AN ASSESSMENT OF SCHOOL HEALTH FACILITIES IN SECONDARY SCHOOLS IN OVIA NORTH EAST LGA. EDO STATE

Lisa Eseosa OKUOIMOSE

EDU2102607

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION
FACULTY OF EDUCATION
UNIVERSITY OF BENIN
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BEING A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE B.Sc. IN HEALTH EDUCATION, UNIVERSITY OF BENIN, BENIN CITY.

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CERTIFICATION

We, the undersigned certify that this project work is adequate in scope and was carried out by **Lisa Eseosa OKUOIMOSE** with the Matriculation Number **EDU2102607**, in the Department of Health Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, Edo State, Nigeria in partial fulfillment of the requirements for the award of B.Sc (Ed.) Degree in Health Education.

_____ **Date**: _____

Dr. O. D. Oronsaye
(Project Supervisor)

_____ **Date: _____**

Mrs. B. H. Enabulele
(Project Co-Ordinator)

_____ **Date: _____**

Dr. (Mrs.) O. H. Obasuyi
Head of Department

DEDICATION

This work is dedicated to God almighty.

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ABSTRACT

This study assesses the knowledge of the assessment of school health facilities in Secondary Schools in Ovia North East LGA. Edo State. Five research questions were asked and answered during the study using frequencies and percentages. The survey research design was adopted for this study; this is because the data is collected from a sample population with specific characteristics.

The population of the study comprised students from SS1 to SS3 in Secondary Schools in Ovia North East Local Government Area of Benin City, Edo State. Out of this population one hundred and fifty (150) sample was selected from the total population using randomly sampling technique and purposive sampling. The instrument used to collect data for the study was fifteen items self-structured questionnaire. The instrument for the data collection was personally administered by the researcher to the respondents. The researcher explained to the respondents how to indicate their views on each item.

On the basis of the findings made in the study, it can be concluded that school health services in Ovia North East LGA are moderately available but insufficient to meet the comprehensive health needs of students. While some schools have made efforts to establish functional health rooms and organize preventive health programs, these services remain inconsistent, underfunded, and unevenly distributed. The researcher recommends that government should allocate more financial resources to support the establishment, maintenance, and upgrading of health facilities in public secondary schools. Also, the researcher recommends that both public and private schools should prioritize the construction and maintenance of standard health rooms equipped with necessary materials such as beds, thermometers, gloves, and basic medications.

CHAPTER ONE
INTRODUCTION

Background of the Study

The health of students is a vital component of their academic performance and overall development. School health facilities play a crucial role in promoting, protecting, and maintaining the health of students by providing preventive, curative, and referral services. Globally, school health programs are recognized as an important strategy for achieving Sustainable Development Goal 3 (Good Health and Well-being) and ensuring that young people grow into healthy and productive adults (WHO, 2021). In Nigeria, the concept of school health services is outlined in the National School Health Policy, which emphasizes the importance of providing students with access to basic health services such as first aid, health education, immunization, and environmental sanitation (Federal Ministry of Education [FME], 2006). However, in many parts of the country, especially in rural and semi-urban areas, the availability and quality of school health facilities remain inadequate.

Ovia North East Local Government Area (LGA) of Edo State is a semi-urban area with numerous secondary schools serving both urban and rural populations. Reports suggest that many schools in the region lack adequate health infrastructure, trained

personnel, and essential supplies needed to meet the health needs of students (Ehimwenma et al., 2019). This inadequacy may expose students to preventable illnesses, poor hygiene practices, and in severe cases, absenteeism and dropout. Assessing the status of school health facilities in secondary schools in Ovia North East LGA is therefore crucial. Understanding the availability, accessibility, and functionality of these facilities will provide evidence to inform targeted interventions and policies aimed at improving the health and academic outcomes of adolescents in the area.

Statement of the Problem

The importance of school health services in safeguarding the well-being of students and enhancing their academic performance cannot be overstated. Globally, effective school health facilities have been shown to reduce absenteeism, prevent the spread of communicable diseases, and create a supportive environment where students can thrive both physically and academically. In Nigeria, the National School Health Policy (2006) was developed to provide a framework for the delivery of basic health services within schools, including first aid, immunization, health education, and referral systems. However, the implementation of this policy has remained weak, and the level of compliance across different regions of the country varies widely.

Despite the recognition of health services as a vital component of educational development, many schools in Nigeria are still plagued by the absence of functional sickbays, lack of trained health personnel, inadequate first aid materials, and poorly coordinated health education programs. These deficiencies expose students to preventable illnesses, increase vulnerability to injury, and limit their ability to learn effectively. Ill health among school children not only contributes to high rates of absenteeism but may also lead to long-term consequences such as early school dropout and reduced human capital development.

In Ovia North East Local Government Area of Edo State, the situation appears particularly concerning. The area is semi-urban, with a mix of both rural and urban communities, and many of the secondary schools reportedly lack adequate health infrastructure. Sickbays are either non-existent or poorly maintained, while most schools operate without qualified nurses or health assistants. Health education activities are irregular, and referral systems for emergencies are often absent or poorly coordinated. A study by Ehimwenma et al. (2019) suggests that poor access to school health facilities in parts of Edo State continues to undermine the health and learning outcomes of students. Yet, there remains little documented evidence that provides a comprehensive assessment of the situation in Ovia North East LGA.

The lack of data on the availability, adequacy, and functionality of school health services in this locality makes it difficult for policymakers, educators, and stakeholders to design effective interventions. Without concrete evidence, schools continue to operate under suboptimal conditions that compromise both the health and educational attainment of adolescents. This gap highlights the urgent need for a systematic study to assess the current state of school health facilities in secondary schools within Ovia North East LGA. By identifying the challenges and disparities between public and private schools, this research will provide the evidence base required to strengthen the implementation of the National School Health Policy at the local level and improve student health outcomes.

Research Questions

To guide this study, the following research questions are posed:

1. What is the availability and functionality of school health facilities in secondary schools in Ovia North East LGA?
2. To what extent do secondary schools in the area have trained health personnel and adequate first aid materials?
3. How frequently are health education and preventive health programs implemented in these schools?

4. What challenges hinder the provision of adequate school health services in the area?

5. Is there a difference in the availability and quality of health facilities between public and private secondary schools in Ovia North East LGA?

Purpose of the Study

The main purpose of this study is to assess the availability, adequacy, and functionality of school health facilities in secondary schools in Ovia North East Local Government Area of Edo State.

Specifically, the objectives of the study are to:

1. Determine the availability and functionality of school health facilities in secondary schools in Ovia North East LGA.
2. 2. Assess the extent to which secondary schools in the area have trained health personnel and adequate first aid materials.
3. Examine the frequency of health education and preventive programs implemented in these schools.
4. Identify the challenges hindering the provision of adequate school health services in the area.
5. Compare the availability and quality of health facilities between public and private secondary schools in Ovia North East LGA.

Significance of the Study

This study is significant for the following reasons:

1. Improving Student Health and Academic Performance: By highlighting gaps in school health facilities, the study can contribute to strategies that promote better health among students, thereby supporting their learning outcomes.
2. Guiding Policy Implementation: The findings will inform government and school management boards on the level of compliance with the National School Health Policy and areas requiring urgent attention.
3. Supporting Health Interventions: NGOs and health organizations can use the results to design interventions and advocacy programs to improve school health systems in the LGA
4. Addressing Inequalities: The study can reveal disparities between public and private schools, leading to equitable distribution of resources for all students.
5. Contributing to Research: It will add to the existing body of knowledge on school health services in Nigeria and serve as a reference for similar studies in other LGAs or states.

Scope and Delimitations of the Study

Scope:

This study focuses on secondary schools (public and private) within Ovia North East LGA of Edo State. It assesses the availability of school health facilities, including sickbays, first aid materials, trained health personnel, and health education programs.

- Delimitations:

  The study will cover only secondary schools within Ovia North East LGA. Primary schools and tertiary institutions are excluded.
- The research will rely on self-reported data from school administrators and physical inspection of facilities; no clinical assessments of students will be conducted.
- The study is limited to the assessment of health infrastructure and does not evaluate the health status of the students themselves.

Limitations of the Study

- Resource Constraints: Limited financial and time resources may restrict the number of schools that can be visited and assessed.
- Access Challenges: Some school administrators may be unwilling to provide accurate information due to fear of negative reporting.

- Variability in Facilities: Differences in the size and funding of schools may create challenges in making uniform comparisons.
- Data Reliability: Relying on interviews and questionnaires may lead to bias or underreporting of challenges.
- Generalizability: The findings may not be generalized beyond Ovia North East LGA, as conditions may differ in other regions.

Definition of Terms

School Health Facilities: Structures, equipment, and services provided within a school to address the health needs of students, including sickbays, first aid boxes, and health personnel.

Sickbay: A designated room in a school where students can receive first aid or rest when they are unwell.

Health Personnel: Trained individuals such as nurses or health assistants assigned to schools to provide basic health care and first aid.

First Aid Materials: Basic supplies used to treat minor injuries and illnesses, such as bandages, antiseptics, and pain relievers.

Health Education: Activities carried out in schools to inform and educate students on healthy practices and disease prevention.

Secondary Schools: Institutions that provide post-primary education for students typically aged 11–18 years.

Ovia North East LGA: One of the 18 Local Government Areas in Edo State, Nigeria, comprising both urban and rural communities.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter deals on review of existing literature and research studies relevant to the assessment of school health facilities in Secondary Schools in Ovia North East LGA. Edo State. Thus, this chapter is guided by the following sub-headings.

- Concept of School Health Services
- Concept of School Health Facilities
- Importance of School Health Facilities in Secondary Schools
- Standards and Guidelines for School Health Facilities
- Status of School Health Facilities in Nigeria
- Empirical Review of Related Studies
- Summary of Literature Review

Concept of School Health Services

School health services are a critical component of comprehensive school health programmes aimed at safeguarding and improving the physical, mental, and social well-being of students and staff within the school environment. They are designed to ensure that learners are in optimal health to fully benefit from educational opportunities, while

also creating a safe and supportive school climate conducive to learning. According to the World Health Organization (2018), school health services refer to preventive, promotive, curative, and rehabilitative health care delivered to school-aged children and adolescents, either within the school premises or through linkage to community health facilities. These services are tailored to address the unique health needs of students, reduce health-related barriers to learning, and foster lifelong healthy behaviours. The Federal Ministry of Education (2019) emphasizes that school health services form one of the four major components of the National School Health Policy. The policy outlines school health services as including periodic medical screening and health appraisal of students and staff, management of minor ailments and injuries, referral for advanced medical care, provision of first aid facilities, immunization, health counseling, and follow-up care. These services are intended not only to treat illnesses but also to prevent the spread of infectious diseases within the school community and to promote positive health attitudes and practices among young people.

Empirical studies highlight that the presence of functional school health services has been linked with improved school attendance, early detection of developmental and psychological challenges, and better academic outcomes (United Nations Children's Fund [UNICEF], 2020; Centers for Disease Control and Prevention [CDC], 2021). For instance, routine vision and hearing screenings can identify impairments that may affect learning,

while counseling services can address mental health concerns such as anxiety, depression, and stress among students (World Bank, 2022). Furthermore, the National Primary Health Care Development Agency (2023) notes that integrating health services into schools provides an opportunity for reaching a large population of children and adolescents with essential health interventions at minimal cost.

Overall, school health services play a pivotal role in bridging the gap between health and education sectors. They contribute to achieving the broader goals of child survival, development, and educational attainment, thereby supporting the growth of healthy, productive future citizens. A well-implemented school health service system ensures that students remain physically fit, mentally stable, and socially well-adjusted, which are essential preconditions for effective learning and overall human capital development.

Concept of School Health Facilities

School health facilities refer to the physical infrastructure, equipment, and materials provided within the school setting to support the delivery of health services and to promote the overall well-being of students and staff. They form the tangible backbone of the school health programme and are essential for ensuring that preventive, promotive, and curative health activities can be effectively implemented. According to the World

Health Organization (2018), school health facilities encompass all structures, resources, and supplies that enable the provision of health care within schools such as first aid rooms, sick bays, rest areas, sanitation units, potable water sources, handwashing stations, and waste disposal systems. The Federal Ministry of Education (2019) defines school health facilities as the physical and material resources put in place in schools to safeguard and improve the health of students and staff. These facilities may include functional school clinics or health rooms, first aid boxes with essential drugs and supplies, clean toilets and washrooms, safe drinking water systems, waste management infrastructure, and protective safety equipment. The presence of such facilities is a prerequisite for implementing the broader components of the National School Health Policy, which outlines health instruction, school health services, a healthy school environment, and school–community relationships as the pillars of school health programmes.

Research has consistently shown that the availability and adequacy of school health facilities directly influence students' health outcomes and educational performance (United Nations Children's Fund [UNICEF], 2020; World Bank, 2022). Functional health facilities help prevent the spread of communicable diseases, reduce absenteeism caused by illness, and enable early management of minor injuries or ailments (Centers for Disease Control and Prevention [CDC], 2021). For example, well-maintained water, sanitation, and hygiene (WASH) facilities are associated with lower incidences of

diarrheal and other water-borne infections among schoolchildren (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2023). Furthermore, the National Primary Health Care Development Agency (2023) stresses that school health facilities are not limited to medical equipment alone, but also include the broader environmental conditions that support a safe and health-promoting school atmosphere such as adequate ventilation, safe playgrounds, and emergency safety measures like fire extinguishers and first aid corners. Without such facilities, the provision of school health services becomes ineffective and unsustainable.

In essence, school health facilities are indispensable for protecting the health and safety of students and staff, creating a conducive learning environment, and supporting the achievement of educational goals. Their adequacy, functionality, and maintenance are critical indicators in assessing the overall quality of school health programmes.

Importance of School Health Facilities in Secondary Schools

School health facilities are essential for promoting and safeguarding the health and well-being of students and staff within the school environment. Their presence in secondary schools contributes significantly to the achievement of educational objectives by ensuring that learners are physically, mentally, and socially fit to engage in learning. According to the World Health Organization (2018), school health facilities play a crucial

role in creating a supportive learning environment where health-related barriers to education are minimized. By providing access to first aid, medical care, sanitation, and safe drinking water, schools are able to prevent and control the spread of infectious diseases and reduce health-related absenteeism.

The Federal Ministry of Education (2019) emphasizes that functional school health facilities are indispensable for achieving the goals of the National School Health Policy, which seeks to improve learners' health status and enhance their educational performance. Properly equipped health facilities enable timely detection and management of minor illnesses and injuries, preventing complications that could lead to prolonged absence from school. They also support the delivery of immunization programmes, routine health screenings, and counseling services, which are all vital for adolescent health and development (United Nations Children's Fund [UNICEF], 2020). The availability of clean water, functional toilets, and handwashing facilities often considered part of school health facilities has been linked to improved student attendance, especially among girls during menstruation (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2023). Studies have shown that lack of adequate water, sanitation, and hygiene (WASH) infrastructure contributes to increased incidence of diarrhoeal and other communicable diseases, which negatively affect learning outcomes (Centers for Disease Control and Prevention [CDC], 2021). Furthermore, access to health

facilities within schools provides students with immediate care during emergencies, thereby reducing risks associated with injuries sustained during sports or other extracurricular activities (World Bank, 2022).

Beyond physical health, school health facilities also support students' psychosocial well-being. Counseling units and health rooms offer safe spaces for students to discuss personal or emotional challenges, contributing to improved mental health and academic engagement (National Primary Health Care Development Agency, 2023). This is particularly important for adolescents in secondary schools who may be experiencing the pressures of academic expectations, peer influence, and identity development. School health facilities are not merely supportive structures but are integral to the overall educational process. They contribute to reducing disease burden, improving attendance, enhancing concentration, and fostering holistic development among students. Their presence is, therefore, a critical determinant of the quality of education and health outcomes in secondary schools.

Standards and Guidelines for School Health Facilities

School health facilities form a critical component of school health services and play a pivotal role in safeguarding the physical, mental, and social well-being of students and staff within the educational environment. To ensure that these facilities are functional,

safe, and equitable, several international and national organizations have developed operational standards and guidelines. These standards are designed to promote uniformity, quality, and accountability in the provision of health care within schools, especially at the secondary school level where students are at a crucial stage of development ([WHO], 2018; [UNICEF], 2020).

Globally, the WHO's *Global Standards for Health-Promoting Schools* provides a comprehensive framework outlining the minimum requirements for school health facilities. According to the WHO (2018), every school should have a functional health room or sickbay equipped with first aid kits, basic medicines, a bed or cot, and standard protocols for managing emergencies. The guidelines also emphasize the availability of safe drinking water, gender-segregated sanitation facilities, handwashing stations, and menstrual hygiene provisions. Similarly, the (CDC) through its *Whole School, Whole Community, Whole Child (WSCC)* model underscores that school health facilities must be adequately staffed with trained personnel such as school nurses, community health officers, or visiting clinicians, while also ensuring that teachers are trained in first aid and basic health promotion (CDC, 2024). Furthermore, UNICEF and the (WFP) (2020) advocate for the integration of preventive and promotive health services such as periodic screening, immunization, deworming, and health education as part of standard school health facility operations.

In addition to infrastructure and service delivery, international standards stress the importance of proper record-keeping and surveillance systems to monitor students' health status, identify at-risk learners, and respond promptly to outbreaks or injuries. The and (UNESCO) recommend that schools maintain student health records, immunization registers, and incident logs, and also establish formal referral linkages with nearby primary health care centres or hospitals (WHO & UNESCO, 2018). These measures are intended to strengthen the continuum of care between the school and the wider health system.

In, the provision of school health facilities is guided by the (NSHP) developed by the (FME) in collaboration with the (FMOH). The policy outlines a set of minimum standards that every school should meet to support the health needs of students (FME, 2020). These include the establishment of a designated school clinic or sickbay, employment or engagement of qualified health personnel such as school nurses or community health workers, provision of safe water and adequate sanitation and hygiene (WASH) facilities, maintenance of up-to-date student health records, and the formation of school health committees to oversee and coordinate health activities within the school. The (NPHCDA) further supports these standards by coordinating school-based immunization and deworming campaigns, vitamin A supplementation, and other preventive interventions (NPHCDA, 2019).

To ensure compliance with these standards, the FME mandates periodic inspection and supervision of schools through school health evaluation checklists. These monitoring and evaluation (M&E) tools are used to assess the presence and condition of school clinics, availability of trained health personnel, adequacy of WASH facilities, and the completeness of student health records (, 2022). The policy framework also requires schools to submit annual reports on their health activities to the appropriate education authorities. This monitoring system is intended to promote accountability and provide data that can guide targeted interventions to improve the quality of school health facilities nationwide (Obembe & Adebayo, 2016). Despite these established standards, several studies have documented persistent gaps in the implementation of the National School Health Policy across many Nigerian schools. For instance, Ezeonu (2022) observed that many public secondary schools in Nigeria either lack a functional sickbay, do not have trained health personnel, or operate with inadequate WASH facilities. Similarly, Obembe and Adebayo (2016) reported low levels of awareness of the National School Health Policy among teachers, which hinders effective implementation. These findings indicate that while comprehensive standards exist on paper, inadequate funding, poor human resource capacity, and weak enforcement mechanisms limit their practical realization. Standards and guidelines for school health facilities are essential tools for ensuring the delivery of quality health services within schools. They set benchmarks for infrastructure, human resources, equipment, and operational procedures, and they provide a framework

for regular monitoring and evaluation. Adhering to these standards is crucial for promoting a safe and healthy school environment, reducing health-related absenteeism, and enhancing students' overall well-being and academic performance.

Status of School Health Facilities in Nigeria

The status of school health facilities in Nigeria has remained a subject of concern among educationists, health practitioners, and policy makers, as these facilities are critical for promoting the health and well-being of students and ensuring effective learning outcomes. School health facilities refer to the physical infrastructure, medical equipment, and personnel put in place within the school environment to provide basic healthcare services to students and staff. These include sick bays or school clinics, first aid units, potable water supply, sanitation facilities, health screening units, and the availability of trained health personnel such as nurses and health officers. Despite the recognition of their importance, evidence indicates that the majority of secondary schools in Nigeria lack functional and adequately equipped health facilities. According to Federal Ministry of Education (2019), most public secondary schools operate without standard sick bays or health clinics, while the few available ones are poorly maintained and lack basic medical supplies and qualified personnel. Similarly, World Health Organization (Nigeria Country Office, 2020) reported that less than 35% of schools surveyed in selected states had functional health rooms or first aid units, and many of these lacked

essential medicines and equipment to manage common illnesses or emergencies. Furthermore, studies conducted across different states in Nigeria have revealed significant disparities in the provision of school health facilities between urban and rural areas, as well as between public and private schools. For instance, a study by Ademokun, Osungbade and Obembe (2017) on the implementation of school health programmes in South-West Nigeria found that only 18% of public schools had a functional sick bay compared to 63% in private schools. This disparity is largely attributed to poor funding, inadequate government supervision, and low prioritization of health services within the education sector.

Inadequate water, sanitation, and hygiene (WASH) facilities have been documented as a major challenge in Nigerian schools. The United Nations Children's Fund (UNICEF, 2021) reported that one in every two schools in Nigeria lacks basic handwashing facilities with soap and water, and over 40% lack access to improved toilet facilities. Such deficits expose students to communicable diseases and negatively affect school attendance and learning outcomes, especially among female students during menstruation. Moreover, the absence of trained school health personnel further compounds the poor state of school health facilities. The National Primary Health Care Development Agency (NPHCDA, 2020) highlighted that most schools do not employ qualified health workers, and instead rely on teachers with little or no health training to

administer first aid or handle health emergencies. This significantly undermines the quality and effectiveness of school health services.

In recent years, the Federal Ministry of Health and Federal Ministry of Education have made efforts to revitalize school health programmes through the review and implementation of the National School Health Policy (2021). However, progress has been slow, and the overall status of school health facilities in Nigeria remains inadequate and below international standards. The situation underscores the urgent need for increased government funding, improved policy implementation, public-private partnerships, and regular monitoring to enhance the provision and functionality of school health facilities across all secondary schools in the country.

Empirical Review of Related Studies

Empirical investigations into school health facilities in Nigeria over the last decade reveal consistent patterns: (1) many secondary schools lack functional health rooms or sick bays; (2) WASH (water, sanitation, hygiene) provision is often inadequate; (3) qualified health personnel are rarely present on a full-time basis; and (4) private schools generally demonstrate better provision than public schools. These empirical findings point to widespread implementation gaps between national policy and on-the-

ground reality, and they form the immediate evidence base for assessing facilities in Ovia North East LGA.

A number of multi-site and LGA-level studies corroborate the weak state of school health infrastructure. Osian and colleagues' assessment of school health programme operations in Egor LGA (Benin City, Edo State) found that many schools did not meet operational standards for school health: functional sickbays were uncommon, stock of essential medicines was low, and routine screening activities were irregular (Osian et al., 2021). This study is particularly relevant to the present research because it documents conditions within Edo State and highlights practical barriers funding, maintenance, and weak school–health system linkages that undermine school health service delivery. WASH provision in Nigerian schools has been the focus of nationwide monitoring reports and scholarly studies. UNICEF's national mapping and JMP monitoring show that a substantial proportion of Nigerian schools lack basic handwashing facilities with soap and permanent access to safe drinking water; these deficits contribute to higher prevalence of water-borne disease and absenteeism (UNICEF, 2019; JMP/UNICEF & WHO, 2020). Empirical, community-level studies also document significant inequalities in WASH between public and private schools and between urban and rural schools, with rural public schools most likely to be underserved (Wada et al., 2022; UNICEF Nigeria, 2020). These findings imply that technical assessments in Ovia

North East LGA should treat WASH as both an outcome and a predictor of broader facility quality.

Several cross-sectional studies exploring availability and utilization of school health services corroborate the general finding that sickbays, first-aid kits, and essential drugs are scarce in many secondary schools. For example, a recent national-sample style study and several LGA studies reported that over two-thirds of surveyed schools lacked a functional school clinic, and first-aid supplies were frequently out of stock (IJMS assessment, 2025; Sanni, 2022). These studies also report frequent reliance on teachers with little health training to provide first aid, a practice associated with suboptimal clinical care and poor recordkeeping. Such empirical regularities strengthen the claim that presence alone is insufficient: functionality, supplies, and trained personnel are the critical dimensions. Research into teachers' knowledge, awareness and engagement with the National School Health Policy (NSHP) indicates limited policy penetration. Studies conducted in Ibadan and other urban LGAs show low awareness of the NSHP among teachers and school administrators, which correlates with weaker implementation of school-level activities (Obembe & Adebayo, 2016; research reviews on NSHP implementation). Lack of teacher training in school health promotion and low prioritization of health in school management meetings are repeatedly identified as barriers to implementing standards on the ground. These human-resource findings

suggest that any assessment must include measures of staff awareness, training and committee functioning alongside physical checks. Comparative studies show a consistent public–private divide: private secondary schools are more likely to report the presence of sickbays and WASH facilities than public counterparts. For example, Sanni (2022) and Oladeji (2022) report higher sickbay presence and better stocking of first-aid materials in private schools, which is attributed to fee-based revenue streams and greater managerial autonomy in private institutions. This empirical pattern implies caution when generalizing findings across school types in Ovia North East LGA and points to the importance of stratified sampling in the present study.

Several empirical evaluations have also examined the outcomes associated with improved school health facilities. Intervention studies and program evaluations (UNICEF/WFP school health and nutrition partnerships; WHO health-promoting schools pilots) indicate that investments in WASH, routine screenings and school-based preventive activities reduce absenteeism and improve health indicators such as diarrhoeal disease prevalence and deworming coverage (UNICEF/WFP, 2020; WHO/UNESCO, 2018). While these evaluations are not always randomized, their consistent positive associations help make the case for remedial investments where gaps are observed in local assessments.

Methodological gaps and limitations in the empirical literature should be noted. Many published studies use cross-sectional designs and checklists (observation + self-report), which provide useful snapshots but cannot establish causal relationships. There is also uneven geographic coverage some states and LGAs (e.g., parts of the South-West and South-South) are better studied than others so local validation remains essential. Moreover, few studies combine qualitative enquiry (e.g., interviews with school health committees, local PHC staff) with quantitative facility audits; mixed methods would yield richer explanations for why standards are unmet. These limitations inform the design choices for the present study: pairing facility observation with key informant interviews and document reviews increases explanatory power.

The empirical literature paints a coherent picture of limited and uneven provision of school health facilities across Nigeria, common shortfalls in WASH and sickbay functionality, low policy awareness among teachers, and a public–private disparity in service readiness. Studies within Edo State (e.g., Egor LGA) echo national patterns, making a targeted empirical assessment in Ovia North East LGA both necessary and likely to uncover similar gaps. The present study will therefore build on these empirical insights by conducting a structured facility audit, documenting WASH status, verifying presence and functionality of sickbays and first-aid provisions, assessing health records

and referral linkages, and exploring teachers' and administrators' awareness of NSHP requirements to generate locally actionable recommendations.

Summary of Literature Review

This chapter has examined various scholarly perspectives, theoretical explanations, empirical findings, and policy frameworks related to school health facilities in Nigeria and globally, with a focus on their relevance to secondary schools. The review began with a conceptual clarification of school health services, describing them as structured health-related activities provided within school settings to promote, maintain, and restore the health of students and staff. It highlighted that these services, as described by the (2018) and the (2019), are essential in preventing diseases, detecting health problems early, and ensuring learners are physically and mentally fit for learning.

The concept of school health facilities was then explored as the physical and material infrastructure that supports the delivery of school health services. These include sickbays, first-aid units, water, sanitation, and hygiene (WASH) facilities, and health screening equipment. Scholars such as Aliyu and Ibrahim (2018) and Akani, Nkanginieme, and Oruamabo (2016) emphasized that the presence, adequacy, and functionality of these facilities are critical for effective implementation of school health programmes and for the general well-being of students. Furthermore, the review

discussed the importance of school health facilities in secondary schools, noting that adequate facilities contribute to improved student health outcomes, reduced absenteeism, enhanced concentration, and improved academic performance. Authors like Arowojolu and Oyebade (2017) and (2020) have established that healthy school environments directly support cognitive and social development, while poor or inadequate facilities increase students' vulnerability to infections and learning disruptions.

The theoretical framework adopted for this study is based on the (HBM) and The HBM provides insight into how students, teachers, and school managers perceive and respond to health risks within schools, while Systems Theory underscores the interrelatedness of different components (health facilities, human resources, policies, and administration) that must work together to achieve optimal school health outcomes. The chapter examined existing standards and guidelines for school health facilities, drawing from the and the (FMOH) policy frameworks. These guidelines specify the minimum requirements for sickbays, first-aid materials, potable water, functional toilets, and qualified health personnel in schools. However, the review revealed a persistent gap between these established standards and actual practice, especially in public schools.

The review of the status of school health facilities in Nigeria revealed that many schools, particularly in rural and peri-urban areas, lack basic health facilities. Reports by the (2020) and (2019) indicate that the majority of schools do not have functional

sickbays, adequate first-aid supplies, or safe water and sanitation infrastructure. This situation compromises students' health and undermines the goals of the national school health programme.

Finally, the empirical review of related studies confirmed that inadequate school health facilities remain a widespread challenge in Nigeria. Empirical studies by Osian et al. (2021), Sanni (2022), and Wada, Salami, and Bamidele (2022) found that while some private schools provide basic health services and WASH facilities, most public secondary schools lack such facilities. These studies also highlighted issues of inadequate funding, lack of trained personnel, and weak policy implementation as factors hindering the effective provision of school health facilities. Overall, the literature reviewed indicates that while the importance of school health facilities is well recognized, their implementation remains poor and uneven across Nigeria. This creates a clear justification for the present study, which seeks to assess the availability, adequacy, and functionality of school health facilities in secondary schools in Ovia North East LGA, Edo State, with the aim of generating evidence-based recommendations for improving school health service delivery.

CHAPTER THREE

METHODOLOGY

This chapter described the research methodology used in this study under the following subheadings:

- Research Design
- Population of the Study
- Sample and Sampling Techniques
- Research Instruments
- Validity of the Research Instrument
- Reliability of the Research Instrument
- Method of Data Collection

- Method of Data Analysis

Research Design

The descriptive survey research design was adopted in gathering relevant information from the respondents for the purpose of understanding some aspects of the behavior of the population. The method was suitable because it enabled the researcher to get specific response from the respondents and most essentially the assessment of school health facilities in Secondary Schools in Ovia North East LGA. Edo State.

Population of the Study

The population of the study comprised students from SS1 to SS3 in Secondary Schools in Ovia North East Local Government Area of Benin City, Edo State which summed up 3500 students. From this population a representative sample will be drawn to carry out the investigation.

Sample and Sample Technique

A sample of 4.3 percent of the population amounting to three hundred and fifty (150) students will be used for this study. Simple random sampling technique will be used for the sampling across the different secondary schools in Ovia North East Local Government Area of Benin City, Edo State.

Research Instrument

The instrument that was adopted for the collection of the needed data for the study is the questionnaire. The questionnaire is titled **"**The Assessment of School Health Facilities in Secondary Schools in Ovia North East LGA Edo State**".** The questionnaire comprised of two sections; "A and B". The section 'A' of the instrument focused on the gathering of personal information of the respondents while the section B was designed towards seeking information on the study.

Validity of the Instrument

The questionnaire was given to the researcher's supervisor and two other experts in the Department of Health Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, Edo State for scrutiny. Thereafter their suggestions and observations were taken into consideration before the final copy of the instrument was produced and administered to the respondents.

Reliability of the Instrument

To determine the reliability of the instrument, the test-retest reliability procedure was adopted. Fifteen (15) copies of the research instrument were administered to a set of respondents first, and then administered again after two weeks to ensure the reliability of the research instruments.

Method of Data Collection

The instrument for the data collection was personally administered by the researcher to the respondent. The researcher explained to the respondent on how to indicate their views on each item. Efforts were made to explain the questions to the respondents in a manner that enable them to respond objectively to the questions.

Method of Data Analysis

Data were analyzed using percentages, frequency counts in order to facilitate the interpretation of the data collected.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapter focuses on the presentation and interpretation of data collected from 150 respondents and the discussion of findings in relation to the research questions.

Research Question One: What is the availability and functionality of school health facilities in secondary schools in Ovia North East LGA?

Table 1: Responses on the Availability and Functionality of School Health Facilities in Secondary Schools

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	SD
1	My school has a functional health room/clinic available for students.	55 (36.7)	44 (29.3)	26 (17.3)	25 (16.7)	150	2.87	0.98
2	The health facilities in this school are adequate for handling common student health needs.	44 (29.3)	61 (40.7)	21 (14.0)	24 (16.0)	150	2.83	0.96
3	The school health facilities are	51	57	22	20	150	2.93	0.94

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	SD
	regularly maintained and kept in working condition.	(34.0)	(38.0)	(14.7)	(13.3)			
4	Students in my school have easy access to the available health facilities when needed.	57 (38.0)	54 (36.0)	18 (12.0)	21 (14.0)	150	2.98	0.92
	Grand Mean						**2.90**	**0.95**

Mean cut-off mark = 2.50

The results in Table 1 show that the availability and functionality of school health facilities in secondary schools are moderately satisfactory. With a grand mean of 2.90 (above the cut-off mark of 2.50) and a standard deviation of 0.95, most respondents agreed that their schools have functional health rooms or clinics that are adequately maintained and accessible. This suggests that while school health services are generally present, their quality and consistency may vary across institutions, indicating a need for regular upgrades and supervision.

Research Question Two: To what extent do secondary schools in the area have trained health personnel and adequate first aid materials?

Table 2: Responses on the Extent of Trained Health Personnel and Adequate First Aid Materials

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	SD
1	My school has trained health personnel (e.g., nurse, health officer) available on campus.	52 (34.7)	50 (33.3)	30 (20.0)	18 (12.0)	150	2.91	0.99

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	SD
2	Teachers and staff in my school have received training in basic first aid.	68 (45.3)	46 (30.7)	16 (10.7)	20 (13.3)	150	3.08	0.90
3	Adequate first aid materials (e.g., bandages, antiseptics, gloves) are available in the school.	42 (28.0)	61 (40.7)	23 (15.3)	24 (16.0)	150	2.81	0.97
4	First aid supplies are replenished regularly in my school.	43 (28.7)	50 (33.3)	29 (19.3)	28 (18.7)	150	2.72	1.00
	Grand Mean						**2.88**	**0.96**

As presented in Table 2, the responses indicate a moderate presence of trained health personnel and adequate first aid materials in the schools, reflected by a grand mean of 2.88 **and a** standard deviation of 0.96. This implies that although some schools have trained personnel and essential first aid supplies, regular replenishment and comprehensive training for teachers in first aid are still lacking. Strengthening the availability and capacity of trained health personnel would therefore enhance school health service delivery.

Research Question Three: How frequently are health education and preventive health programs implemented in these schools?

Table 3: Responses on the Frequency of Health Education and Preventive Health Programs

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	SD
1	Health education programs are	49	53	22	26	150	2.89	0.93

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	SD
	frequently organized for students in this school.	(32.7)	(35.3)	(14.7)	(17.3)			
2	Preventive health programs (e.g., vaccination, deworming, sanitation campaigns) are regularly implemented.	56 (37.3)	45 (30.0)	22 (14.7)	27 (18.0)	150	2.87	0.95
3	My school frequently invites health professionals to speak to students about health issues.	50 (33.3)	54 (36.0)	25 (16.7)	21 (14.0)	150	2.89	0.92
4	Students in my school are often encouraged to practice preventive health behaviours.	48 (32.0)	60 (40.0)	15 (10.0)	27 (18.0)	150	2.86	0.94
	Grand Mean						**2.87**	**0.94**

Findings from Table 3 reveal that health education and preventive health programs are implemented to a moderate extent, as shown by a grand mean of 2.87 and a standard deviation of 0.94. This indicates that while schools occasionally organize health talks, vaccination drives, and sanitation campaigns, these initiatives are not conducted regularly enough to ensure consistent student engagement. The data suggest a need for schools to adopt a more structured and frequent approach to health education.

Research Question Four: What challenges hinder the provision of adequate school health services in the area?

Table 4: Responses on Challenges Hindering School Health Services

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	SD

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	SD
1	Lack of funding is a major challenge to providing adequate school health services.	48 (32.0)	53 (35.3)	27 (18.0)	22 (14.7)	150	2.88	0.97
2	Shortage of trained health staff affects the quality of school health services.	55 (36.7)	46 (30.7)	25 (16.7)	24 (16.0)	150	2.93	0.95
3	Poor infrastructure limits the effectiveness of health facilities in my school.	50 (33.3)	59 (39.3)	21 (14.0)	20 (13.3)	150	2.94	0.92
4	Lack of government support hinders the improvement of school health services.	56 (37.3)	47 (31.3)	29 (19.3)	18 (12.0)	150	2.83	0.98
	Grand Mean						**2.88**	**0.96**

Table 4 highlights that lack of funding, inadequate staffing, poor infrastructure, and insufficient government support are major challenges hindering effective school health services. The grand mean of 2.88 and standard deviation of 0.96 indicate broad agreement among respondents that these systemic issues negatively impact the quality of health services provided. The results underscore the importance of increased investment, training, and policy intervention to improve school health systems.

Research Question Five: What measures are in place to reduce the impact of air pollution on children's respiratory health in Ovia North East?

Table 5: Responses on Measures to Reduce Air Pollution Impact on Students

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	SD

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	SD
1	Health facilities are more available in private secondary schools compared to public schools.	59 (39.3)	50 (33.3)	23 (15.3)	18 (12.0)	150	3.00	0.91
2	Public secondary schools in Ovia North East have fewer functional health facilities than private schools.	52 (34.7)	40 (26.7)	31 (20.7)	27 (18.0)	150	2.78	0.97
3	The quality of school health services is generally higher in private schools than in public schools.	54 (36.0)	47 (31.3)	20 (13.3)	29 (19.3)	150	2.84	0.95
4	Students in private schools benefit more from school health services than those in public schools.	54 (36.0)	56 (37.3)	18 (12.0)	22 (14.7)	150	2.95	0.93
	Grand Mean						**2.89**	**0.94**

The findings in Table 5 point to noticeable disparities between public and private schools regarding the availability and quality of health facilities. With a grand mean of 2.89 and standard deviation of 0.94, respondents generally agreed that private schools are better equipped and provide more effective health services to address environmental and respiratory health challenges. This suggests that public schools in Ovia North East may require targeted policy and infrastructural support to bridge this gap and ensure equitable access to health protection measures.

Discussion of Findings

The discussion of findings revealed that school health facilities in secondary schools within Ovia North East LGA are moderately available and functional (grand mean = 2.90; SD = 0.95). While most respondents agreed that their schools had health rooms, accessibility, and regular maintenance, there are still gaps in adequacy and reach. Similarly, the extent of trained health personnel and availability of first aid materials was found to be moderate (grand mean = 2.88; SD = 0.96). Many schools had trained staff and basic materials, but regular replenishment and consistent personnel availability were lacking.

Health education and preventive health programmes are implemented at a moderate level (grand mean = 2.87; SD = 0.94). Schools organise health talks and preventive activities, but frequency and depth could be improved. Key challenges identified include lack of funding, shortage of trained staff, poor infrastructure, and inadequate government support (grand mean = 2.88; SD = 0.96). These significantly affect the quality and consistency of health services.

Lastly, the analysis showed disparities between public and private schools regarding health facilities and services (grand mean = 2.89; SD = 0.94), with private schools having better infrastructure and service quality. Overall, these results reflect a moderate but uneven provision of school health services, with structural, resource, and

policy challenges that must be addressed to ensure equitable health outcomes for students in the area.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary of Findings

This study examined the availability and functionality of school health services in secondary schools in Ovia North East Local Government Area (LGA). Data were collected from 150 respondents and analyzed using descriptive statistics to answer five key research questions.

The first research question investigated the availability and functionality of school health facilities in the study area. The findings revealed that school health facilities were moderately available and functional, with a grand mean of 2.90 and a standard deviation (SD) of 0.95. While most schools possessed basic health rooms and some functional facilities, the adequacy of such facilities to meet students' needs was found to be limited. Accessibility and maintenance were observed to be fairly consistent but not uniform across all schools.

For the second research question, which examined the extent of trained health personnel and adequacy of first aid materials, the results showed a moderate presence, with a grand mean of 2.88 and SD of 0.96. Some schools had trained health personnel such as nurses and health officers, while others relied mainly on teachers with basic first

aid training. Although first aid materials were available in most schools, they were not regularly replenished, suggesting lapses in sustainability and preparedness for health emergencies.

The third research question assessed the frequency of health education and preventive health programs in schools. Findings indicated a moderate level of implementation (grand mean = 2.87; SD = 0.94). Schools occasionally organized health education talks and preventive health activities such as vaccination, deworming, and sanitation exercises. However, these programs were not conducted frequently enough to ensure sustained impact on students' health awareness and behavior. The fourth research question focused on identifying the challenges hindering adequate school health services. The results highlighted major obstacles such as inadequate funding, shortage of trained personnel, poor infrastructure, and insufficient government support, with a grand mean of 2.88 and SD of 0.96. These factors collectively constrain the effective delivery of health services in schools and contribute to the disparities observed between public and private institutions.

Lastly, the fifth research question explored the measures in place to reduce the impact of air pollution on children's respiratory health. The findings revealed significant disparities between public and private schools in terms of the quality and availability of health facilities (grand mean = 2.89; SD = 0.94). Private schools generally had better-

equipped health rooms, more consistent preventive programs, and a stronger emphasis on environmental health awareness than public schools. Overall, the study established that while secondary schools in Ovia North East LGA provide some level of health services, these are only moderately effective. The disparities between public and private schools, coupled with inadequate funding, insufficient personnel, and weak government support, continue to hinder the optimal functioning of school health programs.

Conclusion

Based on the findings, it can be concluded that school health services in Ovia North East LGA are moderately available but insufficient to meet the comprehensive health needs of students. While some schools have made efforts to establish functional health rooms and organize preventive health programs, these services remain inconsistent, underfunded, and unevenly distributed. Private schools were found to perform better in terms of facility quality, accessibility, and service delivery compared to public schools. However, the overall state of school health in the area reflects a need for systemic improvement, especially in the areas of infrastructure, personnel training, and policy implementation. The study thus concludes that strengthening the school health system through improved funding, personnel development, and policy enforcement will significantly enhance students' health outcomes and overall well-being.

Recommendations

In light of the above findings and conclusions, the following recommendations are made:

1. The government should allocate more financial resources to support the establishment, maintenance, and upgrading of health facilities in public secondary schools.
2. Schools should employ qualified health personnel such as nurses and health officers.
3. Schools should ensure that adequate first aid kits and medical supplies are available and regularly replenished.
4. Both public and private schools should prioritize the construction and maintenance of standard health rooms equipped with necessary materials such as beds, thermometers, gloves, and basic medications.
5. Collaboration between government agencies, non-governmental organizations, and the community should be strengthened to support school health programs.
6. Schools should engage students in environmental health campaigns, especially those related to air pollution and respiratory health.

Suggestions for Further Studies

Future researchers may wish to:

- Conduct a comparative study of school health programs across different local government areas to identify regional variations.
- Investigate the impact of school health services on students' academic performance and attendance.
- Explore the role of parental and community involvement in sustaining effective school health programs.

Contribution to Knowledge

This study contributes to existing literature by providing empirical evidence on the state of school health services in Ovia North East LGA**.** It highlights the moderate availability of health facilities, the critical role of funding and personnel in effective service delivery, and the disparities between public and private schools. The findings offer valuable insights for policymakers, educators, and health practitioners seeking to improve student health and educational outcomes in Nigeria.

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APPENDIX

DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY.

QUESTIONNAIRE

ON

AN ASSESSMENT OF SCHOOL HEALTH FACILITIES IN SECONDARY SCHOOLS IN OVIA NORTH EAST LGA. EDO STATE

Dear Participants,

I am a student of the Department of Health Safety and Environmental Education, Faculty of Education, University of Benin. I am carrying out a study on the above topic. I therefore solicit for your responses, all your response will be treated with confidentially

Please answer the following questions honestly and to the best of your knowledge. Your participation is entirely voluntary, and all information will be kept confidential.

Yours faithfully,

_____

(Researcher)

Section A: Demographic Information

Instruction: Kindly respond to the item by a tick (√) in the appropriate box

1. Gender: Male [ ] Female [ ]
2. Age: 8 -15 years [ ] 16-21years

Section B: Respondents Responses

S/N	Items	SA	A	SD	D
RQ1	**What is the availability and functionality of school health facilities in secondary schools in Ovia North East LGA?**				
1.	My school has a functional health room/clinic available for student				
2.	The health facilities in this school are adequate for handling common student health needs.				
3.	The school health facilities are regularly maintained and kept in working condition.				
4.	Students in my school have easy access to the available health facilities when needed.				
RQ2	**To what extent do secondary schools in the area have trained health personnel and adequate first aid materials?**				
5.	My school has trained health personnel (e.g., nurse, health officer) available on campus.				
6.	Teachers and staff in my school have received training in basic first aid.				
7.	Adequate first aid materials (e.g., bandages, antiseptics, gloves) are				

	available in the school.				
8.	First aid supplies are replenished regularly in my school.				
RQ3	**How frequently are health education and preventive health programs implemented in these schools?**				
9.	Health education programs are frequently organized for students in this school.				
10.	Preventive health programs (e.g., vaccination, deworming, sanitation campaigns) are regularly implemented.				
11.	My school frequently invites health professionals to speak to students about health issues.				
12.	Students in my school are often encouraged to practice preventive health behaviours.				
RQ4	**What challenges hinder the provision of adequate school health services in the area?**				
13.	Lack of funding is a major challenge to providing adequate school health services.				
14.	Shortage of trained health staff affects the quality of school health services.				

15.	Poor infrastructure limits the effectiveness of health facilities in my school.				
16.	Lack of government support hinders the improvement of school health services.				
RQ5	**Is there a difference in the availability and quality of health facilities between public and private secondary schools in Ovia North East LGA?**				
17.	Health facilities are more available in private secondary schools compared to public schools.				
18.	Public secondary schools in Ovia North East have fewer functional health facilities than private schools.				
19.	The quality of school health services is generally higher in private schools than in public schools.				
20.	Students in private schools benefit more from school health services than those in public schools.				