



NATIONAL OPEN UNIVERSITY OF NIGERIA
Plot 91, Cadastral Zone, Nnamdi Azikiwe Express Way, Jabi Abuja

B.Sc (Ed) Health Education

**COURSE HED127: ORGANIZATION AND
ADMINISTRATION OF SCHOOL HEALTH
PROGRAMMES**

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COURSE GUIDE

Introduction

Wellbeing is a priced resource for any nation and the principle of wellness and improved health when internalized especially at the early stages of life becomes a habit that is carried into adulthood and a clear indication of improved health status. School health programme is one of the major ways that children of school age are introduced into practices that help improve their health and wellbeing. One thing that assures the realization of objective of school health programme is that all the input of all personnel and activities involved in the school health programme are organized in a seamless manner through proper administration. When administrators have the skills and qualities require of effective administrator, it make the organization work in such a way that the objective set out for the school health programme are achieved. Good administration, adapts to all the components of school health programme through development of policies which help in so many ways to give guideline on ways activities are carried out and on the chain of command and responsibility among the school health programme team. The ultimate result of a well-coordinated school health programme is improve health for the school population and its environs

Course Competencies

The aim of the course is to equip you with knowledge, attitude and skills required to be an active member of the school health team and also to understand the administration of the school health programme, so that in your capacity as an administrator you will have all it take to coordinate the activities for the optimal health of the school population. Specifically this will involve:

- To understand school health programme and its benefits to the immediate school population and the nation in general.
- Identify the various components/activities involved in the school health programme and the personnel required for its effectiveness.
- To acquire skills and qualities required for effective administration of school health programme to ensure the achievement of the objective which is improvement in the health status of the children of school age and the nation in general.

Course Objectives

By the end of this course you should be able to:

1. Describe the nature and components of school health programme.
2. Explain the need and objectives the school health programme.
3. Understand the rudiment of administration and its different forms.
4. Develop skill for formulation of guideline/policies relating to school health programme administration.
5. Identify members of the school health team and their specific functions.
6. Describe administrative skill and qualities require for effective administration of school health programme.
7. Explain democratic processes as a method of effective administration of school health programme.
8. List the benefit of physical activities/education as an important factor in school health programme.
9. Develop skills to coordinate physical education activities effectively.

Working through this course:

To successfully complete this course, read the study units, listen to the audios and videos, do all assessments, open the links and read, participate in discussion forums, read the recommended books and other materials provided, prepare your portfolios, and participate in either face to face facilitation in your centre or the online facilitation.

Each study unit has introduction, intended learning outcomes, the main content, conclusion, summary and references/further readings. The introduction will tell you the expectations in the study unit. Read and note the intended learning outcomes (ILOs). The intended learning outcomes tell you what you should be able to do at the completion of each study unit. So, you can evaluate your learning at the end of each unit to ensure you have achieved the intended learning outcomes. To meet the intended learning outcomes, knowledge is presented in texts, video and links arranged into modules and units. Click on the links as may be directed but where you are reading

the text off line, you will have to copy and paste the link address into a browser. You can download the audios and videos to view off line. You can also print or download the texts and save in your computer or external drive. The conclusion gives you the theme of the knowledge you are taking away from the unit.

There are two main forms of assessments – the formative and the summative. The formative assessments will help you monitor your learning. This is presented as in-text questions, discussion forums and Self-Assessment Exercises.

The summative assessments would be used by the university to evaluate your academic performance. This will be given as Computer Based Test (CBT) which serves as continuous assessment and final examinations. A minimum of three computer based tests will be given with only one final examination at the end of the semester. You are required to take all the computer-based tests and the final examination.

Take notes when reading and listening to the video clips. You may use your note pad and pen, or Microsoft Word document in your computer or use Google drive while studying. This will help you create and organise your portfolio. Should you encounter any technical challenge while studying, contact the technical support in the direction or links provided.

Study Units

There are Nine (9) study units in this course divided into three modules. The modules and units are presented as follows:

Module 1: Overview of School Health programme and administration

Unit 1 Concept of School Health Programme

Unit 2 Principles and Practice of School Health Programme

Unit 3 Administrative Concepts, Functions and Rationale for SHP

Module 2: Pattern, Skills, Quality and Policy formation in SHP

Unit 1 Patterns of Health Programme Administration

Unit 2 Skills and Qualities of an Administrator

Unit 3 Policy Formation and Policies in Health Education Programme

Module 3: Democratic Processes in School Health and Physical Education

Unit 1 Application of Democracy in Administration

Unit 2 Administrative Practices for Components of SHP

Unit 3 Organization of Physical Education Programmes

References and Further Reading

The following references and links are provided for further readings.

1. Akani, N.A., Nkanginieme, K.E.O. (2001). School health programme: Situation Revisit. *Nigerian Journal of Paediatrics*, 28(1), 1-6
2. Alla, J.B. & Ajibua, M.A. (2012). Administration of physical education and sports in Nigeria. *Higher Education Studies*, 2(1), 88-96
3. Alshurman, M. (2015). Democratic education and administration. *Procedia-Social and Behavioural Science*, 176, 861-869
4. 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. Centers for Disease Control and Prevention (2008). *The Essential Public Health Services*. Retrieved February 29, 2008 from National Public Health Website.
7. Green, L. W. & Iverson, D. C. (1982). School health education. *Annual Review of Public Health*, 3, 321-338.
8. Institute of Medicine (U.S.) (2002) *The Future of the Public's Health in the 21st Century*. Washington, D.C.: National Academy Press.
9. Katz, R.L. (1974) Skills of an effective administrator. <https://hbr.org/1974/09/skills-of-an-effective-administrator>. Retrived 18/01/2020.
10. Olunyinka, D. & Ayodeji, M.A. (2019). School health programme in Nigeria: A review of Implementation for policy improvement. *American Journal of Educational Research*, 7(7), 499-508 Available online at <http://pubs.sciepub.com/education/7/7/10>
11. Omenu, F. (2015). Leadership and administrative skills for optimal Universal Basic Education Delivery in Nigeria. *African Research Review*, 9(3), 50-61
12. Rani S. G. & Elisa A. Z. (2016). *School Health Policy & Practice*, (7th Edition). American Academy of Paediatrics Council on School Health
13. 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
14. Valente, C.M. & Lumb, K.J. (1981). Organization and function of a school health council. *Journal of School Health*, 51(7), 499-469

Links

1. <https://www.ncbi.nlm.nih.gov/books/NBK231148/>
2. Concepts of administration and organization.
<http://old.staff.neu.edu.tr/~apolatoglu/files/inttopubadm.pdf>

Presentation Schedule

The presentation schedule gives you the important dates for the completion of your computer-based tests, participation in forum discussions and participation at facilitation. Remember, you are to submit all your assignments at the appropriate time. You should guide against delays and plagiarisms in your work. Plagiarism is a criminal offence in academics and is highly penalised.

Assessment

There are two main forms of assessments in this course that will be scored: the Continuous Assessments and the final examination. The continuous assessment shall be in three fold. **There will be two Computer Based Assessments. The computer-based assessments will be given in accordance to university academic calendar. The timing must be strictly adhered to.** The Computer Based Assessments shall be scored a maximum of 10% each, while your participation in discussion forums and your portfolio presentation shall be scored maximum of 10% if you meet 75% participation. Therefore, the maximum score for continuous assessment shall be 30% which shall form part of the final grade.

The final examination for HED 106 will be maximum of two hours and it takes 70 per cent of the total course grade. The examination will consist of 70 multiple choice questions that reflect cognitive reasoning.

Tutor-Marked Assignment (TMA)

There are five Tutor-Marked Assignments in this course. You need to submit the five assignments for grading. Three best scores shall be selected from the five TMAs for use as your continuous assessment score. The maximum score for the three TMAs shall be 30%.

Should you have challenge starting the assignments or submitting at the due dates, you may request for extension from your facilitator.

Final Examination and Grading

The final examination for HED106 will be for three hours and it takes 70 per cent of the total course grade. The examination will consist of questions that reflect the types of self-assessment and Tutor-Marked exercises you have previously encountered. All areas of the course will be assessed. Deploy the time between finishing the last unit and sitting for the examination to revise the entire course. You may find it useful to review your self-assessment exercises and comments by your tutorial facilitators before the examination. The final examination covers information from all parts of the course.

How to Get the Most from the Course

To get the most in this course, you need to have a personal laptop and internet facility. This will give you adequate opportunity to learn anywhere you are in the world. Use the Intended Learning Outcomes (ILOs) to guide your self-study in the course. At the end of every unit, examine yourself with the ILOs and see if you have achieved what you need to achieve.

Carefully work through each unit and make your notes. Join the online real time facilitation as scheduled. Where you missed the scheduled online real time facilitation, go through the recorded facilitation session at your own free time. Each real time facilitation session will be video recorded and posted on the platform.

In addition to the real time facilitation, watch the video and audio recorded summary in each unit. The video/audio summaries are directed to salient part in each unit. You can assess the audio and videos by clicking on the links in the text or through the course page.

Work through all self-assessment exercises. Finally, obey the rules in the class.

Study Guide

Module	Unit	Week	Activity	Time
	Study Guide		Read the Study Guide	
Module 1	1	1	Concept of School Health Programme	2 hours
	2	2	Principles and Practice of School Health Programme	2 hours
	3	3	Administrative Concepts, Functions and Rationale for SHP	2 hours
			TMA 1	
Module 2	1	4	Patterns of Health Programme Administration	2 hours
	2	5	Skills and Qualities of an Administrator	2 hour
	3	5	Policy Formation and Policies in Health Education Programme	2 hour
Module 3	1	6	Application of Democracy in Administration	2 hours
	2	7	Administrative Practices for Components of SHP	2 hours
	3	8	Organization of Physical Education Programmes	2 hours
			TMA 2	

Module	Unit	Week	Activity	Time
			TMA 3	
		15	Revision	2 hours
		16 & 17	Exam	
Required Total Hours of Study				20 hours

Facilitation

You will receive online facilitation. The facilitation is learner centred. The mode of facilitation shall be asynchronous and synchronous. For the asynchronous facilitation, your facilitator will:

- Present the theme for the week;
- Direct and summarise forum discussions;
- Coordinate activities in the platform;
- Score and grade activities when need be;
- Upload scores into the university recommended platform;
- Support you to learn. In this regard personal mails may be sent;
- Send you videos and audio lectures; and podcast.

For the synchronous:

- There will be eight hours of online real time contact in the course. This will be through video conferencing in the Learning Management System. The eight hours shall be of one-hour contact for eight times.
- At the end of each one-hour video conferencing, the video will be uploaded for view at your pace.
- The facilitator will concentrate on main themes that students must learn in the course.
- The facilitator is to present the online real time video facilitation time table at the beginning of the course.
- The facilitator will take you through the course guide in the first lecture at the start date of facilitation

Do not hesitate to contact your facilitator. Contact your facilitator if you:

- do not understand any part of the study units or the assignment.
- have difficulty with the self-assessment exercises
- have a question or problem with an assignment or with your tutor's comments on an assignment.

Also, use the contact provided for technical support.

Read all the comments and notes of your facilitator especially on your assignments; participate in the forums and discussions. This gives you opportunity to socialise with others in the programme. You can raise any problem encountered during your study. To gain the maximum benefit from course facilitation, prepare a list of questions before the discussion session. You will learn a lot from participating actively in the discussions.

Finally, respond to the questionnaire. This will help the university to know your areas of challenges and how to improve on them for the review of the course materials and lectures.

AND ADMINISTRATION

School health programme is aimed at the overall wellbeing of the school population and their environs. The programme has three major components through which the objectives of the programme is achieved. These three components, health instruction, school health services and healthful school environment are aim at inculcating sound health practices both preventive, promotive and curative in the school population. These different components are operated by specialists whose activities needs to be coordinated and organized through the activities of School health administrators. This module focused on explaining the concept of school health programme, components of school health programme, the school health team and the need for administration of these activities to achieve the objectives of the school health programme.

Unit 1	Concept of School Health Programme
Unit 2	Principles and Practice of School Health Programme
Unit 3	Administrative Concepts, Functions and Rationale for SHP

UNIT 1: CONCEPT OF SCHOOL HEALTH PROGRAMME

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Concept of School Health Programme
 - 3.2 Scope of School Health Programme
 - 3.3 Rationale for School Health Programme
 - 3.4 Objectives of the School Health Programme
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

This unit will look on the basic concepts in school health programme. It is an introductory unit designed to acquaint you with what school health programme is all about and to highlight the basic content in school health programme that require organization and administration. The concepts, the scope and the operators and beneficiaries of the school health programme are indicated and explained.

2.0. INTENDED LEARNING OUTCOMES (ILOS)

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

1. define school health programme.
2. identify the different components of school health programme
3. explain these components of the school health programme.
4. explain the need for school health programme.
5. list the objectives of school health programme

3.0. MAIN CONTENT

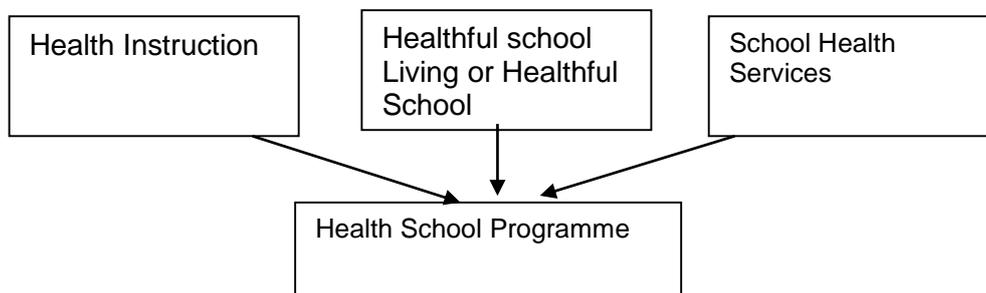
3.1. Concept of School Health Programme

Attempts to define school health programme are as old as the history of school health. Several definitions have been advanced in attempt to clarify this concept. One of this definition see school health programme as “all the activities carried on in a school system in the interest of health. School health programme involves the totality of procedures and activities which are designed to protect and promote the well-being of students and of the staff”. According to Joint Committee on Health Education Terminology (1991), school health program is an organized set of policies, procedures, and activities designed to protect and promote the health and well-being of students and staff which has traditionally included health services, healthful school environment, and health education. These activities, according to them, include those organized under health instruction, health services and healthful school environment. The above and many other definitions generally agree that the school health programme is a composite of actions taken by the school, home and community, with the school coordinating to ensure primarily a sound level of wellness for the school pupils and students and subsequently their tutorial and non-tutorial staff, through definite channels. These channels are health instruction, health services and healthful school living or healthful school environment.

Click for highlights on school health programme: <https://youtu.be/O058tGnX5D0>

3.2. Scope of School Health Programme

On the basis of the above definitions, school health programme unmistakably concerns only the primary and secondary school pupils and students aged 6-18 years. It also concerns their teachers and other school staff. The programme is made up of the following areas of activity graphically presented below:



Some school health experts prefer to add what they consider to be the fourth aspect: school, home and community relationships. In the real sense of it, this should not be taken as a distinct area of activity under the school health programme. It rather represents the essential point of interaction between the above three identified areas. This interaction is very relevant to the realization of the objectives of school health. A brief description of the three mentioned major components definitely would not be out of place at this juncture.

3.2.1. School Health Instruction

This involves the organized presentation of health information to pupils, students and staff with the intention of influencing their knowledge, attitudes and practices in relation to health and accident prevention. Such instruction could be planned and given

directly or integrated into other school subjects. Similarly, it could be given through other school subjects in a correlated fashion, or imparted sequel to any incident. Furthermore, it can be provided by means of such special activities in the school programme as assembly programmes, special films, etc. as well as through individual health guidance which could also be incidental.

3.2.2. Healthful School Living

This is also referred to as healthful school environment. Included under this aspect of school health programme are all activities and measures or conditions carried out to establish to enhance pupils and students as well as school personnel's health and promote teaching and learning involved here, are the physical environment of the school, the school's emotional tone the school lunch, and the organization of the school day.

3.2.3. School Health Services

These embrace all medical, dental and psychological measures taken at school to appraise, protect, promote and maintain the health of the school pupils and students as well as personnel. Comprising this arm of the school health programme are the following services: health appraisal, health counselling, control of communicable disease, emergency care and disaster procedures and care of the handicapped. Other services include health care of school personnel, health records and work records keeping, and supervision of school sanitation among others.

3.2.4. Healthful School Living

These are all activities and measures or conditions carried out to establish to enhance pupils and students as well as school personnel's health and promote teaching and learning. For ease of conceptualization, the three components of school health programme together with their concomitant activities and services can be prescribed diagrammatically as shown below:

3.3. Rationale for School Health Programme

Every meaningful action is usually backed with some cogent reasons. The school health programme is no exception to this rule. The following are reasons for school health programme to be part of every school programme.

1. The school age is a period of active growth and development which suggests the needs for health improvement and defects correction as a means of paving a clear path for optimal growth and development.
2. Many pupils taste communal living outside their homes for the time at schools. This exposes them to a lot of physical and emotional trauma, infections and accidents. A well-established school health programme cushions such pupils from the effects of the above sudden changes.
3. No other institution has any opportunity to influence the life of the pupils and subsequently their homes, communities and future generation comparable to that enjoyed by schools.
4. If children must learn well all conditions capable of inhibiting their learning must be identified and improved. The school health programme cannot do less than this.
5. There is undoubtedly a strong bond between what goes on at school and the

community in which the school is located. It thus follows that any opportunity exploited to communicate new ideas on health through the school will invariably translate to success in spreading such ideas to the immediate community.

6. In most developing countries, the school age children form majority of the population. Caring for them at school therefore amounts to caring for a majority of the population.

3.4. Objectives of School Health Programme

The three activity areas of the school health programme exist to be coordinated by the school personnel, assisted by the homes and community, for some meaningful end. These targeted outcomes, among other things, include:

1. Imparting sound health knowledge and muzzling misconceptions and superstitious beliefs through well-organized health instruction.
2. Replacing negative health attitudes and practices with positive ones and encouraging the growth of the latter through learning and practice.
3. Developing a physically and emotionally sound environment capable of promoting the health of the school population and enhancing teaching and learning

Click to watch school health programme in India <https://youtu.be/xdHUpkrScQY>

4.0. SELF-ASSESSMENT EXERCISE

1. Define School Health Programme?
2. Mention three main component of School Health Programme?
3. List three objectives of school health programme?

5.0. CONCLUSION

School health programme is design for the wellbeing of the school population and its environs. Three main throngs of activities the school health instruction, healthful school environment and school health services aim at achieving the objectives of school health programme which is optimum health for the school population and their immediate environment.

6.0. SUMMARY

This unit focused on familiarizing you with the major concepts in school health programme which included definition of the school health programme and major components of the school health programme. It also provided the justification for school health programme and listed the objectives which the programme is designed to achieve.

7.0. REFERENCES AND FURTHER READING

1. American School Health Association (1991). 1990 report of Joint Committee on Health Education Terminology. *Journal of School Health*, 61(6), 251-254
2. <https://www.ncbi.nlm.nih.gov/books/NBK231148/>

UNIT 2: PRINCIPLES AND PRACTICE OF SCHOOL HEALTH PROGRAMME

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Basic Principles of School Health Programme
 - 3.2 Organogram for the School Health Programme
 - 3.3 School Health Team
- 4.0 Self-Assessment Exercise
- 6.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0. INTRODUCTION

The school health programme involves more than one person for its operational effectiveness. This unit explains the structure of school health programme and identifies those who are involve in the effective running of the school health programme. The specific functions of each member of the school health team and the interrelatedness of these function makes for effectiveness and efficiency in meeting the objectives of the school health programme, and these will be considered in this unit.

2.0. INTENDED LEARNING OUTCOMES (ILOS)

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

1. identify common guidelines for effective school health programme
2. explain the structure of the school health programme.
3. identify major actors in the school health programme.
4. list function of major specialists involved in school health programme.

3.0. MAIN CONTENT

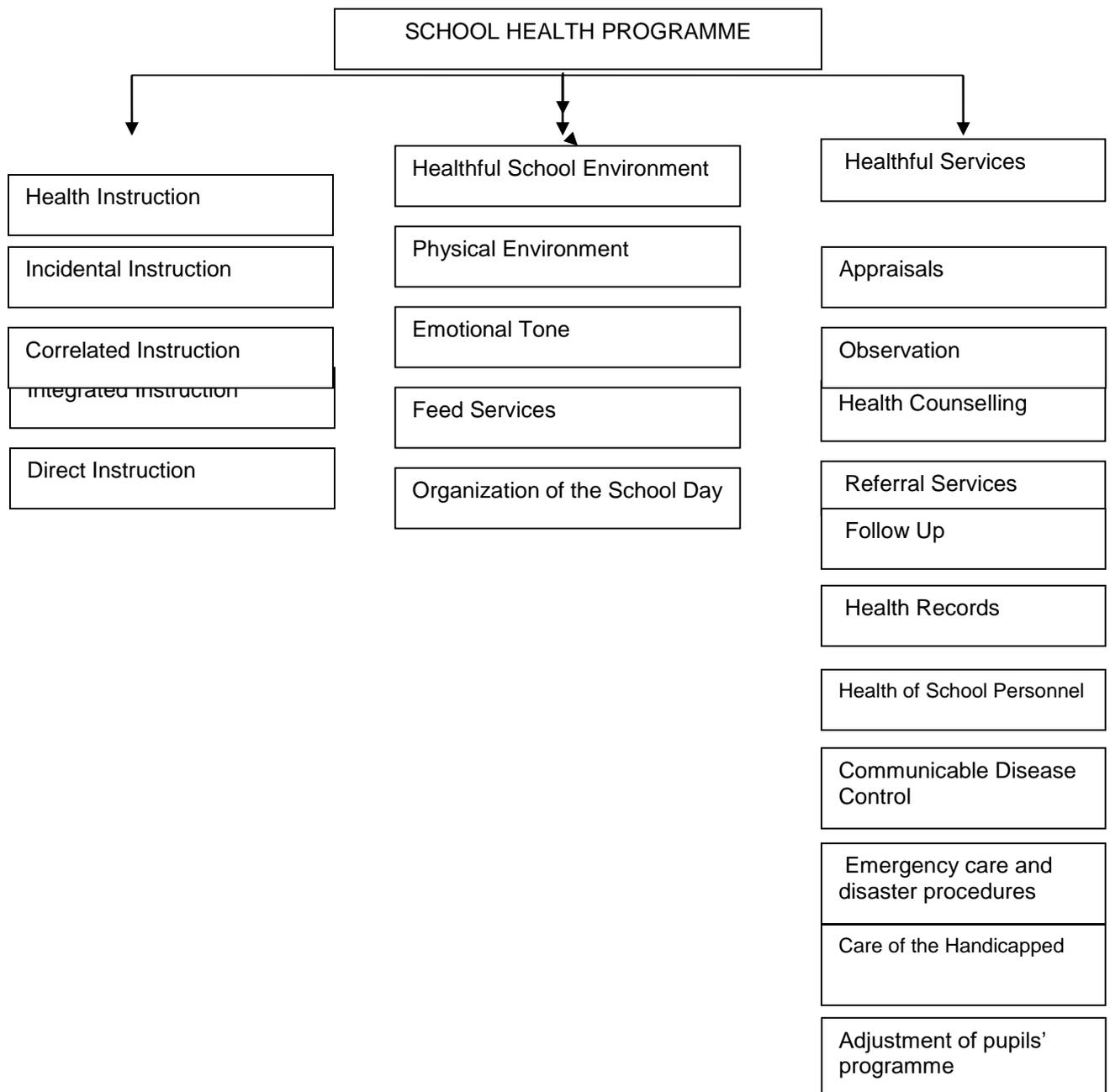
3.1. Basic Principles of School Health Programme

Like any other programme, the school health programme has some laid down guidelines without which the programme would readily loose direction. Some of the principles hereby paraphrased.

1. The school health programme always has the welfare of the school age child and the school personnel topping its priority list.
2. Ensuring healthful living for the school age child is primarily the responsibility of the child's home and secondarily that of the school.
3. The school age child's health is a product of a constellation of factors ranging from heredity to environment, human ecological interaction and his chosen life style.
4. Attempt should be made by the school health programme to provide educational experiences through school health services, healthful school living, and various integrated, correlated and incidental media.
5. The school health programme must ensure that the child is put through experiences which are in line with what obtains in the macro-society so as to allow for application of such experiences to life outside the four walls of the school.
6. The school health programme should adopt a functional approach which will

- enable it achieve desired objectives rather than making fruitless proposals.
7. The nucleus of the entire school health programme should be the instructional programme based upon viable educational principles.
 8. The school health programme must have as part of it a sound periodic evaluation package to enable it assessed its strength and weakness and make necessary adjustments.
 9. The teacher's health practices go a long very to influence those of the pupils since children learn by imitation consciously or unconsciously.
 10. Relating health instruction to the natural interest of the school child helps in strengthening the instructional activities.

3.2. Organogram for the School Health Programme



3.3. The School Health Team

The school health programme is never a one man business. The programme no matter how it is conceived is always broad, involving various personnel thus calling for effective team work with the network of relationships and interactions involved in working together effectively, it would be impossible to avoid duplication and overlapping of efforts, and waste of funds, without planned cooperation. This presupposes that each member of the team must assure certain core responsibilities inherent in his specific task. These responsibilities however vary from place to place and from one work situation to another depending on the needs of the children, the objectives of the community and school health programmes and the available facilities, funds, and leadership. Whatever the variation may be, however, does not always deviates wildly from some specific identifiable responsibilities which need to be clearly stated and located, and understood by all involved in the programme.

A close look at the specific responsibilities will also reveal that as much as the programme exists; physician, the nurse, the dentist, and the dental hygienist relate primarily to achieve the objectives of school health services. They are also deeply concerned with the maintenance of a healthful school environment and the quality of the health instruction. In the same vein, the school administrator, the guidance counsellor, and the classroom teacher are naturally intimately concerned and associated with all aspects of the health programme. Finally, a few over-lapping in responsibilities as must be admitted, do occur among the personnel. This is better appreciated and utilized for good where the duties of the respective personnel involved in the programme are clearly spelt out.

3.3.1. The Classroom Teacher

In the Nigerian context, the classroom teacher refers mostly to the primary school teacher. This is not because the secondary school teachers do not teach in the classrooms but because they are seen as subject teachers having no specific class to remain with, all subjects to the class thus staying with them all through daily school period. The classroom teacher is cast in the role of most critical and constant observer of the school child. Following from this unique position she or he occupies she or he is expected to perform the following school health roles:

1. To assist the school nurse (where there is any) in preparing the pupils psychologically for the periodic health appraisal, the medical and dental examinations, immunizations, and other procedures. She or he is expected to supply information concerning the child to the nurse based on her or his observation. It is also her or his duty to collect the children's health history. Where the health examination is conducted in the school she or he should be presented to supply needs, condition and medical advice on behalf of the pupils and their parents.
2. To reinforce the nurse's efforts in follow-up. In absence of the school nurse however she or he assumed the entire responsibility of follow-up in conjunction with the guidance counsellor.
3. To conduct morning inspection aimed at sorting out those with observable deviations from normal health. She or he can carry out temporary isolation on the basis of the result of the exercise pending the arrival of the school nurse where one exists. In absence of a school nurse the isolation responsibility becomes entirely hers or his.

4. To support and further the work of the school health services through the programme of health education in the classroom.
5. To supervise organized play activities as planned with the school games master or mistress.
6. To oversee the sanitary condition of the classroom and the school compound.
7. To conduct vision screening tests.
8. To weigh and measure pupils or offer supervision to them while they carry out the weighing and measuring themselves.
9. To always present herself or himself as a model, an epitome of sound health attitudes and practices. This is necessary since pupils learn more by imitation.
10. To accept and cooperate with other members of the health team for the smooth running of the school health programme.
11. To serve as a bridge between the home and the school by paying home visits, and teaching the pupils things bordering on their health and health of the community for onward transmission to the community.

3.3.2. The Health Physical Education and Recreation Teachers

In both the primary and secondary schools these constitute the games masters and classroom or health, physical education and recreation teachers. In Nigeria, these are holders of the Nigerian Certificate in Education and above who have majored in health, Physical Education and Recreation or any one aspect of these. Actually, with the present trend whereby some universities offer specialist courses in either Physical Education and Recreation or Health Education as separate disciplines, the health, physical education and recreation teacher could be a specialist of one of these disciplines. In a situation where he majored in health, physical education and recreation he could operate in the mold of the coordinator of health education. This is also the case where the teacher is a health education specialist. If his or her preparation was vigorously on the area of physical education and recreation then he can function best as a games master or director of sports with yet some health coordination responsibilities.

Whatever the Health, Physical Education and Recreation teacher's preparation may be, he is often expected to perform the following roles as a member of the school health team even if he or she has to learn some of them on the job. These roles are as follows:

1. The most senior (the departmental head) of these teachers should chair the school health committee or council.
2. All of them are expected to be involved in the health appraisal of all participants in physical education activities. This has to be done under the coordination of the departmental head.
3. They should see to the maintenance of safety and sanitation tone of the school plants, sporting equipment and facilities.
4. The task of health instruction falls squarely on them in the secondary school. In the primary school they can still carry out health instruction through the incidental or correlated approach since they may be directly responsible to no specific class.
5. They have to be aware of all agencies within and outside the school with the potential of positively or negatively influencing the success of the school health programme, necessary for the success of the programme.

6. They have to cooperate with other school health personnel in the course of their duties.
7. In the primary school they have to help the classroom teacher in drawing up a package of physical education activities for the class.

3.3.3. The Guidance Counsellor

Most disciplinary problems encountered in schools have deep rooted health problems as their true success. It is only in the appreciation of this fact that one sees a prominent place for the guidance counsellor in the school health programme of both the primary and secondary schools. This fact enables us to understand the link between the disciplinary problems solutions assignment of the guidance counsellor and school health programme on the basis of this, every guidance counsellor's preparation must in addition to the usual equipment with counselling and teaching skills emphasize knowledge of child development, personal and community health, and school health. In every school health programme the following should be the duties of the guidance counsellor.

1. To complement the observation role of the classroom teachers as a way of increasing the chances of detecting early signs of deviation from normal health among the pupils and students.
2. To counsel the pupils and students on all their health and career problems.
3. To counsel the parents and guardians of the school child in relation to the child's problems.
4. To foster cordial emotional environment in the school through personnel, pupil and student counselling.

3.3.4. The School Administrator

This is always the school health teacher. He or she is the headmaster or headmistress in the primary school. In the secondary school he or she is the principal. A lot is dependent on him or her for the smooth sailing of the school health programme. His or her roles include the following:

1. To mobilize his staff towards planning, administering and interpreting to the community with increasing efficiency the health programme which is under way in the schools.
2. To coordinate and fund various aspects of school health programme.
3. To cooperate with the local health department and other health agencies and the school personnel as well as parents.
4. To request for the employment of adequate number of personnel necessary for the success of the school health programme.
5. To design a working schedule which makes health activities possible and promotes proper record keeping and the coordination of health services with health instruction.

3.3.5. The School Physician

Ideally, every school should have a physician attached to it whose duty should be to oversee the health services aspect of the school health programme. In Nigeria, the best we have been able to achieve is to have a physician attached to the health department of the local health ministry charged with the responsibility of overseeing many secondary and primary schools within the locality. The extent these physicians have

been able to discharge their duties, given the appalling physician-school ratio remain a guess. The physician is supposed to, in addition equipped with adequate knowledge of school health. He must know much about child growth and development, the philosophy of modern education, and the nature of the health curriculum. His roles in the school health programme are as follows:

1. To develop and conduct an overall health service programme which meets at least the minimal specifications of the state ministries of health and education.
2. To advise the school on health and safety policies in line with the state or national requirements.
3. To participate in planning the health curriculum and in the development of in-service health training for teachers or other school health personnel.
4. To clarify the nature of school health programme to other health workers and members of the community operating outside the school.
5. To select and recommend for appointment qualified personnel for his division and prepare and appropriate budget.
6. To operate as consultant to the school and community health councils or committees, and as a resource person to teachers and other school health personnel.

3.3.6. The School Nurse

Under the ideal situation, every school should have a nurse attached to it as a member of the school health team. In Nigeria this has not always been the case. At best we have public health nurses attached to the local health departments of the state ministry of health whose responsibility border on attending to a number of schools within their locality. Also most elite schools have school matrons who often are retired nurses. These fill the vacuum created by the absence of a resident school nurse.

Naturally, the responsibilities of the school nurse vary depending upon the circumstances of particular situations. In general, however, her duties involve helping the school physician in planning and carrying out procedures pertaining to all aspects of the school health services. She also functions as a resource person to the classroom teacher in the primary school and the health education teacher in the secondary school. Specifically, the roles of the School Nurse are as follows:

1. To work intimately with the teacher, serving as a resource person in certain health instruction areas, and administering nursing and first aid services as may be assigned by the teacher.
2. To participate in administration of immunization.
3. To serve as a link between the classroom, home and other health resources in the school and community. She counsels parents on their children's health appraisal of the school health personnel, and clarifies all school health issues to the parents and community agencies through visits.
4. To help in maintaining the environmental health status of the school.
5. To keep the most health records of the pupils and students especially those under her direct concern.

3.3.7. The Home Economist

Every school is supposed to have the services of a home economist who operate as the school's nutritionist. She supervises the school meal if the school operates a boarding school or oversees the activities of food vendors where the school offers no school

lunch. Her other roles include the following:

1. To instruct the students on nutrition and home economics as a subject teacher.
2. To instruct the pupils on home economics and nutrition as a special teacher.
3. To help integrate nutrition into other aspects of health education.
4. To assist or instruct individual teachers or groups of teachers on nutrition or the nutritional aspects of health education.

3.3.8. The School Health Council

For proper coordination of all facets of the school health programme through effective cooperation of all the involved personnel schools set up the school health council or committee. Such council is constituted by those persons who have most responsibility for the various parts of the school health programme, together with such representative personnel as will permit permeation of the council's influence into all facts of school life. The duties of the council are as follows:

1. To serve as a clearing house for health matters.
2. To coordinate health efforts.
3. To evaluate present school health procedures, plan and new one.
4. To provide a healthful school environment.
5. To encourage high standards of personal health.
6. To keep pace with changing ideas in the field of health.
7. To rouse faculty and student bodies to health awareness.
8. To lead to the development of a health programme.
9. To use various school resources for health emphasis.

The above roles are actually general. Each school might have their own variants all of which probably might not essentially differ from the above.

3.3.9. Other Specialists

Other school health personnel include the school dentist, the dental hygienist, the school custodian, the school audiometrist, among others. However, given the Nigeria of today their roles do not seem very tropical. In brief, the school dentist should cater for the dental problems of all the school children.

4.0. SELF-ASSESSMENT EXERCISE

- i. Mention five guiding principles for effective school health programme?
- ii. List major members of the school health programme team?
- iii. Mention five functions of the school health council?

5.0. CONCLUSION

School health programme is a collaborative endeavour for the wellbeing of the school population and their host community. This implies that the services of both the tutorial and non-tutorial staff of the school is required in collaboration with specialist who provide some specialized services for the wellbeing of the school population. It is only by effective coordination of the activities of these this team that the objectives of school health education will be realized.

6.0. SUMMARY

This unit has focused on the organization of school health. It had also emphasized the need for cooperation amongst all those involved in the school health programme which is referred to as the school health team. It also identified these team members and highlighted their various role in the provision of school health services.

7.0. REFERENCES FOR FURTHER READING

1. Valente,C.M. & Lumb, K.J. (). Organization and function of a school health council. *Journal of School Health*, 51(7), 499-469

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
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1.0 INTRODUCTION

Administration include actions taken to meet the organizational objectives. Administration that help to explain aspects of administration. In school health programme, there is the need to coordinate all the activities involved in the school health programme in order to achieve the desired result. In this unit is we will look at some common concepts relating to administration, the functions of administration and the need for administration in School health programme.

2.0. INTENDED LEARNING OUTCOMES (ILOS)

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

- a) define administration as a concept
- b) identify activities involved in the process of administration.
- c) identify need for administration in school health education programme
- d) explain the importance of administrative process in school health education programme.

3.0. MAIN CONTENT

3.1. Definition and Meaning of Administration

Administration is a way of working with people to accomplish the goal or purpose of an organisation. Administration can only take place in an organisation. Administration may refer to efforts and actions directed towards the achievement of the established objectives. In an organisation, administration means the process of harnessing the behaviours of individuals in their use of available resources to achieve the objectives of an organisation. Hence administration involves the activities of the executives who are in charge of managing human behaviours to ensure that the objectives of the organisation are realised.

The executives are also responsible for directing, guiding, coordinating and inspiring the efforts of individual members, so that the purposes for which an organisation has been established may be accomplished most effectively and efficiently.

3.2. Process of Administration

In order to achieve the objective of an organisation, the administrator engages in some activities in the process of administration. These activities include:

1. **Programming or Planning:** This process refers to the planning of activities and functions to be carried out by the administrators and their subordinates (i.e., who does what in an organisation). In planning a programme, all the people who are involved in carrying out the activities must be represented. This shows that planning or programming should be through a group process (i.e., putting all hands on deck) and involves the use of available information or data to aid proper planning.
2. **Organising:** This is the structuring of human beings, resources and functions into a productive relationship to achieve the set goals of an organisation. For example, in first aid treatment, the students can be organised into groups for easy understanding of the topic.
3. **Controlling:** This may be seen as the sole responsibility of the administrator. As things progress, everybody becomes involved as far as his or her duties are involved. Controlling is a process of finding out whether work is proceeding according to the instructions given by the administrator. Controlling in an organisation involves supervision. A good administrator of Health Education frequently checks whether satisfactory progress is being made to achieve the stipulated objectives of the organisation. In controlling, the following things are involved. Controlling also involves evaluating the students to see whether the objectives are achieved. It also involves taking corrective measures to improve the standard of health when the standards fall below expectations.
4. **Setting standards of satisfactory performance:** This is like setting up of objectives to be achieved. In Health Education, members of staff should participate in setting out the objectives. Some of the standards may deal with the teaching methods, Health inspection of students etc.
5. **Coordinating:** This involves the process of putting together or unifying all elements of an organization towards the achievement of its objectives. It involves producing a harmonious team out of the available resources both human and materials at the disposal of the administrator. Co-ordination requires that any member of staff should co-operate willingly with the person at the head. Sometimes administrators fail in their efforts to achieve coordinating and administrative goals because of the following reasons: Failure to follow the order of administrative processes well like planning and organising; The staff and or individuals who are involved in the programme do not know who to report to or who should report to them. When an individual reports to two or more superiors, it may lead to double loyalties. To avoid this situation, the proper distribution of functions should be done; Co-ordination may be difficult when two persons believe that they are responsible for a particular function. Therefore, for effective co-ordination to take place there should be adequate communication. There should also be voluntary co-ordination by individual members of the staff.
6. **Reporting:** A good administrator should be prepared always to inform his/her subordinates of new development. The reporting should be both upward and downwards (i.e., administrators to subordinates and vice versa). A good administrator should be conversant with the languages within his area of operation.
7. **Budgeting:** A good administrator of Health Education should have a sound knowledge of budgeting. Here budgeting involves the sources of income and

expenditure.

3.3. Importance of Administration in School Health Education Programme

School health education is any combination of learning experiences initiated by personnel of any school setting to develop the behavioural skills required to cope with the challenges to health expected in, and the cognitive skills required to comprehend the further learning scheduled for, the student's immediate years ahead (Green & Iverson, 1982). In order to effectively execute the realization of this all important activity, proper administration is important in the following ways:

1. How schools are administered affects the happiness and achievement of every teacher, and consequently learners.
2. A study of administration will assist individuals in deciding whether or not they wish to elect this area on a career basis.
3. More educators perform some types of administrative roles and therefore an understanding of administration process will contribute to better performance in their area.
4. The administration is fundamental to the associated effort. Goals are reached, ideas are implemented and an esprit de corps is developed with planning and co-operative planning efforts. Knowledge of administration facilitates the achievement of such objective.
5. An understanding of administration helps to further good human relations.
6. An understanding of administration helps to ensure the preservation of best traditional practices that exist in the organisation.

Administration Process



Figure 1: Administrative Process

4.0 SELF-ASSESSMENT EXERCISE

- i. What is administration
- ii. List the major processes involved in administration of school health

- programme?
- iii. Mention five importance of administration in school health programme?

5.0. CONCLUSION

To achieve the objective of school health education programme there is need for proper coordination of all activities involved in the school health programme in order to create a school environment that is organized in such a manner that it improve the wellbeing of every member of the school community. This is achievable when the administrator in all situation performs the duties of an administrator which includes planning, organizing, controlling, coordinating, reporting and budgeting of human and material resources required to bring about development of behavioural skills needed to cope with the challenges to health expected in, and the cognitive skills required to improve health of the school population.

5.0. SUMMARY

In this unit we have tried to expose you to the concept of administration, listed and explained the activities involve in administration. We also exposed you to the importance of administration in school health education programme and its adaptation in different aspect of school health education programme.

6.0. REFERENCES AND FURTHER READING

- Green, L. W. & Iverson, D. C. (1982). School health education. *Annual Review of Public Health*, 3 (May), 321-338.
- 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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Module 1 has taken you through the basic concepts and principles of school health programme and also exposed you the key players in the school health programme. It also introduced you to the need for administration to make sure the organizational objectives are met. You are going to see in module 2 different patterns of administration which can be employed in different situation in an organization and the merits and demerits of each. Administration has its own lexicon and you will get to know quite a chunk of these administrative concepts. For one to be an effective administrator, there some basic skills and qualities that one requires in carry out these duties. These qualities, skills and how to apply them will also be explained in this module.

Unit 1	Patterns of Health Programme Administration
Unit 2	Skills and Qualities of an Administrator
Unit 3	Policy Formation and Policies in Health Education Programme

UNIT 1: PATTERNS OF SCHOOL HEALTH PROGRAMME ADMINISTRATION AND ADMINISTRATIVE TERMINOLOGIES

Contents

1.0	Introduction
2.0	Intended Learning Outcomes (ILOs)
3.0	Main Content
3.1	Different Patterns of Relationship in the Administration
3.2	Common Terminologies in Administration
4.0	Self-Assessment Exercise
8.0	Conclusion
6.0	Summary
7.0	References/Further Reading

1.0 INTRODUCTION

Over the course of history, several administrative patterns have been developed and used in management of human and material resources for the achievement of organizational goals. These approaches to administration have their merits and demerits. In this unit we are going to consider some of these administrative approaches as they apply to school health programmes, identifying the merits and demerits. The units will also lead you to understand administrative terminologies commonly used in describing administrative activities.

2.0. INTENDED LEARNING OUTCOMES (ILOS)

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

- a) list the different methods of administration.
- b) explain different methods of administration
- c) identify the merits and demerits of each method of administration
- d) identify the most appropriate method of administration for school health programmes
- e) define common terminologies in administration.

3.0. MAIN CONTENT

3.1. Different Patterns of Relationship in the Administration of School Health Programme:

The following are some common methods of administration adopted in different places by different administrators. They include:

3.1.1. Autocratic administrator: The autocratic administrator likes to take decisions all alone without consulting his/her subordinates. He assumes that he knows everything and therefore dominates all matters. Sometimes, an autocratic administrator reasons that he is the most knowledgeable, qualified to be in a position of administration. He sees himself as the best while others know nothing. He likes to impose orders on the subordinates. He may not make provisions for the suggestions of any kind from the subordinates. He generally ignores human factors (e.g., illness, death, family problems etc.). However, situations make some administrators autocratic because the only language some subordinates can understand is force and oppression.

3.1.2. The Anarchist: Anarchy means lawlessness. The anarchy administrator provides for no rules and regulations. He sees no reason why an independent educated individual should be forced or supervised before he does what he is supposed to do or what he is paid for or assigned to do. He feels that individuals (matured) need no control before they can perform their duties. The philosophy of an anarchist is that everybody will co-operate whether supervised or not. Here, there is an over trust by the administrator on his subordinates. He assumes that people will do their work as expected of them but later finds to his disappointment that the work will be left undone. This is the major disadvantage of this pattern of administration.

3.1.3. Democratic Administrator: People believe that democratic administrative pattern is the most productive type of administration. The basis of this belief is that the democratic system gives room for processes and collective responsibility whereby decisions are taken based on the contributions made by the individuals concerned. In this system, people are allowed to put up their views. Later through individual contributions, a decision is taken on a particular issue. This administration gives room for friendliness, mutual understanding as most decisions are through unanimous opinion.

Democratic Administration of School Health Programme is based on the Following Principles:

- a) The belief of the uniqueness and the worth of each individual.
- b) Being responsible for any action taken as individuals.
- c) The belief that skills and co-operative action in the democratic system depend on the cooperation of individuals.
- d) The belief in the awareness of democratic principles and the ways they are evidenced in one's action.

3.1.4. Laissez-Faire Administration: Sometimes, people mistake this type of administration to anarchy type of administration. This pattern is almost identical to anarchy because it also believes in the principle of non-interference. Here, everybody

is on his/her own. In this pattern, there are rules and regulations and everybody is assumed to have known them all and therefore needs no emphasis or supervision. This gives them a free hand to operate with the assumption that they will do what is expected of them correctly as responsible individuals. Many people abuse this pattern of administration by dodging their responsibilities since no force or supervision is imposed on them.

Note: We should bear in mind that no pattern of administration is the best; it all depends on the situation and the environment.

3.2. Common Terminologies in Administration

Leadership: A leader is a person who directs or guides. Good leaders should lead by examples. Often, a leader is somebody who is in charge of an organisation or institution. A leader may find himself in one of the several positions in an organisation (e.g., as a teacher, class prefect, principal, headmaster, president etc.).

1. **Bureaucracy:** In an organisation where a leader finds that his functions spread widely, that he alone cannot cope with it, he can delegate some of his responsibilities to his subordinates. In this way, bureaucracy has been established. Delegation of functions to subordinates leads to bureaucracy. Sometimes, the administrator likes to get information from his subordinates before he can function effectively. Bureaucracy is found in big organisations like churches, industries, and educational institutions, among others. The basic conditions that give rise to bureaucracy are:
 - a) The size of the establishment or organisation.
 - b) The limited purpose of the organisation.
 - c) The heterogeneous nature of the participants in the organisation.
People act differently in different ways. Some people like to deal with matters swiftly as it comes, while others like to spend time studying it critically before taking action.
2. **Power:** This is defined as "latent force". It is the ability to employ force and not its actual use. Power is the term used in describing human relations. Power sustains the structure of every organisation. Without power, there is no organisation and no order. Power is necessary to get work done. It is imposed on people with prestige but it ceases to be so when power is taken away from people through force. It is same that power corrupts and absolute power corrupts completely.
3. **Authority:** This is defined as an institutionalized right to imply power. For example, the Vice-Chancellor of a university is invested with the power to award certificates. Authority is the right to make decisions about the actions of individuals or groups. When a person is given some responsibilities to perform, he should be backed up with the authorities to discharge e his functions.
4. **Span of Control:** This refers to the scope of a person's responsibilities. When a leader's span of control is too large, that he alone cannot provide individual control, he has to some appoint subordinates to help him. This is why we have

a delegation of functions in administration.

4.0. SELF-ASSESSMENT EXERCISE

- i. Mention five common methods of administration?
- ii. Explain why the democratic method of administration is deemed the best administrative method?
- iii. Distinguish between the concept of authority and power?

5.0. CONCLUSION

Administration of school health programmes can assume different patterns depending on the administrator and the prevailing circumstances. These different patterns of administration have been discussed in this unit. It was concluded that amongst all these approaches to administration, that the democratic approach remains the most acceptable method of administration because of its inclusive nature and its ability to accommodate every shade of opinion. This creates a sense of belonging among all the participants and beneficiaries of the school health education programme.

6.0. SUMMARY

In this unit we have looked at the different approaches to administration of school health education programme. We have also considered the merits and the demerits of the different methods of administration. It was also noted that different situations and different administrators account for the type of administration that is adopted in every circumstance. The unit also exposed you to common terminologies in administration that can also be integrated into administration of school health programme.

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UNIT 2: SKILLS AND QUALITIES OF ADMINISTRATORS IN THE SCHOOL HEALTH PROGRAMME

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Skills of a School Health Programme Administrator
 - 3.2 Personal Quality of a Good Administrator
 - 3.3 Other Qualities for Health Educators (Administrators)
 - 3.4 Professional Qualities of a Good Health Education Administrator
- 4.0 Self-Assessment Exercise
- 9.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

This unit will expose you to the essential skills and qualities an administrator must have in order to be effective. These are presented as skill an administrator must have, the personal and professional qualities of an effective school health programme administrator.

2.0. INTENDED LEARNING OUTCOMES (ILOS)

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

- a) identify the three main category of skill of an administrator
- b) list the personal qualities of a school health programme administrator
- c) list and explain the professional qualities required of an administrator
- d) distinguish between personal qualities and professional qualities of an effective School Health Programme administrator.

3.0. MAIN CONTENT

3.1. Skills of Administrators in the School Health Programme (Health Educators)

The administrator's success or failure in the School Health Programme (Health Educators) depends on his skills. The skills are grouped into the following: Technical skills, Conceptual skills and Human skills.

3.1.1. Technical Skills: These are skills, which relate to the tasks of administration. Such skills are problem-solving skills. They refer to the analytical issues relating to the areas like budgeting, curriculum planning, communication, reporting, public relations and group dynamics. Communication is important in administration. This involves the communication of information to the subordinates. The skills in group dynamics involve getting along with different groups of people. To be a good health education administrator, you must have good dynamic skills.

3.1.2. Conceptual Skills: This implies the ability to see the interdependent of various functions of the organisation. The school, for example, is meant to render various health services which should be -interdependent in each other. Ability to see the interdependence of various functions enables the administrator to understand the problems of an organisation and work out solutions for solving such problems.

3.1.3. Human Skills: This is the ability to deal with human beings. These are skills,

which help the administrator to establish a good working relationship with his staff. A good administrator should be able to understand the individual problem.

3.2. Personal Qualities of a Good Health Education Administrator

1. **Strength and Courage:** Health education administration has several pressures associated with it. If an administrator is to meet up with the demand of these pressures he should possess strength and courage. He has to learn to work hard, make decisions that may or may not satisfy everybody provided he is convinced that the decisions will make a good result. For a good administrator to make such decisions, it is good for him to follow the policies of the organisation.
2. **Interest in Youths and Their Development:** A good administrator should keep the interest of the school children at heart. This is very important because these groups of school-age children are supposed to be the first beneficiary of the programme.
3. **A Sense of Humour:** An administrator does not need to look hard or to be fearful in the name of being serious. This quality is very important in dealing with the public.
4. **Even Temperament:** A good health administrator is often faced with unreasonable pressures brought about by students and other members of the staff. For instance, students may insist on equipping the medical centres in their schools by the school authority.
5. **Sincerity and Dedication:** He should be sincere and dedicated to duties. Punctuality and dedication to duty should be his watch-word. This will give a lot of confidence to the students and other school personnel.
6. **Optimism and Confidence:** An individual who has faith in the future or who believes that difficult tasks can be overcome through meaningful efforts generally serves as a catalyst or motivator to others.
7. **Sense of Justice and Impartiality:** A good administrator is one who gives out punishment or reward to people who deserve them.

3.3. Other Qualities for Health Educators (Administrators)

The following are the qualities expected of health educators/administrators:

1. Knowledge of:
 - (a) What constitutes well-balanced and well-functioned health teachings, and
 - (b) Implications of different age and development levels of human beings for teaching health and also for the curricular organisation.
2. Skill in:
 - (a) Detecting health interest and needs and motivating students to achieve and maintain an optimum level of personal health, and
 - (b) Selecting and using acceptable methods, materials and resources for health education as well as skill in health counselling.
3. Knowledge of the roles played by various professional health personnel in referral and follow-up duties of teachers and the opportunities afforded in school health services for health education.
4. Skill in establishing school health policies for various health services, such as emergency care, observation of children for deviations from normal health, in the use of screening techniques and health corrections and in cooperating with home and community in child health problems.

5. In healthful school living, the health administrator should have awareness of opportunities that exist in the school environment for the teaching of health, the relationship of facilities and other aspects of the physical environment to health and the relationship of discipline, promotion, and other such practices to psychological health are important qualification of the health educator.

3.4. Professional Qualities of a Good Health Education Administrator

A competent health education administrator should possess the followings:

1. **Knowledge of Administration:** He should know what is expected of him starting from the planning stage to the implementation.
2. **Initiative and Imaginative:** A good administrator should be creative. He should devise his way of solving problems as they arise. He should be able to present new ideas and how to carry them out.
3. **Ability to Make Intelligent Decisions:** He should be in a position of making decisions in matters regarding the organisation. He should know the right time for taking decisions. Good judgment and rational thinking throughout the process of decision making is very essential.
4. **Tactfulness and Wisdom:** An administrator should have a tone of saying an unpleasant thing pleasantly. He should be firm without being obnoxious. He should hold his ground without being biased.
5. **Prudent Financial Management:** This concerns budget and budgeting and its implementation. Implementation of the budget also involves accountability.
6. **Planning and Administering a Programme:** This refers to administering the health education programme. It also involves competency in planning activities and maintaining the existing facilities and equipment. A good administrator should be able to anticipate things that are likely to happen in future.

3.5. General Hints on Administration

1. **Follow-Up:** These are facts that an administrator should know. If he gives an instruction, he should follow it up and see that it is implemented. Laying emphasis on members of staff completing the task assigned to them on time. Follow up can be done in several ways, including giving a reminder, through comments, and memorandum, among others.
2. **Develop Priority in Your Programme:** Line out how actions should be taken one after the other knowing which should come first. This may influence the type of students you admit in your school. A school that places a priority on the health of the students should require a medical report from the students before admitting into the school. This will help the administrator know the health status of the student concerned.
3. **Involve and Inform Your Subordinates of Your Programme:** If this is done, they will be able to know what is needed by you as an administrator. The head of a school, for instance, has the opportunity of introducing ideas to the PTA. for some financial help from them.
4. **Close Communication:** Use such things like memorandum, personal contact, workshops, and conferences for communicating with your subordinates. In communicating, avoid ambiguity.
5. **Evaluate Circumstances:** If a member of your staff resigns, evaluate the circumstances behind his resignation before you can accept or reject his

resignation. If it is out of emotion, allow time to think over it and then reconsider it.

6. **Budgeting:** When you prepare your budget, make sure it contains all you need to help you achieve your objectives in terms of the financial aspect of the programme. That is why it is advisable to have reference to the previous budget before preparing for a new one.
7. **Do Not Carry Official Problems Home and Vice Versa:** A problem in the office should remain office problem and should not be carried home, likewise, do not allow, your household problems interfere with your official work.

4.0. SELF-ASSESSMENT EXERCISE

- i. Mention three key skills needed in a school health administrator?
- ii. What professional qualities will you be looking out for in a school health programme administrator?

5.0. CONCLUSION

There are several skill and qualities expected of a good school health programme administrator which are sine-qua-non for effectiveness as an administrator. These qualities and skills when possessed by an administrator ensures the achievement of organizational objectives. These skills and qualities touches professionalism, personal qualities and skills which makes an administrator effective and endears him to students and other members of staff.

6.0. SUMMARY

In this unit we have been able to identify three main skills required of a school health programme administrator. The unit also highlighted the personal qualities and the professional qualities required of an administrator and how these qualities breed bonding among students and staff members and lead to the attainment of the organizational objective which is the wellbeing of the school population.

7.0. REFERENCES AND FURTHER READING

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UNIT 3: POLICY FORMATION AND THE SCOPE OF ADMINISTRATIVE POLICIES IN HEALTH EDUCATION PROGRAMME

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content

3.1	Policy Formation
3.2	The Scope of Administrative Policies in School Health Education
4.0	Self-Assessment Exercise
10.0	Conclusion
6.0	Summary
7.0	References/Further Reading

1.0 INTRODUCTION

Administration and the work of an administrator are supposed to be carried out using laid down guidelines. These guidelines are usually defined by school health programme policies and policies developed by the administrator. Unit four focuses on policy as a tool for school health programme administration. You will be exposed to the concept of policy, development of policies, reasons for developing policies and the scope of policy formation and practice in school health programme administration.

2.0. INTENDED LEARNING OUTCOMES (ILOS)

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

- a) define policy as a tool in school health programme administration.
- b) identify the processes involved in policy formation
- c) explain the scope of administrative policies in health education administration.

3.0. MAIN CONTENT

3.1. Policy Formation

Policy according to CDC (2008) is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions. Policy formulation is an essential public health function and is a very essential Public Health Services (Institute of Medicine (U.S.), (2002). Policy formation goes hand in hand with decision making. In an organisation, the success or failure depends on the policy formulated by the administrator. This is because administrative actions are usually guided by policies. It is said that policies guide actions, hence they are described as guides to action. The policy is a statement of procedure that is being enforced for some time. It may change according to time and circumstance. The policy is always flexible. It provides for alternative ways and means of taking action while laws are rigid and straight forward.

Reasons for Policy Formation

- Policy reveals the goals and objectives of any organisation. In other words, the philosophy of any organisation is reflected in its policies. For instance, the philosophy of an organisation could be "excellence through hard work".
- A set of policies permit members of staff to translate alternatives into actions. For example, there may be a policy that any student who damages any equipment in the school medical centre must replace it.
- Policies prevent arbitrary decisions and inconsistency in handling administrative issues. The policy of an organisation might state that before a person is admitted to read health education in a school, he must present a medical certificate. This is used to avoid double standards.

- The policy serves as good bases for public relations. This is because it helps people form the basis of decision making. Through policies, people will understand why and how certain policies were made and when one goes contrary to that will not blame anybody.

3.2. The Scope of Administrative Policies in School Health Education Programme

In the administration of health education, considerations should be given to the areas to be covered in the School health education programme. Such areas include the following.

- Relationship with outside agencies: There is a need for school policies to cover the relationship between school health education program with other organisations like clubs in terms of using some health facilities and equipment.
- Relationship with other units or departments in the school: There should be a mutual understanding between the health education department and other departments in the school. The medical unit of the school may be very helpful in clarifying the students' health status in the school.
- Policies which govern the line chart of responsibilities: This refers to the chain of command that is who gives orders to whom and who receives orders from whom. It also covers the right orders of communication in an organisation. In a school, for instance, we have both the tutorial and non-tutorial staff and each of these units has subheads that should settle matters before they reach the administrator.
- Policies covering school budgets and finance: We have to bear in mind that in some schools before the money is spent, it must be endorsed by the school administrator (principal). Although principals may approve the use of money in some cases, the policy may authorize the health educator to spend money in some aspects of health without the principal's approval. For example, buying materials for first aid care in the school.
- Policies guiding classroom management: Such issues like should the class teacher excuse any student from being in class as a result of illness or not. All these should be clear in the policies.
- Policies on school uniform: Whether students should have a different type of uniform when going out of the school on health excursions or not should also be made clear in the policy.
- Policies covering the professional activities of the staff: This relates to the participants with a professional organisation. It also includes whether health education teachers should or should not attend conferences, seminars, and workshops to improve their knowledge. If they should attend, could they be sponsored by the school or not.

4.0. SELF-ASSESSMENT EXERCISE

- i. What is policy formulation?

- ii. Why is policy formulation need in the administration of school health programme?
- iii. Mention four areas that should be covered by the administrative policies of school health education programme.

5.0. CONCLUSION

Policies are guide to action developed by or for the administrator. The effectiveness of an administrator dependent to a large extent to having policies that guide all the areas of concern in the organization. These policies become like a compass guiding the achievement of the organizations aims and objective and specifying who and how tasks must be carried out.

6.0. SUMMARY

Policy formulation was the focus of this unit and it went on to explain to us the various reasons why policy formulation is needed for the administration of school health programme. This unit also explained the scope of policy development in school health education programmes.

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MODULE 3 DEMOCRATIC PROCESS IN SCHOOL HEALTH PROGRAMME AND PHYSICAL EDUCATION

In the preceding modules you have been acquainted with the basic concepts and principles of school health programme which is geared towards the wellbeing of the school population. You have also seen the need for administration of this all important programme which seeks to introduce and fix basic health principles into children of school age that will carry them to adulthood. In module 3, you will further be exposed to the democratic process as the most acceptable method of administration and how that is brought about. Also the module will present how these administrative processes can be applied to different components of school health programme. How the

administrator will bring together the activities of all the participants in school health programme towards the achievement of set goals if the administrator has the skill and qualities of an administrator. Physical activities which encourages health promoting behaviour through exercise and improved awareness of the health benefit of exercise, will also be exhaustively discussed in this module.

Unit 1	Application of Democracy in Administration
Unit 2	Administrative Practices for Components of SHP
Unit 3	Organization of Physical Education Programmes

UNIT 1: APPLICATION OF DEMOCRATIC PROCESS IN ADMINISTRATION AND DUTIES OF AN ADMINISTRATOR

Contents

1.0	Introduction
2.0	Intended Learning Outcomes (ILOs)
3.0	Main Content
3.1	application of Democratic Practices in Administration
3.2	the Rationale for the Application of Democratic Processes
3.3	qualities of a Democratic Administrator
3.4	major Administrative Duties of a Democratic Administrator
4.0	Self-Assessment Exercise
11.0	Conclusion
6.0	Summary
7.0	References/Further Reading

1.0 INTRODUCTION

In our earlier discussion on approaches to administration, we identified that the democratic approach to administration seem to be the best administrative approach. In this unit therefore, we will concentrate on discussing how this approach can be maximized by health education programme administrators in organising and meeting the objectives of school health education programmes.

2.0. INTENDED LEARNING OUTCOMES (ILOS)

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

- a) explain the concept of governing a school through a group process.
- b) justify the need for democracy in administration of school health programme.
- c) list the merits and demerits of using the democratic process in school health administration.
- d) describe the duties of a democratic administrator.

3.0. MAIN CONTENT

3.1. Application of Democratic Process in Administration

Some schools of thought believe that the democratic process is the best procedure in administration while others believe otherwise. The principles of achieving democratic process are:

1. The objectives of an organisation should be established through a group process.

This means that as much as possible, those who are involved in the attainment of such objectives should participate in achieving them. Such objectives should be the achievable ones and within the capacity of members of staff.

2. There should be good morale in all decisions. This will help to promote the spirit of oneness and a sense of belonging among the members of staff. When they plan together, it fosters a sense of commitments.
3. Individuals are allowed to express their views. In staff meetings and other groups, decisions are based on the majority opinion. All the members of staff are thus encouraged to take some responsibilities.
4. There should be a periodic evaluation. The staff should evaluate their performances from time to time. This will help them to determine their success and failures to objectives of the organisation in line with matters.

3.2. The Rationale for the Application of Democratic Process in Administration

1. Belief in the uniqueness and worth of each individual. Individual members of staff who hold different approaches to issues and problems should be allowed to express their views during decision making.
2. Every person should be responsible for his action, therefore, members of staff should contribute to the day-to-day running of the organisation. Each member of staff should feel an obligation to complete any assignment given to him. Once a decision is taken, each member of staff should contribute to its implementation and then accept the outcome (collective responsibility).
3. Democratic principles believe that "you should do to others as you would like them to do to you". From this, a good administrator should regard his subordinates as fellow human beings and thus should treat them as such.

3.3. Qualities of the Democratic Administrator

A democratic administrators is expected to exhibit certain qualities which marks the administrator out as one. These qualities include:

1. Administrative mind: Administrators must use time effectively, build a team, set direction, and get other people to do things, find expert advice. Personal improvement especially directed along lines involving public speaking, planning work, memory skills, conference leadership, writing better ideas, and reading are also considered necessary.
2. Integrity: Integrity deals with the ability of the administrators to be honest and sincere, keep a promise, are trusted with confidential information and are individuals in whom one has faith. Inability to possess this quality will result in the low morale and inefficient organization.
3. Ability to instil good human relations: In order to achieve this, the administrator must be friendly and considerate, alert to the opinion of others, be careful of what he says and how he says it, be honest and fair, be wise enough to weigh and decide, be able to tolerate human feelings and inefficiency, be able to acquire humility, and plan well for staff meeting. The health administrator should be able to get along with his or her associates in work and working environment, the administrator should be able to convert the abilities of many individuals into a coordinated effort. This can be done in selecting proper incentive, possessing poise, making the right decision during tense moments, have an impersonal attitude,

cooperating and helping others where necessary, and developing and practising ethical standards.

4. Ability to make decisions: The administrator of health should be able to make important decisions in the face of such situations. Here, he must be able to distinguish what is important from what is unimportant, what is reasonable from what is unreasonable. A decision is important to remove lethargy, suspense and poor morals.
5. Health and Fitness for the Job: Good health and physical fitness are essential for the health administrator as these have bearing on making the right decision on health matters. A health administrator requires vitality and endurance as they affect one's manner, personality; attractiveness and disposition.
6. Willingness to accept responsibility: A good health administrator should be willing to accept responsibility. There are duties to be performed and they may be enormous, time-taking, energy-sapping and painstaking. An administrator of health, the setting notwithstanding, must assume any responsibility (responsibilities) assigned to him/her.
7. Understanding work: All health educators, particularly those charged with the responsibility of administering health organization must have a thorough understanding of the specialized field in which the organization is engaged. The technical knowledge and understating of the total functioning of an organization's work are of great help in successfully guiding an operation.
8. Command of administrative technique: Administrative technique refers to the application of administrative knowledge ("know-how"). It means the ability of the administrator to plan his or her time and efforts, *and also the time* of others in the most effective way possible.
9. Intellectual capacity: An administrator should be able to think and reason logically, to apply knowledge effectively and to communicate efficiently. In addition to the above qualities, the administrator of health education should possess courage and initiative,

3.4. Major Administrative Duties of a Democratic Administrator

The major administrative duties for an administrator of school health programmes are many and can be captured with this mnemonic symbol POSDCORB representing the first letter of each of the eight key duties of an administrator:

1. Planning: This is the process of outlining the work that is to be performed, logically and purposefully, together with the methods that are to be utilized in the performance of the work.
2. Organizing: This refers to the development of the formal structure of the organization, whereby the various administrative coordinating centres and subdivisions of work are arranged integrally, with clearly defined lines of authority.
3. Staffing: Staffing refers to the entire personnel function of selection, assignment, training and providing and maintaining favourable working conditions. Conditions of work should be made pleasant and nearly as ideal as possible.
4. Directing: Directing is a responsibility that falls on the administrator as the leader. He or she must direct the operations of the organization. He must have the ability to guide others.

5. **Coordinating:** Coordinating means interrelating all the various phases of work within an organization. This means that the organization's structure must provide for a close relationship and competent leadership in the coordinating centres of activity. This study requires the establishment of faith that runs throughout the organization. Coordination can be effective only if there is faith in the enterprise. It is the motivating factor that stimulates human beings to continue rendering service so that goals may be accomplished.
6. **Reporting:** Reporting is the administrative duty of supplying information to administrators or executives higher up on the line of authority or to other groups to which one is responsible. It also means that subordinates must be informed through regular reports, research and continual observation. Members of the organisation must be informed on many topics of general interest, such as goals to be achieved, progress being made, strong and weak points, and new areas proposed for development. This information will come from various members of the organisation.
7. **Budgeting:** Budget is a financial plan showing expected income and details of estimates or expected expenses. Specifically, a budget means a document showing how funds will come in and how it will be spent. Budgeting refers to financial planning and accounting. The administrator must allocate to various subdivisions the general funds allocated to the organisation. This should be done in a manner that is equitable and just.

4.0. SELF-ASSESSMENT EXERCISE

- i. List the qualities of a democratic administrator?
- ii. Proffer facts to support the assertion that democratic administration is better than other forms of administration?

5.0. CONCLUSIONS

As was indicated in unit 2, democratic method of administration remains the most acceptable method of administration. This also is true of administration of school health education programmes. Democratic practice in administration are based on rationales that guides the administrative processes. Administrators are supposed to have some inherent qualities in order to effectively apply democratic principles in administration.

6.0. SUMMARY

The emphasis on unit 5 has been to explain in more details the democratic practices as a method of administration and organization of school health education programme. It listed some rationale for the adoption of the democratic principles in administration. Some important qualities of a democratic administrator were explained and the function of the democratic administrator elucidated.

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UNIT 2: ADMINISTRATIVE PRACTICES FOR COMPONENTS OF SCHOOL HEALTH PROGRAMME

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Administrative Practices of a Healthful School Environment
 - 3.2 Administration and Practice
 - 3.3 Administration of the Health Instruction Programme
 - 3.4 The School Health Instruction Team
 - 3.5 Administration of the School and College Health Services

- 4.0 Self-Assessment Exercise
- 12.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

Unit 6 will focus on discussing the specific approaches to administration of the main components of the school health programme. It will explain the specific activities of the school health programme administrator in these main areas highlighting what is required administratively for the effective realization of the objective of each component of the school health education programme.

2.0. INTENDED LEARNING OUTCOMES (ILOS)

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

- a) explain the components of school health education programme.
- b) relate good mental health and the school environment.
- c) list the characteristics of a healthful school environment
- d) explain the administrative practices need for each of the components of the school health programme.
- e) discuss the functions of every member of the school health team.

3.0. MAIN CONTENT

3.1. Administrative Practices for a Healthful School Environment

Mental health implies a state of mind that allows the individual to adjust satisfactorily to whatever life has to offer. Good mental health cannot be thought of as a subject that is included in the school curriculum. Instead, it must permeate the total life of the educational institution. It means that programmes are flexible and geared to individual needs, where a permissive climate prevails, children are allowed considerable freedom, and students become self-reliant and responsible for their actions. Qualities of mental health consist of being able to live:

- a) Within the limits imposed by bodily equipment;
- b) With other human beings;
- c) Happily;
- d) Productively; and
- e) Without being a nuisance.

Schools, working places (e.g., hospitals, industries) are places meant for good human relations, democratic methods, responsibility, self-reliance, and other essentials to happy and purposeful living. The use of these places for such purposes depends upon administrative officers, teachers, custodians, and other staff members. Such important considerations as the administrative policies established, teachers personalities, programme, human relations, and professional help that is given will determine to what extent educational programmes justify their existence. Some of the important implications for and a healthful and educational environment are hereby outlined discussed.

3.2. Administration Practices

The following administrative practices that have bearing upon the mental and

emotional health of the students and participants deal with Organization of the school day, Student achievement, Play and recreation, Homework, Attendance, Personnel policies, Administrative emphasis and Discipline.

3.2.1. Organization of the School Day

- The length of the school day must conform to the age of the child.
- Classes should be scheduled in a manner that does not result in fatigue.
- Subjects that require considerable concentration should be scheduled when the individual is more mentally efficient (early part of the day).
- The programme should be flexible to allow for various new developments and the satisfying of the children's interest.
- Adequate periods of rest and play should be provided not only as a change from the more arduous routine of close concentration but also a necessity for utilizing the big muscles of the body.

3.2.2. Student Achievement

One who experiences success will be better stimulated to do good work than one who consistently fails. Experiences should be provided which are adapted to the individual and are planned so that each person will have a series of successful experiences.

- a) Individual differences: Two individuals cannot be the same. They differ in respect of/to intellect, physique, skills, personality, and in many other ways. Administrators need to recognize that these differences do exist and programmes must be planned accordingly. Administrators and teachers sometimes become so engrossed in the idea of setting high standards that they forget to consider the individual differences.
- b) Grades: Excessive emphasis should not be placed on marks. Too often the individual is interested in the marks received than in the knowledge, attitudes, and self-improvement that are inherent in the activity. Marks, although supposedly an index of quality of work done, are poor guides for such purposes. Marks stimulate competition, which is unhealthy in many of its respects. When one is interested in demonstrating superiority over someone rather than to prove mastery in a particular subject matter field or skill, harm frequently results in the mental health and personalities of students.
- c) Tests and examinations: It is generally accepted that some method is needed to check on the progress that has been made in the acquisition of knowledge, skills and attitudes. Harmful effects of such tests and examinations result when they are used by teachers to instil fear in the individual. Frequently, individuals harm themselves physically, mentally and emotionally when they become worked up over an approaching examination. They stay up cramming, cannot sleep, are tense, and generally find it very tiring experience.
- d) Intelligence ratings: Intelligence ratings can be of some value in the hands of a trained person. It is important to recognize that such measuring devices are not definite, exact, and accurate. In indicating the mental capacity, of an individual. Intelligence cannot be the only factor that makes for the success of an individual

3.2.3. Play and Recreation

It is erroneous to think that achievement in 'the so-called academic, subjects is the only

criterion to ensure successful living. Also, there should be. Achievement in the areas of human relations, personality development, physical development, acquisition of skills for leisure hours, and other areas are even more vital to the success of the individual than so-called scholastic or academic achievement. To achieve success, in the competitive: society of today, a person needs a sound body that possesses stamina and endurance that will support hours of work. Also, the skill in physical activities, music industrial arts and allied areas that; .are learned during the early years of individual's life will determine to a great degree his hobbies or leisure-time pursuits. For these reasons, it is important that physical education and other subject falling into this category be recognized for the contribution they can make to the total growth of the individual.

3.2.4. Homework

Homework should be assigned in a manner that is in the best interest of the child. For young children in elementary schools, homework should take into consideration, that young bodies need a great amount of physical activity. Ample exercise is necessary for body organs and muscles that are developing and gaining strength for future years. In the senior secondary school, it should not be given in such large amounts that it should promote achievement and allow the student opportunity for independent work and help promote the development of an individual.

3.2.5. Attendance

Coming to school with colds and other illness when they should be in bed is not only dangerous to their health but also exposes many innocent children to harmful germs. It is important to have regular attendance at school. If a child is ill and in need of rest or parental care, he should stay at home.

3.2.6. Personnel Policies

The administration's personnel policies with regard to teachers and other staff members will determine in some measures whether or not a healthful environment is, created, for example, if a teacher is required to sign, the time .he comes to work, is held for unnecessary details, is required to be at work regardless of how he feels, receives no administrative support when subjected to community prejudices and finds that the administrative policies that are established do not give him happiness, .security, and confidence in doing his or her job; cannot help but reflect such policies in his or her dealings with students and colleagues.

3.2.7. Administrative Emphasis

The administrative emphasis should be on the children and those experiences that will help them to grow and develop into healthy and educated human beings. It should not be on subject matter materials, with a rigid and inflexible programme designed to infuse as much factual knowledge as possible into the heads of students. Administrative policies should reflect human beings as the centre of the programme, allow for flexibility, encourage initiative on the part of the teacher, are adapted to the needs and interests of the participants, and provide in every way for a healthful physical and non-physical environment.

3.2.8. Discipline

A spirit of cooperation should exist among the administration, staff, and members of the

organization. The emphasis on student discipline should be on self-government as much freedom should be given. The individual who is surrounded by restrictions and is not trusted will rebel, a strong student government can be one of the best educational devices for self-government.

3.2.9. The Teacher

Good mental health in a school programme is tied up very closely with the teacher. How the teachers and students interact with one another is very important. The teacher needs to think of youngsters as living, feeling, and developing human beings who pursue varied and different courses on their ways to maturity. The major responsibilities of the teacher are:

- a) One of the main responsibilities of a teacher is counselling. Hence he must be well adjusted, understanding himself, and get along well with others.
- b) The teacher must be in good physical condition to do a good job.
- c) Large classes should not be assigned, the salary must be sufficient otherwise physical harm may result.
- d) If there is no provision for sick leave, and as a result, the teacher must be on duty when sick or ill, her physical condition must suffer. When this happens, the student also suffers.
- e) The Teacher's personality has important implications for the mental and emotional health of those with whom he or she comes in contact. The happy teacher wears a smile, is kind, considerate, and likes people, in general, will impart these qualities to the students. Conversely, the teacher who is sarcastic, depressed, prejudiced and intolerant will also impart these qualities to the children with whom he or she associates. The teacher's personality is also reflected in the appearance of the classroom and the teaching methods employed.
- f) All teachers should have satisfactory working conditions. They should receive an adequate salary to eliminate financial worries, be encouraged to develop out-of-school interests in the community; have hobbies in which they can engage after school hours and during vacation periods, and have adequate provisions for sick and sabbatical leaves and leave of absence so that proper rest and adequate educational standards may be assured.

3.2.10. Human Relationship

A well-adjusted individual must be happy and successful. Each individual should be made to feel he belongs to the group and has something to contribute on its behalf. The teacher should have a good relationship with his colleagues. A staff that is infested with cliques, jealousies, and strife communicates these attitudes to students. There must be a good human relationship among children themselves.

3.2.11. Professional Services

Individuals who constitute behaviour problems can be identified by teachers. The teachers can render help or guidance and such other aids as is possible in a school situation. In some schools, there could be counsellors, social workers and psychologists who can render professional services.

3.3. Administration of the Health Instruction Programme

Health Instruction Programme is interested in those knowledge, attitudes, and practices essential to good health. The health teacher or personnel attempt to provide educational experiences and gives a background of scientific knowledge upon which healthful living is based and thus help to develop favourable understanding and attitudes. For school health programme to succeed, health instruction programme, school health services and healthful school living are important, and all the three must function successfully. For the programme to be successful, the administrator of health instruction programme must consider the following:

- a) Health instruction should be performed by individuals who are trained in methodology and of teaching, educational psychology and techniques important to effective teaching.
- b) Health instruction should be taught as a separate discipline where necessary but could as well be done as integrated or correlated area. In some smaller and medium-sized school and colleges, there should be full-time health educator charged with the important responsibility.
- c) Every school or college should have someone on the staff assigned to coordinate the various aspects of the health programme.
- d) The administration of the health education programme should also have a health council or committee. The health council should be composed of a representative from the central administration, subject matter areas, students, parents, professional groups and others whose interests border on health.

Click to watch a video on Health Instruction

<https://youtu.be/TEAfO6op3mA>

3.4. The School Health Instruction Team

The school health team is made up of those persons who are participants in the school health programme. They include:

1. **Teacher of Health:** He should possess an understanding of what constitutes a well-rounded health programme and the teachers' part in it. Preparation should include a basic understanding of the various physical, biological, and behavioural sciences that help to explain the importance of health to the optimum functioning of the individual, including an understanding of such areas as structure and growth of the human body, nutrition and mental health. The teacher should be interested in health needs and interests of students; possess personal characteristics that demonstrate good health, and acquire knowledge and skills for presenting health knowledge in a meaningful and interesting manner to all students.
2. **Health Coordinator:** This is a person on the staff who has special qualifications that enable him or her to serve as a coordinator; supervisor, teacher and consultant for health education. He is concerned with developing effective working relationships with school or college and community health programmes and coordinating the total school or college health programme with a general education programme. He plans for correlated, integrated health instruction and provides resources and or materials or resource persons where necessary.

3. School or College Administrator: This is a key person in making important decisions regarding health programme, such as personnel to be appointed to teach health courses, the methods of instruction, the topics to be covered, and the budget essential to having the necessary equipment and supplies. He could be a headmaster or principal.
4. School or College Physician: He is an effective member of the college or school health team. He can discuss results of the medical examinations with teachers, drawing implications from the medical examinations M health instruction, stressing to administrators and the community need for instruction in health visiting classes and periodically being a visiting lecturer in the health classes.
5. School or College Nurse: The nurse works closely with the medical officer, the students, teachers and parents. He performs such duties as administering health tests, assisting in medical examinations, screening for hearing and vision, holding parent conferences, keeping health records and supporting the instructional programme.
6. Dentist: He is concerned with the dental examination of students, giving or supervising oral prophylaxis and advising on curriculum materials in dental hygiene. Other members of the school or college health team include dental hygienist, custodian, nutritionist, physical educator and guidance counsellor.

3.5. Administration of the School and College Health Services Programme

Health services cover a broad area such as outlined below:

- a) Appraisal of the health status of students and educational personnel.
- b) Counsel students, parents, and other persons concerning appraisal findings.
- c) Encourage the correction of remediable defects.
- d) Help plan for the health care and education of handicapped or exceptional children.
- e) Provide emergency care for the sick and injured.
- f) Promote environmental sanitation.
- g) Promote the health of school and college personnel.
- h) Control and prevent communicable diseases.

The reason why Health Services should exist in Schools or Colleges

- a) They contribute to the learning experience and the realization of other educational aims.
- b) They facilitate the adaptation of school and college programmes to individual needs.
- c) They help in maintaining a healthful environment.
- d) They help children secure the medical or dental care they need
- e) They possess interest values for increasing student's understanding of health and health programme.
- f) The administration of the school health services programme can be carried out by either the school personnel or public health department or both.

Click and watch these clips on school health services

<https://youtu.be/1NHmNsMILMg>

<https://youtu.be/k09gXcr3SFs>

4.0. SELF-ASSESSMENT EXERCISES

- i. Mention five ways through which you can ascertain the mental health status of a school population?
- ii. For a successful instruction what four areas will the health instructor keep in mind?
- iii. Give five reasons why health services should exist in schools?

5.0. CONCLUSION

School health education programme have different components, health instruction, healthful school environment, school health services etc. Each component defines its own an administrative process that is geared towards achieving the aim of that component. Each specific activity needs to be organized in a specified manner, assignments allotted with specificity and clearly defined for effectiveness in execution. Another important aspect of this is the chain of command that is required to coordinate and integrate all these component towards achieving the objective of school health education programme.

6.0 SUMMARY

Discussions in Unit six focused on how to administer the components of school health education programme. It explained the components of school health education programme, and identified how these components can be administered effectively. It also went further to identify specific demands of each component, identified the tasks to be perform and assigned responsibility.

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UNIT 3: ORGANIZATION OF PHYSICAL EDUCATION PROGRAMME

Contents

- 1.0 Introduction
- 2.0 Intended Learning Outcomes (ILOs)
- 3.0 Main Content
 - 3.1 Preamble
 - 3.2 Organization of Physical Health Education
- 4.0 Self-Assessment Exercise
- 5.0 Conclusion
- 6.0 Summary
- 7.0 References/Further Reading

1.0 INTRODUCTION

Physical activities are an integral part of the health promotion and an activity that is encouraged in a school environment to improve the wellbeing of the school

population. In this unit we are going to focus on organisation and administration of physical health education programme. Though it contributes to the overall health of the school population, it separated in this unit because of its unique nature and for its benefit to the school health programme.

2.0. Intended Learning Outcomes (ILOs)

At the end of this unit you will be able to:

1. define physical health education.
2. draw a relationship between physical education and health education.
3. list the objectives of physical education in school health programme.
4. explain components of physical education programme
5. describe the administration of the components of physical health education.

3.0. MAIN CONTENT

3.1. Preamble

The physical education programmes address several strands: body control and spatial awareness, adventure challenge, athletics, movement and music, games, gymnastics and health-related activities. Physical education is an essential aspect of the school health education programme that allow students to explore the body's capacity for movement, and how to move around and in-between objects and other individuals safely. Students are challenged to solve problems collaboratively involving physical and critical thinking skills. Athletics develops the important techniques of throwing, jumping and running. It develops both techniques as well as performance levels. Performing to music encourages learning of how to position the body in a variety of ways. It also creates awareness of how the body can be used to convey feelings or emotions. Exposure to a wide variety of games develops the students' competence, confidence, success and enjoyment of the advanced skills and concepts associated with sports in general. Health-related activities promote a general sense of well-being and the importance of physical activity as a form of health promoting lifestyle.

The physical education curriculum provides opportunities for the students to:

- learn the language of physical movement
- explore the skills associated with the different strands of PE
- understand what they can and cannot do physically
- become aware of their strengths and limitations in this discipline
- appreciate that physical activity is an essential part of well-balanced and healthy lifestyle
- learn that PE helps their self-esteem, confidence, cooperation and fitness
- participate fully in activities despite not being able to speak the language of instruction used at the school
- participate at local, national, international level in a particular sports activity
- perform better than the teacher

A good deal of physical activities helps the individuals and groups to develop a certain skill, which gives satisfaction and happiness in a variety of ways during leisure times. Being physically illiterate, many people do not know how to enjoy their leisure and become unhappy and maladjusted. Individual and group play activities enable people to give wholesome expression to their innate desires and interests.

To develop the right attitude towards and physical activities in general, the programme of physical education is based on sound psychological principles. It develops amongst the individuals wholesome attitudes towards play and physical activities and cultivates recreational and hobbies.

To develop desirable social attitudes and conduct by emphasizing ethical values inherent in playing games with and against others the desirable social attitudes and conduct can be developed through a programme of well-organized physical activities. It allows social contact, group living, and self-adjustment with the group.

Development of psychomotor skills; Development of understanding and appreciation of the techniques and strategies of sports; Preparation for leisure time; Elimination of worries and anxieties through developing appropriate interests and habits of engaging in exercise and sports; Attainment of knowledge of proper health procedure as related to physical exercise.

To develop correct health habits; a rational programme of physical activities can stimulate the participant to develop favourable attitudes and habits in physical, mental, moral, social and emotional health.

To serve as an outlet for surplus energy, which if pent up, make the child tense, nervous and irritable. To meet the challenge of growing indiscipline among the student community by instilling in the younger generation a sense of patriotism, self-reliance and discipline.

To give adequate scope for bringing out the aptitudes and talents of the child.

To promote the spirit of certain qualities like sportsmanship, team spirit, leadership, patience, self-restraint co-operation, sociability and those other qualities of character and citizenship.

Click to watch videos on health benefits of Physical Education
<https://youtu.be/xEVNZayCVrY>
<https://youtu.be/YSffMZjcSLM>

3.2. Organization of Physical Education Programme

Every school physical education programme must consist of the following components:

- a) **Instructional Programme:** This consists of classroom teaching and fieldwork or practical. The teacher explains the whats, hows and whys of sports; does some practical demonstrations and by the end of the course he examines the students in their theoretical and practical knowledge he of the course. This component of the physical education programme is taken seriously in schools today because the National Policy on Education (1981) had made physical education optionally compulsory in secondary schools. This aspect of the physical education programme offers a splendid opportunity for the inculcation of discipline in students by the physical education teacher. In effecting class

control, especially during practical, physical education teachers ensure that students are well behaved. Similarly, physical education teachers deliberately utilize the opportunity offered by class sessions to teach students the social values related to sports and which are necessary for the development of good character.

- b) **Adapted Physical Education:** This programme is essential for atypical students with disabilities. It is also called remedial or corrective physical education programme if the students have remedial or temporary disabilities. If their conditions are permanent, they may be put in special or modified physical education programmes. Depending on the degree of disabilities, both normal and atypical students may be put in the same programme. The adapted physical education programme offers an opportunity for the development of sportsmanship qualities in atypical students. Through cooperation, competition and playing by the rules, these categories of students learn behaviour and attitudes conducive to discipline.
- c) **Intra-Mural Programme:** The intramural programme is a phase of the physical education programme which gives all students opportunities to participate in sports irrespective of their ability, age, sex and religion. Sports activities are organized for students within the bounds of the school environment and daily. Competitions are organized within the school as students are grouped into competing units.
- d) **Extra-Mural and Inter-scholastic Programme:** The extra-mural sports programme is a phase of the physical education programme in which the athletes in a particular school compete for their counterparts in another school within the vicinity on an invitational basis. Extra-murals emphasis athletic ability. Just like extra-murals, inter-scholastic sports also emphasis athletic prowess. Highly talented athletes compete against other athletes from other schools for designated hours at the state, regional or national levels. Inter-scholastic sports are organized by a national body mandated to do so. For example, the Nigerian schools Sports Federation organises sports competitions at the national levels for secondary schools in Nigeria.

4.0 SELF-ASSESSMENT EXERCISE

- i. Mention five aims of the physical education curriculum?
- ii. List five benefit of physical exercises to the school population?
- iii. Discuss briefly four components that every school physical activity must consist of?

CONCLUSION

Physical activities is a very important factor in health promotion. This physical activity is organized in the school environment through physical education programme. Since physical education programmes contribute to the overall wellbeing of thee school population, it is therefore, an integral part of school health education programme. In order to achieve the aims of the physical education programme as school health

education programme, it has to be administered in such a way that teaching of skill, engagement in physical education activities are all organized to maximize the health outcomes for the school population.

5.0 SUMMARY

This unit established a relationship between health and physical education and listed the prerequisite for one to successfully engage in school physical education programme. The unit also listed four ways in which physical education activities can be organized in the school environment and explain when and who each of these categories of activities are carried out.

6.0 REFERENCES AND FURTHER READING

Alla, J.B. & Ajibua, M.A. (2012). Administration of physical education and sports in Nigeria. *Higher Education Studies*, 2(1), 88-96

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ANSWERS TO SELF-ASSESSMENT QUESTIONS

Module 1, Unit 1

1. *School health programme involves the totality of procedures and activities which are designed to protect and promote the well-being of students and of the staff.*
2. *Three main component of school health programme include: (a) Health instruction, (b) Healthful school environment and (c) School health Services.*
3. *The following are the objectives of school health programme:*
 - a) *Imparting sound health knowledge and muzzling misconceptions and superstitious beliefs through well-organized health instruction.*
 - b) *Replacing negative health attitudes and practices with positive ones and encouraging the growth of the letter through learning and practice.*
 - c) *Developing a physically and emotionally sound environment capable of promoting the health of the school population and enhancing teaching and learning*

Module 1, Unit 2

- i. *Some guiding principle for the school health programme include:*

- a) *Ensuring healthful living for the school age child is primarily the responsibility of the child's home and secondarily that of the school.*
 - b) *The school age child's health is a product of a constellation of factors ranging from heredity to environment, human ecological interaction and his chosen life style.*
 - c) *Attempt should be made by the school health programme to provide educational experiences through school health services, healthful school living, and various integrated, correlated and incidental media.*
 - d) *The school health programme must ensure that the child is put through experiences which are in line with what obtains in the macro-society so as to allow for application of such experiences to life outside the four walls of the school.*
 - e) *The school health programme should adopt a functional approach which will enable it achieve desired objectives rather than making fruitless proposals.*
- ii. *The major members of the school health team include: class teacher, health and Physical Education teacher, Guidance Counsellor, School Administrator, School Physician, School Nurse and School Home Economist.*
 - iii. *Some functions of the School Health Council include*
 - a) *To evaluate present school health procedures, plan and new one.*
 - b) *To provide a healthful school environment.*
 - c) *To encourage high standards of personal health.*
 - d) *To keep pace with changing ideas in the field of health.*
 - e) *To rouse faculty and student bodies to health awareness.*

Module 1, Unit 3

- i. *Administration is a way of working with people to accomplish the goal or purpose of an organisation.*
- ii. *The following processes are involved in administration: planning, organizing, controlling, setting standards, coordinating, reporting and budgeting.*
- iii. *Importance of administration in school health programme are:*
 - a) *How schools are administered affects the happiness and achievement of every teacher, and consequently learners.*
 - b) *A study of administration will assist individuals in deciding whether or not they wish to elect this area on a career basis.*
 - c) *More educators perform some types of administrative roles and therefore an understanding of administration process will contribute to better performance in their area.*
 - d) *The administration is fundamental to the associated effort. Goals are reached, ideas are implemented and an esprit de corps is developed with planning and co-operative planning efforts. Knowledge of administration facilitates the achievement of such objective.*
 - e) *An understanding of administration helps to further good human relations.*

Module 2, Unit 1

- i. *There are several approaches to administration which include: democratic*

- process, autocratic process, anarchist process and Laissez-Faire administration.*
- ii. *Some school of thought adjudge the democratic administration the best method of administration for the following reasons:*
 - a) *The belief of the uniqueness and the worth of each individual.*
 - b) *Being responsible for any action taken as individuals.*
 - c) *The belief that skills and co-operative action in the democratic system depend on the cooperation of individuals.*
 - d) *The belief in the awareness of democratic principles and the ways they are evidenced in one's action.*
 - iii. *Power sustains the structure of every human organization, it is a latent force which is the ability to enforce the principles of an organization which is entrusted with the administrator in order to achieve organizational objectives. On the other hand, authority is the institutionalized right to use power and to make decisions about the actions of individuals and groups. Responsibilities are usually backed with the authority to discharge them.*

Module 2, Unit 2

- i. *There are three major skill needed in a school health programme administrator which include: technical skills, conceptual skills and human skills.*
- ii. *Some common professional qualities of a school health programme administrator include:*
 - a) *Knowledge of Administration: He should know what is expected of him starting from the planning stage to the implementation.*
 - b) *Initiative and Imaginative: A good administrator should be creative. He should devise his way of solving problems as they arise. He should be able to present new ideas and how to carry them out.*
 - c) *Ability to Make Intelligent Decisions: He should be in a position of making decision ns in matters regarding the organisation. He should know the right time for taking decisions. Good judgment and rational thinking throughout the process of decision making is very essential.*
 - d) *Tactfulness and Wisdom: An administrator should have a tone of saying an unpleasant thing pleasantly. He should be firm without being obnoxious. He should hold his ground without being biased.*
 - e) *Prudent Financial Management: This concerns budget und budgeting and its implementation. Implementation of the budget also involves accountability.*
 - f) *Planning and Administering a Programme: This refers to administering the health education programme. It also involves competency in planning activities and maintaining the existing facilities and equipment. A good administrator should be able to anticipate things that are likely to happen in future.*

Module 2, Unit 3

- i. *Policy formulation is a very essential public health function which develops regulation, procedure, administrative action, incentive, or voluntary practice that guide the actions aimed towards achievement of*

- the objectives of the school health programme.*
- ii. *Policy formulation helps in the achievement of the objectives of school health programme by*
 - a) *Policy reveals the goals and objectives of any organisation. In other words, the philosophy of any organisation is reflected in its policies. For instance, the philosophy of an organisation could be "excellence through hard work".*
 - b) *A set of policies permit members of staff to translate alternatives into actions. For example, there may be a policy that any student who damages any equipment in the school medical centre must replace it.*
 - c) *Policies prevent arbitrary decisions and inconsistency in handling administrative issues. The policy of an organisation might state that before a person is admitted to read health education in a school, he must present a medical certificate. This is used to avoid double standards.*
 - d) *The policy serves as good bases for public relations. This is because it helps people form the basis of decision making. Through policies, people will understand why and how certain policies were made and when one goes contrary to that will not blame anybody.*
 - iii. *Policy formation covers among others the following:*
 - a) *Relationship with outside agencies*
 - b) *Relationship between units and departments of the school.*
 - c) *Policies on line chart of responsibilities*
 - d) *Policies on school budget and financing.*
 - e) *Policies covering the professional activities of staff.*

Module 3, Unit 1

- i. *The qualities of a democratic administrator include, administrative mind, intellectual capacity, command of administrative techniques, integrity, ability to make decisions, good human relations, understanding of work, health and fitness for the job, good human relationship etc.*
- ii. *The belief that democratic administration is better than other forms of administration is supported by the following:*
 - a) *Belief in the uniqueness and worth of each individual. Individual members of staff who hold different approaches to issues and problems should be allowed to express their views during decision making.*
 - b) *Every person should be responsible for his action, therefore, members of staff should contribute to the day-to-day running of the organisation. Each member of staff should feel an obligation to complete any assignment given to him. Once a decision is taken, each member of staff should contribute to its implementation and then accept the outcome (collective responsibility).*
 - c) *Democratic principles believe that "you should do to others as you would like them to do to you". From this, a good administrator should regard his subordinates as fellow human beings and thus should treat them as such*

Module 3, Unit 2

- i. *Mental health is an indicator of the health of a school population and these can be ascertained if the school population live:*
 - a) *Within the limits imposed by bodily capacity;*
 - b) *Harmoniously with other human beings;*
 - c) *Happily;*
 - d) *Productively; and*
 - e) *Without being a nuisance.*
- ii. *For a successful health instruction the instructor must consider:*
 - a) *Health instruction should be performed by individuals who are trained in methodology and of teaching, educational psychology and techniques important to effective teaching.*
 - b) *Health instruction should be taught as a separate discipline where necessary but could as well be done as integrated or correlated area. In some smaller and medium-sized school and colleges, there should be full-time health educator charged with the important responsibility.*
 - c) *Every school or college should have someone on the staff assigned to coordinate the various aspects of the health programme.*
 - d) *The administration of the health education programme should also have a health council or committee. The health council should be composed of a representative from the central administration, subject matter areas, students, parents, professional groups and others whose interests border on health.*
- iii. *Five reasons for the existence of school health services:*
 - a) *They contribute to the learning experience and the realization of other educational aims.*
 - b) *They facilitate the adaptation of school and college programmes to individual needs.*
 - c) *They help in maintaining a healthful environment.*
 - d) *They help children secure the medical or dental care they need*
 - e) *They possess interest values for increasing student's understanding of health and health programme.*

Module 3, Unit 3

- i. *Physical health education curriculum must aim at helping the student do the following among others:*
 - a) *learn the language of physical movement*
 - b) *explore the skills associated with the different strands of PE*
 - c) *understand what they can and cannot do physically*
 - d) *become aware of their strengths and limitations in this discipline*
 - e) *appreciate that physical activity is an essential part of well-balanced and healthy lifestyle*
- ii. *Some benefits of physical activities include:*
 - a) *To develop the right attitude towards and physical activities in general.*
 - b) *To develop desirable social attitudes and conduct by emphasizing ethical values inherent in playing games.*
 - c) *Development of psychomotor skills.*

- d) *To develop correct health habits; a rational programme of physical activities can stimulate the participant to develop favourable attitudes and habits in physical, mental, moral, social and emotional health.*
- e) *To serve as an outlet for surplus energy, which if pent up, make the child tense, nervous and irritable.*
- iii. *Every physical activity tailored for school population must consist of the following components:*
 - a) *Instructional Programme: This consists of classroom teaching and fieldwork or practical. Where the teacher explains with demonstrations and by the end of the course he examines the students in their theoretical and practical knowledge he of the course.*
 - b) *Adapted Physical Education: This programme is essential for atypical students with disabilities. It is also called remedial or corrective physical education programme.*
 - c) *Intra-Mural Programme: The intramural programme is a phase of the physical education programme which gives all students opportunities to participate in sports irrespective of their ability, age, sex and religion.*
 - d) *Extra-Mural and Inter-scholastic Programme: The extra-mural sports programme is a phase of the physical education programme in which the athletes in a particular school compete for their counterparts in another school within the vicinity on an invitational basis.*