

## School Health Services in Nigeria: A Systematic Review (2014-2024)

Author(s), Dr. ABDULLAHI Muhammad Salisu RN, RNE,  
RPHN, PhD, Professor Funmilayo Elizabeth OJO, Dr. (Mrs.)  
OLOFINBIYI Rebecca Oluwafunke,

### Abstract:

School Health Services (SHS) is a vital component of school health programmes, supporting the attainment of Sustainable Development Goals (SDGs) related to health, education, and gender equality. Despite the launch of Nigeria's National Guideline for SHS implementation in 2006, literature on SHS remains scarce. This systematic review, conducted between 2014 and 2024, followed the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocol (PRISMA-P). Data extraction included author details, study location, objectives, methodology, and key findings. An initial search yielded 5,225 articles, which were screened for duplicates and out-of-scope studies, reducing the number to 985. Further screening based on title and abstract narrowed it down to 187 articles, of which only 34 fell within the specified timeframe. After a final assessment, only 13 studies met the inclusion criteria, indicating a significant gap in research on SHS in Nigeria. Findings revealed a regional disparity, with 69.2% of the studies conducted in the southern states, 23.1% in the northern states, and 7.7% in the Federal Capital Territory (FCT). One study covered three states (Edo, Lagos, and Delta), while most were conducted in state metropolises (53.8%) and local government areas (30.8%). Given this research gap, it is recommended that health authorities advocate for the development and implementation of SHS policies across all governance levels. Additionally, nursing curricula should be updated to equip practitioners with the necessary skills, and state and local governments, alongside private school proprietors,

**IJMNHS**

Accepted 1 February 2025  
Published 28 February 2025  
DOI: 10.5281/zenodo.14995641



must strategies for adequate SHS resource allocation.

**Keywords:** School health services, primary schools, availability, quality, utilization, Nigeria,



About Author

**Author(s):**

**Dr. ABDULLAHI Muhammad Salisu RN, RNE, RPHN, PhD**

Department of Nursing Science, College of Health Sciences

Kebbi State University of Science and Technology, Aliero

[msabdullahi111@gmail.com](mailto:msabdullahi111@gmail.com)

+2348062398818

**Professor Funmilayo Elizabeth OJO**

Faculty of Nursing, College of Health Sciences

Afe Babalola University Ado-Ekiti, Ekiti State

[efojo@abuad.edu.ng](mailto:efojo@abuad.edu.ng)

+2348034292020

**Dr. (Mrs.) OLOFINBIYI Rebecca Oluwafunke**

[rebecca.olofinbiyi@eksu.edu.ng](mailto:rebecca.olofinbiyi@eksu.edu.ng)

+2348038434064

Department of Nursing science, Ekiti state University Ado-Ekiti.



## Introduction

The World Health Organization (WHO) launched the Global School Health Initiative in 1995, which later evolved into the Focusing Resources on Effective School Health (FRESH) initiative. One of its key components is School Health Services (SHS), which was recently reinforced by WHO's first-ever guideline on school health services (WHO, 2021). WHO defines SHS as healthcare services provided to students by a health worker either within school premises or through an external health facility (WHO, 2021). SHS aims to ensure that children remain healthy and can fully benefit from their education. These services, which involve preventive and curative healthcare, are delivered by physicians, dentists, nurses, teachers, and other health professionals to support the well-being of the school community.

According to Strickland (2018), SHS is a strategic intervention to achieve Sustainable Development Goals (SDGs), particularly SDG 3 (health), SDG 4 (education), SDG 2 (reducing hunger), SDG 5 (gender equality), and SDG 6 (clean water and sanitation). Integrating SHS within national health promotion programs is essential for addressing communicable and non-communicable diseases. Furthermore, SHS supports a life-cycle approach to child development, complementing maternal and child health services. Plummer et al. (2021) highlight that students spend an average of 7,590 hours in school during primary and lower secondary education, making schools an ideal setting for health interventions. School health and health education, particularly after the COVID-19 pandemic, require renewed attention to revise policies (Soulatou et al., 2023). Despite the significant role of SHS, access remains a challenge. In the United States, more than half of public schools lack full-time school nurses or counselors, and only 5% of students have access to school-based health centers (Jessie, 2022). Disparities in access are particularly evident in low-income schools, where students are less likely to have regular access to health personnel compared to those in higher-income schools. Availability of health services is crucial in ensuring their effectiveness. Availability refers to the presence of trained health providers in facilities when needed (Primary Health Care Performance Initiative, PHCPI, 2019). WHO (2023) defines service availability as the physical presence of health infrastructure, personnel, and service utilization. The WHO further emphasizes that service availability and quality are integral to achieving Universal Health Coverage (UHC) and meeting SDG targets (WHO, 2022). However, limited availability of healthcare resources can reduce access to essential health services and worsen health outcomes. Human resource shortages, absenteeism, and non-active service delivery due to administrative duties are common barriers (Adam & Nwaogwugwu, 2020). At the primary healthcare level, effective service delivery requires adequate infrastructure, medical equipment, essential drugs, and skilled personnel.

Service quality is another determinant of effective SHS. According to UNICEF (2019), quality healthcare should ensure that service providers are skilled, medical supplies meet relevant standards, facilities are safe, services are non-discriminatory and confidential, and healthcare is provided at an acceptable standard. The quality of care also extends to patient treatment before, during, and after accessing services. Le, et al. (2022) assert that quality healthcare facilities and easy accessibility contribute to preventing and mitigating health issues in both community and school settings.



The utilization of SHS is influenced by several factors, as explained through different models, including the three delays model (Gulsham & Reshmi, 2022). The three delays include: (1) delays in decision-making for seeking care due to individual or household factors, (2) delays in reaching health facilities due to availability, accessibility, and affordability issues, and (3) delays in receiving proper care due to service quality. Khan et al. (2022) found that the availability of public health facilities significantly influences the utilization of maternal and child health (MCH) services at the district level in India. Their study also revealed that better availability and readiness of child healthcare services are negatively associated with neonatal and infant mortality.

Healthcare quality is linked to effectiveness, efficiency, comprehensiveness, timeliness, accessibility, equity, continuity, privacy, and confidentiality. Ahumaraeze (2023) argues that effective SHS can reduce illnesses, increase school attendance, improve academic performance, and lower school dropout rates. Additionally, SHS plays a critical role in identifying and addressing emotional, behavioral, and mental health issues among children. In many developing countries, SHS serves as the primary link between school-age children and primary healthcare. Schools offer an unmatched opportunity to deliver health services, as most children attend school for nearly half of the year. Ross et al. (2021) emphasize that SHS is often the only institutionalized means of providing regular healthcare to children. Furthermore, SHS contributes to greater healthcare equity by improving access to free or low-cost services within or near school premises. This is particularly beneficial for underserved children who might otherwise lack healthcare access. Therefore, strengthening school health services is essential in ensuring the well-being of students and achieving broader public health goals.

School health services (SHS) are health interventions provided to students in primary and secondary schools, either on school premises or in external health facilities (WHO, 2021). Effective SHS reduces illness, improves attendance and academic performance, and identifies students with mental health issues for proper intervention (Ahumaraeze, 2023). These services integrate preventive and curative care to promote student and staff health, ensuring access to primary healthcare, preventing communicable diseases, and providing emergency care and health education. Qualified professionals such as nurses, physicians, and health educators deliver these services (Kelley, 2018). WHO's exploratory review across eight countries highlighted different SHS implementation frameworks. In Nigeria, SHS is the only primary healthcare component specifically addressing school children's health needs. Schools play a crucial role in shaping children's health and development. Given their vulnerability to infections, accidents, and emotional strain, targeted health interventions are essential to safeguard their well-being and prepare them for future challenges (Bello, 2020)

The National School Health Policy (NSHP) was enacted and adopted in Nigeria in 2006 as a guide to the implementation of the School Health Programme (SHP) for the maintenance and improvement of the health of children in school. School health services forms one of the six components of school health programme. It is a vital link between Maternal, New-born and Child health and youth and adolescent health. SHS is a programme of preventive, curative and health promotion which aims at ensuring that pupils are in good health to take part in all school activities during school period. Unfortunately, this important component of health care



service is not usually given priority it deserved in healthcare service planning and delivery. There are varying and contradicting reports in literature about state of SHS in Nigeria and most of these reports are not streamlined to make enough bases for any remedial action required. Thus this systematic review on SHS studies in Nigeria is conceptualised to bridge the gap.

The objectives of the systematic review are to

1. To identify studies conducted on school health services among primary schools in Nigeria during the period under review, ten years (2014 - 2023).
2. To review results of studies on school health services among primary schools in Nigeria conducted within the period under review.
3. To discuss results of research studies on school health services among primary schools in Nigeria conducted between 2014 - 2023.
4. To make appropriate recommendations based on findings from studies conducted on school health services among primary schools in Nigeria within the review period.



## Method

A ten-years systematic review was conducted. It was conceptualized and carried out from year 2014 to 2023 in accordance with the Preferred Reporting Items for Systemic Review and Meta-Analysis Protocol (Page, 2021). Methods of screening inclusion and exclusion criteria and analysis were developed following the protocol. The checklist consisted of four broad outlines highlighting. The background to the study, contextual literature review, research questions and aims. Data extracted from each study include authors name, publication source and year; State of Nigeria, aim/ objectives, methodology and key findings.

Studies were screened using predefined selection criteria. Articles published in English language between 2014 and 2023 with quantitative, qualitative and mixed method, published articles in peer-review journals on availability, utilization and quality of school health services were searched for and screened as appropriate. Electronic data bases were searched using search engines. The study concentrated on Google Scholars, Mendeley, PubMed, Medline, CINAHL, using predefined search terms.

The study utilised specific search terms, including school health services, availability, quality, utilisation/use, primary schools, and Nigeria, to retrieve relevant literature. The search was restricted to publications within a ten-year period (2014–2023) and included factors such as language, publication date, and publication type. Only peer-reviewed journal articles containing empirical data on the availability, quality, and utilisation of school health services in any state of Nigeria, including the Federal Capital Territory (FCT), were considered. The selected studies employed qualitative, quantitative, or mixed-method designs and were published in English.

Publications that did not meet the inclusion criteria were excluded from the study. These included systematic or narrative reviews, case reports, intervention studies, letters to the editor, and articles written in languages other than English. A rigorous screening process was conducted, beginning with title and abstract screening, based on the predefined inclusion and exclusion criteria. An initial collation of studies resulted in multiple duplicates, which were further screened to remove redundancies. Additional criteria such as study methodology, relevant data, publication date, and study setting were applied to ensure only relevant studies were retained for analysis. A thorough quality assessment of the selected articles was conducted using appraisal skill programme checklists. This evaluation focused on the study design, sampling methods, data analysis, participant recruitment strategies, instrumentation, and findings to ensure the reliability and rigour of the research included in the study.

A data extraction spreadsheet was created with headings including the author's name, publication source, year of publication, study setting, and summary of findings. The quality of each study was assessed based on established criteria, and any inconsistencies identified were resolved. The retrieved data were then analysed to address the main research questions and specific objectives. Findings were summarised in a narrative format and presented in a result table and discussion of findings. The review utilised the PRISMA-P guidelines and the SPIDER framework, which includes Sample (S), Phenomenon of Interest (PI), Design (D), Evaluation (E), and Research Type (R), to ensure a systematic and structured approach to data synthesis and presentation.



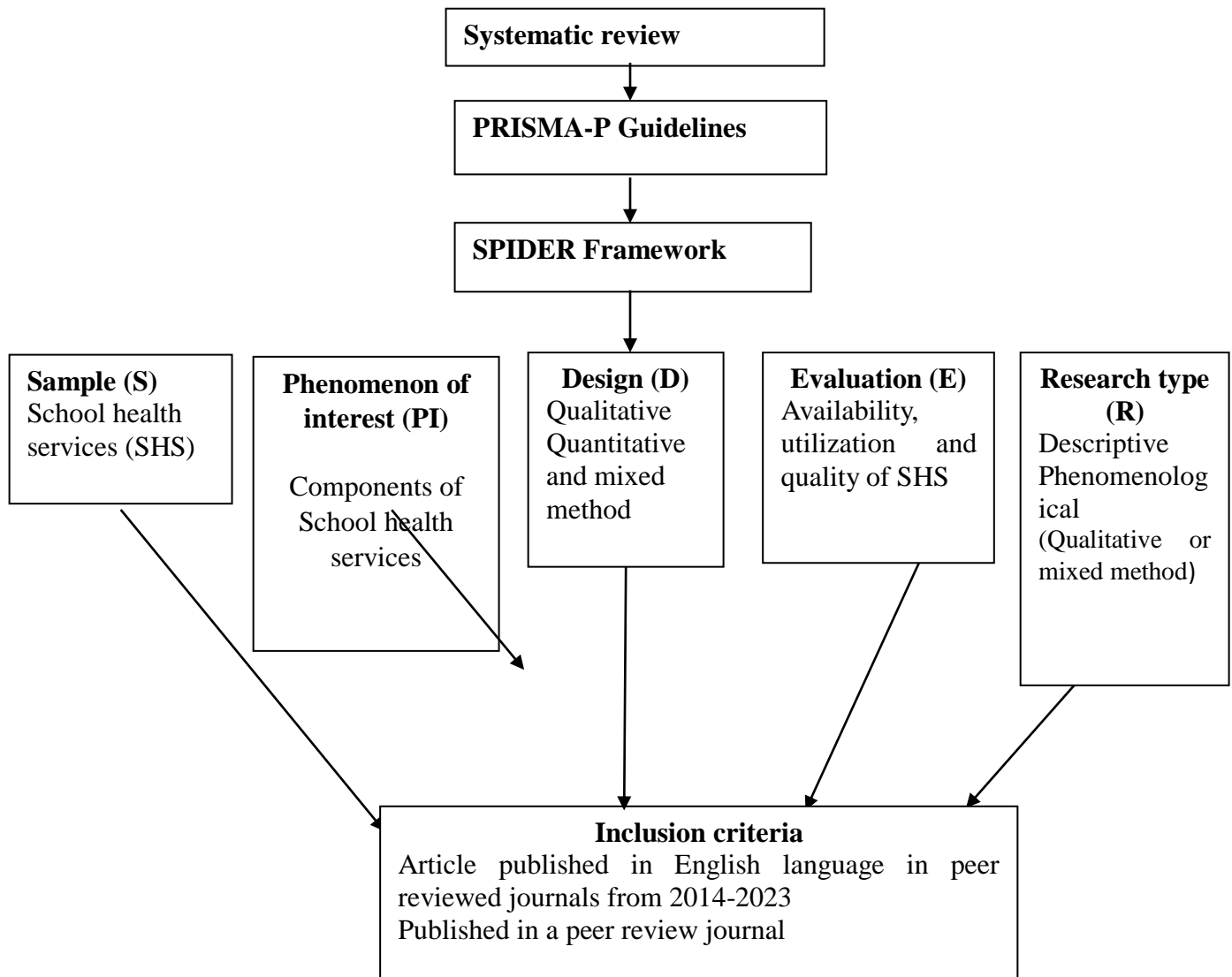


Figure 1: Systematic review framework

The initial search from the databases identified produced a total of five thousands two hundreds and twenty-five (5225) research articles. These number was screened for duplicates and out of range in time (2014 – 2023) specified period of the review. The number of articles reduced to nine hundred and eighty-five (985). Further screening based on title and abstract was conducted and at this level the number of articles assessed turned out to be one hundred and eighty-seven (187), From this number articles published in the period under review (2014-2023) were extracted and the number is thirty-four (34). Fully accessed articles included in the review happened to be thirteen (13). Twenty-three (23) articles were excluded because they do not contain the required data for the review.



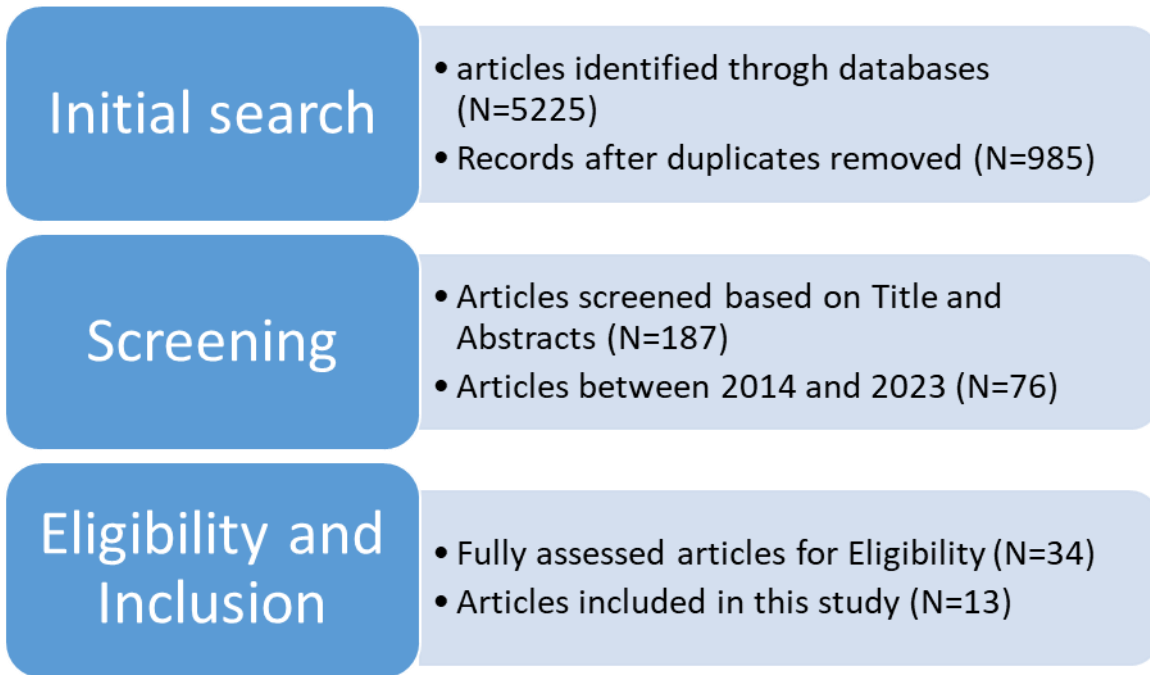


Figure 2: Systematic review process

**Results**

**Table 1: School health services in Nigeria**

Study setting/state	Aim/Objectives	Method	Sample	Findings	Reference
Gwagwalada area council (FCT)	To assess the level of implementation of SHS in primary schools in the Gwagwalada Area Council of the Nigerian Federal Capital Territory	Cross-sectional study	146 primary schools	The level of implementation of SHS in Gwagwalada Area Council is inadequate though with a slightly better situation in the private schools.	Sanni et al (2022)



Ogun state	To investigate the practice of SHS among public and private schools in ogun state, Nigeria	comparative cross-sectional survey	360 teachers	Head	The study concludes that the practice of the various components of school health services was poor but better in private primary schools in Nigeria. Routine inspection by teachers was the commonest form of health appraisal.	Kuponiyi et al (2016)
Enugu metropolis, Nigeria	assessed the status of health services in public primary schools in Enugu Metropolis, Enugu State, Nigeria from the perspectives of the school heads	Qualitative study	24 public primary schools		Health services, including health appraisal were generally poor. Basic resources necessary for school health services were lacking in the schools.	Agu et al (2021)
Nnewi North LGA, Anambra state Nigeria	To ascertain the status of the school health services in 56 randomly selected schools	Cross-sectional and descriptive study	56 randomly selected primary schools		School health service activities but implementation is suboptimal. Effective policy with good monitoring and evaluation is imperative in ensuring adequate and optimal implementation	Chidiebere et al (2016)



				of school health services in primary schools in the area.	
Owerri municipal, Imo state Nigeria	To assess the status of the school health services in selected public and private primary schools within Owerri Municipal Local Government Area, Imo State.	A cross sectional descriptive study	36 (12 public and 24 private) schools within Owerri Municipal LGA	The overall status of school health services in primary schools within Owerri Municipal LGA is poor. The private schools performed comparatively better than public schools. School Health Services was generally poor in public and private primary schools, although the situation was better in the private schools. Urgent attention should be paid to School Health Services in primary schools in Jos.	Ahumaraeze C. B. (2023)
Jos, Plateau state Nigeria	To evaluate the status of the school health services in public and private primary schools in Jos.	This was a cross sectional descriptive study.	20 public and 46 private schools using a stratified random sampling technique.		Bo et al (2014)
Edo, Delta and Lagos states in Nigeria.	Focused on restructuring of primary school health services in Nigeria for a sustainable solution to	Descriptive survey	The population of the study consisted of 298 teachers and 300 pupils drawn from 30 public primary	The paper reveals that the effects of school health problems are enormous as their effects can	Atakpo, T. E. (2020)



	global pandemics with a view to identifying and addressing the challenges.			schools in	result in increased national mortality and morbidity, poverty and national stigmatization.	
Sokoto metropolis	To assess the status of school health services in selected public and private primary schools in Sokoto town and to compare the extent of its implementation.	A cross-sectional survey	53	randomly selected public and private primary schools in Sokoto metropolis	School health services were suboptimal in both categories of schools. There is need to urgently improve health services in schools in Sokoto town.	Bello J. F. et al (2020)
Sokoto metropolis, Northwestern Nigeria.	To determine the status of public primary schools with respect to safety, health service provision and environmental health facilities in Sokoto metropolis, North-western Nigeria.	Cross sectional descriptive study	40	public primary schools by multistage sampling technique.	Resources concerning safety, health service provision and environmental health facilities were found to be grossly inadequate in most of the schools observed.	Abubakar, A. U & Raji, I. A. (2021)
Ilesa East Local Government Area of Osun State Nigeria.	This study aimed at assessing the SHS as available in all the primary schools within The findings were compared between the two	A descriptive and observational study was done	64	primary schools	SHS implementation was inadequate in the study area and worse in the public schools. There is need for collaborative interventions	Olatunya et al (2015)



	ownership groups of the schools.			by stakeholders to enhance effective SHS in the area.	
Ovia LGA of Edo State, Nigeria	The purpose of this study was to survey the availability and application of school health services in both public primary and secondary school in Ovia Local government area	Survey of availability and application of school health services in Ovia LGA, Edo state	Both public and secondary schools in Ovia Local government area.	There is a correlation between availability of school health services, qualified personnel, facilities and equipment; financial and material resources; and health habits of pupils and students.	Lordson O. D., & Margaret, O. (2014).
Osun state Nigeria	This study seeks to elucidate the practices and determinants of school health services (SHS) in Osun state.	Cross-sectional descriptive study,	229 heads of schools (102 primary and 127 secondary) in Osun state were interviewed	The practice of SHS is below expectation. There is a need to improve knowledge of heads of schools concerning SHS emphasizing the importance of SHS.	Abodunrin et al (2014)
Sagamu, Ogun state, Nigeria	To evaluate SHS in public and private schools in Sagamu	Cross-sectional study	A total of 91 schools, randomly selected from 182 available, comprising 53 private nursery/primary schools, 22 public	SHS are unsatisfactory in Sagamu. It is therefore necessary for all stakeholders in Sagamu schools (private and public) to	Oyinlade, et al (2014)



nursery/primary provide the  
schools, 11 materials and  
private manpower  
secondary needed to  
schools and 5 achieve  
public secondary effective SHS in  
schools the area.

Over a period of ten years only thirteen (13) studies were conducted on school health services in Nigeria that satisfied the predefined criteria to be included in this review. This signifies the extent of paucity prevailing in this important component of PHC. Results also show that out of the 13 studies conducted, most of the studies 9 (69.2%) were carried out in the southern states of Nigeria while only 3 (23.1%) were conducted in the northern states despite the fact that states in northern Nigeria are more in number than in the south. The Federal capital territory (FCT) Abuja accounts for 1 (7.7%) of the studies conducted on school health services for the period under review. One of the studies was conducted in three states (Edo, Lagos and Delta states), 4 (30.8%) were conducted in local government areas, 7 (53.8%) were carried out in the state metropolises of the country.

All the reviewed studies in the period under review were cross-sectional descriptive as well as mixed (quantitative and qualitative) designs in nature. Also all the reported studies have clearly stated the sample size and sampling techniques employed. Nearly half of the studies- 6 (46.1%) assessed quality/status of SHS in the country while- 4 (30.8%) investigated practice/utilization of SHS. Few of the studies 2 (15.4%) were carried out to ascertain availability of SHS and only 1 (7.7%) assessed restructuring of SHS for its sustainability.

### Discussion of results

Based on the findings in studies conducted in the period under review, the implementation/ utilization of SHS was poor/inadequate with better performance found in private schools as compared to public schools as reported by Sanni et al (2022), Kuponiyi et al (2016) and Agu et al (2021). This finding is slightly different from one made by Chidiebere (2016) who reported that School health service activities are present in Nnewi North LGA but implementation is suboptimal in both private and public schools. Bo et al (2014) have identical findings about quality/ status of school health services in their different studies, all of them reported that, the overall status of school health services in primary schools is poor. The private schools performed comparatively better than public schools according to them. This is somewhat different from assertion of Bello et al (2020), who revealed that School health services were suboptimal in both categories of schools. They further recommended that there is need to urgently improve health services in schools in Sokoto town.

Abubakar and Raji (2021) in their study of availability of SHS discovered that resources concerning safety, health service provision and environmental health facilities were found to be grossly inadequate in most of the schools observed. Similarly, Lordson and Margaret (2014) revealed that there is a correlation between availability of school health services, qualified personnel, facilities and equipment; financial and material resources; and health



habits of pupils and students. Olatunya et al (2015) revealed that SHS implementation was inadequate in the study area and worse in the public schools. There is need for collaborative interventions by stakeholders to enhance effective SHS in the area. In the same vein Oyinlade et al (2014) asserted that SHS are unsatisfactory in Sagamu. It is therefore necessary for all stakeholders in Sagamu schools (private and public) to provide the materials and manpower needed to achieve effective SHS in the area.

Findings from this study have significant implications for community health nursing practice and education. The absence of a policy framework and guidelines for the implementation of School Health Services (SHS) highlights the need for nursing practitioners to advocate for their development at all levels of governance in Nigeria. Additionally, nursing curricula must be continuously updated to equip practitioners with the necessary knowledge and skills to effectively provide SHS. The study also reveals a severe shortage of resources for SHS implementation, necessitating strategies by nurse practitioners to secure adequate resource allocation from the government. Furthermore, trade unions and nursing regulatory bodies should engage government and development partners to ensure that private sector stakeholders and school proprietors take responsibility for providing SHS across all schools in Nigeria. Multi-sectoral collaboration between the Ministries of Education and Health must be strengthened by nursing units to sustain effective SHS delivery, while continuous education and in-service training for school health nurses are essential to maintain high standards of care.

The study also has important implications for community health nursing research and administration. A glaring paucity of literature on SHS in Nigeria, with only 13 studies conducted between 2014 and 2023, poses a major challenge to remedial action. Additionally, the concentration of these studies in the southern part of the country, which accounts for nearly 70% of the research, indicates a critical gap in knowledge about SHS in northern Nigeria. Nurse researchers and administrators must take deliberate steps to conduct studies in all regions to establish comprehensive data for evidence-based decision-making. Expanding research on SHS will also aid nurse administrators in formulating clinical guidelines, supporting policy development, and ensuring proper resource allocation for effective SHS implementation across Nigeria.

### **Conclusion**

School health services in Nigeria has been introduced since early days of western education in the country, but it suffered a serious neglect across all levels of government. Studies have revealed that only little differences exist between the private and public schools in the provision of SHS. In most of the states of federation, policies and guidelines for provision of SHS are lacking. research in the area of SHS is scanty in the country as revealed by the current study. Resources allocation for provision of SHS in primary schools in the country is not advocated for by the ministry of education or ministry of health. Multi-sectoral collaboration as a key principle in PHC provision is very essential in SHS provision but unfortunately quite neglected all over the country, public-private sector collaboration in conjunction with the development partners if properly adopted is one way to change the situation for better.



## Recommendations

Based on the findings from this study the following recommendations are made, these include;

1. Policy framework and guidelines for the implementation of SHS are lacking in many states of the federation and it is the bases for any practice. Thus, council of states for health must advocate for development and domestication of SHS policy and guidelines at all level of governance in Nigeria.
2. Curricula of training for generic and community health nurse specialists should be continuously updated to adequately equip nurse practitioners with adequate knowledge and skills for the provision of SHS.
3. Resources for effective implementation of SHS have been found to be grossly inadequate generally therefore, strategies must be designed by the state and local governments as well as proprietors of private schools to address the situation and advocate for adequate allocation of resources for SHS at all levels of government.
4. Multi-sectoral collaboration between Ministries of Education, health and other line ministries must be initiated and sustained in order to ensure effective and sustained provision of SHS in our primary schools.
5. Continuing education and in-service training specifically on SHS is required for all nursing staff particularly the school health nurses all over the country.
6. School health, as a course needs to be included in the teacher training curriculums in all teacher training programmes, this will give student teachers some preparation and familiarization with the SHS in practice areas.
7. Research in SHS should be deliberately encouraged by all stakeholders in education to ensure adequate flow of information and situation analysis of SHS status in the country.

## REFERENCES

- Abubakar, A. U., & Raji, I. A., (2021). Status of Public Primary Schools: Safety, Health Service Provision and Environmental Health Facilities in Sokoto Metropolis, Northwestern Nigeria. *Asian Journal of Medicine and Health*, 22–31. <https://doi.org/10.9734/ajmah/2021/v19i1130395>
- Abodunrin, O., Adeoye, O., Adeomi, A., Osundina, F., & Ilori, O. (2014). Practices, Scope and Determinants of School Health Services in Osun State, Nigeria. *British Journal of Medicine and Medical Research*, 4(35), 5548–5557. <https://doi.org/10.9734/bjmmr/2014/11931>
- Adam, V. Y., & Nwaogwugwu, J. C., (2020). Availability of personnel, facilities and services in Primary Health Care Centres in a Local Government Area in Benin City, Nigeria. *Annals of Clinical and Biomedical Research*, 1(1) <https://doi.org/10.4081/acbr.2020.111>
- Agu, C. I., Ossai, E. N., Ndu, A. C., Eze, I. I., Agu, I. C., Ugwu, G. O. (2021). Exploring the views of Heads of Schools on School Health Services in Public Primary Schools in Enugu Metropolis, Nigeria: A Qualitative Study. *Journal of*





*Community Medicine and Primary Health Care*, 33(2), 19–34.  
<https://doi.org/10.4314/jcmphc.v33i2.2>

- Ahumaraeze, C. B., (2023). Comparative Analysis of the Status of Implementation of School Health Services in Public and Primary Schools in Owerri Municipal, Imo State, Nigeria. *Idosr journal of biology, chemistry and pharmacy*, 8(2), 92–101. <https://doi.org/10.59298/idosr/jbcp/23/10.127>
- Atakpo, T. E., (2020). Restructuring primary school health services in Nigeria for a sustainable solution to global pandemics. *Journal of Educational and Social Research*, 10(4), 134–145. <https://doi.org/10.36941/JESR-2020-0073>
- Bello J. F., Muhammed J. N., Kehinde I. P., Umar, O. A., Baba, J., & Isezuo, K., (2020). School Health Services in Sokoto Town, Nigeria. *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS) e-ISSN*, 19, 44–50. Retrieved from [www.iosrjournals.org](http://www.iosrjournals.org)
- Bo, T. O., & Gio, T. (2014). School Health Services in primary schools in Jos. *Open Science Journal of Clinical Medicine*, 2(3), 83–88.
- Chidiebere, O. D., Thomas, U. O., Joy, E., Stanley, O. K., Ikenna, N. K., Uchenna, E., & Isaac, A. N. (2016). The Status of School Health Services: A Comparative Study of Primary Schools in a Developing Country. *American Journal of Public Health Research*, 4(2), 42-46, <https://doi.org/10.12691/AJPHR-4-2-1>
- Gulshan, K., & Reshmi, R. S., (2022). Availability of public health facilities and utilization of maternal and child health services in districts of India, *Clinical Epidemiology and Global Health*, 15(5)
- Kelley, C. (2018); Coordinated school health. Warren county schools tn *departments and services/coordinated-school-health/eight-components-of-coordinated-school-health* <https://www.warrenschoools.com/district->
- Khan, N., Trisha, N. I., & Rashid, M., (2022). Availability and readiness of healthcare facilities and their effects on under-five mortality in Bangladesh: Analysis of linked data. *J Glob Health*. (12) 04081
- Kuponiya, O.T., Amoran, O. E., & Kuponiya, O.T., (2016). School health services and its practice among public and private primary schools in Western Nigeria. *BMC Res Notes* 9, 203 <https://doi.org/10.1186/s13104-016-2006-6>
- Le, K. H., La, T. X. P., & Tykkyläinen, M. (2022). Service quality and accessibility of healthcare facilities: digital healthcare potential in Ho Chi Minh City. *BMC Health Serv Res* 22(1374) <https://doi.org/10.1186/s12913-022-08758-w>
- Lordson O. D., & Margaret, O. (2014). Availability and Application of School Health Services in Selected Primary and Secondary Schools in Ovia Local Government Area of Edo State, Nigeria. *International J. Soc. Sci. & Education*, 4, 2223–4934.
- Plummer, M. L., Chan, A., Kohl, K., Taylor, A. B., Baltag, V., Saewyc, E., & Ross, D. A., (2021). Results of a Global Survey of Experts to Categorize the Suitability of Interventions for Inclusion in School Health Services, *Journal of Adolescent Health*, 69, Healthy Schools Campaign 2022 <https://healthyschoolscampaign.org/issues/health-services/#current-environment>



- Olatunya O, Oseni S, Olaleye A, & Akani N, O. O. (2015). School Health Services in Nigeria: Asleeping giant? *African Journal of Health Sciences*, 28(1), 127–141.
- Oyinlade, O. A., Ogunkunle, O. O., & Olanrewaju, D. M. (2014). An evaluation of school health services in Sagamu, Nigeria. *Nigerian Journal of Clinical Practice*, 17(3), 336–342. <https://doi.org/10.4103/1119-3077.130236>
- Page, M. J., McKenzie, J. E., & Bossuyt, P. M. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *Syst Rev* 10(89).<https://doi.org/10.1186/s13643-021-01626-4>
- PHCPI (2019). Availability of Effective PHC Services: Provider Availability Improvement Strategies. *Primary Health Care Performance Initiative, 2018*, <https://improvingphc.org/provideravailability>.
- Sanni, U. A., Airede, K. I., Anigilaje, E. A., & Offiong, U. M. (2022); Assessment of school health services in primary schools in Gwagwalada area council, federal capital territory, Nigeria. *Pan African Medical Journal*, 41. <https://doi.org/10.11604/pamj.2022.41.251.27372>
- Soulatou, P., Vardaros, S., & Bagos, P. G., (2023). School Health Services and Health Education Curricula in Greece: Scoping Review and Policy Plan. *Healthcare*, 11(12),1678.<https://doi.org/10.3390/healthcare11121678>
- World Health Organization, (2022). *Health Service Data*; <https://www.who.int/data/data-collection-tools/health-service-data>
- World Health Organization, (2023). *Service availability and readiness assessment (SARA)*, [https://www.who.int/data/data-collection-tools/service-availability-and-readiness-assessment-\(sara\)](https://www.who.int/data/data-collection-tools/service-availability-and-readiness-assessment-(sara))
- World Health Organization, (2021). *Guideline on school health services*. <https://www.who.int/publications/i/item/9789240029392>



**Cite this article:**

**Author(s)**, Dr. ABDULLAHI Muhammad Salisu RN, RNE, RPHN, PhD, Professor Funmilayo Elizabeth OJO, Dr. (Mrs.) OLOFINBIYI Rebecca Oluwafunke, (2025). "School Health Services in Nigeria: A Systematic Review (2014-2024)", **Name of the Journal:** International Journal of Medicine, Nursing & Health Sciences, ([IJMNH.COM](http://IJMNH.COM)), P, 94- 112 . DOI: [www.doi.org/10.5281/zenodo.14995641](http://www.doi.org/10.5281/zenodo.14995641) , Issue: 1, Vol.: 6, Article: 6, Month: February, Year: 2025. Retrieved from <https://www.ijmnh.com/all-issues/>

**Published By**



**AND**

*ThoughtWares Consulting & Multi Services International ([TWCMSI](http://TWCMSI))*

