provides timely medical consultation on individual students, health procedures, curriculum, and program issues; and reports on consultation activities to the district administration on a regular basis.

Nursing Standards

School nursing practice standards are used in the health services component.

As a result, the school nurse:

1. Utilizes a separate clinical knowledge base for nursing practice decision-making.
2. In nursing practice, using a systematic approach to issue solving.
3. Asses the student, plans and provides appropriate nursing care, and evaluates the identified outcomes of care to contribute to the education of the student with special health needs.
4. Communicates effectively in writing, verbally, and nonverbally.
5. Establishes and maintains a well-rounded school health program.
6. Works with other school personnel, families, and caregivers to meet the students' health, developmental, and educational requirements.
7. Works as a school-community liaison by collaborating with members of the community in the delivery of health and social services and utilizing knowledge of community health systems and resources.

Professional Development

- Identifies, delineates, and clarifies the nursing role; promotes quality of care; pursues continued professional enhancement; and demonstrates professional conduct.
- Contributes to nursing and school health through innovations in practice and participation in research or research-related activities.

Self Assessment Exercise

1. What are school health services?
2. State the minimum standards for ratios of school nurses to students
3. Highlight five standards expected of a school nurse

Answer

1. School Health Services are preventive and curative services provided for the learners and staff within the school setting. The purpose of the School Health Services is to help children at school to achieve the maximum health possible for them to obtain full benefit from their education.

2. 1:750 for the general school population.

1:225 for special needs students mainstreamed within the general school population.

1:125 for severely/profoundly disabled students.

(Students with complex medical needs may require lower ratios and must be decided on a case-by-case basis.)

3. Utilizes a distinct clinical knowledge base for decision making in nursing practice.

Uses a systematic approach to problem solving in nursing practice.

Contributes to the education of the student with special health needs by assessing the student, planning and providing appropriate nursing care and evaluating the identified outcomes of care.

Uses effective written, verbal and non-verbal communication skills.

Establishes and maintains a comprehensive school health program

4.0 Conclusion

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

5.0 Summary

In this chapter, you have been taught, the supervision of school health services

6.0 Tutor Marked Assignment

1. State three objectives of school health services
2. State three standards expected of a physician in a school setting
3. State four ways through which the school coordinates the school health services.

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UNIT 5 SCHOOL, HOME AND COMMUNITY RELATIONSHIPS

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 - 3.2 Guidelines for the Supervision of School, Home and Community Relationship
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- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the supervision of school, home and community relationship

2.0 Objectives

At the end of this unit, students will be able to;

- i. Describe school, home and community relationship
- ii. State the guidelines for the supervision of school, home and community relationship.

3.0 Main Content

3.1 School, Home and Community Relationship

Individuals, groups, and institutions make up communities in which schools operate. Learners and teachers in schools come from surrounding neighbourhoods. Teachers, community leaders, religious and social organizations, volunteer agencies, health workers, social workers, parents, and students should all be involved in collaborative efforts to promote school, home, and community relationships.

Aim and Objectives

The aim of the school, home, and community interaction is to integrate their varied activities in order to promote the school community's health.

Objectives

The objectives of school, home, and community relationships are to:

- i. provide detailed ways of solving problems that inhibit cordial school, home, and community relationships;
- ii. encourage community members to participate actively in school health program implementation;
- iii. promote environmental and behavioural change among members of the school and the neighbourhood community;
- iv. promote relationships between school staff, parents, and other members of the school community
- v. To strengthen the bonds between parents and students

Administrative and Policy Guidelines

Effective school/community ties are reflected in district policies and administrative guidelines.

Objectives and Goals

The school-community component of comprehensive school health has specific goals and objectives that are based on assessed needs and communicated in terms of expected outcomes.

Components of the Program

- At the community level, an interdisciplinary/interagency school health coordinating council including school staff, families representing all parts of the community, children, and community resource professionals is formed to coordinate programs across organizations that promote youth health and safety.

- Teachers, families, students, school nurses, physicians, health educators, school psychologists, coaches, social workers/counsellors, and community resource personnel form interdisciplinary school health teams (committees) at the school level to address priority school health and safety issues that interfere with the learning process.
- Implementing the program planning approach helps interdisciplinary school health teams and the interdisciplinary/interagency coordinating council achieve their goals (assessment; planning; setting of goals, objectives and strategies; implementation; and evaluation).
- A mechanism for sharing information and resources and coordinating programs has been established. The interdisciplinary/interagency coordinating council meets on a regular basis to assess needs, make recommendations, and evaluate programs.
- Integrated initiatives are being developed to reduce illicit use of alcohol and other drugs, tobacco usage, motor vehicle and sports injuries, sexually transmitted illnesses, suicide, child abuse, violence, teen pregnancies, and other health and safety concerns.
- At least once a year, evaluations are undertaken to see how satisfied students are with the comprehensive school health program.
- Families and community members can participate in continuing education sessions.
- Efforts are made to encourage family and community members to attend school and participate in academic programs (e.g., health education, child care, evening meetings, coordination with other school activities).
- To encourage maximum involvement in areas of mutual interest, a two-way communication mechanism is built between school and family.
- Families encourage their children to complete a personalised activity plan after getting the results of health-related fitness testing.

- Families and community members can benefit from programs that help them improve communication and other family skills, as well as get a better understanding of child growth and development.

Self Assessment Exercise

1. State three aims and objectives of school, home and community relationship.
2. Why do you think parents and other stakeholders should be involved in the school health programme?

Ans:

1. To provide detailed ways of solving problems that inhibits cordial school, home and community relationship

To encourage community members to participate actively in school health programme implementation

To promote environmental and behavioural change among members of the school and the neighbourhood community

2. The school operates in the community, therefore parents, religious leaders, traditional rulers and other stakeholders must be carried along.

4.0 Conclusion

Community members including traditional rulers, heads of households, parents, teachers, non governmental organization and religious leaders play vital role in the implementation of school, home and community relationship as a component of school health programme,

5.0 Summary

In this unit, you have learnt the supervision of school, home and community relationship

6.0 Tutor Marked Assignment

1. Describe the stakeholders involved in school home and community relationship
2. State five programme components of school, home and community relationship

7.0 References

Centers for Disease Control and Prevention (2008). The Essential Public Health Services. Retrieved February 29, 2008 from National Public Health Website.

Green, L. W. & Iverson, D. C. (1982). School health education. *Annual Review of Public Health*, 3, 321-338.

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MODULE 4 STAKEHOLDERS IN THE IMPLEMENTATION OF SCHOOL HEALTH PROGRAMME

Unit 1 Stakeholders in School Health Programme

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Stakeholders in the implementation of school health programme Self Assessment Exercise
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the stakeholders in the implementation of school health programme

2.0 Objectives

By the end of this unit, you will be able to;

- i. Stakeholders in the implementation of school health programme

3.0 Main Content

3.1 Stakeholders in the implementation of school health programme

A coordinated school health program requires coordination among school district employees and community people representing the many components to be successful. The school board, administrators, school nurses, school health aides, teachers, counsellors, food service personnel, and school-based health centre staff are all important parts of that relationship.

SCHOOL BOARD RESPONSIBILITIES

- 1.The local School Board is responsible for the school district's general health policies, as well as the budget, facilities, planning, and personnel.
- 2.Having a member of the School Board on the school health advisory council can help with the implementation of health programs and activities.

ROLES OF THE SCHOOL ADMINISTRATOR

- 1.The School Administrator is responsible for all aspects of the school health program, including the formulation of policies to ensure that the program is properly maintained.
- 2.In order for the school health program to be successful, he or she should collaborate closely with the school nurse, who is licensed by the Public Education Department (PED).
- 3.The School Administrator is responsible for ensuring that all students and personnel under his or her supervision follow state health and safety rules and regulations.
- 4.The Administrator is responsible for ensuring that the school is run in conformity with all federal and state legislation.

RESPONSIBILITIES OF A SCHOOL NURSE

- 1.Assisting in the planning, implementation, and assessment of the school health program.
2. Acting as a spokesperson for students' health needs and rights.
- 3.Providing health services to students by assessing needs, planning solutions, and evaluating outcomes utilizing nursing methods.
4. Providing and/or helping students in obtaining health counseling and assistance, either individually or in a group setting.
- 5.Taking part in health education program activities for students, teachers, and the general public.
- 6.Enabling communication between the student, his or her family, the medical practitioner, and the rest of the community.

Roles of the school health assistant

1. The School Health Assistant is a paraprofessional who assists and supports the School Nurse and relieves her/him of non-professional school health functions so that the Nurse can devote more time and resources to the school health program.
2. Under the supervision of the School Nurse, the School Health Assistant performs health-related services as directed by the School Nurse.

Licensure as a School Health Assistant requires completion of training approved by the Public Education Department.

Licensed Practical Nurse (LPN)

The primary role of the school Licensed Practical Nurse (LPN) is to assist the PED Licensed School Nurse in the implementation of the school health program by providing practical nursing care to students in the health room and meeting the complex needs of medically fragile/severely disabled students.

ROLES OF TEACHING STAFF

The following obligations may be assigned to the teaching staff as part of the school health program.

1. Making informal observations about pupils' health and reporting any concerns to the School Nurse.
2. Incorporating and coordinating health instruction as directed by the K-12 health curriculum of the school system.
3. Assuring that pupils have access to competent first-aid care.
4. Encouraging children to assess their own health and behaviors, and to accept responsibility for making changes.
5. Setting a positive example as a role model for healthy habits, attitudes, and behaviors.
6. Meeting all of the health needs of all kids in the classroom.

STAFF IN CHARGE OF COUNSELING (Counselors, Social Workers, Psychologists)

The involvement of the counseling staff in the school's health program is critical for its effectiveness, and may entail the following roles.

- ✧ Providing chances for individuals and groups to develop emotional and social health, personal growth and self-understanding, as well as problem-solving and

decision-making abilities.

- ✧ Identifying pupils who have emotional and/or behavioural problems and working with staff and support professionals to assess those students and assist their families in seeking treatment from school and community services.
- ✧ Providing support to other school professionals in the design of in-services, the development of relevant curricula, and the identification of potential alternatives to serve kids.
- ✧ Assisting the teacher, administrator, nurse, parent, and any other relevant person(s) in meeting the needs of counselling pupils.

Roles of food services personnel

- ✧ The Food Services Personnel assists the Administrator in the organization of the school lunch programs and bears responsibility for their operation in order to provide pupils with nutritional meals.
- ✧ Local school districts must explore particular accommodations for pupils with unique nutritional needs in compliance with state and federal laws.

School Based Health Center

School-Based Health Centers (SBHCs) provide comprehensive health services to kids, allowing them to prevent health-related absences and get support in order to excel in school. SBHCs are a cost-effective and accessible means to deliver age-appropriate primary care, behavioural health, and dental services for students in schools. These services are complimentary to and supportive of the services given by school nurses and other school-based health professionals.

Full service community schools

To ensure that young people are prepared to learn and achieve in school and in life, the full-service community school strategy integrates the greatest educational and youth development approaches and partnerships.

Comprehensive school-based health, family assistance, and community involvement are all available.

Self Assessment Exercise

1. State two roles each of five stakeholders involved in the supervision of school health

programme

Answer

SCHOOL BOARD

Roles

I. The local School Board for the school district assumes responsibility for overall health policies as well as budget, facilities, planning and personnel.

II. Having a School Board member on the school health advisory council can be a valuable asset to implementing health programs and activities.

SCHOOL ADMINISTRATOR

Roles

I. The School Administrator provides leadership for all phases of the school health program including the development of policies needed for adequate maintenance of the program.

II. He/she should work closely with the school nurse, licensed by the Public Education Department (PED), in the planning and implementation of the school health program for it to be successful.

SCHOOL NURSE

Roles

I. Participating in planning, implementation and evaluation of the school health program.

II. Acting as an advocate for the health needs and rights of students.

SCHOOL HEALTH ASSISTANT

Roles

I. The School Health Assistant is a paraprofessional employed to assist and support the School Nurse and release her/him from non-professional school health functions so the Nurse may have more time and opportunities to utilize professional nursing skills in the school health program

II. The School Health Assistant, supervised by the School Nurse, provides health-related services as assigned by the School Nurse.

Public Education Department approved training is a requirement for School Health Assistant licensure.

TEACHING STAFF

Roles

- I. Making informal observations regarding the health status of students and reporting concerns to the School Nurse.
- II. Incorporating and coordinating health education as directed by the school district's K-12 health curriculum.

4.0 Conclusion

The stakeholders involved in the supervision of school health programme involves teaching staff, school nurse, school board, school health assistant, school counsellor, school administrator etc. They all have differential roles to play in the implementation and supervision of school health programme.

5.0 Summary

In this unit, you learned about the stakeholders involved in the supervision of school health programme\

6.0 Tutor-Marked Assignment

1. Explain the roles of five stakeholders in the supervision of school health programme

7.0 References/Further Reading

American School Health Association (1991). 1990 report of Joint Committee on Health Education Terminology. *Journal of School Health*, 61(6), 251-254 5.

Bucher, C.A. & Krotee, M.L. (2002). *Management of physical education and sports* (12th Edition). NY, McGraw Higher Education 6.

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UNIT 2 FACILITIES REQUIRED FOR A SCHOOL HEALTH CENTER SCHOOL HEALTH CENTRE

Content

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Facilities required for a School Health Centre

Self Assessment Exercise

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the facilities needed for the establishment of a school health centre

2.0 Objectives

At the end of this unit, you should be able to;

- i.) State the facilities needed for the establishment of a school health centre.

3.0 Main Content

3.1 Facilities Required for a School Health Centre:

The bare minimum for establishing a school health center

- i. A classroom-sized space that can be divided into
- ii. A waiting room
- iii. A private examination room
- iv. A treatment/observation room with at least two beds.
- v. Access to a bathroom and a toilet.
- vi. Provision of a working refrigerator driven by kerosene, solar, or electricity as suitable
- vii. Provision of safe water from a solar-powered drill hole or well

Facility for the health room

- ❖ The health room should be constructed to be appropriate for the school community it serves, as well as accessible to all students, parents, and staff. It complies with the provisions of the Americans with Disabilities Act (ADA).
- ❖ To support confidentiality and audiometric testing, the nurse's office should provide seclusion for conferences and be as soundproof as possible.
- ❖ Each health room should contain a locked storage area where supplies and equipment can be maintained, as well as a restroom with hot and cold running water and ADA-compliant toilet facilities.

Recommendations for Health-Care Facilities

- ❖ A sink with hot and cold running water a sufficient amount of counter space a sufficient amount of storage
- ❖ ADA-compliant bathroom with lockable cupboard designed for pharmaceutical storage
- ❖ Ample space for eyesight screening (minimum 10 feet) Two distinct rooms - one for the school nurse's office and one for the health room Adequate ventilation system Lockable access door
- ❖ Wheelchair
- ❖ Audiometer
- ❖ Blackboard
- ❖ Bulletin Board
- ❖ Refrigerator
- ❖ Computer
- ❖ Printer
- ❖ Paper
- ❖ Towel Dispenser
- ❖ Scales
- ❖ CPR Mask
- ❖ Soap Dispenser
- ❖ Paper Cup Dispenser
- ❖ Stethoscope

- ❖ Cot
- ❖ Ice maker
- ❖ Clock
- ❖ Lockable Desk
- ❖ Vision Screening Equipment
- ❖ Chairs
- ❖ Filing Cabinet
- ❖ Fireproof Locking Cabinet for Student
- ❖ Files
- ❖ Otoscope
- ❖ Blood Pressure Cuffs (inf)

Self Assessment Exercise

1. State five health room facilities recommendations
2. State five equipment recommendations for a school health service

Answer

1. Health Room Facility Recommendations

- Sink with hot and cold running water
- Adequate counter space
- Adequate storage
- Lockable cabinet specifically for medication storage
- Bathroom meeting ADA standards

2. Equipment Recommendations

- Wheelchair
- Audiometer
- Blackboard
- Bulletin Board
- Refrigerator

4.0 Conclusion

The school health facilities should meet some certain requirement and recommendations. If the school cannot afford a clinic, the health room can be put in place to cater for the health needs of the school children

5.0 Tutor Marked Assignment

1. List ten equipment recommendations for a school health service

6.0 Summary

You learned the various equipment requirements for the establishment of a school health facility in this unit.

7.0 References

Adapted from Consensus Statement on School Health. Canadian Association for School Health.

Responsibilities and competencies for entry-level health educators. Provider Designation Handbook. New York, NY: National Committee for Health Education Credentialing, Inc; 1991.

Proctor ST, Lordi SL, Zaiger DS. School Nursing Practice Roles and Standards. National Association of School Nurses, Inc., Scarborough, ME: 1993;18.

MODULE 5 DEVELOPMENT OF ACTION PLAN

Unit 1 HEALTHFUL SCHOOL ENVIRONMENT

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Strategies for the implementation of healthful school living

Self Assessment Exercise

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In order to aid the supervision of school health programme, action plan must be developed to guide in the process of implementation and evaluation. This will be discussed under this unit

2.0 Objectives

At the end of this unit, you will be able to;

- I. State the strategies for the implementation of healthful school living

3.0 Main Content

3.1 Strategies for Implementation of Healthful School Living

Capacity Building: Teachers and members of the school-based management committee are being trained on how to efficiently conduct activities that promote a healthy school environment. The following are examples of such activities:

- i. Establishment of functional school health groups that address environmental challenges, such as: - Pick the Litter Club (PLC), Environmental Sanitation Monitoring (Sanitary Inspection), Environmental Awareness Creation Club (EAC), and so on.

These clubs would educate and enlighten other students while also enforcing compliance.

- ii. Organization of environmental sanitation competitions between and within schools
- iii. Scheduling school health days: - Health-related essay writing, quizzes, and other competitions will be among the activities. - General school cleanliness, music, theater performances, including rewards for the cleanest classroom/hostel, debate, and so on.
- iv. Environmental health facility procurement and maintenance

Partnership and Collaboration: Relevant ministries, agencies, parastatals, and departments from all three levels of government, as well as the organized private sector and civil society, work with the education sector to execute all aspects of a healthy school environment. The following ministries/departments are examples of such partners:

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

Advocacy and resource mobilization: Policy makers and other stakeholders at all levels can be mobilized to provide political, financial, and technical assistance for the effective promotion of a healthy school environment.

Monitoring and Assessment: At all levels, the monitoring and evaluation committees established under the National School Health Policy will be in charge of overseeing, monitoring, and evaluating efforts to create a healthy school environment. In order to do so, the committee will work with competent agencies to inspect and execute necessary sanctions in the following areas:

- i. The school's location and size are appropriate;
- ii. Recreational facilities are available.
- iii. Buildings and physical structures
- iv. Water source management

v. Sanitation facility management

ROLES OF INSTITUTIONS

The following are the duties of the various institutions involved in the promotion of a healthy school environment:

1. Education Ministries at the Federal and State Levels:

- i. Suggest that schools undergo routine hygienic inspections.
- ii. Revise the curriculum at the school.
- iii. Assist teachers and students in understanding the importance of a healthy school environment
- iv. Facilitate hygiene promotion and sanitation teacher training for pre-service and in-service teachers.
- v. Maintain the viability of school health clubs
- vi. Conduct operational study on a variety of issues that influence the school environment.
- vii. Work with information ministries to raise awareness about the necessity of a healthy school environment.
- viii. Evaluate and monitor the level of environmental sanitation in schools.

2. Local Education Authority:

- i. Inspect all schools for compliance on a regular basis.
- ii. Collaborate on healthy school environmental initiatives with CBOs, SBMCs, and PTAs.
- iii. Submit a monthly report to the state government on healthy school environmental issues.

3. School Authority in collaboration with School Based Management Committee (SBMC)

- i. Coordinate all actions linked to a healthy environment in the school, in partnership with the School Based Management Committee (SBMC).
- ii. Support the establishment of functional school health clubs.
- iii. Hold inter- and intra-school environmental sanitation competitions.
- iii. Find and keep environmental health facilities in good working order.

v. Collaborate with stakeholders to implement environmental health projects in the school (e.g., drilling boreholes, growing flowers).

Self Assessment Exercise

1. Explain three ideas for making healthy school living a reality.
2. State the federal and state governments' five institutional roles in the implementation of healthy school living.

Answer

1. Capacity building, Advocacy and resource mobilization, monitoring and evaluation
2. The role of Federal and State Ministries of Education:
 - i. Advocate for routine sanitary inspection of schools.
 - ii. Revise school curricular.
 - iii. Support orientation of teachers and learners on the significance of the healthful school environment.
 - iv. Facilitate pre- and in- service teacher training on hygiene promotion and sanitation.
 - v. Ensure sustenance of school health clubs

4.0 Conclusion

The action plan for the implementation of healthful school living include capacity building, collaboration or partnership, advocacy and resource mobilization and monitoring and evaluation. Numerous stakeholders including federal, state and local government authorities, school based management board and school authority have important roles to play in the implementation of healthful school living.

5.0 Summary

In this unit, you have learnt the action plan for the implementation of healthful school living

6.0 Tutor-Marked Assignment

1. Briefly describe the action plan for the implementation of healthful school living
2. State three roles each of federal and state government, local government, and school based management authority in the implementation of healthful school living.

7.0 References

American School Health Association (1991). 1990 report of Joint Committee on Health Education Terminology. Journal of School Health, 61(6), 251-254 5.

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Unit 2 DEVELOPMENT OF ACTION PLAN FOR SCHOOL FEEDING SERVICE

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Development of action plan for school feeding service

Self Assessment Exercise

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the development of action plan for school feeding services.

2.0 Objectives

At the end of this unit, you will be able to;

- i) Describe the action plan for school feeding services

3.0 Main Content

3.1 Strategies for Implementation

- i. **Local Procurement:** In the communities, it is critical to rely on locally produced and easily obtained food commodities. Food items could be purchased in bulk during harvest season. The food should be purchased directly rather than through a contract. NAFDAC-approved locally processed foods could be used. School gardens, chicken farms, fish ponds, orchards, and other similar initiatives should be promoted. Food and utensil donations should also be sought from private groups, donor agencies, and individuals.
- ii. At all levels, advocacy, sensitization, and mobilization should be thorough, well-planned, and effective. Print and electronic media, advocacy visits, stakeholder meetings, and other strategies are among them.
- iii.

- iv. Comprehensive training might be provided to implementers at the national, state, local government, and school levels. The training should be based on the National Framework for HGSFHP Implementation, the National Guidelines for School Meal Planning and Implementation, and other training modules.
- v. Partnerships: Ministries of education can form strong links and relationships with other relevant ministries, agencies, and parastatals, such as NAPEP, the National Special Programme on Food Security (NSPFS), SMEDAN, NEPAD, and development partners. In addition, the school and the SBMC will form partnerships with local farmers and cooperatives, as well as food traders, to make local food procurement easier.
- vi. Regular Monitoring and Evaluation: The Monitoring and Evaluation committees and other relevant authorities at all levels, lead by the Inspectorate services, will inspect and monitor the compliance of schools with standard food sanitation. The adoption of standardized checklists and schedules is required.

ROLES OF INSTITUTIONS

Federal and State Ministries of Education:

- i. Collaborate with other ministries, agencies, parastatals, and organizations in charge of national standards, coordination, advocacy, capacity building, monitoring, and evaluation of the school feeding program.
- ii. Ensure that the feeding service is delivered in a high-quality manner.
- iii. Ensure that all statutory appropriations for school food, as stipulated in the 2004 UBE law, are promptly released and used wisely.
- iv. Promote the establishment and management of young farmers clubs (YFC) in schools.

Federal and State Ministries of Agriculture & LGA Departments:

- i. Advocate for required political support for the service at all levels to Federal and State Ministries of Agriculture, as well as LGA Departments.
- ii. Assist with fertilizer sourcing to improve agricultural yield for the school food service
- iii. Coordinate farmer efforts to channel and network farm produce to regions in need.
- iii. Create storage facilities for excess grains produced, such as silos and barns.

- iv. Encourage agricultural techniques in schools.
- v. Make agricultural extension personnel available to schools.
- vi. Assist in the functioning of YFC using simple hand tools.
- vii. In schools, provide enhanced farm inputs for crop and animal farming.

Local government education:

Their responsibilities may include:

- i. supporting routine school inspections to ensure that food sanitation is maintained, including safe drinking water and utensil washing.
- ii. Talk to members of the school community and the SBMC about any difficulties that arise from the school feeding service.
- iii. Assist schools with resource planning, budgeting, and utilization for school nutrition services.

School Authority in Partnership with SBMC will:

- i. Ensure that a sufficient daily meal is provided on a regular basis; and
- ii. Coordinate all activities connected to school feeding services.
- iii. Encourage the creation of a viable young farmers' club.
- iv. Report any disease outbreaks in the school to the appropriate authorities.
- v. Ensure that school feeding programs are supplemented by nutrition education.

Self Assessment Exercise

1. Briefly describe three action plan for the implementation of school health programme
2. Give 5 key roles of the school authority in the implementation of school feeding services

Answer

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

Training and Capacity Building: Comprehensive training could be given to national, state, LGA and school level implementers. The National framework for implementation of the HGSFHP, the National Guidelines for School Meal Planning and Implementation and other training modules should be used for the training.

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

2. School Authority in collaboration with SBMC:

- vii. Ensure regular provision of adequate daily meal
- viii. Coordinate all activities related to school feeding services
- ix. Encourage the formation of functional young farmers club
- x. Report outbreak of any disease in the school to the relevant authorities

Ensure that nutrition education complement school feeding services

4.0 Conclusion

The action plan for the implementation of school feeding services include capacity building, collaboration or partnership, advocacy and and local procurement. Numerous stakeholders including federal, state and local government authorities, school based management board and school authority have important roles to play in the implementation of school health services

5.0 Summary

In this unit, you have learnt the action plan for the implementation of school feeding services

6.0 Tutor Marked Assignment

1. Explain the action plan for the implementation of school feeding services
2. State the stakeholders involved in the implementation of school feeding services and their institutional roles.

7.0 References/Further Reading

American School Health Association (1991). 1990 report of Joint Committee on Health

Education Terminology. *Journal of School Health*, 61(6), 251-254 5.

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Unit 3 DEVELOPMENT OF ACTION PLAN FOR SKILL-BASED HEALTH EDUCATION

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Development of action plan for skill-based health education

Self Assessment Exercise.

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the development of action plan for skill-based health education and the institutional roles of stakeholders.

2.0 Objectives

By the end of this unit, you will be able to;

1. Describe the development of action plan for skill-based health education
2. State the institutional roles of stakeholders involved in the implementation of skill-based health education

3.0 Main Content

3.1 Strategies

The following are the most important ways for establishing relevant skill-based health education in schools:

Advocacy:

- i. Advocacy to policy makers at training institutions to include skill-based health education in the curriculum.

- ii. Advocacy to states and local government units on the recruitment of health education instructors, as well as the supply of facilities, equipment, and materials.
- iii. Advocacy to CBOs and FBOs to support school-based skill-based health education

Capacity Building:

- i. Pre-service and in-service training for health education teachers will be provided;
- ii. Health education infrastructure will be maintained by maintaining and adding new facilities.

Social/Community Mobilization

- i. Inspire active engagement in skill-based health education programs among the school community. Through activities and incentives that promote healthy living (drama on the hazards of drug usage, family life education).
- ii. Encourage residents in the neighbourhood to participate in skill-based health education programs.
- iii. Increasing public understanding of the advantages of healthy living, such as through health talks, environmental sanitation, and the provision of bathroom facilities, among other things.

Information, Education and Communication

- i. Create IEC and support materials, such as fliers, posters, and storybooks.
- ii. Distribute IEC materials to schools and NFE centers through MOE, SUBEB, and IDPs.
- iii. Development of dialogue guide for the IEC materials by communication experts.

Assessment and Supervision

A plan must be designed to assess achievement of the targeted outcomes in the Skill-based Health Education program. The approach would include both quantitative and qualitative assessments, such as written examinations and inventories, as well as direct observation and practical tests. The practical test will assess participants' abilities to use health education equipment and demonstrate previously learned skills.

Institutional Roles

The Federal Ministry of Education (FME) is in charge of education in the United States. The FME will strengthen the Health Education Division to enable it to carry out the following functions related to skills-based health education:

- i. coordinate the design, development, and distribution of skill-based health education teaching-learning materials throughout the country;
- ii. provide technical support and distribute skills-based health education guidelines at all levels;
- iii. develop human resources for skill-based health education at all levels.
- iv. ensure that skill-based health education is delivered in accordance with this policy and the National Health Policy by establishing relevant fora.
- v. ensure that skill-based health education is delivered in accordance with this policy and the National Health Policy.
- vi. Coordinate the actions of line ministries and other stakeholders in order to ensure that this policy is implemented effectively.
- vii. monitor and assess infrastructure, materials, and staff, as well as keep a database up to date.
- viii. Create health-education networking structures, such as newsletters, a health-education forum, and attendance at local and international gatherings for the exchange of information and sharing of experiences at both the national and international levels.
- ix. organize resources from a variety of sources, including the government, non-governmental organizations, donor agencies, the community, and others, to promote skill-based health education programs in the country.

Universal Basic Education Commission

- I. Establish performance standards for students.
- II. collaborate with FME on the skill-based health education program's monitoring and evaluation.
- III. State Universal Basic Education Board (SUBEB) Monitor and evaluate skill-based health education programs in collaboration with SME.

State Government

- i. Assist LGAs in implementing skill-based health education initiatives such as environmental cleanliness, house-to-house inspection, and immunization programs.
- ii. Implement the FME Health Education Division's judgments on skill-based health education concerns.
- iii. Ensure that the State's skill-based health education is consistent with the National Policy on School Health.
- iv. Hold seminars and workshops for teachers at all levels on skill-based health education.
- v. Assist schools in developing, pre-testing, and producing culturally appropriate IEC materials.

Nigeria Educational Research and Development Council (NERDC):

- i. Review and update the skill-based health education curriculum on a regular basis;
- ii. Assist in the design and development of skill-based health education materials.
- ii. Assist the FME School Health Division in developing a skill-based health education networking system, including the creation of necessary texts and other print assets.

Self Assessment Exercise

1. State three roles of the universal basic education commission in the implementation of skill-based health education.
2. Explain two of the action plan in the implementation of skill-based health education

Answer

1. Universal Basic Education Commission

- i. set the standards on learners performance.
- ii. collaborate with FME to monitor and evaluate the skill-based health education programme.
- iii. State Universal Basic Education Boards Collaborate with SME for monitoring and evaluation of skill-based health education activities.

2. Advocacy:

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

Capacity Building:

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

4.0 Conclusion

The action plan for the implementation of skill-based health education include capacity building, advocacy and and information, education and communication, assessment and supervision. Numerous stakeholders including federal, state and local government authorities, school based management board and school authority have important roles to play in the implementation of skill-based health education.

5.0 Summary

In this unit, you have learnt the action plan for the implementation of skill-based health education and the institutional roles of stakeholders.

6.0 Tutor Marked Assignment

1. Explain the action plan for the implementation of skill-based health education
2. State four stakeholders involved in the implementation of skill-based health education.
3. Discuss the institutional roles of the stakeholders involved in the implementation of skill-based health education.

7.0 References/Further Reading

Outcomes of Quality Physical Education Programs. National Association for Sport and Physical Education: 1992.

Adapted from the Report of the 1990 Joint Committee on Health Education Terminology. Journal School Health 1991;61(6):251-254.

Unit 4 DEVELOPMENT OF ACTION PLAN FOR IMPLEMENTATION OF SCHOOL HEALTH SERVICE

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Development of action plan for implementation of school health service
 - 3.2 Stakeholders involved in the implementation of school health services
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

Overpopulation is an undesirable condition in which the number of existing human population is greater than the actual capacity that the earth can carry. The population of Nigeria is broadly discussed in this unit and it's implication for development.

2.0 Objectives

By the end of this unit, you will be able to;

- I. State the causes of overpopulation in Nigeria
- 2 State the consequences of overpopulation in Nigeria

3.0 Main Content

3.1 Strategies for Implementation.

The key strategies for implementing school health services shall include:

Advocacy and Coordination:

- i. Advocacy for health services in the school community to states, local governments, PTAs, communities, and development partners, among others.
- ii. Health-related policies in schools – this relates to rules of practice such as smoking bans and substance misuse regulations in schools.
- iii. Strengthening existing coordinating mechanisms for school health services at all levels of government

Capacity Building:

- i. Medical and dental health screening and examination training for teachers and other types of employees
- ii. Health worker orientation to support school health services
- iii. Responsible authorities provide health-care facilities in schools or for use by schools.

Control of Infectious Diseases:

- i. Isolation of children with contagious diseases from the general population of children
- ii. Insisting on thorough immunization of children by parents/guardians
- iii. School closure during serious outbreaks of infectious diseases

Partnerships:

- i. To ensure the implementation of school health services, different stakeholders at all levels of government must collaborate and play crucial roles in areas where they have a comparative advantage.
- ii. Partnerships between the public and private sectors for the delivery of school health services should be investigated.

Institutional Roles

The Federal Ministry of Health shall:

- i. ensure that all schools meet the requirements for providing school health services.
- ii. Encourage states and local governments to follow the policy guidelines.
- iii. Provide implementation manuals/policy guidelines
- iv. Provide stationeries iv.Provision of teachers observation training manual

- vii. Provide needed medications
- vi. Provision of a reliable power supply
- vii. Assist in the planning, implementation, and assessment of all school health care activities.

State governments - state ministries of health and education, as well as other ministries involved in the program's execution, such as water resources, agriculture, the environment, youth and sports.

- i. Keep an eye on how school health services are being implemented.
- ii. Staffing school health centers with qualified personnel.
- iii. Continue to monitor LGAs for compliance with the policy standards.
- iv. Submit annual reports to the FMOH on school health-care programs
- v. Provide water and sanitation facilities – Ministry of Water Resources and Environment
- v. Stocking of stationery
- vi. Supply of vital medications
- vii. Invest in activities that improve health outcomes, such as vaccines.
- viii. Participate in the planning, execution, monitoring, and evaluation of all School health services activities in coordination with the State Ministry of Education.
- ix. Provision of transportation for referral

LGAs:

- i. follow the policy guidelines.
- ii. Collaborate in school health service initiatives with CBOs, PTAs, and other stakeholders.
- iii. Submit a monthly report to the State on school health services.
- iv. Assist in the planning, execution, monitoring, and evaluation of all School health activities.
- v. Assembly of First-Aid Kits
- vi. Provide transportation for referral

Self Assessment Exercise

1. List three stakeholders in the implementation of school health services
2. Describe the roles of the state and local government in the implementation of school health services

Answer

- I. LGAs
- II. State government
- III. Federal government

2. State

- I. Monitor the implementation of school health services
- II. Provision of staff for the school health centres.
- III. Monitor LGAs to ensure compliance with this policy guidelines
- IV. Render annual reports of school health services programmes to the FMOH
- V. Provision of water and sanitation facility – Ministry of water resources and environment.

LGAs:

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

4.0 Conclusion

The action plan for the implementation of school health services include capacity building, advocacy and control of communicable diseases and partnerships. Numerous stakeholders including federal, state and local government authorities, school based management board and school authority have important roles to play in the implementation of school health services.

5.0 Summary

In this unit, you have learnt the action plan for the implementation of skill-based health education and the institutional roles of stakeholders.

6.0 Tutor Marked Assignment

1. Explain the action plan for the implementation of school health services
2. State three institutional roles each of state, federal and local governments in the implementation of school health services.

7.0 References/Further Reading

Outcomes of Quality Physical Education Programs. National Association for Sport and Physical Education: 1992.

Adapted from the Report of the 1990 Joint Committee on Health Education Terminology. Journal School Health 1991;61(6):251-254.

Unit 5 DEVELOPMENT OF ACTION PLAN FOR THE IMPLEMENTATION OF SCHOOL, HOME AND COMMUNITY

Contents

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Development of action plan for the implementation of school,
home and community
- Self Assessment Exercise
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the development of action plan for the implementation of school, home and community.

2.0 Objectives

By the end of this unit, you will be able to;

3.0 Main Content

3.1 Development of action plan for the implementation of school, home and community

Social Mobilization

- When developing school health policies, schools should include parents and communities as collaborators in their implementation.
- Mobilize community resources in the design and implementation of school health projects Human and material resources in the community should be mobilized to

achieve the goals of the school health program, such as using local artisans and professionals to execute school projects and using locally available materials.

- Observed health needs and concerns of the learner/school shall be communicated to relevant authority for necessary action.
- A cordial relationship between the school, family, and community shall be maintained through school and home visits.

Participation

- Through stakeholder meetings, the home and community will be involved in decision-making on matters relevant to the school community's health.
- Parents will be encouraged to participate in school-based management activities as members of the PTA executive and the school-based management committee, which will be in charge of various school projects.
- Schools should be encouraged to participate in community health projects, such as environmental cleanliness programs, by the school community.

Capacity Building

- Resource persons will provide orientation to school and community health staff on how to handle school health issues.
- At home and in school, healthy health behaviors should be taught and practiced from an early age.
- School employees, parents, and community members must serve as role models for students.
- Health-related activities involving students and their families must be included in the school's skill-based health education curriculum.

Institutional Roles

In order to effectively execute school, home, and community relationships, input from a variety of stakeholders is required. The following roles are required:

Education Ministry

- i. Shall implement policy standards that will improve relationships between the school, home, and community by establishing standard operating procedures.
- ii. Shall supervise and monitor the successful execution of the established regulations in the school, home, and community in order to maintain harmony.

- iii. Ensure that regular visits to schools are made in order to assess the health status of students.
- iv. Immunize members of the school community on a regular basis.
- v. Warn the school community about any epidemics and take efforts to prevent students from being infected.
- vi. Prepare and deliver health speeches on current topics.
- vii. Assist in the provision of health services to students and members of the school community.
- viii. Be a member of the school-based management committee.

Local Government

- i. Make health facilities available to the school community.
- ii. Establish a fund for specialized school health initiatives.
- iii. Raise community knowledge about health issues
- iv. Support the school, home, and community relationship

The school

- i. creates a learner-friendly environment
- ii. communicates with parents about their children's health and academic needs
- iii. participates in community health projects
- iv. offers counselling.

School-Based Management Committee

- i. Collaborate with the school in the execution of the school health program
- ii. Supervise the use of health facilities inside the school
- iii. Support community health programs
- iv. Be a link between the school, home, and community

4.0 Conclusion

The action plan for the implementation of school health services include capacity building, social mobilization and participation. Numerous stakeholders including federal, state and local government authorities, school based management board and school authority have important roles to play in the implementation of school, home community relationship.

5.0 Summary

In this unit, you have learnt the action plan for the implementation of school, home community relationship and the institutional roles of stakeholders.

6.0 Tutor Marked Assignment

1. Explain the action plan for the implementation of school, home community relationship
2. State three institutional roles each of state, federal and local governments in the implementation of school, home community relationship.

7.0 References/Further Reading

Outcomes of Quality Physical Education Programs. National Association for Sport and Physical Education: 1992.

Adapted from the Report of the 1990 Joint Committee on Health Education Terminology. Journal School Health 1991;61(6):251-254

MODELU 6 OVERVIEW OF PHYSICAL EDUCATION

Unit 1 PHYSICAL EDUCATION AND IT'S CHALLENGES

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Description of Physical Education
 - 3.2 Challenges to Physical Education

Self Assessment Exercise

- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the description of physical education and the challenges facing it.

2.0 Objectives

At the end of this unit, you should be able to;

- i. Describe Physical education
- ii. State the challenges to physical education

3.0 Main Content

3.1 Description of Physical Education

Ajala, Amusa, and Sohi (2001) consider physical education to be an important aspect of education. It adds to the overall educational program by promoting health, physical well-being, and recreation. Physical Education continues to be defined in a variety of ways, despite the fact that it is not a new field. Physical Education is the educational process that focuses on physical activities that help to grow and maintain the human body. The leadership in charge of the organization's direction plays a big role in achieving its goals.

It has been utilized by many countries to educate their youth. To put it another way, Physical Education is supposed to start in childhood. Physical Education,

according to Akintunde (2001) and Ogundairo (2002), is the phase of the educational process concerned with the development and utilization of an individual's voluntary intentional movement capabilities and is closely tied to mental, emotional, social, and physical reactions.

This definition means that the Physical Education program at school is a specialized learning environment characterized by a variety of planned conditions and stimuli specifically designed to induce or provide opportunities for physical, social, emotional, intellectual, and other beneficial responses through which students can be changed, modified, or educated in ways that society approves.

As a result, Physical Education has come to be recognized as an important educational experience in which all students/pupils participate on a regular basis throughout their primary, secondary, and higher education programs. In Nigeria, acceptance of this term will indicate two things. For starters, because it is a school-based activity, many Nigerian students will be refused access to it and, as a result, will miss out on the benefits that come with it. It also means that many people in the country may be lacking in the benefits that Physical School provides, as the society has entrusted that component of education with that responsibility.

Again, Nigeria will need to rethink its educational system in order to give Physical Education its due (as a core subject and co-curricular activity) in a child's overall education. The few fortunate youngsters will be able to have these experiences while still in school as a result of this. Nigeria's Universal Basic Education Policy would also have to give opportunity for both normal and handicapped children to attend school. As a result, every child in Nigeria will benefit from every opportunity that Nigerian society has to offer.

3.2 Physical Education's Obstacles

The fundamental question is whether or not Physical Education is part of Nigeria's educational philosophy. Of course, the necessity to improve the emotional, physical, and psychological health of all students through Physical Education is clearly emphasized in the National Policy of Education (Revised Edition, 2004). The problem is that the same government that includes it has failed to ensure that it is widely

distributed. To put it another way, the government has agreed to it in theory but not in practice.

Physical Education may or may not be mandated in Federal Secondary Schools. To what extent is this happening, once again? Physical Education is taught at all levels of educational development in Nigeria since it is enshrined in the National Policy on Education. Physical Education administration is separated into four parts: 6-3-3-4, 6-3-3-4, 6-3-3-4, 6-3-3-4, 6-3-3-4, 6-3-3-4, 6-3-3-4, 6-3-3-4. However, due to the country's economic position, it has not received the attention it deserves from the government. This has had a significant impact on its growth and development. Some believe that, despite the government's hostile attitude, Physical Education may survive and achieve its aims in Nigeria if it has an efficient and effective organizational structure.

Self Assessment Exercise

1. Give two definitions of physical education
2. State two major challenges to physical education at all levels of education

Answer

1. Physical Education is viewed by Ajala, Amusa and Sohi (2001) as a vital part of Education. It contributes to the general programme of education including the development of health, physical welfare, and recreation. Although not a new field, Physical Education continues to receive several definitions.

B. Physical Education is that process of education that concerns physical activities, which develop and maintain human body.
2. PE has not received the required attention from the government partly because of the economic situation in the country. This has greatly affected its growth and development. .

4.0 Conclusion

Physical Education is a vital part of total education. It is that process of education that concerns physical activities, which develop and maintain human body. The attainment of its goals depends on its administrative control structure more than any other thing. Physical Education Curriculum is entrenched in the National Policy on Education and thus, it is taught at all levels of educational development in Nigeria

5.0 Tutor Marked Assignment

1. Discuss the challenges facing physical education at all levels of education.
2. Discuss the importance of physical education at all levels of education in Nigeria

6.0 Summary

You learned the description of physical education and the challenges facing it.

7.0 References

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- Ajayi, M.O., Ajibua, M.A, and Momoh, D.M. (2009). Enhancing Nigerian brand through University Games. Journal of Physical Education and Research, Vol. XIII, No II, pp. 2012-2020.

Unit 2 Administration of Physical Education and sports in Primary Schools

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Administration of Physical Education and sports in Primary schools

Self Assessment Exercise

4.0 Conclusion

5.0 Summary

6.0 Tutor-Marked Assignment

7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the administration of Physical Education in Primary Schools.

2.0 Objectives

At the end of this unit, you should be able to;

1. Describe the administration of Physical Education in primary schools

3.0 Main Content

3.1 According to Lafinhan (2002), Physical Education is a part of a student's overall education in the primary, middle, secondary, college, and university levels (6-3-3-4), i.e. 6 years for elementary, 3 years for junior secondary, 3 years for senior secondary, and 4 years for tertiary institution. These are done in order. At each level, there is a specific organizational structure in place to aid in the achievement of a specific purpose.

Elementary

This is education for children aged 6 to 11 years old that is provided in a school setting. In Nigeria, primary education is compulsory, universal, and free. Physical and health education, as well as all other courses in the primary education curriculum, are given as core subjects (National Policy on Education, 2004). Between these ages, the

focus is on creating a joyful and enjoyable environment that will attract and nurture the pupil's desire to continue in sports.

The purpose of the Physical Education exercises is to teach students how to use their bodies in a variety of ways while also gaining control over their bodies in space. Unless in private institutions, there is no Physical Education Specialist in Nigerian elementary schools. The elementary classroom teacher receives occasional advice from the district consultant (inspector of education in Nigeria), who is a Physical Education specialist. When there is a department of Physical Education, however, a district consultant may or may not be provided. Kindergarten through eighth grade, or sixth grade in some cases, is included in the elementary school level.

At this level, several schools have shifted from a traditional curriculum of self-contained classrooms to open or non-graded sessions, with a focus on rhythms and movement education rather than low-organized games, relays, and combative abilities. Physical Education is scheduled for 30 minutes twice a week at this level. The teacher's daily timetable varies between 8 and 10 periods. Boys and girls in grades one through six form a heterogeneous group (co-educational) of roughly 20 – 30 students in one class when they arrive on the field. Pupils have access to a wide range of activities that allow them to get expertise in a wide range of abilities (Adeniji, 2007).

Physical Education is not compulsory in all Nigerian primary schools. It is usually not properly organized where it is enforced. Though many schools may include it in their timetables, most teachers do not take it seriously. The problem could be attributed in part to the fact that the system has not explicitly emphasized it or that school administrators have not consented to or admitted it into the school system (Mgbor, 2006).

Self Assessment Exercise

1. Describe the primary level of education
2. State five sports that are normally performed at the primary level of education.

Answer

1. This is referred to as education given in an institution for children aged 6- 11 years plus. Primary Education in Nigeria is compulsory, universal and free.
2. Games, relays, combative skills, rhythms and movement education

4.0 Conclusion

The level of education and age of students determine the kinds of activities done at that level. Most often in primary schools in Nigeria, teachers do not take the period of physical education seriously. Even though it is boldly written on the time table, there may not be teachers to teach it and if there is, he/she may be busy with other subjects.

5.0 Tutor Marked Assignment

1. What is the major aim of physical education at the primary school level
2. Describe the progression of physical activities at primary level
3. Describe the organization and administration of PE at the primary level of education.

6.0 Summary

You learned about the administration of physical education at the primary school level in this unit.

7.0 References

- Ajibua M.A. and Momoh, D.M. (2010). Total Quality Management: A Requirement for Rapid Sports Development in Nigeria. In Ogundele, B.O., Optimal Health Performance: Human Movement Education in the 21st Century, a book of reading on Professor V.C. Igbanugo of the Department of Human Kinetics, University of Ibadan.
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Unit 3 Administration of Physical Education in Secondary

Schools

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Administration of Physical Education in Secondary Schools

Self Assessment exercise

4.0 Conclusion

5.0 Summary

6.0 Tutor-Marked Assignment

7.0 References/Further Reading

1.0 Introduction

In this unit, you will be taught the administration of Physical Education in Secondary Schools.

2.0 Objectives

By the end of this unit, you will be able to;

1. Describe the administration of physical education in secondary school

3.0 Main Content

3.1 Administration of PE in Secondary Schools

Junior High School

Secondary school education is the type of education that children get after completing elementary school but before entering post-secondary education. Secondary education's overall purpose is to educate students for productive lives in society and for further education. The National Policy on Education further states that the Junior Secondary should be both pre-vocational and academic. Tuition will be free, universal, and mandatory.

Physical Education is a non-vocational elective at this level. Some governments, however, make it a required option for Junior Secondary School pupils. The curriculum contents appear to be comparable across the three levels, with the exception of career counselling in Physical and Health Education in JSS II and III.

Physical Education is normally a component under the sciences in many Nigerian schools. A Physical Education teacher at this level often teaches six to eight class periods per day, each lasting 45 to 50 minutes, and has interaction with each class two or three times per week, with 30 to 50 students in each session.

Individual and team sports are used to meet the needs of pupils at this level. Intramural and inter-scholastic meetings can provide opportunities for competitiveness. These programs are considered to be an important part of the Physical Education curriculum. The general teaching job includes supervision of these programs.

High School Seniors

The Senior Secondary School is known for its comprehensive curriculum, which includes a core curriculum meant to extend students' knowledge and outlook (National Policy on Education, 2004). Physical and Health Education courses are available as non-vocational electives. Because this stage is not covered under the National Basic Education Concept, the federal government has been silent on designing secondary school curricula. Physical education instructors, on the other hand, follow the West African Senior School Certificate Examination's syllabus (WASSCE).

Self Assessment Exercise

Describe the impact of the following factors on Africa's overpopulation.

1. Describe secondary school education in Nigeria
2. What is the nature of PE at this level of education in Nigeria?

Answer.

1. **Secondary School Education** is the form of education children receive after primary education and before the tertiary level. The broad goal of secondary education is to prepare the individual for useful living within the society and higher education.
2. Physical Education at this level is placed as a non-vocational elective. However, some states in the country make it compulsory elective for Junior Secondary School students. The curriculum contents appear similar for the three levels except that in JSS II and III there is the inclusion of career guidance in Physical and Health Education.

4.0 Conclusion

At secondary level of education, PE is more pronounced in terms of intramural and inter-scholastic competitions. It is also offered as a non-compulsory subject at both

junior and secondary schools. The curriculum of PE at this level is based on WASSCE curriculum.

5.0 Summary

You learned about the administration of PE in Secondary schools in this unit.

6.0 Tutor-Marked Assignment

1. Explain the administration of PE at both junior and senior secondary level of education.

7.0 References/Further Readings

Alla, J.B. & Olorunsola, H.K (2008). Physical Education Curriculum and its implementation in Nigeria Schools. Fourth International Council for Health, Physical Education, Recreation, Sport and Dance (ICHPER. SD) Africa Regional Congress, 14-17, pp172-179.

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Unit 4 Administration of PE at college/University

Content

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Administration of PE at College/University

Self Assessment Exercise

4.0 Conclusion

5.0 Summary

6.0 Tutor-Marked Assignment

7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the describe the administration of PE at College/University

2.0 Objectives

By the end of this unit, you will be able to;

1. Describe the administration of College/University

3.0 Main Content

3.1 Administration of College/University

College and University

A college can differ from a university in terms of title, organizational structure, size, and curriculum, according to Fordham and Leaf (1978). Typically, a college is divided into divisions, schools, and departments. For example, a college's liberal arts and sciences division houses the school of education, which includes a Physical Education department. Colleges, divisions, schools, and departments make up a university.

At a university, for example, there is a college of health, physical education, and recreation, which comprises the athletics division and the department of physical education. Students at the university come from a variety of backgrounds, experiences, interests, needs, and ambitions. Bachelor's, master's, and doctorate degrees are available to students. Students pursuing a bachelor's degree may enroll in Physical Education as a prerequisite or as an elective at this time, however medical reasons, military service, age,

or athletic engagement may qualify students for an exemption from obligatory Physical Education.

There are also general programs for individuals who are not majoring in Physical Education, as well as professional programs for those who are. Physical Education is distinct from Sports Administration, and sports (both intramural and interscholastic) are overseen by the Sports Council, whose director has direct contact with the Vice-Chancellor. Four methods of sports management were discovered in Nigerian universities in a recent study by Olorunsola and Alla (2005).

Model 1: Sports Committee Management; Model 2: Sports Council or Sports Committee Management; Model 3: Sports Council with Dean of Student Affairs access to the Vice Chancellor; Model 4: Sports Council with direct access to the Vice Chancellor.

There are inter-collegiate sports such as the Nigeria University Games Association (NUGA), Nigeria Polytechnic Games Association (NIPOGA), and Nigeria Colleges of Education Games Association, in addition to sporting activities organized on a college or university level (NACEGA).

Each one has its own government. NUGA is managed by the NUGA Council, which is made up of three delegates from member universities (Chairman Sport Council, Director of Sports, and Students' Union Director of Sports), with the secretariat situated at the National University Commission (NUGA, 2000). Intercollegiate sporting events are rotated among the universities. It is supported by subventions from member universities and funding from the government, which are channeled through the Vice-Chancellor's Committee (CVC). It's a bi-annual event (Akindutire, 2002).

Athletes from the NUGA Games are frequently chosen to compete in the African University Games (FASU) and the International University Games (IUG) (FISU).

Ajayi, Ajibua, and Momoh (2009) and Ojeaga, (2010) investigated the pattern of sports administration, infrastructure, staff, and intramural and extramural programs in Nigerian universities in order to determine some of the elements determining performance. In Nigerian universities, there are four (4) types of sports administration:

a) Universities of Nigeria, Nsukka, University of Ilorin, and Ife, Ile-Ife, all have sports and physical education departments or institutes.

- b) Universities of Ibadan, University of Benin, University of Lagos, and The Federal University of Technology, Akure — sports administration under the Sports Council.
- c) Sports administration at Ahmadu Bello University, which is part of the Registry.
- d) Sports administration at the University of Agriculture, Abeokuta, under the supervision of the Dean of Students' Affairs.

Self Assessment Exercise

1. Differentiate between a College and a University.
2. State the four models of sports management found at the college and University levels.

Answer

1. A college is usually organized into divisions, schools and departments. For example, a college has the division of liberal arts and sciences that contain the school of education in which there is a department of Physical Education. A university includes colleges, divisions, schools and departments.
2. Model – 1 Sports Committee Management;
Model 2 Sports Council or Sports Committee Management;
Model 3 – Sports Council which has access to the Vice Chancellor through the Dean of Student Affairs and
3. Model 4 – Sports Council which has direct access to the Vice-Chancellor.

4.0 Conclusion

The management of sport at the college and University levels is more advanced and organized. Individual schools decide which model to use and how they are willing to manage their own sports affairs.

5.0 Summary

You learned about management of sports at the college and University levels in this unit.

6.0 Tutor Marked Assignment

1. Describe sports management at the university level
2. List four major problems affecting performance of students in sport at the university level.
3. List three games organized at the University/College level

7.0 References/Further Reading

- Nwankwo, E.I (2002). The role of Research and Continuous Education in Professionalization of Sports Management in Nigeria. 2nd Seminar of the Nigeria Association for Physical Education held in Asaba, Delta State, Nigeria
- Ogundairo, D. (2002). Essentials of Physical Education. (1st ed.) Extension Publication Limited, Lagos, pp.1-10
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Module 7 Provision of Facilities for Physical Education and Sports

Unit 1 Key Elements in Planning Sports Programme

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1.0 Introduction

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3.1 Key Elements in Planning Sports Programme

Self Assessment Exercise

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7.0 References/Further Reading

1.0 Introduction

In this unit, you will learn the key elements of Planning Physical education, recreation and sports.

2.0 Objectives

At the end of this unit, you will be able to;

1. Describe the key elements in the planning of Physical education, recreation and Sports.

3.0 Main Content

3.1 Physical Education, Recreation, and Sports Planning Process

A sports or recreation facility can considerably improve people's quality of life. Sport and recreation facilities can stimulate participation, enhance health and well-being, and develop a feeling of community through activities. Planning a sport or recreation facility, on the other hand, is a time-consuming and occasionally complex undertaking.

It may take time and a variety of skills to get it properly, many of which can be found in your community. This overview of the facility planning process for a specific sport or

recreation facility is provided in this guide. It outlines the stages of the facility planning process, as well as the basic concepts of facility provision, the advantages of joint and shared facilities, capital funding sources, and numerous facility planning tools.

3.2 Facility Provisioning Principles

Four main principles of facility supply have been defined by the Department of Sport and Recreation (DSR). They provide a planning framework for sport and recreation facility providers when used together. The following are the key concepts of facility provision:

Planning

- Ascertain if the planned facility is in line with the organization's strategic plan.
- Ensure that the proposed facility is justified, and that it is viable.
- Collaborate with other facility providers and government organizations on planning.
- Ensure that numerous possibilities for location have been examined throughout the facility development process by consulting with the community.

Management

- Maximize accessibility and opportunity—aim to meet a wide range of needs, social challenges, and physical abilities.
- Create a management plan that incorporates operational strategies as well as design considerations.

Design

- Develop a design brief that represents the demands of future users and employees.
- Design the facility to be practical, flexible, adaptable, multi-functional, energy efficient, and low-maintenance.
- Using Life-Cycle Cost Principles in Design

Financial

- Obtain capital money from a number of different sources.

- Assess the facility's immediate and long-term viability in relation to its mission, operating philosophy, and predicted operating expenses.
- Detail facility maintenance strategies in an asset management plan
- Create a Life-Cycle Cost plan

Organizing recreational activities

The drafting of a strategic recreation plan is an important first step in the planning of a sport and leisure facility. A recreation plan highlights current facilities and services, as well as the community's overall recreation needs and the actions required to achieve those needs. It lays out the priorities for sport and recreation facilities and services, ensuring that they are provided in a fair and effective manner.

The formulation of a recreation strategy might reveal a variety of development needs. The facility planning process should begin if the recreation strategy recognizes the need for a specific sport or recreation facility.

Self Assessment Exercise

1. Describe recreation planning
2. Highlight the key steps in planning and management of sports facilities.

Answer

1. A preliminary task to planning a sport and recreation facility is the preparation of a strategic recreation plan. A recreation plan identifies existing facilities and services, the broad recreation needs of the community and the action required to meet identified needs. It outlines the priorities for sport and recreation facilities and services, ensuring that provision is equitable and efficient.

2. Planning

- Ensure the proposed facility supports the organisation's strategic plan
- Ensure the proposed facility is justified
- Ensure the proposed facility is feasible

- Coordinate planning with other facility providers and government agencies
- Undertake community consultation throughout the facility planning process
- Ensure that various options have been considered for location

Management

- Maximise access and opportunity-aim to cater for a broad range of needs, social issues and physical capabilities
- Develop a management plan to reflect operational strategies and design priorities

4.0 Conclusion

Planning of sports facilities require some processes that will make it easier and coordinated. These include planning, management, design and financial.

5.0 Summary

You learned about planning process for Physical Education, recreation and sports in this unit.

6.0 Tutor Marked Assignment

1. Explain the key principles of facility provision in sports.

7.0 References/Further Reading

- Nwankwo, E.I (2002). The role of Research and Continuous Education in Professionalization of Sports Management in Nigeria. 2nd Seminar of the Nigeria Association for Physical Education held in Asaba, Delta State, Nigeria
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Unit 2 Planning Process for Physical Education, Recreation and Sports

Content

1.0 Introduction

2.0 Objectives

3.0 Main Content

3.1 Planning Process for Physical Education, Recreation and Sports

Self Assessment Exercise

4.0 Conclusion

5.0 Summary

6.0 Tutor-Marked Assignment

7.0 References/Further Reading

1.0 Introduction

You will learn the processes involved in planning in this unit.

3.0 Main Content

3.1 Planning Process for Physical Education, Recreation and Sports Facility Planning Process

The five key phases in the facility Planning Process for a sport and recreation facility:

Needs Assessment

The first step in the facility planning process is to examine the unique needs of the institution. This procedure will determine whether a new facility is necessary or if the requirement can be met in another manner. It will also provide clear guidance on the scope, scale, and mix of components that are best appropriate for the proposed facility. Identification of present and future trends Analysis of social indicators are the main components of a facility-specific needs assessment.

The key elements of a facility specific needs assessment are:

- Identification of current and future trends

- Analysis of social indicators
- Review of existing facilities and services
- Assessment of similar facilities and services provided in comparable communities
- Community consultation to identify demand, usage and future potential

A wide range of people should be consulted throughout the needs assessment. Various members of the community, key agencies and groups (e.g., Sport and Recreation, Education Department), neighbouring local government authorities, sports clubs/associations, and other suppliers of sport or recreation services should all be consulted. After all of the data has been obtained and analysed, a report is written recommending that the idea be modified or abandoned, existing facilities be upgraded or amalgamated, or a new facility be built.

Feasibility study

If the needs assessment suggests building a new facility or significantly redeveloping an existing one, the feasibility study is the following step in the facility planning process. A feasibility study is used to make an objective conclusion about how much money to allocate to a sport or recreation facility. The study will refine the concept and then test it to see if it will work in practice and on a financial level.

The following are the main components of a feasibility study: market analysis

- Market analysis
- Draft management Plan
- Concept plan
- Location rationale
- Design and technical options
- Capital costs and financials
- Alternatives
- Sustainability assessment

Throughout the feasibility study, community outreach should be conducted to discover specific requirements such as size, usage, accessibility, functionality, and affordability. When the feasibility study is finished, it should be possible to make an objective conclusion about the planned facility's resource allocation. The decision to pursue, modify, postpone, stage, or terminate the project is made at this point.

Design phase

If the feasibility assessment indicates that a facility should be built, the project moves on to the design phase. A management plan is finalized at this time, as is a design brief and the appointment of a design consultant or team. The management plan should include the following important components that describe how the facility will be used by the community and/or user groups:

- upcoming programs and services, as well as how they will be advertised
- Management structure that has been proposed
- Strategies for facility upkeep
- Annual operating budget with estimated revenue and expenses

The management plan is then utilized to create the design brief, which is a set of design specifications that translates the functional requirements of potential user groups and activities. If the client's and community's expectations are to be met, a thorough design brief is essential. The following are the essential components of a design brief:

- Details about the site, as well as any clearing constraints
- A schematic diagram, or at the very least a list of specific needs, is required.
- Accommodation schedule
- Finishes standards
- Budget and cost limit for the project
- Important dates for the start and finish of construction

The design consultant incorporates the requirements of the project design brief into drawings (s). A thorough cost study is carried out, and all necessary statutory approvals

are secured. Finally, all contract documents are completed, tenders are solicited, and a contractor is selected.

Design Consultants

The design team is made up of the consultants hired to develop the facility's design. Appointing design experts may not be necessary in the event of a modest project. However, the following professions are frequently included in the design team for medium and large-scale projects:

- □ Architect
- Structural engineer,
- mechanical and electrical engineer,
- cost planner or quantity surveyor,
- landscape architect (if necessary), and
- acoustics consultant (if appropriate)

It's worth thinking about hiring a professional project manager for larger, more difficult projects. The project manager would be in charge of overseeing the activities of the professional design team and, ultimately, the project's construction. In the absence of a project manager, the architect will normally coordinate all other design specialists involved.

Self Assessment Exercise

1. Highlight the key phases in the facility planning process.
2. What are the key elements of the design phase of the planning process.

Answer

- Need assessment,
- Feasibility study,
- Design phase,
- Design consultants

2. The key elements of a facility specific needs assessment are:

- Identification of current and future trends
- Analysis of social indicators
- Review of existing facilities and services
- Assessment of similar facilities and services provided in comparable communities
- Community consultation to identify demand, usage and future potential

4.0 Conclusion

Where appropriate co-location, joint provision and shared use of sport and recreation facilities can result in the best outcome for your sport, club, school or community. These options should be explored at length with various government agencies, State Sporting Associations, commercial operators, neighbouring local governments and sport and recreation clubs before any decisions are made to extend or build a new facility.

5.0 Summary

You learned about facility Planning Process for a sport and recreation facility in this unit.

6.0 Tutor Marked Assignment

1. Explain the five key phases of the facilities planning for a sport and recreation.

7.0 References/Further Reading

Olorunsola, H.K. and Alla, J.B. (2001). Challenges facing Sports Participation and Management in Nigeria Universities, *Ife Journal of Educational Studies*, Vol. 9 No. 1 pp 63-67.

Olorunsola, H.K. and Alla, J.B. (2005) Status of Sports Management and Promotion in Nigeria Universities, *Ife Journal of Curriculum Studies and Development*, Vol. 2 No. 2, pp. 74 – 81.

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