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# Exploring the hurdles of implementing National School Health Policy in Namibian Schools: insights from stakeholders

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## Abstract

This qualitative research study explores stakeholders' perspectives on the challenges of implementing Namibia's National School Health Policy (NSHP) in schools. The interview guide used for this study was specifically developed to address the research objectives and themes. A total of 20 stakeholders participated, including educators, nurses, principals, and health program administrators from three regions in Namibia. The study identifies significant barriers to effectively implementing the school health policy. These barriers include staffing shortages, inadequate resources, limited learner awareness of health rights, and insufficient teacher well-being. Additional challenges involve resource constraints, a lack of monitoring and evaluation, and limited coordination between the education and health sectors. The thematic analysis reveals recurring patterns and emphasizes the need for increased resource allocation, comprehensive training, collaborative policy development, and initiatives to improve teacher well-being. These findings provide valuable insights for refining future implementation strategies for school health programs in Namibia, highlighting the importance of strong leadership, stakeholder involvement, and adequate funding to support the goals of the NSHP.

**Keywords** School health policy, Stakeholders, Resources, Challenges

## Introduction

Schools play a crucial role in the comprehensive development of children and youth, serving as primary platforms for education and health promotion [20]. Recognizing this, many nations have aimed to integrate health policies within educational settings. The National School Health Policy was introduced in Namibia in 2008, marking a significant step in this direction [3]. The school health policy was developed to enhance the health and well-being of learners, educators, and other school personnel. The introduction of the policy was commendable, but its

effective implementation requires a deep understanding of ground realities, challenges, and diverse stakeholder needs. The study examines stakeholders' policy implementation challenges to understand these nuances.

Existing literature highlights the significant impact of health on educational outcomes. A healthy learner is likelier to be attentive, engaged, and academically productive, underscoring the interconnectedness of health and education [3]. However, while the importance of health in schools is universally acknowledged, implementing comprehensive health policies in educational settings poses numerous challenges [1]. Ashipala and Shapopi [2] identify these challenges as ranging from resource constraints to the complexities of coordinating between the education and health sectors.

Namibia's National School Health Policy [11] is a testament to the country's commitment to addressing these

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challenges. By aiming to provide both academic and medical support to learners, the policy embodies a holistic approach to learner welfare [12]. Such initiatives are not merely about treating illnesses or ensuring physical well-being; they also encompass mental, social, and emotional health factors that are intrinsically linked to academic success.

### Research question

What challenges do stakeholders encounter when implementing the National School Health Policy in Namibian primary and secondary schools?

### Literature review

Policy design not integrating with reality is another issue. Studies show that policies should match school needs, especially in underserved areas. This effect has been widely studied [7, 10, 12], found that policies with no monitoring frameworks are less accountable and less effective. The NSHP could improve its impact by addressing these broader themes, from resource allocation equity to stakeholder training and participation. Global best practices and regional studies can help Namibia address its challenges.

### Health-promoting schools

Global educational health initiatives focus on health-promoting schools. Health-promoting schools have policies, practices, and resources to improve learners' and staff's physical, social, and mental health [7, 10, 12]. These schools have better health literacy, academic performance, and learner-teacher relationships. The frameworks in Namibia need to address systemic resource shortages and enhance collaboration among stakeholders, including teachers, parents, and health professionals [2].

### Physical and nutritional status and educational outcomes

Studies have linked learners' physical and nutritional health to academic performance. Malnourished learners often exhibit reduced cognitive function, diminished attention spans, and increased rates of absenteeism [9]. In Southern Africa, where food insecurity remains a critical challenge, school feeding programs have proven effective in enhancing both attendance and concentration [7]. To address immediate health needs and promote long-term educational success, school programs need to integrate health and nutrition services into their policies.

### School feeding programs in Southern Africa

School feeding programs are central to Southern African education and health policies. This result was later contradicted by Khama and Theron [7, 16], found that these

programs improve health and academic engagement while reducing socioeconomic disparities. Unfortunately, inconsistent funding and poor monitoring often hinder their success. Like Namibia, stakeholders in this study cited funding interruptions and the lack of oversight mechanisms as major NSHP implementation barriers. These findings support the literature on stable funding and robust evaluation frameworks [14].

### The importance of stakeholder engagement

All stakeholders are encouraged to participate in implementing health-promoting school policies. Mulkeen and Chen [12] claim that stakeholder engagement increases ownership, improving resource use and policy outcomes. This study found that Namibia's NSHP development lacks stakeholder consultation, resulting in a gap between policy goals and reality [3]. This gap emphasizes the need for participatory policy development to address local issues.

### Overview of National School Health Policy

The National School Health Policy of Namibia [11], lays the groundwork for cultivating healthy and empowered school communities. This policy forms the basis for comprehensive, inclusive programs within schools that aim to enhance the health and well-being of learners, teachers, and other school community members. It offers a broad framework to steer school health promotion practices, strengthen health-promoting aspects in the education and health systems, and facilitate close collaboration between the health and education sectors, parents, communities, and other government and civil society stakeholders in promoting the health of school-aged children. The policy goals [11] outline a gradual unfolding and implementation of the health-promoting school framework in line with various school programs and projects. The Ministry of Education, Arts, and Culture, in partnership with the Ministry of Health and Social Services, along with other government bodies, civil society organizations, development partners, and stakeholders, will provide the essential leadership, technical, and financial support for the policy's execution [16].

The policy advocates for a culture of continuous improvement through total quality management, with support from program monitoring, evaluation, and review [11]. Annually, each school will conduct a thorough and systematic assessment of its environment and activities as part of the quality management process and utilize the results for future enhancements. The coordination of the school health program review and implementation will be the responsibility of the school health program management team, which includes the school head, senior teacher, school health nurse, youth health advisor, a teacher specializing in health matters, and a

parent, as outlined in Namibia's National School Health Policy [4, 5, 11, 14].

## Methodology

To gain a comprehensive understanding of stakeholders' perspectives and experiences regarding the implementation of the National School Health Policy (NSHP), this study employed a qualitative, exploratory methodology. Following Neuman's approach (2000), this design facilitated the formulation of hypotheses, exploration of uncharted areas, and identification of key variables for further investigation. The discussions were conducted using an interview guide that was specifically developed to address the research objectives and themes (refer to ANNEXURE G). using predetermined questions, allowing for the exploration of unforeseen themes and experiences [5]. This approach was aimed at ensuring the validity and reliability of data collection. The interview guide used was developed specifically for this study.

## Participants

This study utilized purposive sampling to recruit a diverse group of 20 participants from various key stakeholder categories involved in the implementation of the National School Health Policy (NSHP), as outlined in Table 1. The participants were selected from three primary regions in Namibia: Khomas, Oshana, and Kavango. Purposive sampling enabled the selection of information-rich cases, providing comprehensive insights into the phenomenon of interest (Patton, 2002). The participants participated in semi-structured interviews designed to explore their experiences with the NSHP implementation. The interview guide was specifically tailored to align with the study's goals and themes, facilitating discussions about their perspectives and experiences. The stakeholders involved included school principals, health program administrators, teachers, and nurses (refer to Table 1).

## Data collection

Twenty carefully selected stakeholders were invited to discuss the challenges associated with the implementation of the National School Health Policy (NSHP) in

the three selected regions in Namibia. The Participants section details the categories and roles of stakeholders involved in this selection process. The study employed an interview guide featuring open-ended questions to encourage participants to share their experiences while addressing key study objectives and relevant research topics. Trained researchers, experienced in qualitative research methods and familiar with the study context (refer to ANNEXURE G), conducted the interviews. Before each interview, participants provided written informed consent and, with their permission, the sessions were audio recorded. These recordings were subsequently transcribed verbatim to ensure an accurate record for later analysis.

## Data analysis

To analyze the interview data, we utilized thematic analysis, which involves identifying, analyzing, and reporting recurring themes or patterns within the data. using thematic analysis, emphasizing its appropriateness for capturing recurring themes and patterns in qualitative data. The method includes processes such as data familiarization, during which the research team reviewed all collected data, including interview transcripts, field notes, and relevant materials.

**Coding and Categorization:** The qualitative data was then coded to identify key themes and sub-themes. These codes were organized into categories based on similar meanings.

Thematic analysis was used to analyze the interview transcripts to identify recurring patterns and perspectives from participants' responses. This method aimed to capture the participants' experiences in-depth and ensure the validity of the findings, thereby enhancing the depth and validity of the results.

By using this analytical framework, we delved into various elements found in the participants' stories, ensuring that our interpretation accurately captured the essence they described [20].

Challenges with the implementation of NSHIP, along with four subthemes, emerged from the data as shown in Table 2 below.

**Table 1** Attributes of study participants

Stakeholder Group	Number of Participants	Years of Experience (Range)	Specialty
School Principals	5	10–20 years	Elementary (2), Middle (2), High School (1)
Health Program Administrators	5	5–15 years	District (3), Regional (2)
Teachers	5	3–10 years	Life skills (2), Health Education (1), Physical Education (2)
Nurses	5	7–15 years	School-based nurses only

**Table 2** Themes and subthemes

Theme	Subtheme	Categories
Implementation Challenges	Resource limitations	- Lack of manpower - Insufficient funds
	Staff awareness and training	- Limited knowledge or understanding of the NSHP - limited opportunity for professional training and development
	Disgruntlement	- Lack of consultation - Imposed demands
	National school health program focus Limitation	- Learner-centred vs teacher-centred - Lack of Monitoring and Interruptions - Discrepancy in coverage of the entire school environment[noting gaps in addressing extracurricular spaces, playgrounds, and staff facilities.]

## Findings

This section expands on the data analysis theme of "Implementation Challenges". Staff awareness and training, disgruntlement, resource limitations, and national school health program focus limitations, will be examined under this theme.

### Resource limitations

All stakeholders (including school principals, health program administrators, teachers, and nurses) expressed concerns regarding the shortage of professionals (such as nurses, counsellors, and teachers) necessary for the successful implementation of the NSHP.

**Lack of human resources:** The shortage hinders program delivery and the provision of personalized support to learners.

*"The policy is good on paper, but we simply don't have enough nurses to properly screen all the learners and follow up on identified health issues. Furthermore, this program is heavily dependent on donors and sponsors, what will happen if this support comes to an end?"—School principal "*

**Insufficient funds:** The participants emphasized the detrimental effects of inconsistent and insufficient funding for program execution and supplies. Program terminations and a shortage of supplies for necessary materials were the results of donor funding delays.

*"We can't run effective health education sessions without basic supplies. The lack of funding makes it difficult to even provide learners with informative pamphlets."—Teacher*

### Staff awareness and training

**Limited Knowledge of the NSHP:** Interviews with participants revealed that some stakeholders, including health-related teachers and school nurses, have gaps in their

understanding of the NSHP (National School Health Program). These interviews highlighted a lack of knowledge among certain staff members about the program's objectives and operations. This lack of understanding may hinder the successful implementation of the NSHP.

*"There seems to be a lot of confusion among some teachers about their specific roles and responsibilities under the NSHP. More training would be helpful."—School Principal*

**Limited opportunity for professional training and development:** The participants indicate that there are limited workshops or training sessions on effectively implementing school health policy.

*"There are few workshops or training sessions to help us implement the National School Health Policy. We feel unprepared and unsupported to meet policy requirements."—School health nurse.*

### Disgruntlement

**Lack of Consultation:** Stakeholders expressed concerns about the top-down approach to policy development, stating that the Ministry of Education was imposing demands without providing adequate opportunities for consultation.

*"We, the ones who are on the ground and see the daily challenges, were not involved in shaping the policy. It feels like a one-size-fits-all approach that doesn't consider our specific school context." —Teacher.*

**Imposed demands:** Feeling overburdened by extra work without sufficient resources or assistance resulting from the alleged lack of consultation.

*"The Ministry keeps adding new programs and policies without considering our already stretched workload. It's overwhelming and makes it difficult to*

*prioritize the NSHP effectively." -Health Program Administrator.*

### National school health program focus limitation

**Learner-centred vs. Teacher-centred:** The National School Health Policy often overlooks the health of teachers, focusing primarily on the well-being of learners. While learners are the main beneficiaries of this policy, stakeholders have expressed concerns that neglecting teacher well-being can hinder the implementation of the policy and the support provided to learners.

*"The policy is all about learners, which is good, but there's nothing addressing teacher stress or burnout. We are expected to support learners, but who supports us?" – Teacher*

**Lack of Monitoring and Interruptions:** Participants highlighted that the lack of regular monitoring and accountability has weakened the National School Health Policy (NSHP). They noted that resource mismanagement, combined with funding interruptions, demotivates staff and negatively impacts students. These challenges underscore the necessity of consistent oversight and financial stability to ensure the policy's effectiveness.

*"Interruptions in funding affect everything. Sessions are cancelled, and plans are left incomplete. It's discouraging for both staff and learners." -School Principal*

Participants expressed that the policy favors classrooms over other areas, such as extracurricular spaces, playgrounds, and staff facilities. This incomplete coverage undermines the comprehensive health policy goals by highlighting gaps in these critical environments.

*"The policy focuses on classrooms but forgets the rest of the school environment, like sports fields and even staff rooms. A healthy school should include all areas, not just where learners sit." – School Principal.*

## Discussion

The study examined the perspectives of stakeholders involved in the implementation of the National School Health Policy (NSHP) in Namibia. The findings underscored the theme of "Implementation Challenges," as identified during data analysis. All 20 stakeholders, which included teachers and nursing staff, highlighted inadequate and inconsistent funding as a significant barrier to effective policy implementation. Participants indicated that health programs are heavily reliant on donor funding, and any delays in funding disbursement can lead to complete interruptions of uncertain duration. This not

only hampers monitoring and evaluation efforts but also complicates program execution. The findings reveal a variety of implementation challenges that impede the policy's effectiveness, which can be broadly categorized into four key subthemes.

### Resource limitations

Resource limitations significantly impede the implementation of the National School Health Program (NSHP). Stakeholders consistently emphasize the lack of funding for health education, monitoring, and essential intervention supplies [17]. Furthermore, there is a shortage of school nurses, counsellors, and trained teachers, which hampers the policy's reach and effectiveness. Additionally, donor funding tends to be inconsistent and slow, worsening these issues. Without sufficient financial support, the policy risks remaining merely aspirational, failing to foster holistic health and well-being in schools [4, 6]. According to Nutbeam and Muscat [13], assert that resources are vital for the success of health programs. Similarly, [14] point out that inadequate material and human resources restrict the scope and impact of health initiatives, a challenge that is reflected in the difficulties faced by the NSHP.

### Staff awareness and training

The lack of awareness and training among school staff is a significant barrier to the implementation of the National School Health Policy [11]. Many stakeholders have raised questions about the policy's objectives and the roles they are expected to play in its implementation. Teachers and school nurses often lack the necessary skills and knowledge to effectively carry out the policy. Additionally, the policy is applied inconsistently in schools due to the absence of structured professional development programs.

Research by Magumba, Mbulangina, and Kibuule [10] indicates that ongoing training enhances stakeholders' capacity and supports better policy implementation. Furthermore, [18, 19] underscores the importance of professional development in equipping school staff to deliver health programs consistently and effectively.

### Disgruntlement

Stakeholders are expressing dissatisfaction with the top-down approach of the Ministry of Education regarding the development and implementation of the National School Health Policy [11]. Teachers and administrators feel marginalized from the policy-making process, believing this exclusion has resulted in a policy that overlooks the realities of school environments. This lack of consultation alienates those responsible for implementation and diminishes their sense of ownership and commitment



to the policy's success. As noted by Nutbeam and Muscat [13], engaging stakeholders in policy development enhances involvement and aligns with local needs. Additionally, [15, 16] emphasizes that collaborative strategies are essential for mitigating resistance and ensuring that educational policies are practical and effective.

### National school health program focus limitation

Stakeholders have expressed concerns regarding the National School Health Policy [11] for placing greater emphasis on learner health at the expense of teacher and staff well-being. Educators have highlighted that the policy framework fails to address their health and stress levels, which significantly affects their ability to support students effectively. Furthermore, the policy's coverage of playgrounds, extracurricular areas, and staff facilities is inconsistent, which undermines its goal of fostering a holistic and supportive health environment. This effect has been widely studied [7, 9] argue that an inclusive and effective health policy must cater to the needs of all stakeholders. Additionally, the World Health Organization (2020) advocates for comprehensive health frameworks that prioritize the physical, mental, and social well-being of every member of the school community.

### Recommendations

The following recommendations stem from the findings of this study, integrating both participant perspectives and relevant literature.

- **Increased resource allocation:** Consistent and adequate funding is essential for the successful implementation of the National School Health Policy (NSHP). This encompasses financial support for workforce expansion, the procurement of necessary supplies, and the continuous monitoring and evaluation of the program.
- **Comprehensive training programs:** The Ministries of Health, Social Services, and Education should develop and implement extensive training programs for all stakeholders involved in the NSHP. These programs should encompass the objectives, protocols, and best practices required for effective policy implementation.
- **Collaborative policy development:** Engaging educators, administrators, and other stakeholders in the policy development process can cultivate a sense of ownership and enhance implementation outcomes.
- **Teacher well-being:** Recognizing the significance of teacher well-being, the NSHP should incorporate

initiatives that address stress and burnout among educators. This may include providing access to mental health services and promoting programs that support a healthy work-life balance.

- **Legal considerations:** According to Sect. 11 of the Education Act [8] teachers are required to take reasonable precautions to ensure the safety of students from health hazards at all times. Furthermore, teachers should be protected from personal liability in civil proceedings for actions taken in good faith to prevent injury, except in cases of bad faith.

### Conclusion

The study conducted a thorough examination of the implementation of the National School Health Policy in Namibian schools, focusing on the challenges encountered by stakeholders. Key findings and offers constructive policy implications, stressing the importance of strong leadership and decisive decision-making. The recommendations presented in this study have played a significant role in encouraging the government to adopt essential policies, illustrating the importance of clearly defined research questions and a well-organized conclusion. Furthermore, the conclusion provides a thoughtful analysis, ensuring a comprehensive and insightful evaluation.

### Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12913-024-12197-0>.

Supplementary Material 1.

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### Authors' contributions

Dr. Ndasilohenda Katangolo-Nakashwa, University of Namibia (UNAM) Author of the manuscript. Prof. Faniswa Honest Mfidi, University of South Africa (UNISA) PhD research supervisor and Reviewed the manuscript.

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### Data availability

The data supporting the findings of this study are available within the manuscript. Supplementary materials, including the English version of the interview guide [Annexure F], have been provided as part of this submission. This ensures that the data is easily accessible to readers and allows for a transparent understanding of the study's outcomes. Additional details, such as anonymized quotes and examples from the participants, are provided to support the themes and analyses discussed.

## Declarations

### Ethics approval and consent to participate

The study was carried out by the Declaration of Helsinki and Ethics approval was secured from the University of South Africa Ethical Committee, Ministry of Education, Sport and Culture, and Namibia Ministry of Health and Social Services Research Ethics Committees. All participants provided voluntary informed consent before engaging in the research. The study's objectives, the nature of voluntary participation, and the measures implemented to ensure confidentiality were communicated to all participants.

### Consent for publication

All participants provided their written consent to include anonymized quotes from their interviews in published materials. It should be emphasized that no personal or identifiable information has been incorporated into any of the publications.

### Competing interests

The authors declare no competing interests.

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