### Policy Goals

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<tbody>
<tr>
<td><strong>1. Health-Related School Policies</strong></td>
<td>Established</td>
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<tr>
<td>School health is included in the National Economic and Empowerment Strategy (NEEDS). A national budget for school health exists in both the health and education sectors. A situation analysis was conducted that identified health and nutrition problems amongst school-aged children, gathered statistics on school participation, and listed gaps in existing school nutrition and health services. There is a monitoring and evaluation plan for school health that is integrated into a wider national monitoring system.</td>
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| **2. Safe, Supportive School Environments** | Emerging |   |   |
| The need for safe water provision and sanitation facilities is recognized, but national coverage has not been achieved. There are mechanisms in place to respond to all forms of institutional violence in schools. |

| **3. School-Based Health and Nutrition Services** | Emerging |   |   |
| A situation analysis was undertaken, identifying the need for school-based screening and referral to remedial services. However, the government has not taken any actions to attempt to meet this need. |

| **4. Skills-Based Health Education** | Established |   |   |
| Nigeria’s school health curriculum is fully developed. All schools teach this curriculum. There are participatory approaches integrated into the national curriculum, but they are not effective. |
Introduction

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

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

Country Overview

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

Poverty remains a challenge since it affects the majority of the country. In 2010, approximately 84 percent of the population lived on $2 or less a day (2005 international prices). In addition to more people falling below the international poverty standard of $2 a day in 2010 than in 2004, people in Nigeria were poorer in 2010 than they were in 2004. The poverty gap at $2 a day increased from 46 percent to 50 percent.6 High unemployment rates may be one contributing factor to the high levels of poverty in Nigeria.7 Inadequate access to improved water and sanitation facilities also exacerbates poverty conditions. In 2012, 31 percent of the urban population had access to improved sanitation facilities compared to 25 percent of the rural population.8 In the same year, 79 percent of the urban population had access to an improved water source compared to 49 percent of the rural population.9

Education and Health in Nigeria

Education

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

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

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1 World Bank, 2014a.  
2 Ibid.  
3 UNDP, 2013.  
5 Ibid.  
6 Ibid.  
8 World Bank, 2014a.  
9 Ibid.  
11 Global Education First Initiative and Good Planet Foundation, 2013.
Universal Basic Education Policy in 2004 to expand the central government’s role in managing basic education and to set the goal of providing free basic education to all children by 2015. The gross primary enrolment rate increased from 98 percent in 2000 to 102 percent in 2006, but the rate has been slowly declining. In 2010, the gross primary enrolment rate had decreased to 85 percent.

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

There is a relatively high promotion rate, with low repetition and low dropout within each school cycle thanks to automatic promotion, but the transition rates between education levels are low as seen by the effective transition rate from primary to secondary being 53 percent in 2008. For example, the primary completion rate in 2010 was 70 percent, which was an increase from 41 percent in 2008. The dropout rate decreased by almost half between 2007 and 2010, from 52 percent to 21 percent. Moreover, among students in grade 6—the last grade of primary school—11 percent drop out and 3 percent repeat the grade. On average, only 37 percent of students finish primary school on time by age 11, which may be due to late entry into primary school. The secondary completion rate is even lower, and a high percentage of students never finish secondary school. Only 29 percent of those who started school graduate from secondary school at the official graduating age of 17. Even if there is a delay up to age 24, only 75 percent finish secondary school, and the remaining 25 percent never finish secondary school.

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

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

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

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

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12 Ibid.
13 World Bank, 2014b.
14 Ibid.
17 Ibid.
18 Ibid.
Tertiary Education Fund (TETFund), the Universal Basic Education (UBE) Intervention Fund, Science and Technical Education Post-Basic (STEP-B) program, and the Nigeria Information Technology Development Agency (NITDA), among others. The Virtual Poverty Fund, created from money saved through the Heavily Indebted Poor Countries (HIPC) initiative, has resulted in substantial funding for the Federal Ministry of Education.

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

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

Accurate estimates of total public expenditure on education in Nigeria are difficult to know because of a lack of information on state government sectoral expenditures. According to the 10-year strategic plan by the Federal Ministry of Education, total education expenditure in 2006 was 5 percent of GDP. In 2007, total federal education spending, minus state and local government area spending, accounted for 12.5 percent of the federal budget. Excluding direct federal spending through Universal Basic Education Commission (UBEC) and the Education Trust Fund (ETF), total state education expenditures in real terms declined significantly between 2001 and 2005 in all but one of the nine states. Spending on essentials, such as textbooks, instructional materials, in-service training, and operations and maintenance, is inadequate. A large percentage, often around 90 percent, of total public expenditure on education is absorbed by salaries, although the benchmark is 67 percent.

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

**Health Issues**

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

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

**The Case for School Health**

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

school health programs as more of them became pro-poor and focused on education outcomes. Low-income countries shifted their focus from a medical-based approach that favored elite schools in urban centers toward school-based programs that sought to improve access to education and school completion by improving health and tackling hunger. For example, deworming\textsuperscript{21}, feeding\textsuperscript{22}, malaria prevention\textsuperscript{23}, and iron deficiency prevention\textsuperscript{24} interventions can improve school attendance and learning. These school-based interventions have proven to be most educationally beneficial to the children who are worst off—the poor, the sick, and the malnourished.

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

**Four Key Policy Goals to Promote School Health**

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

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

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

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

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

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

\textsuperscript{22} van Stuijvenberg et al. 1999; Powell et al., 1998; Whaley et al., 2003

\textsuperscript{23} Fernando et al. 2006; Clarke et al., 2008

\textsuperscript{24} Pollitt et al., 1989; Seshadri and Gopaldas, 1989; Soemantri, Pollitt, and Kim, 1985

\textsuperscript{25} Hoffmann et al. 2002.

\textsuperscript{26} Jukes et al. 2008.
Use of Evidence-Based Tools

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

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

Each policy goal and lever of school feeding is methodically benchmarked through two SABER analysis tools. The first is a *scoring rubric* that quantifies the responses to selected questions from the SABER School Health questionnaire by assigning point values to the answers. The second tool is the *SABER School Health Framework rubric* that analyzes the responses, especially the written answers, based on the framework’s four policy goals and levers. For more information, please visit the World Bank’s website on SABER-School Health and School Feeding and click on the “What Matters” Framework Paper under Methodology.
Figure 1: Policy goals and policy levers for school health

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<thead>
<tr>
<th>POLICY GOALS</th>
<th>POLICY LEVERS</th>
<th>OUTCOMES</th>
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<tbody>
<tr>
<td>HEALTH-RELATED SCHOOL POLICIES</td>
<td>National-level policy that addresses school health</td>
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<td></td>
<td>Coordinated implementation of a national-level policy that addresses school health</td>
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<td></td>
<td>Governance of the national school health policy</td>
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<td>Quality assurance of programming</td>
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<td>Gender mainstreaming in the national school health policy</td>
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<tr>
<td>SAFE, SUPPORTIVE SCHOOL ENVIRONMENTS</td>
<td>Physical school environment</td>
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<td></td>
<td>Psychosocial school environment</td>
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<tr>
<td>SCHOOL-BASED HEALTH AND NUTRITION SERVICES</td>
<td>School-based delivery of health and nutrition services</td>
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<td></td>
<td>School-based screening and referral to health systems</td>
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<tr>
<td>SKILLS-BASED HEALTH EDUCATION</td>
<td>Knowledge-based health education</td>
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<td></td>
<td>Age-appropriate and sex-specific life skills education for health</td>
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**Findings**

**Policy Goal 1: Health-Related School Policies in Nigeria**

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

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

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

A national policy on school health was also published by the Ministry of Education in 2006 with the goals to improve the quality of health in school communities and to promote intersectoral collaboration in order to develop child-friendly school environments. The Ministry of Education is the lead implementing agency rather than the Ministry of Health, conveying the burgeoning recognition of the importance of school health for improving education outcomes. This also reflects recognition that the education system provides the most complete and sustainable infrastructure for reaching school-age children. However, there were other relevant sectors that helped put together this policy, including the Ministries of Health, Environment, Agriculture, Water Resources, Women Affairs, and National Planning.

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

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

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29 Bundy, 2011.
through a national intervention by the federal level.

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

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

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

**Indicator 1H. Gender dimension of Health addressed in national education policy**

- Gender dimension is addressed in a national education policy that is implemented at the national level. There is also an M&E mechanism to monitor gender mainstreaming
Policy Goal 2: Safe Supportive School Environments in Nigeria

Policy Levers:
- Physical school environment
- Psychosocial school environment

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

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

Although most schools do not have adequate water or sanitation facilities, there are national guidelines on hand-washing stations in schools and national standards for regulating the safety of school infrastructure. However, only schools that were built after the safety standards were established and those that were renovated are considered safe. Nigeria has plans and mechanisms in place to update old school buildings to meet national safety standards. There is also systematic mobilization of the school community and local stakeholders to maintain a healthy school environment. In this manner, safety standards are addressed at both national and community levels.

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

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

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### 2. Safe, Supportive School Environments is EMERGING

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Score</th>
<th>Justification</th>
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</thead>
<tbody>
<tr>
<td>2A. Provision of safe water in schools</td>
<td>Emerging</td>
<td>Need for safe water provision is recognized and standards are established, but there fresh potable water is not available in most schools</td>
</tr>
<tr>
<td>2B. Provision of sanitation facilities</td>
<td>Emerging</td>
<td>Need for sanitation facilities is recognized and established, but national coverage not achieved</td>
</tr>
<tr>
<td>2C. Provision of sound school structures and school safety</td>
<td>Established</td>
<td>Sound school structure standards are set but not all school adhere to these standards; systematic mobilization in place</td>
</tr>
<tr>
<td>2D. Issues of stigmatization are recognized and addressed by the education system</td>
<td>Advanced</td>
<td>Stigma covered in life skills education, pre- and in-service service teacher training provided, support groups in place</td>
</tr>
<tr>
<td>2E. Protection of learners and staff from violence</td>
<td>Advanced</td>
<td>Mechanisms in place to respond to all forms of institutional violence in schools</td>
</tr>
<tr>
<td>2F. Provision of psychosocial support to teachers and students who are affected by trauma due to shock</td>
<td>Emerging</td>
<td>Some psychosocial support is available to learners and teachers but coverage not universal</td>
</tr>
</tbody>
</table>
Policy Goal 3: School-Based Health and Nutrition Services in Nigeria

**Policy Levers:**

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

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

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

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

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34 Abodunrin, O.L. et al. 2014.  
Policy Goal 4: Skills-Based Health Education in Nigeria

Policy Levers:

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

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

Nigeria’s National Health Education curriculum 38 is fully developed, covering all the issues identified in the country’s school health situation analysis and school health program needs assessment. 39 Issues covered include healthy living, body systems, environmental and community health, safety and first aid, nutrition and drug education, diseases (communicable and non-communicable), sanitation and hygiene (water, housing, urban planning), and emergent health issues.

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

4A. Provision of basic, accurate health, HIV, nutrition and hygiene information in the school curriculum that is relevant to behavior change

4B. Participatory approaches are part of the curriculum and are used to teach key age-appropriate and sex-specific life skills for health themes

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

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

Policy Options:
- Strengthen financial coordination between federal, state, and local levels.
- Uphold the established standards for safe water and sanitation facilities in schools.
- Create plan to monitor and encourage activities around psychosocial support in schools.
- Implement the school-based and health and nutrition services indicated in the situation analysis, including remedial services.
- Create and implement teaching training curriculum focused on adolescent health issues.
- Create assessments to promote accountability for the inclusion of life skills content in teaching.
- Create and implement teaching training curriculum focused on life skills.
Appendix 1

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

<table>
<thead>
<tr>
<th>POLICY LEVER</th>
<th>INDICATOR</th>
<th>Latent</th>
<th>Emerging</th>
<th>Established</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>National-level policy that addresses school health</td>
<td>Published and distributed national policy that covers all four components of FRESH</td>
<td>National recognition of the importance of school health exists but a national policy has not been published as yet</td>
<td>Published national policy that covers some but not all four components of FRESH; (e.g., a policy on HIV in education only); some regional and school-level stakeholders have copies</td>
<td>Published national policy by the education or health sector that addresses school health</td>
<td>Published national policy by the education and health sectors that addresses school health</td>
</tr>
<tr>
<td>Governance of the national school health policy</td>
<td>A national budget line(s) and funding allocated to school health: funds are disbursed to the implementation levels in an effective and timely manner</td>
<td>National budget line and funding for school health exists in either the education or health sector; school health funds are disbursed to the implementation levels intermittently</td>
<td>National budget line and funding for school health exists in both the health and the education sectors; school health funds are disbursed in a timely and effective manner</td>
<td>National budget line and funding for school health exists in health, education, and one or more other sectors; school health funds are disbursed to the implementation levels in a timely and effective manner and implementers have the capacity to plan and budget as well as request resources from the central level</td>
<td></td>
</tr>
<tr>
<td>Quality assurance of programming</td>
<td>A situation analysis assesses the need for inclusion of various thematic areas, information policy, design, and implementation of the national school health program</td>
<td>A situation analysis has not yet been planned to assess the need for the inclusion of various thematic areas</td>
<td>Complete situation analysis that assesses the need for the inclusion of various thematic areas; policy, design, and implementation of some thematic areas are based on evidence of good practice</td>
<td>Situation analysis conducted that assesses the need for the inclusion of various thematic areas, along with co-submissions, policy, design, and comprehensive implementation of these thematic areas are based on evidence of good practice and are targeted according to situation analyses of all thematic area interventions to target in which geographic areas</td>
<td></td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>Systems are not yet in place for M&amp;E of implementation of school health programming</td>
<td>A M&amp;E plan exists for school health monitoring and data collection and reporting occurs intermittently especially at national level</td>
<td>The M&amp;E plan for school health is integrated into national monitoring or information management systems and data collection and reporting occurs recurrently at national and regional levels</td>
<td>The M&amp;E plan for school health is integrated into national monitoring or information management systems and data collection and reporting occurs recurrently at national and regional levels; baseline carried out and program evaluations occur periodically</td>
<td></td>
</tr>
<tr>
<td>Gender mainstreaming in the national school health policy</td>
<td>Health dimension of gender is not yet formally addressed in national education policy</td>
<td>Health dimension of gender addressed in national education policy but implementation is uneven</td>
<td>Health dimension of gender is addressed in published education policy and is implemented nationally</td>
<td>Health dimension of gender is addressed in published education policy, implemented nationally, and the M&amp;E mechanisms include oversight of the gender mainstreaming</td>
<td></td>
</tr>
</tbody>
</table>

SYSTEMS APPROACH FOR BETTER EDUCATION RESULTS
**Policy Goal 2: Safe, supportive school environments**

<table>
<thead>
<tr>
<th>Physical school environment</th>
<th>Provision of water facilities</th>
<th>The need for provision of safe water is acknowledged, but standards are absent, and coverage is uneven</th>
<th>The need for safe water provision is recognized, standards have been established, but national coverage has not been achieved</th>
<th>Fresh potable water is available to students in most schools</th>
<th>Safe schools have a water supply that is accessible, of good quality, and adequate supply; facilities are regularly maintained and monitored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of sanitation facilities</td>
<td>The need for provision of sanitation facilities is acknowledged, but standards are absent, and coverage is uneven</td>
<td>The need for provision of sanitation facilities in all schools is recognized, national standards have been established, but national coverage has not been achieved</td>
<td>Sanitation facilities are available to students in most schools</td>
<td>Most schools provide adequate sanitation facilities and these facilities are regularly maintained and monitored</td>
<td></td>
</tr>
<tr>
<td>Provision of sound school structures (including accessibility for children with disabilities) and school safety</td>
<td>Construction and maintenance of school buildings varies, and national standards are lacking in all provinces. School safety issues are taken into account, but coverage is not universal among older schools</td>
<td>New schools being built have sound structures, and school safety issues are taken into account, but coverage is not universal among older schools</td>
<td>School sound structures are set; both national and local coverage is universal for new builds and an update program is in place for older buildings. Teachers, schoolchildren, families, and other local stakeholders are mobilized to achieve and sustain a healthy school environment</td>
<td>National and local standards for sound school structures are fully implemented, and coverage is universal, building structures are regularly monitored and maintained</td>
<td></td>
</tr>
<tr>
<td>Issues of stigmatization are recognized and addressed by the education system</td>
<td>Any responses to issues of stigmatization in schools are currently non-systematic</td>
<td>Some schools are effectively responding to stigma issues, but coverage is not universal; in-service teacher training on stigma issues is being provided</td>
<td>Stigma is covered in life skills education, pre- and in-service teacher training are being provided universally, and bullying as a result of stigma is effectively dealt with at the school level</td>
<td>Stigma is covered in the life skills education, pre- and in-service teacher training are being provided universally, bullying as a result of stigma is effectively dealt with at the school level</td>
<td></td>
</tr>
<tr>
<td>Protection of learners and staff against violence</td>
<td>National standards on how to address violence in schools are lacking</td>
<td>National standards and guidelines on how to address some forms of institutional violence in schools are in place; guidelines are being developed, and in-service training is being provided</td>
<td>National standards and guidelines on how to address some forms of institutional violence in schools are published and disseminated; pre- and in-service teacher training are being provided universally</td>
<td>Mechanisms are in place to respond to all forms of institutional violence in schools</td>
<td></td>
</tr>
<tr>
<td>Provision of psychosocial support to teachers and students who are affected by trauma due to shock</td>
<td>Provision of psychosocial support for learners and teachers affected by trauma is non-uniform</td>
<td>Some psychosocial support is available to learners and teachers either in school or through referrals but coverage is not universal</td>
<td>Available psychosocial support for learners and teachers is mobilized (either in school or through referral services) and there is provision of appropriate psychosocial support activities for teachers and students in temporary learning spaces and in child-friendly spaces for young children and adolescents</td>
<td>Effective school-based intervention for supporting students’ psychological well-being is developed and there is provision of appropriate psychosocial support activities for teachers and students in temporary learning spaces and in child-friendly spaces for young children and adolescents; impact on psychosocial well-being and cognitive function is being monitored</td>
<td></td>
</tr>
</tbody>
</table>

**Policy Goal 3: School-based health and nutrition services**

| School-based delivery of health and nutrition services | The school-based delivery of health and nutrition services identified in the situation analysis and outlined in the national policy are being implemented | A situation analysis has not yet been undertaken to assess the need for various school-based health and nutrition services | Situation analysis has been undertaken that assess the need for various school-based health and nutrition services but systematic implementation is yet to be undertaken | Situation analysis has been undertaken, identifying cost-effective and appropriate school-based health and nutrition interventions, some of which are being implemented and taken to scale in a targeted manner in the available budget | All of the school-based cost-effective and appropriate health and nutrition services identified in the situation analysis and outlined in the national policy are being implemented and taken to scale in a targeted manner in the available budget |
| School-based screening and referral to health systems | Remedial services | A situation analysis has not yet been undertaken to assess the need for school-based screening and referral to various remedial services | Situation analysis has been undertaken that assess the need for school-based screening and referral to various remedial services but implementation is uneven | Situation analysis has been undertaken, identifying those cost-effective and appropriate school-based screening and referral to various remedial services that are being taken to scale in the available budget; in-service teacher training is being provided | All of the school-based cost-effective and appropriate screening and referral to remedial services identified in the situation analysis and outlined in the national policy are being implemented and taken to scale in the available budget; pre- and in-service teacher training are being provided |
| Adolescent health services | Any referrals of pupils to treatment systems for adolescent health services services | Teacher training for referral of pupils to treatment systems for adolescent health services | Teacher training for referral of pupils to treatment systems for adolescent health services w ith referral ongoing | Teen- and in-service training of teachers for referral of pupils to treatment systems for adolescent health services w ith referral ongoing | Teen- and in-service training of teachers for referral of pupils to treatment systems for adolescent health services w ith referral ongoing |

**Policy Goal 4: Health education**

| Knowledge-based health education | Provision of basic, accurate health, HIV, and AIDS, nutrition and hygiene information in the school curriculum relevant to behavior change | Some schools are teaching some health, HIV, nutrition and hygiene information, but coverage is not universal nor is the information provided | Some health, HIV, nutrition and/or hygiene information is included in the national curriculum, but it may not be comprehensive; in-service teacher training is being provided, and the majority of schools are teaching the curriculum covered health information, but coverage is not universal | Curriculum comprehensively covers health (linked to the health issues identified in the situation analysis), HIV, nutrition and hygiene knowledge, pre- and in-service training is being provided, and all new schools are teaching the curriculum | Curriculum comprehensively covers health (linked to the health issues identified in the situation analysis), HIV, nutrition and hygiene knowledge, pre- and in-service training is being provided, all schools are teaching the curriculum and the knowledge is covered in school exams |
| Age-appropriate and sex-specific life skills education for health themes | Participatory approaches are part of the curriculum and are taught in key age-appropriate and sex-specific life skills for health themes | Some life skills education is being placed in some schools using participatory approaches, but it is non-uniform and does not cover all of the life skills for health themes | Participatory approaches are part of the national curriculum; some of the key life skills for health themes are covered in the curriculum in service training is being provided and teaching of the participatory approaches is taking place in the majority of schools, but is not universal | Participatory exercises to teach life skills for health behaviours are part of the national curriculum, pre- and-in-service training is being provided, and materials for teaching life skills for health in schools are in place and made available and teaching is ongoing in most schools | Participatory exercises to teach life skills for health behaviours are part of the national curriculum, pre- and-in-service training is being provided, all schools are teaching the curriculum, and the key knowledge is covered in school exams |

**SYSTEMS APPROACH FOR BETTER EDUCATION RESULTS**

**EMERGING**

**ESTABLISHED**
Acknowledgements

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Acronyms

DFID Department for International Development (UK)

ENHANSE Enabling HIV & AIDS, TB and Social Sector Environment (USAID)

ETF Education Trust Fund

FCUBE Free Compulsory Universal Basic Education

HGSF Home Grown School Feeding

HIPC Heavily Indebted Poor Countries

M&E Monitoring and Evaluation

NECO National Examinations Council

NEEDS National Economic and Empowerment Strategy

NGO Non-Governmental Organization

NITDA Nigeria Information Technology Development Agency

PCD Partnership for Child Development

SSA Sub-Saharan Africa

STEP-B Science and Technical Education Post-Basic

UBE Universal Basic Education

UNICEF United Nations International Children’s Emergency Fund

UPC Universal Primary Completion

WASH Water, Sanitation, and Hygiene

WASSCE West African Senior School Certificate Examination

WFP World Food Programme

WHO World Health Organization

References


Experience.” *American Journal of Clinical Nutrition* 50: 675S-84S.


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

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

1. **Policy Frameworks**
   School feeding is included in the PRSP. There is also a published national policy on school health that encompasses school feeding as well as other relevant documents.

2. **Financial Capacity**
   School feeding is included in the national planning process, yet only state budget lines exist.

3. **Institutional Capacity and Coordination**
   There is a multisectoral steering committee from at least three sectors that coordinates implementation. There is a fully staffed school feeding unit at the national level.

4. **Design and Implementation**
   There is an M&E plan that is integrated into a national monitoring system. This M&E plan is used to refine and update programs. There are national standards set on food modalities and the food basket. National standards on the procurement and logistics arrangements have also been developed.

5. **Community Roles-Reaching Beyond Schools**
   School feeding management committee comprises of teachers, parents, and community members, and there are mechanisms in place by which the community can hold the school feeding programs accountable at national, regional, and school levels.
Introduction
This report presents an assessment of school feeding policies and institutions that affect young children in Nigeria. The analysis is based on a World Bank tool developed as part of the Systems Approach for Better Education Results (SABER) initiative that aims to systematically assess education systems against evidence-based global standards and good practice to assist countries reform their education systems for proper learning for all.

School feeding policies are a critical component of an effective education system, given that children’s health and nutrition impact their school attendance, ability to learn, and overall development. A school feeding program is a specific school-based health service, which can be part of a country’s broader school health program, and often a large amount of resources is invested in a school feeding program. SABER-School Feeding collects, analyzes, and disseminates comprehensive information on school feeding policies around the world. The overall objective of the initiative is to help countries design effective policies to improve their education systems, facilitate comparative policy analysis, identify key areas to focus investment, and assist in disseminating good practice.

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

Poverty remains a challenge since it affects the majority of the country. In 2010, approximately 84 percent of the population lived on $2 or less a day (2005 international prices). In addition to more people falling below the international poverty standard of $2 a day in 2010 than in 2004, people in Nigeria were poorer in 2010 than they were in 2004. The poverty gap at $2 a day increased from 46 percent to 50 percent. High unemployment rates may be one contributing factor to the high levels of poverty in Nigeria. Inadequate access to improved water and sanitation facilities also exacerbates poverty conditions. In 2012, 31 percent of the urban population had access to improved sanitation facilities compared to 25 percent of the rural population. In the same year, 79 percent of the urban population had access to an improved water source compared to 49 percent of the rural population.

Education and Health in Nigeria

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

Nigeria implemented its National Policy on Education in 1977 and updated it in 2004. The policy states that the government should provide universal access to basic education, which includes primary and lower secondary education. Access to education has not been equal for

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1 World Bank, 2014a.
2 Ibid.
3 UNDP, 2013.
5 Ibid.
6 Ibid.
8 World Bank, 2014a.
9 Ibid.
11 Global Education First Initiative and Good Planet Foundation, 2013.
all. One in every three of primary school-age children still does not have access to primary education. To improve access, the government established the Universal Basic Education Program in 2000 and later passed the Universal Basic Education Policy in 2004 to expand the central government’s role in managing basic education and to set the goal of providing free basic education to all children by 2015. The gross primary enrolment rate increased from 98 percent in 2000 to 102 percent in 2006, but the rate has been slowly declining. In 2010, the gross primary enrolment rate had decreased to 85 percent.

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

There is a relatively high promotion rate, with low repetition and low dropout within each school cycle thanks to automatic promotion, but the transition rates between education levels are low as seen by the effective transition rate from primary to secondary being 53 percent in 2008. For example, the primary completion rate in 2010 was 70 percent, which was an increase from 41 percent in 2008. The dropout rate decreased by almost half between 2007 and 2010, from 52 percent to 21 percent. Moreover, among students in grade 6—the last grade of primary school—11 percent drop out and 3 percent repeat the grade. On average, only 37 percent of students finish primary school on time by age 11, which may be due to late entry into primary school. The secondary completion rate is even lower, and a high percentage of students never finish secondary school. Only 29 percent of those who started school graduate from secondary school at the official graduating age of 17. Even if there is a delay up to age 24, only 75 percent finish secondary school, and the remaining 25 percent never finish secondary school.

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

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

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

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12 Ibid.
13 World Bank, 2014b.
14 Ibid.
17 Ibid.
18 Ibid.
Funds for education come from a diverse array of sources that vary by government and education levels. Federal funding for education comes from the Federation Budget, as well as several major funds, including the Tertiary Education Fund (TETFund), the Universal Basic Education (UBE) Intervention Fund, Science and Technical Education Post-Basic (STEP-B) program, and the Nigeria Information Technology Development Agency (NITDA), among others. The Virtual Poverty Fund, created from money saved through the Heavily Indebted Poor Countries (HIPC) initiative, has resulted in substantial funding for the Federal Ministry of Education.

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

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

Accurate estimates of total public expenditure on education in Nigeria are difficult to know because of a lack of information on state government sectoral expenditures. According to the 10-year strategic plan by the Federal Ministry of Education, total education expenditure in 2006 was 5 percent of GDP. In 2007, total federal education spending, minus state and local government area spending, accounted for 12.5 percent of the federal budget. Excluding direct federal spending through Universal Basic Education Commission (UBEC) and the Education Trust Fund (ETF), total state education expenditures in real terms declined significantly between 2001 and 2005 in all but one of the nine states. Spending on essentials, such as textbooks, instructional materials, in-service training, and operations and maintenance, is inadequate. A large percentage, often around 90 percent, of total public expenditure on education is absorbed by salaries, although the benchmark is 67 percent.

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

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

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

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The Case for School Feeding

School feeding programs, defined here as the provision of food to schoolchildren, can increase school enrolment and attendance—especially for girls. When combined with quality education, school feeding programs can increase cognition and educational success. With appropriately designed rations, school feeding programs can improve the nutrition status of preschool and primary school-aged children by addressing micronutrient deficiencies. Combined with local agricultural production, these programs can also provide small-scale farmers with a stable market. School feeding programs can provide short-term benefits after crises, helping communities recover and build resilience, in addition to long-term benefits by developing human capital. School feeding programs can be classified into two main groups: in-school feeding (when children are fed in school) and take-home rations (when families are given food if their children attend school regularly). A major advantage of school feeding programs is that they offer the greatest benefit to the poorest children. Several studies have indicated that missing breakfast impairs educational performance.

Present data suggests that almost every country is seeking to provide food to its schoolchildren. Therefore, especially for low-income countries where most food-insecure regions are concentrated, the key issue is not whether a country will implement school feeding programs but rather how and with what objectives.

The social shocks of recent global crises have led to an enhanced demand for school feeding programs in low-income countries as they can serve as a safety net for food-insecure households through an income transfer. In response to this amplified request, the United Nations World Food Programme (WFP) and the World Bank jointly undertook an analysis titled Rethinking School Feeding. This initiative sought to better understand how to develop and implement an effective school feeding program as a productive safety net that is part of the response to the social shocks, as well as a fiscally sustainable investment in human capital. These efforts are part of a long-term global goal to achieve Education For All and provide social protection to the poor.

Five Key Policy Goals to Promote School Feeding

There are five core policy goals that form the basis of an effective school feeding program. Figure 1 illustrates these policy goals and outlines the respective policy levers and outcomes that fall under each goal.

The first policy goal is a national policy framework. A solid policy foundation strengthens a school feeding program’s sustainability and quality of implementation. National planning for school feeding as part of the country’s poverty reduction strategy (or other equivalent development strategies) conveys the importance the government places on school feeding as part of its development agenda. For most countries that are implementing their own national programs, school feeding is included in national policy frameworks.

The second policy goal for school feeding is financial capacity. Stable funding is a prerequisite for sustainability. However, where need is greatest, programs tend to be the smallest and the most reliant on external support. Funding for these programs can come from a combination of sources, such as non-governmental organizations (i.e., WFP) and the government. When a program becomes nationalized, it needs a stable and independent funding source, either through government core resources or development funding. In the long term, a national budget line for school feeding is necessary for an effective and stable program.

The third policy goal is institutional capacity and coordination. School feeding programs are better executed when an institution is mandated and accountable for the implementation of such a program. Effective programs also include multisectoral involvement from sectors such as education, health, agriculture, and local government, as well as a comprehensive link between school feeding and other

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22 Jacoby, Cueto, and Pollitt, 1996; Powell et al., 1998; Kristjansson et al., 2007.
23 Whaley et al., 2003; Kristjansson et al., 2007; Jukes et al., 2008.
24 Tan, Lane, and Lassibille, 1999; Ahmed, 2004; Adelman et al., 2008.
25 WFP, 2013
school health or social protection programs and established coordination mechanisms.

**The fourth policy goal is sound design and implementation.** In order to maximize effectiveness, school feeding programs should clearly identify country-specific problems, objectives, and expected outcomes. The country’s context and needs should determine the program’s beneficiaries, food basket (menus), food modalities and supply chain. Countries and partners should work towards creating a delicate balance between international, national, and local procurement of foods to support local economies without jeopardizing the quality and stability of the food supply.

**The last policy goal is community roles-reaching beyond schools.** School feeding programs that are locally owned, incorporate contributions from local communities, and respond to specific community needs are often the strongest. These programs are most likely to make a successful transition from donor assistance to national ownership. Community participation should be considered at every stage, but without overburdening community members.

**Use of Evidence-Based Tools**

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

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

Each policy goal and lever of school feeding is methodically benchmarked through two SABER analysis tools. The first is a *scoring rubric* that quantifies the responses to selected questions from the SABER School Feeding questionnaire by assigning point values to the answers. The second tool is the SABER School Feeding Framework *rubric* that analyzes the responses, especially the written answers, based on the framework’s five policy goals and levers. For more information, please visit the World Bank’s website on SABER-School Health and School Feeding and click on the “What Matters” Framework Paper under Methodology.
Figure 1: Policy goals and policy levers for school feeding

<table>
<thead>
<tr>
<th>POLICY GOALS</th>
<th>POLICY LEVERS</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY FRAMEWORKS</td>
<td>Overarching policies for school feeding in alignment with national-level policy</td>
<td>HEALTHY CHILDREN ARE ABLE TO LEARN BETTER</td>
</tr>
<tr>
<td>FINANCIAL CAPACITY</td>
<td>Governance of the national school feeding program through stable funding and budgeting</td>
<td></td>
</tr>
<tr>
<td>INSTITUTIONAL CAPACITY AND COORDINATION</td>
<td>School feeding inter-sectoral coordination and strong partnerships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Management and accountability structures, strong institutional frameworks, and monitoring and evaluation</td>
<td></td>
</tr>
<tr>
<td>DESIGN AND IMPLEMENTATION</td>
<td>Quality assurance of programming, targeting, modalities, and a needs-based and cost-effective procurement design</td>
<td></td>
</tr>
<tr>
<td>COMMUNITY ROLES—REACHING BEYOND SCHOOLS</td>
<td>Strong community participation, accountability, and ownership</td>
<td></td>
</tr>
</tbody>
</table>
Findings

Policy Goal 1: Policy Frameworks in Nigeria

Policy Lever:
- Overarching policies for school feeding in alignment with national-level policy

A policy foundation helps strengthen the sustainability and accountability of a school feeding program as well as the quality of its implementation. Nearly all countries with national ownership of programs have well-articulated national policies on the modalities and objectives of school feeding.29

School feeding is included in Nigeria’s National Economic and Empowerment Strategy (NEEDS). The government has also set milestones for school feeding programs in the NEEDS. There are also published national policies and documents on school feeding.30 The development of this policy involved multiple sectors for a well-rounded, collaborative approach. These sectors include the Ministry of Agriculture, Ministry of Information and Communication, Ministry of Health, Ministry of Water Resources and Rural Development, Ministry of Finance, and National Planning Commission.

<table>
<thead>
<tr>
<th>1. Policy Frameworks is ADVANCED</th>
<th>Indicators</th>
<th>Score</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1A. National-level poverty reduction strategy or equivalent national strategy as well as sectoral policies and strategies identify school feeding as an education and/or social protection intervention, clearly defining objectives and sectoral responsibilities</strong></td>
<td>Emerging</td>
<td>School feeding included in PRSP; accompanied by targets by government; strategies have defined objectives and sectoral responsibilities</td>
<td></td>
</tr>
<tr>
<td><strong>1B. An evidence-based technical policy related to school feeding outlines the objectives, rationale, scope, design, and funding and sustainability of the program and comprehensively addresses all four other policy goals</strong></td>
<td>Advanced</td>
<td>Published national policy on school feeding as well as other relevant documents; multisectoral approach covering all four other policy goals</td>
<td></td>
</tr>
</tbody>
</table>

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29 WFP, 2012.

Policy Lever:

- Governance of the national school feeding program through stable funding and budgeting

**Stable funding is necessary for the long-term sustainability of a school feeding program, especially one that transitions from being donor-funded to government-funded. School feeding programs supported by external partners generally rely on food aid, government in-kind donations, and/or government cash contributions. In order for the program to be sustainable and nationally owned, the school feeding program should have a budget line and be part of the government’s budgeting and planning process.**

School feeding is included in the national planning process yet is not funded through a national budget. In Osun state, the best practicing state, 100 percent of the total school feeding budget comes from the government, and nothing comes from external donors. The budgeted school feeding cost per child per year is about 9,750 naira.

Regions have the capacity to plan and budget their needs and request resources from the central level to implement school feeding programs. Regions also have budget lines for school feeding which cover food, eating and cooking utensils, cooking fuel, cooks’ salaries, food storage, food transportation, and program management. At the local level, neither schools nor the ministries involved have budget lines for school feeding. The Sahara Energy Group (NGO) funds one local school feeding program, and the government in Osun state also helps finance the school feeding program.

School feeding funds are currently being disbursed to the implementers in a timely and effective manner in Osun state. The bank releases money to food vendors based on the MOU with the Osun state government. To strengthen mechanisms for fund disbursement, the MOU was signed with the first bank, settled monthly by the Osun state government without delay.

### 2. Financial Capacity is EMERGING

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Score</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. National budget line(s) and funding is allocated to school feeding; funds are disbursed to the implementation levels in a timely and effective manner.</td>
<td>Emerging</td>
<td>School feeding is included in national planning process yet only state budget line exists; school feeding program mainly functional in Osun state.</td>
</tr>
</tbody>
</table>
Policy Goal 3: Institutional Capacity and Coordination in Nigeria

Policy Levers:
- School feeding inter-sectoral coordination and strong partnerships
- Management and accountability structures, strong institutional frameworks, and monitoring and evaluation

Implementing a school feeding policy requires significant institutional capacity because the program is a complex school health intervention. The policy should clearly define the roles and responsibilities of stakeholders and actors at all levels. Methodically increasing government capacity to manage a school feeding program is important to the program’s long-term sustainability. A national institution that is mandated and accountable for the implementation of the school feeding program is considered to be a best practice. This institution should have a specific unit that has adequate resources and knowledgeable staff to manage the school feeding program. Moreover, policies that detail accountability and management mechanisms can help ensure program quality and efficiency, especially if the school feeding program is decentralized.

Nigeria has a multisectoral steering committee coordinating the implementation of school feeding. The Ministry of Education also carries the mandate of managing and implementing the school feeding program. This concentrated leadership is a trait of effective implementation. Other sectors are also a part of this steering committee, including health, agriculture, social protection, local government, and water, conveying a multisectoral, strong approach to implementation. However, school feeding was not discussed in any national-level coordination body that deals with education, health, agriculture and nutrition.

At the national level, Nigeria has a specific unit that is in charge of the overall management of school feeding within the lead institution and is responsible for coordination between the national, regional, and school levels. The unit in charge of implementing school feeding has a sufficient amount of staff given the responsibilities that the unit has been given. There are 10 people working in this national unit, and all of them are fully dedicated to school feeding. The staff of this unit is fully trained and knowledgeable on school feeding issues.

There are also formal coordination mechanisms in place between cross government stakeholders: these mechanisms include developing the national policy and guidelines, using monitoring and evaluation (M&E) tools for effective monitoring and oversight functions, and leading others in the implementation of school feeding. Although there is no pre- and in-service training program in place to train staff at each level on school feeding program management and implementation, regional offices have sufficient staff, knowledge and resources to fulfill their responsibilities. This inter-level coordination is a key component of effective implementation for school feeding programs.

| 3. Institutional Capacity and Coordination is ESTABLISHED |
|---|---|---|
| Indicators | Score | Justification |
| 3A. Multisectoral steering committee coordinates implementation of a national school feeding policy | Established | Multisectoral steering committee from at least three sectors coordinate implementation; no discussion of school feeding in any national-level coordination body |
| 3B. National school feeding management unit and accountability structures are in place, coordinating with school level structures | Established | Fully staffed school feeding unit; no pre- or in-service training available; coordination mechanisms between national, regional, and school levels are in place |
| 3C. School level management and accountability structures are in place | Established | Formal mechanisms in place but no pre- and in-service training program in place to train staff at each level on school feeding program management and implementation |
Policy Goal 4: Design and Implementation in Nigeria

Policy Lever:

- Quality assurance of programming and targeting, modalities, and procurement design, ensuring design that is both needs-based and cost-effective

A well-designed school feeding policy that is based on evidence is critical to the implementation of a quality school feeding program. The policy can include details on targeting the correct beneficiaries, selecting the proper modalities of food delivery, and choosing a quality food basket. Over time, the school feeding policy may be redesigned or modified according to reassessments of the school feeding program.

Nigeria has an M&E plan for the school feeding program. All important M&E components are covered except for a systematic impact evaluation, program baseline report, and situation analysis. These components are included in the Education Management Information System (EMIS) in Nigeria. Experiences from the health sector convey that program effectiveness is enhanced when the implementation of a national school feeding strategy is supported by a national M&E strategy agreed upon by all country partners and stakeholders. The M&E system in Nigeria is integrated into a national monitoring system and is used to refine and update components of the program. Examples of this updating include rapid appraisal of implementing states in 2007 and the monitoring of climate change in pilot states in 2012 in Nigeria and cross river states.

Nigeria has impact evaluations planned. The program also has objectives that correspond to the context of Nigeria and the poverty reduction strategy. These objectives, or targeting criteria, are important for two reasons: first to keep the program within its budget constraints and maximize the effect of the spending line with the objectives, and second to ensure equity by redistributing resources to poor, vulnerable children.

National standards on food modalities and the food basket have been set, which correspond to nutritional content requirements, local habits and tastes, and the availability of local food. The food modalities have also been chosen based on the objectives of the program, the duration of the school day, and the feasibility of implementation.

Nigeria has national standards on food management, procurement and logistics. There have been discussions on possible procurement modalities for school feeding that can be more locally appropriate, including the possibility of linking procurement with agriculture-related activities. This discussion involves encouraging smallholder farmers to produce more, by giving soft loans and by buying off these farmers’ produce. There have also been discussions on possible service provision models for school feeding that could potentially create jobs for community members, including the formation of cooperative farmers that would produce and sell to the government for school feeding and the employment of people by contractors to work at distribution centers.

The Ministry of Agriculture has been involved in making the connection between school feeding and national agricultural production. The involvement of government agencies aids a smooth implementation system along national, regional, and local levels. The private sector has been involved in making the connection between farmers and the school feeding market only in Osun state. The private sector has been involved through the Farmers Association (poultry, and other products) as well as contractors.

At the school level, the requirements for the school feeding program are not communicated to the agriculture sector, which negatively impacts the links between food production and the school feeding market. However, there are complementary programs with budgets that provide capacity building for smallholder farmers and the community for food processing and preparation. Thirty-one local governments were covered by the program, and 9,750 naira was the cost per child per year in the program.

Looking forward, specific attention must be given to the development of new ways for the agriculture and education sectors to work together, including the construction of a coherent evidence base from which to

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31 Partnership for Child Development and Home Grown School Feeding, 2010. Pg. 23
evaluate specific outcomes within each sphere (SABER Framework).

<table>
<thead>
<tr>
<th>4. Design and Implementation is ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>4A. A functional monitoring and evaluation system is in place as part of the structure of the lead institution and used for implementation and feedback</td>
</tr>
<tr>
<td>4B. Program design identifies appropriate target groups and targeting criteria corresponding to the national school feeding policy and the situation analysis</td>
</tr>
<tr>
<td>4C. Food modalities and the food basket correspond to the objectives, local habits and tastes, availability of local food, food safety, and nutrition content requirements</td>
</tr>
<tr>
<td>4D. Procurement and logistics arrangements are based on procuring as locally as possible, taking into account the costs, the capacities of implementing parties, the production capacity in the country, the quality of the food, and the stability of the pipeline</td>
</tr>
</tbody>
</table>
Policy Goal 5: Community Roles—Reaching Beyond Schools in Nigeria

Policy Lever:
- Community participation and accountability

The role of the community should be clearly defined in a school feeding policy because community participation and ownership improves the school feeding program’s chances of long-term sustainability. If the government places the responsibility of sustaining the school feeding program on the community, the school feeding policy should detail the guidelines, minimum standards, and support for the community to implement the program. The school feeding policy can also include mechanisms for the community to hold the government accountable.

At the school level, there may be a school management committee composed of parents, teachers, and students that acts as a liaison between the school and community and that manages the school feeding program. Care should be taken not to overburden the community, because in some cases the community may introduce fees to support the local school feeding program, which can negatively impact enrolment rates. Community-assisted school feeding programs are usually most successful in food-secure areas.

There is a school feeding management committee that involves parents, teachers and local community in the management and implementation of the school feeding program. However, this committee is not involved in the design of the program. This committee acts as the interface between the community and the school, manages and monitors the school feeding program, and ensures appropriate utilization of the food in the school. There is also a reporting mechanism through School-Based Monitoring Committee (SBMC) meetings by which the community can hold school feeding programs accountable at the national, regional, and school levels.

Nigerian school feeding is school-based and community driven. SBMC implements the school feeding program in schools, and members of the SBMC are from the community. SBMC is the source for food, procurement, process, cooking, and serving. SBMC reports to local government and communities. The main constraints in terms of community involvement are inadequate knowledge of their roles and responsibilities. Key stakeholders can be involved to support community engagement, including private sectors, civil societies, NGOs, technical partners, community leaders, youths, and women’s wings. The role of the community has been addressed in the national school health policy.

<table>
<thead>
<tr>
<th>5. Community Roles-Reaching Beyond Schools is ESTABLISHED</th>
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<tbody>
<tr>
<td>Indicators</td>
</tr>
<tr>
<td>5A. Community participates in school feeding programme</td>
</tr>
<tr>
<td>design, implementation, management and evaluation and</td>
</tr>
<tr>
<td>contributes resources</td>
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</tbody>
</table>

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

Based on the above findings, school feeding in Nigeria can be seen as relatively advanced. Still, there are areas that could be strengthened moving forward. The following policy options represent possible areas where school feeding could be strengthened in Nigeria, based on the conclusions of this report.

**Policy Options:**

- Create federal budget line for school feeding oversight and state budget lines for those without them.
- Conduct impact evaluations of existing school feeding efforts programs to improve and refine targeting of activities.
- Explore new areas for the agriculture and education sectors to work together, including the construction of a coherent evidence base from which to evaluate specific outcomes within each sphere.
### Table 1. Levels of Development of SABER School Feeding Indicators and Policy Goals in Nigeria

<table>
<thead>
<tr>
<th>POLICY LEVER</th>
<th>INDICATOR</th>
<th>STAGE</th>
<th>OVERALL SCORE PER DOMAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy Goal 1: Policy Frameworks</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overarching policies for school feeding - sound alignment with the national policy</td>
<td>An evidence-based technical policy related to school feeding outlines the objectives, rationale, scope, design, and funding and sustainability of the program and comprehensively addresses all four other policy goals (institutional capacity and coordination, financial capacity, design and implementation, and community participation)</td>
<td>School feeding discussed by members and partners during preparation of national-level poverty reduction strategy, equivalent national policy, or sectoral policies and strategies but not yet published</td>
<td>School feeding included in published national-level poverty reduction strategy or equivalent national policy (including specifications as to where school feeding will be anchored and how it will be implemented and accompanied by targets and/or milestones set by the government); published sectoral policies or strategies have clearly defined objectives and sectoral responsibilities, including what school feeding can and cannot achieve, and aligned with the national-level poverty reduction strategy or equivalent national strategy</td>
</tr>
<tr>
<td></td>
<td>There is recognition of the need for a technical policy related to school feeding, but one has not yet been developed or published</td>
<td>A technical policy and situation analysis under development by the relevant sectors that address school feeding</td>
<td>A technical policy related to school feeding is published, outlining the objectives, rationale, scope, design, funding and sustainability of the program and covering some aspects of all four other policy goals, including link with agriculture development</td>
</tr>
<tr>
<td><strong>Policy Goal 2: Financial Capacity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance of the national school feeding program - stable funding and budgeting</td>
<td>National budget line(s) and funding are allocated to school feeding; funds are disbursed to the implementation levels (national, district and/or school) in a timely and effective manner</td>
<td>School feeding is included in the national planning process and is fully funded through a national budget line consistent with the school feeding policy and situation analysis; budget lines are sufficient to cover the expenses of running the program; school feeding is included in the national planning process and is fully funded through a national budget line consistent with the school feeding policy and situation analysis; budget lines are sufficient to cover the expenses of running the program</td>
<td>EMERGING</td>
</tr>
</tbody>
</table>
### Policy Goal 3: Institutional Capacity and Coordination

<table>
<thead>
<tr>
<th>School feeding coordination – strong inter-sector partnerships and coordination</th>
<th>Multisectoral steering committee coordinates implementation of a national school feeding policy</th>
<th>Any multisectoral steering committee coordination efforts are currently non-systematic</th>
<th>Sectoral steering committees coordinate implementation of a national school feeding policy</th>
<th>Multisectoral steering committee from at least two sectors (e.g. agriculture, social protection, health, local government, water) coordinates implementation of a national school feeding policy</th>
<th>Multisectoral steering committee from at least three sectors (e.g. education, social protection, agriculture, health, local government, water) coordinates implementation of a national school feeding policy. This government-led committee provides comprehensive data collection (across international agencies, NGOs, the private sector and local business representatives) and is part of a wider committee on school health and nutrition</th>
</tr>
</thead>
</table>

| National school feeding management unit and accountability structures are in place, coordinating with school level structures | National school feeding unit does not yet exist at the national level, but it has limited responsibilities and limited staff numbers and lacks a clear mandate; while coordination mechanisms between the national, regional/local (if applicable), and school level are in place, they are not fully functioning | A specific school feeding unit exists at the national level, but it has limited responsibilities and limited staff; numbers and lacks a clear mandate; while coordination mechanisms between the national, regional/local (if applicable), and school level are in place, they are not fully functioning | A school feeding unit exists at the national level, but it has limited responsibilities and limited staff numbers and lacks a clear mandate; while coordination mechanisms between the national, regional/local (if applicable), and school level are in place, they are not fully functioning | A fully staffed school feeding unit with a clear mandate exists at the national level, based on an assessment of staffing and resources needs, with a clear mandate, and pre-and in-service training for relevant staff; coordination mechanisms between the national, regional/local (if applicable), and school level are in place and fully functioning |

| School level management and accountability structures are in place | Mechanisms for managing school feeding at the school level are non-uniform and national guidance on this is lacking | National guidance on required mechanisms for managing school feeding are available at the school level, but these are not yet implemented fully | Most schools have a mechanism to manage school feeding, based on national guidance | All schools have a mechanism to manage school feeding, based on national guidance, with preand in-service training for relevant staff |

### Policy Goal 4: Design and Implementation

| A functional monitoring and evaluation (M&E) system is in place as part of the institutional framework for school feeding implementation | The importance of M&E is recognized, but government systems are not yet in place for M&E of school feeding implementation | A government M&E plan exists for school feeding with intermittent data collection and reporting occurring at the national level; it has not been implemented fully | The M&E plan for school feeding is integrated into national monitoring and evaluation systems and data collection and reporting occurs recurrently at national, regional and school levels, while analyzed information is shared and used to refine and update programs; baseline is carried out and program evaluations occur periodically | The M&E plan for school feeding is integrated into national monitoring and evaluation systems and data collection and reporting occurs recurrently at national, regional and school levels; analyzed information is shared and used to refine and update programs; baseline is carried out and program evaluations occur periodically |

| Program design identifies appropriate target groups and targeting criteria corresponding to the national school feeding policy and the situation analysis | The need for targeting is recognized, but a situation analysis has not yet been undertaken that assesses school feeding needs and neither targeting criteria nor a targeting methodology has been established as yet | Targeting criteria and a targeting methodology is being developed and corresponds to the national school feeding policy; a situation assessment assessing needs is incomplete as yet | Targeting criteria and a targeting methodology is being developed and corresponds to the national school feeding policy; a situation assessment assessing needs is complete as yet | Targeting criteria and a targeting methodology is being developed and corresponds to the national school feeding policy; a situation assessment assessing needs is complete as yet |

| Quality assurance of programming, targeting, modalities, and procurement design – ensuring design that is both needs-based and cost-effective | National standards on food modalities and the food basket correspond to the objectives, local habits and tastes, availability of local food (according to WHO guidelines), and nutrition content requirements | National standards on food modalities and the food basket have been developed and correspond to objectives, local habits and tastes, availability of local food (according to WHO guidelines), and nutrition content requirements | National standards on food modalities and the food basket have been developed and correspond to objectives, local habits and tastes, availability of local food (according to WHO guidelines), and nutrition content requirements | National standards on food modalities and the food basket have been developed and correspond to objectives, local habits and tastes, availability of local food (according to WHO guidelines), and nutrition content requirements |

| Food modalities and the food basket | There is recognition of the need for national standards on food modalities and the food basket, but these do not exist yet | National standards on food modalities and the food basket have been developed and correspond to the objectives, local habits and tastes, availability of local food (according to WHO guidelines), and nutrition content requirements | National standards on food modalities and the food basket have been developed and correspond to objectives, local habits and tastes, availability of local food (according to WHO guidelines), and nutrition content requirements | National standards on food modalities and the food basket have been developed and correspond to objectives, local habits and tastes, availability of local food (according to WHO guidelines), and nutrition content requirements |

| Procurement and logistics arrangements are based on procuring as locally as possible, taking into account the costs, the capacities of implementing parties, the production capacity in the country, the quality of the food, and the stability of the pipeline | There is recognition of the need for national standards on procurement and logistics arrangements, but these do not exist yet | National standards on procurement and logistics arrangements have been developed and are based on three main factors: the costs, the capacities of implementing parties, and the production capacity in the country, the quality of the food, and the stability of the pipeline | National standards on procurement and logistics arrangements have been developed and are based on procuring as locally as possible, taking into account the costs, the capacities of implementing parties, the production capacity in the country, the quality of the food, and the stability of the pipeline | National standards on procurement and logistics arrangements have been developed and are based on procuring as locally as possible, taking into account the costs, the capacities of implementing parties, the production capacity in the country, the quality of the food, and the stability of the pipeline |
| Community participation and accountability - reaching community participation and ownership (teachers, parents, children) | Community participates in school feeding program design, implementation, management and evaluation and contributes resources (in-kind, cash or as labor) | Systems and accountability mechanisms are not yet in place for consultation with parents and community members on the design, monitoring and feedback of the school feeding program | A school feeding management committee exists but parent and community member participation could be strengthened and awareness on the opportunity to monitor and feedback on the school feeding program is lacking | The school feeding management committee comprises representatives of teachers, parents, and community members and communities have accountability mechanisms to hold school feeding programs accountable at the school level | The school feeding management committee comprises representatives of teachers, parents, and community members and has clearly defined responsibilities and periodic training. Accountability mechanisms are in place by which communities can hold school feeding programs accountable at the school, regional, and national levels |
Acknowledgements

This report was prepared from a SABER—School Feeding questionnaire that was completed by staff of the Ministry of Education, Ministry of Agriculture, Universal Basic Education Commission, and Osun State Program Officer.

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Acronyms

FCUBE Free Compulsory Universal Basic Education
HGSF Home Grown School Feeding
M&E Monitoring and Evaluation
NECO National Examinations Council
NGO Non-Governmental Organization
PRSP Poverty Reduction Strategic Plan
SHN School Health and Nutrition
SBMC School-Based Monitoring Committee
UPC Universal Primary Completion
WASSCE West African Senior School Certificate Examination
WFP World Food Programme

References


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

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