

GHANA NATIONAL GUIDELINES FOR
IMPROVING THE NUTRITION OF
THE SCHOOL AGED CHILD AND
ADOLESCENTS

JUNE 2019

Foreword

Despite a steady decline in most malnutrition indicators at the national level, Ghana is confronted with the triple burden of malnutrition: with mounting evidence of underweight, overweight/obesity and micronutrient deficiencies particularly among the youth. Poor dietary practices, including intake of high sugar, high fat diets, sweets and other poor nutrition value foods; meals skipping and physical inactivity both at school and in the home are major contributors to the current trends.

Physical inactivity due to urbanization is a developing trend across all age groups; though it might be pronounced in adolescents. Evidence shows that less than 30% of boys and girls meet the physical activity recommendations per week and that school-going adolescents spend 3 or more hours per day in sedentary activities. In Ghana, anecdotal evidence suggests that there is reduced space and time for students to engage in any structured physical activity and the curriculum on teaching of Physical Education is usually not fully applied.

Since childhood and adolescence are known to be critical periods for health and development, healthy dietary intake and improved physical activity at this stage has the potential to reduce the risk of immediate nutrition related health problems of primary concern to school children, namely under-nutrition, over-nutrition including obesity and dental caries.

Additionally, a healthy, balanced lifestyle is particularly important for children. This is because optimal eating patterns and habits developed early in life are more likely to be maintained and a significant influence on health and well-being in adulthood, which will lead to a reduced risk of chronic ailments such as cardiovascular diseases, cancer, and type II diabetes among others.

The Nutrition-Friendly Schools Initiative (NFSI), a school-based health and nutrition program is being adopted as the platform on which to implement a set of school-based health and nutrition activities aimed at improving the school environment to make it more nutrition sensitive. It is globally accepted that schools are an ideal place for children and youth to observe and learn about healthy eating and nutrition as they often eat at school or buy meals and snacks there.

The NFSI hinges on four pillars: **School health and nutrition guiding principle**, that describes actions that school authorities agree and expect to happen in the schools; **Safe school environment** that ensures a food environment that promotes intake of nutritious foods and discourages serving or sale and promotion of unhealthy foods; **School-based delivery of health services** which focuses on providing health and nutrition services and **Skills-based health education**: which is centered on a

behavior change approach for the promotion of optimal nutrition, sexual and reproductive health and rights, physical activity and hygiene.

This guideline has been developed to provide regional education and health officers, school authorities, teachers and health workers guidance on how to implement activities to improve the nutrition environment in schools.

It is expected that all schools will have an environment that promotes optimal nutrition practices, while serving as the centers of excellence in promoting learning.



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ACRONYMS

ASRHR Adolescent Sexual and Reproductive Health and Right

BCC Behaviour Change Communication

CSOs Civil society Organization

FBOs Faith Based Organization

FHD Family Health Division

FRESH Focusing Recovery on Effective School Health

GES Ghana Education Service

GHS Ghana Health Service

GIFTS Girls Iron Folate Table Supplementation

GSPF Ghana School Feeding Program

MHM Menstrual Hygiene Management

MOE Ministry of Education

NFS Nutrition Friendly School

NFSI Nutrition Friendly School Initiative

NGOs Non-Governmental Organization

PE Physical Education

PTA Parent Teacher Association

SBCC Social Behaviour Change Communication

SFP School Feeding Program

SGBV Sexual and Gender Based Violence

SHEP School Health Education Program

SMC School Management Committee

UNICEF United Nations Childrens Fund

WASH Water Sanitation and Hygiene

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Chapter 1: INTRODUCTION/BACKGROUND

Maintaining a balanced diet and regular exercise is important for all individuals, especially school-aged children (6-12years) and adolescents (10-19 years). School-aged children grow significantly, but at slower rate, whilst being very physically active in general. Through the school years children will have periods of rapid growth and big appetites. As a result, their nutritional needs are high and critical. At the same time, they may face new challenges regarding food choices and habits. Decisions about what to eat are partly determined by what is provided in school, at home, the influences from friends at school, and the media, especially television.

There is mounting evidence which indicates that the learning potential of significant numbers of children and young people in every country in the world is compromised by conditions and behaviors that undermine the physical and emotional well-being that makes learning possible. Key nutrition and health issues such as hunger, malnutrition (including micronutrient deficiencies); ill-health due to malaria, intestinal infections, drug and alcohol abuse, violence and injury, unplanned pregnancy, and infection with HIV and other sexually transmitted infections if not addressed holistically, threaten the health and lives of the children and youth. These conditions in addition to undermining the lives of these group of children, erodes the expected outcome/benefit from high investment efforts aimed at improving access to education.

Studies indicate that good nutrition is especially important during the first years of life, since these are crucial years for normal physical and mental development. In addition, healthy eating habits at this stage not only help to prevent undernutrition, growth retardation and acute child nutrition problems, but also chronic, long-term health problems such as obesity, CHD, type 2 diabetes and stroke.

Current Nutrition Situation of the School Aged child

Despite a steady decline in most malnutrition indicators at the national level, Ghana is confronted with the triple burden of malnutrition: the co-existence of stunting, overweight/obesity and micronutrient deficiencies. Malnutrition in girls contributes to increased morbidity and mortality associated with pregnancy and delivery, and the increased risk of delivering low birth-weight babies. This contributes to the intergenerational cycle of malnutrition. In a study conducted on Ghanaian students, underweight among 13-15 years was 6.2% (9.6% in males and 2.6% in females);

overweight was 8.6% (11.1% in females and 6.6% in males) and obesity was 1.7% among males and females; 2.7% in females only.

Anaemia prevalence is highest among adolescent girls and particularly among the 15-19 years age group, at 47.7% (DHS, 2014)

Physical inactivity due to urbanization is a developing trend across all age groups, though it might be pronounced in adolescents. Only 23.8% of boys and 15.4% of girls meet the physical activity recommendations of at least 30 min of physical activity per day for at least 5 days per week. School-going adolescents spend 3 or more hours per day in sedentary activities. In Ghana, anecdotal evidence suggests that there is reduced space and time for students to engage in any structured physical activity and the curriculum on teaching of Physical Education is usually not fully adhered to.

According to the GDHS 2014, majority of school aged children and adolescents (6-19 years) are either in primary or secondary schools. Seventy percent of children age 6-11 who should be attending primary school are currently doing so and Seventy percent of children age 6-11 who should be attending primary school are currently doing so, and 39 percent of students age 12-17 who should be attending secondary school are in school however, a considerable number of Ghanaian children remain out of school

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Rationale for focusing on School-Aged Nutrition and Adolescents

Childhood and adolescence are known to be critical periods for health and development as the physiological need for nutrients increases and the consumption of a diet of high nutritional quality is particularly important.

Healthy dietary intake and improved physical activity during childhood and adolescence reduces the risk of immediate nutrition related health problems of primary concern to school children, namely under-nutrition, over-nutrition including obesity and dental caries.

Additionally, a healthy, balanced lifestyle is particularly important for children. This is because optimal eating patterns and habits developed early in life are more likely to be maintained into adulthood. This will positively influence health and wellbeing which will lead to reduced risk of chronic ailments such as cardiovascular diseases, cancer, and type II diabetes among others.

Goal of Guideline

To facilitate the development and roll-out of combination of interventions that allows for young people in and out of school, school management,

families and communities to work together to ensure a healthy physical and social school and home environment that supports provision of standard/optimal nutrition services and/or access to nutritionally adequate, and safe meals and promotes healthy lifestyle for the school age child and adolescent.

Objectives

The Objective of the guideline is to:

- i. Describe the minimum package of services to be implemented in support of the nutrition and health of the school-aged child and adolescents.
- ii. Provide guidance on the how to implement the Nutrition Friendly Schools to improve the nutrition of the child and adolescent in school
- iii. Strengthen the capacity of stakeholders who work in the area of nutrition of young people in and out of school.

The guideline will be used to:

- Build needed capacity and consensus to encourage leadership/boards of education/school, health facility heads in collaboration with students, parents/guardians, school staff, Parent Teacher Associations (PTA) and Public Health professionals to develop, adopt and implement nutrition/relevant policies and administrative procedures that align with the guidelines provided in this document.
- Facilitate the creation of an environment that encourages consumption of healthy food and drink/beverage/snack options and develop practices that meet nutrition standards in schools and in the communities.
- Provide guidance and links to resources for schools and communities to improve their nutrition environment.
- Assist school management and authorities, health facilities in the development and implementation of effective nutrition policies and administrative procedures. Assist Health facilities with guidance and other resources to improve nutrition environment for the children and adolescent in the community.

CHAPTER 2:

NUTRITION INTERVENTIONS FOR THE SCHOOL-AGED CHILD AND ADOLESCENTS

The existing evidence-informed interventions to address nutrition of the school aged child and adolescents include:

- promoting healthy diets;
- providing additional micronutrients through fortification of staple foods and targeted supplementation;
- managing acute malnutrition;
- preventing adolescent pregnancy and poor reproductive outcomes;
- promoting preconception and antenatal nutrition;
- providing access to safe environment and hygiene;
- promoting physical activity; and
- disease prevention and management

The Ghana Health Service and Ghana Education Service in collaboration with other MMDAs have over the years been implementing several strategies and programs, aimed at improving the nutrition and health of the adolescents. Prominent among these are:

- Addressing Water, Sanitation and Hygiene (**WASH**) in schools: UNICEF, Ghana has supported the education sector with a wide range of activities in schools including WASH facility construction, behaviour change support programs that aim to end open defecation and promote handwashing and sector support for facility planning and management. The aim is to promote equal access to facilities and WASH programming, particularly to women, girls, and those with disabilities.
- **Menstrual Hygiene Management:** Based on reports that indicate that although menstruation is a normal and healthy part of life for girls and women, most girls are not prepared for the menarche and mostly there are no changing facilities. For girls between the ages of 9 and 14 years in Ghanaian schools, experiencing menstruation for the first time can be a terrifying experience. Research conducted in Basic Schools, led by the Ghana Education Service, found that one of the first challenges adolescent girls face is the lack of essential information on managing menstruation before menarche – their first period.

- Ongoing work is focusing on advocacy for **Girls' Empowerment and Community Engagement for adolescent protection**. It includes community-based programs engaging with adolescent girls and boys; particularly those out of school, caregivers and community leaders, on issues of life skills, adolescent development and protection, Adolescent Sexual and Reproductive Health and Rights (ASRHR), Menstrual Hygiene Management (MHM) taboos to address high risks associated with household discrimination, commercial sexual exploitation and Sexual and Gender-Based Violence (SGBV), often experienced by adolescent girls in Ghana.
- The Ghana **Girls Iron Folate Tablet Supplementation (GIFTS)**: a school based multi-sectoral collaboration in the country initiated by Ghana Health Service (GHS), Ghana Education Service (GES), UNICEF and other key partners (US CDC-Atlanta, KOICA, Canada) with the aim to reduce anaemia prevalence, generate data on IFA dose and improve adolescent girls' nutrition and health status.

The weekly iron supplementation program for adolescent girls is based on the 2011 WHO guidelines for iron folic acid supplementation and was initiated in four phase one regions in September 2017. GIFTS is currently in all 16 regions of the country.

The program focuses on Social Behavior Change Communication (SBCC) - empowering menstruating adolescents and women with information to take control of their health and lives; and provides information on actions to take to prevent anaemia, improve nutrition and health through promotion of increased consumption of diversified, iron-rich and healthy diet among women, adolescent boys and girls.

- The **annual Medical Screening Program** for schools: The GHS working with GES undertakes annual school screening to generate requisite health and nutrition information for policy formulation, program planning and review and implementation.
- The GHS and the GES collaborate to provide deworming medicines to students in basic schools. This is to reduce the burden of worm infestation in the country and also contribute to the reduction of anaemia.
- The Ghana **School Feeding Program** is a social protection intervention initiated by the Government of Ghana that provides one hot meal a day to students in selected basic schools. The initial concept was to improve enrollment of children into school, but with time the intervention has become one of the main contributions to the nutritional requirements for the children. Challenges include

supervision of foods cooked, inadequate nutritional value of foods and safety of foods provided to school pupils.

- The '**Adolescent Girls' Nutrition Intervention**' (AGNI) is a programme with support from WFP in selected districts in four regions designed to use the facility-based GIFTS intervention as service delivery platform. The program provided locally available specialised nutritious foods tailored to the adolescent girls' specific nutrient needs to supplement her diet. This was done through a Cash Based Transfers (CBT) programme consisting of an e-commodity voucher component (for locally produced specialized nutritious foods), cash/value voucher component, and Social and Behavioural Change Communication (SBCC) component. All these are expected to contribute to improving the knowledge attitude and practices of the targeted adolescent girls as well as access to diversified diets and impact on the overall health and nutrition wellbeing.

The intervention will also be linked to the adolescent health corners at the various health facilities and will take advantage of the contact opportunities, where education on Adolescent Sexual and Reproductive Health (ASRH) would be provided to the beneficiaries in order to make informed choice regarding sexual and reproduction issues which will contribute to prevention of Sexually Transmitted Infections (STI), delay first pregnancy, and for them to seek appropriate care and manage pregnancies in case it happens.

These listed programs have basically centered on children in school. Therefore, a comprehensive approach to addressing the issues of nutrition of the school-aged child is to develop interventions that meet their needs whether or not they are in school.

Table 1 outlines the various interventions that can be implemented for the target group and defines a package of services within the specific intervention that can become the minimum services that can be provided. Modalities for delivering the minimum package of services will depend on where the school-aged child or adolescent can be located.

Table 1: Interventions and Package of Services for School-aged children and Adolescents

AGE CATEGORY	INTERVENTIONS	PACKAGE OF SERVICES for children/adolescents in school	Package of services for children/adolescent out of school
Pre-school (4-5 years) – kindergarten	Micronutrient deficiency control	Vitamin A Supplementation (VAS)VAS	Vitamin A Supplementation (VAS) Multiple Micronutrient powder supplementation (in some districts)
	Nutrition Surveillance	Health screening, ('my first day at school'), school) nutrition surveillance Health inspection days	Growth monitoring and promotion
	Promotion of healthy eating	Fruits and vegetable days 'Egg days' School meals	Nutrition counselling for mothers/caregivers
	Prevention of infection and infestation	Deworming, School Clean Up Activities	Deworming,
	WASH	Provision of portable water, provision of hand washing facilities, provision of toilet facilities and waste bins	Provision of portable water (village water supply. provision of toilet (no open defaecation campaign)

6-12 years	Micronutrient deficiency control	IFA supplementation for girls (GIFTS)	GIFTS - IFA supplementation for girls 10 years and above
	Surveillance	Nutrition surveillance in schools Identification of illness and referral for selected classes	Nutrition status assessment (adolescent health corners)
	Promotion of healthy eating	Nutrition education Fruits and vegetable days School meals	Nutrition education/counselling (adolescent health corners)
	Prevention of infection and infestation	Deworming (schools in target communities) Provision of bednets Health inspection days School cleans up	Deworming (in targeted communities)
	WASH	Provision of portable water, provision of hand washing facilities, provision of toilet facilities and waste bins Promotion of menstrual hygiene	Provision of portable water (community water supply) provision of toilet (no open defecation campaign)
	Promotion of physical activity	Sports Physical Education	
13-19 years	Micronutrient deficiency control	IFA supplementation for girls (GIFTS)	IFA supplementation for girls (GIFTS)
	Surveillance	SHS Medical screening for first year student	Nutrition status assessment (adolescent health corners)

Promotion of healthy eating	Nutrition education Fruits and vegetable days Egg days School meals	Nutrition education/counselling (adolescent health corners)
Prevention of infection and infestation	Deworming (schools in target communities) Provision of bednets Health inspection days School clean-up Personal and environmental hygiene	Deworming (target communities)
WASH	Provision of portable water, provision of hand washing facilities, provision of toilet facilities and waste bins	Provision of portable water (community water supply) provision of toilet(no open defecation campaign)
	Provision of hot meals (school feeding programme)	
Promotion of physical activity	Sports Physical education	

Chapter 3: STEPS IN IMPLEMENTING INTERVENTIONS TARGETED AT SCHOOL-AGED CHILDREN AND ADOLESCENTS

- Formation of regional coordinating team
- Development of regional plan by the regional coordinating teams
- Stakeholder sensitization and advocacy.
- Baseline Assessment of nutrition and health environment (WASH environment, School Meals and Food Environment, Safe School environment, Access to Physical activity)
- Capacity Building
- Implementation
- Reporting
- Monitoring and Supervision

Step 1: Formation of regional core teams

All regions should have teams composed of education and health personnel with responsibilities to plan activities, discuss and undertake resource mobilization, conduct mentoring and supportive supervisory visits among others. The teams should report to the Regional Directors of Education and Health.

Step 2: Development of action plans

Plans of work will be developed at all levels to be implemented. Districts in collaboration with regions will prepare action points including advocacy meetings, community sensitization and engagement, capacity building, resource mobilization, monitoring and supervision and implement them. At the school level, school core team will identify activities deriving from their school policy that will help them achieve their set objectives and implement them.

Activities should include but not limited to the minimum package defined for the Nutrition-Friendly School Program for in-school and the minimum package for children and adolescents out-of-school.

District and school plans should be developed taking cognizance of existing health, nutrition and WASH related interventions. The plans should be discussed among the circuit, sub-district and district core teams for their buy-in and their support.

Step 3: Stakeholder sensitization and advocacy

To ensure that regions, districts and communities obtain buy-in for sustained support from all stakeholders, sensitization and advocacy activities should be conducted at all levels. These should include stakeholder meetings, community durbars, community radio discussions, engagement with religious groups, festivals, PTA meetings and other community communication channels to impact knowledge and trigger behavioural change. These activities should be on-going and opportunities should be created for engagements that would provide further information.

Advocacy with Regional Coordinating Councils, District Assemblies, CBOs, FBOs, CSOs, and other NGOs should be conducted to get buy in, particularly in areas where the need for WASH and other facilities is anticipated to be very high.

It must be recognized that schools have their special stakeholders, depending on where they are cited; therefore schools are also encouraged to conduct their own sensitization activities especially with their local NGOs and parent/teacher associations. Sensitization at Parent Teacher Association meetings would be essential to build their capacity and also generate interest.

Step 4: Baseline/Assessment of School Health and Nutrition Environment

An initial assessment of the current health and nutrition situation in each school would be conducted prior to implementation.

It is expected that the regional team would determine the scope of is required to help draft the necessary policies that would adequately deal with the issues within the school. For example:

- What is the current school policy towards meals and snacks?
- Where is information concerning food and nutrition incorporated in the curriculum?
- How are food and nutrition aspects integrated into the whole school environment and wider community?
- Are there any health and nutrition related concerns? Such as WASH

It is recommended that the assessment be conducted both at the national and school levels. School level assessments help with the formulation of the school policy.

At the national level, this assessment will provide the information required to evaluate the program and plan for scale-up.

Step 5: Capacity building

A comprehensive implementation strategy for School aged nutrition guidelines requires capacity building for all actors involved: health staff, teachers, health workers, parents, students and the community at large.

To ensure work force capacity strengthening, targeted groups such as parents, caterers, cooks, domestic bursars, teaching and non-teaching staff, school children, traditional authorities, opinion leaders should be taken through Sensitization, Orientation and Training and equipped adequately to perform their various roles.

Capacity building activities will be coordinated and conducted by the regional and district core team in collaboration with the circuit and school teams. This is to ensure standardization of information. Capacity building will target health staff, teachers and circuit supervisors at all levels and should focus on the package of services, opportunities for sensitizations, monitoring and supervision and reporting.

Orientation of other stakeholders

Relevant officials of the Ghana Education Service, Ghana Health Service and other Ministries, Departments and Agencies (MDAs), CSOs and FBOs would be oriented on the program.

The orientation should cover rationale of guideline, roles and responsibilities of various actors, expected changes to the school environment and anticipated challenges as well as given a general overview of the program. Additional discussion points on possible scale-up can be included.

Step 6: Implement

Action plans developed at each level should be implemented as much as possible, and activities should not be too expensive. Resources and Logistics should be mobilized from within to ensure sustainability.

Step 7 Monitoring and Supervision

Annual monitoring visits will be conducted, coordinated from National level to schools.

Regional teams would be required to conduct monitoring either as standalone or integrated into other monitoring activities.

District and sub district officers and circuit officers would visit schools at least monthly to supervise and support activities on-going in the schools.

A comprehensive checklist, covering the various levels would be used to conduct this activity.

4.4 Supervision

Circuit supervisors and sub-district health officers would be directly responsible for the supervision of schools within their jurisdiction.

Districts, regional and national officers would conduct periodic visits to provide support to school teams

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Chapter 4: DELIVERING NUTRITION INTERVENTION FOR THE SCHOOL AGED CHILD AND ADOLESCENT IN SCHOOL - Implementing the Nutrition Friendly Schools Initiative:



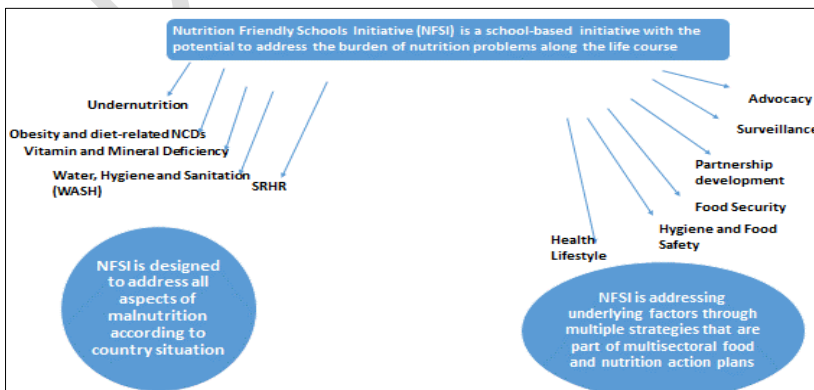
4.1 The Nutrition-Friendly Schools Initiative

In many developing countries, there are more teachers than health workers and more schools than clinics. School children are one of the most accessible population groups from a public health perspective because they are gathered together on an almost daily basis and are supervised by a trained workforce of teachers. They are also a group which can benefit considerably from nutrition and health interventions. The infrastructure of the school system therefore provides an opportunity for health services to reach children in a cost- effective way.

Evidence shows that good nutrition enhances academic performance and contributes to lifelong health and well-being and that ill health can be a catalyst for absenteeism or dropping out of school. Additionally, it is recognized that healthy students are better learners. Schools must not only be centers for academic learning, but also supportive venues for the provision of essential health education and services.

It is known that schools are an ideal place for children and youth to observe and learn about healthy eating and nutrition as they often eat at school or buy meals and snacks there. This may entail promoting the offering of high quality nutritious foods and beverages in school lunch or snack programs, vending machines, canteens, school and classroom celebrations, fundraising, sporting events and other special school community events. Research suggests that nutrition promotion is an accessible and effective tool in developing healthy nutrition-related practice and dietary habits in youth. Further, the adolescents who benefit from nutrition promotion can act as change agents by spreading the messages to a large segment of the population.

The Nutrition-Friendly Schools Initiative (NFSI) is a school-based health and nutrition program with the objectives of providing a framework to address the double burden of nutrition-related ill health and to serve as a mechanism to interconnect all school-based health and nutrition programs.



The Ghana NFSI is guided by the Focusing Resources on Effective School Health (FRESH) initiative, which is a partnership sponsored by key health agencies including World Health Organization (WHO), UNESCO, UNICEF, the World Bank. FRESH Initiative aims to assist national governments to implement school-based health programs in efficient, realistic, and results-oriented ways. The FRESH framework has identified a core group of cost-effective activities which, when implemented together provide a sound basis to make schools healthier for children by resolving health issues that affect school-age children.

The program will focus on the four key pillars of the FRESH Framework which are:

- 1. School health and nutrition guiding principle:** describes the actions that school authorities and the core teams expect to happen in the schools. This will serve as a set of core principles by which the schools will relate to themselves and their environment, including vendors. It can be used to advocate for support from all agencies and the community.
- 2. Safe school environment:** Includes ensuring a food environment that promotes intake of nutritious foods and discourages serving or sale and promotion of unhealthy foods (high salt, high fat, high sugar) on the school premises, provision of safe potable water, adequate sanitation and the promotion of good hygiene practices for a safe and healthy school environment.
- 3. School-based delivery of health services:** Includes micronutrient supplementation, promotion of intake of fruits and vegetables, deworming, health screening (vision and hearing, oral, etc.) school-based management of minor illnesses and injuries.
- 4. Skills-based health education:** This component is centered on a behaviour change approach for the promotion of optimal nutrition, sexual and reproductive health and rights, physical activity, and hygiene.

The overall objective of the Nutrition Friendly Schools Program is to raise awareness on and improve nutrition of School age children and adolescents 5 to 19 years.

4.2: Steps for designing and implementing a nutrition and health policy for school aged children and adolescents in- school

- Self-Assessment of current nutrition and health environment in schools (WASH environment, School Meals and Food Environment, Safe School environment, Access to Physical activity)
- Development of nutrition and health guideline
- Development of an action plan by the school core team.
- Implement, monitor and evaluate the action plan.

Step 1: Self-Assessment

A self-assessment tool is provided in Annex 1 to help school core teams conduct an appraisal of the school environment before they initiate implementation of the initiative. This activity will provide information that can serve as baseline for the school. After implementation, schools will continue to assess themselves and make the necessary modifications as the implementation progresses.

Step 2: Development of nutrition and health guideline

The core action group at the school level should develop a specific health and nutrition policy based on their findings. The policy should focus on four key elements: school nutrition and health services, school meals, school environment and the school community. This should cover snacks and beverages, drinks, food vending in and around school premises targeting the production, marketing, advertising and sale of unhealthy foods. Because the schools will have peculiar needs, prioritised actions might vary dependent on context and locality. Efforts should be made to solicit for and adapt the policy to the school's needs as much as possible.

Step 3: Development of an action plan by the school core team

The school-core team will develop a simple plan of how they intend to implement the minimum package of activities within their school. This plan should be simple and follow key areas in the school's guideline.

Step 4: Implement, Monitor and Evaluate

Schools will be required to consistently evaluate the implementation of their action plans and make the necessary revisions to their plan. The self-assessment tool will be used to conduct periodic assessments.

MODEL GUIDING PRINCIPLE ON PROMOTION OF THE SCHOOL ENVIRONMENT FOR HEALTH AND OPTIMAL NUTRITION-1

In view of the current state of under-nutrition and the increasing levels of overweight and obesity among school-age children and adolescents, and that poor diets and sanitation, coupled with lack of physical activity negatively impacts on students' health and their ability and motivation to learn, the Authorities in the School are committed to:

- o Ensuring that students have access to healthy and nutritious foods
- o Ensuring the provision of adequate WASH facilities
- o Promoting healthy eating, including consumption of fresh fruits and vegetables and iron-rich foods through nutrition education
- o Providing students with the opportunity to engage in daily physical activity
- o Creating a green environment in all schools
- o Implementing of the package of services for the Nutrition Friendly Schools

1. Ensuring that students have access to safe, healthy and nutritious foods:

Where the school provides food to students (either from a Private Caterer or the School Feeding Program), school authorities will ensure that:

- Caterers who provide school meals develop and cook meals from a menu chart developed in line with the four-star (4****diet). The menu chart should be available in the school for reference
- All school caterers are trained on the four-star diet, food safety and handling and the nutrition standards
- Adequate time is allowed for meal service and consumption
- Caterers mount food on well covered tables and food is covered to prevent flies and dust from settling on it; provide clean environment for eating with adequate hand washing facilities
- Caterers provide fruits with meals daily
- There is adequate arrangements for storage of food

Where the school has private vendors selling on the school premises, the school shall:

- Regulate the foods and drinks that are sold on the school premises
- Prohibit advertisements and sale of sugary foods and drinks in schools e.g. fizzy drinks, sweets, chewing gum, noodles, fruit drinks etc.
- Encourage vendors to sell foods with components from the 4**** diet
- Ensure that vendors mount food on well covered tables and cover food to prevent flies and dust from settling on it; provide clean environment for eating with adequate hand washing facilities

- Promote the sale of healthy foods and drinks on the school premises e.g. fresh fruits, fresh fruit juices,

For students with packed lunch from homes; school authorities should

- Encourage parents to avoid putting fizzy drinks and sugary foods/snacks into their children's lunch boxes
- Request that parents add fruits to the children's packed lunches

2. Ensuring the provision of adequate WASH facilities: school authorities shall

- Liaise with the District Assemblies and communities to provide safe and portable water, handwashing and toilet facilities and to maintain same
- Mobilize students to provide simple and innovative hand washing facilities (example the tippy-taps) in areas where handwashing facilities are not available
- Mobilize communities to provide soap to support hand washing

3. Promoting healthy eating, including consumption of fresh fruits and vegetables and iron-rich foods through nutrition education: School authorities should

- collaborate with the health team to educate parents at PTA meetings on the importance of the 4**** diet and encourage them to incorporate this into the child's meals, including packed lunches.
- Institute fruit days (1-3 times a week) to encourage the consumption of fruits by students.

4. Providing students with the opportunity to engage in daily physical activity: school authorities should:

- Provide play spaces.
- Ensure that physical education is taught well on class basis as indicated on the timetable.
- Institute one-to-two-minute aerobic activities during lesson

5. Creating a green environment in all schools: school authorities should

- Ensure fruit trees are planted on school compounds for beautification, wind breakers and consumption.
- Segregate the schools' waste and dispose safely.

The School Authorities are committed to promoting this Policy with all food service personnel, teachers, nurses and other school administrative staff so they have the skills they need to implement this policy and promote healthy eating practices. School Authorities will work toward creating awareness about this policy among students, parents, teachers, and the community at large. Efforts would be made to lobby for the revision of the school curriculum in order to strengthen the nutrition component being taught to students at all levels.

MODEL GUIDING PRINCIPLES FOR NUTRITION FRIENDLY SCHOOL-2

Recognizing that healthy dietary, physical activity and healthy lifestyle practices for school children contribute to improved learning outcomes and that the schools provides a good platform for adoption of such behaviors, authorities of School commencing in the Academic/school year, shall

1. **Promote Nutritious Food and Drinks** by ensuring that:

- All foods sold and/or served in our school throughout the week will be based on the four-star meal concept.
- Only healthy snacks such as fresh fruits, fresh fruit juices, milk, low fat foods and water will be sold or served in the school.
- Fundraising in the school will not rely on the sale of non-nutritious foods.
- No advertising and sale of sugary foods and drinks e.g. fizzy drinks, sweets, chewing gum, noodles, fruit drinks etc. occurs on the school premises by all including private vendors and staff
- Parents are informed to add fruits to the children's packed lunches and for special occasions/events in school e.g. birthday celebrations and parties
- Parents who wish to celebrate their children's birthdays in the school are to desist from bringing fizzy drinks, high-fat or oily foods, sweets and candies but should bring fruits to serve other members of the class
- Once/twice/three times a week a special food day will be incorporated into canteen servings.

2. **Institute fruit and vegetable days (1-3 times a week) to encourage the consumption of fruits by students.**

3. **Promote Teachers and Parents as Leaders and Role Models:**

- School administrators and all staff should promote the consumption of foods with maximum nutritional value on school premises. These include fruits instead of sugary or fizzy drinks and foods modeling healthy eating behavior.
- Parents are to desist from including high fat foods, sweets, candies and high sugar foods in the snack and lunch packs of their children
- Parent Association meetings will be used as platforms to provide orientation on healthy eating every term
- This School will avoid raising funds from companies that produce or market unhealthy foods that compromise student's healthy food choices.

4. **Create a good Eating Environment:**

- Our school will work towards creating a pleasant eating environment which includes adequate time and space to eat meals and appropriate supervision
- Our school will
 - o Allow a minimum of 20 minutes for students to eat lunch;
 - o Encourage that foods are eaten after outside play, whenever possible;

- Ensure that lunch is eaten in a calm positive atmosphere.

5. **Promote Food Safety:** Administrators of this school will support the safe preparation and handling of food by ensuring that

- Cooking staff and servers are familiar with safe food handling practices.
- Students wash their hands before eating and at all the key recommended times for hand washing.

6. Caterers and Cooks

All caterers and food vendors in this school would be required to successfully complete a food safety training program

Caterers and vendors shall be mandated to

- mount food on well covered tables and cover the food to prevent flies and dust from settling on it;
- Ensure that the eating environment is clean
- Provide hand washing facilities with soap,
- Provide fruits with meals daily

7. **Promote Physical education:** Our School will continue to promote healthy eating and active living through health and physical education.

- provide play spaces and provide students with the opportunity to engage in daily physical activity
- Facilitate the teaching of physical education well on class basis as indicated on the timetable and curriculum, including instituting one to two minute aerobic activities during lesson

8. **Conduct Health Education** on Life Skills actions: The school will ensure that students receive nutrition messages that are consistent with messages provided in health facilities, communities and media. School authorities shall ensure that health education covers

- healthy eating, including consumption of fresh fruits and vegetables and iron-rich foods
- educating parents at PTA meetings on the importance of the 4-star diet and encourage them to incorporate this into the child's meals, including packed lunches
- Prevention of risky behaviors including poor dietary patterns, use of tobacco, alcohol and other drugs, sedentary lifestyles
- ASRHR including behaviors that result in sexually transmitted diseases/infections and unintended pregnancy, violent and other anti-social behaviors

9. **Create a green environment:** school authorities should:

- Ensure fruit trees are planted on school compounds for beautification, wind breakers and consumption
- Segregate the schools waste and dispose safely

10. Promote the Provision of **WASH** Facilities: the School authorities shall:

- Liaise with the District Assemblies and communities to provide safe and portable water, handwashing and toilet facilities and to maintain same
- Mobilize students to provide simple and innovative hand washing facilities (example the tippy-taps) in areas where handwashing facilities are not available
- Mobilize communities to provide soap to support hand washing

11. Revision/Update of School Guiding principle

Ensure Revision and Update of the Guiding Principles: The school core team shall update or modify the policy based on the results of the annual progress reports/ assessments.

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4.3 Package of Services

Chapter 2 describes the package of services to be delivered in schools to address the nutrition and health issues among the target population. The package of services has been listed according to the activities that are expected to be undertaken by schools and services/activities which schools have to liaise with the health system to provide.

4.3.1 The Minimum Package for all schools is:

This package should be implemented by all schools according to the relevance of the package to them. See Table 2:

Package of Service	Level of Implementation			
	Kindergarten (4-5 years)	Basic/Primary (6-11 years)	Junior High	Senior High
Fruit and vegetable days	✓	✓	✓	✓
Egg day	✓	✓	✓	✓
Health inspection days	✓	✓	✓	✓
General cleaning of school compounds	✓	✓	✓	✓
Physical Activity Day	✓	✓	✓	✓
Girls Iron Folate Tablet Supplementation		✓ (Upper primary)	✓	✓
Nutrition Education	✓	✓	✓	✓
School Meals	✓	✓		✓
SMART School			✓	✓
Local dish day				
Protein day				

4.3.2: Health and Nutrition Services for Schools:

These are interventions that would be conducted by the school health teams in the schools as part of the Nutrition-Friendly Schools program. The activities would be planned, coordinated and undertaken at the schools and reports provided at the end of the term.

1. Bi-annual Vitamin A Supplementation
2. Annual School Screening
3. Annual Nutrition Surveillance
4. School Deworming exercise

4.3.3: Supportive Environment within Schools

A set of package to be implemented with the support of the Metropolitan/Municipal/District assemblies to create a supportive school environment which supports safe food provision, WASH facilities and optimal health and nutrition education. The environment also includes all of the information available, promotion (marketing, advertisements, branding, food labels, packages, etc.) and the pricing of foods and food products.

1. Training, Screening and Certification of school food vendors
2. Annual Provision of Environmental Certificate to schools
3. Provision of minimum standard modern toilet and handwashing facilities for all schools (disability, gender and child friendly)
4. Advocacy, Resource Mobilization and Sensitization
5. Organization of quizzes, debates and other competitions as opportunities to motivate the schools

4.4: Description of Package of Services in School

Fruit Day -1-3 days a week

The Fruit days is a novelle proposal aimed at increasing the knowledge about the benefits of fruits and inculcating the habit of regular fruit intake among children. Known as school fruit subscription programs in some countries, this initiative has been found to help build good eating habits, increase children's well-being and thereby promote better health.

Fruit days have the potential to:

- offer access to fruits for all children.
- give children the health benefits of fruit, vegetables and other foods
- expose children to new varieties of fruits
- help children to develop a habit of healthy eating
- contribute to prevention of constipation, cancer, coronary heart disease and reduce symptoms of asthma, bronchitis and other diseases.
- decrease soft-drink and unhealthy snack consumption
- involve local farmers and local businesses.

Key activity in school:

The school team lead will inform students to bring a fruit of their choice to school on day(s) in the week the school has selected for this activity. Students should be reminded a day before. Additionally, the school can make arrangements to get some fruits, particularly if the school has fruit trees on the compound that are in season.

During the morning snack or first break, the school-based health teacher gather together all students with the fruit they have brought. The leader gives brief education about fruits and their benefits and encourages pupils to eat them every day.

The students are then led to wash their fruits, prepare them, share and eat.

The recommendation is to have one to three days in the week that fruit days will be observed. However, school authorities have the liberty to determine how they would want to introduce the activity and gradually increase the number of days.

Health day (inspection of nails, footwear, and outfit)

Commented [KA4]: Should we call it personal hygiene day

While going to school in clean clothes and generally looking neat may not contribute to intelligence, it has the potential to make a student feel confident among his/her peers, helps avoid the propensity to be bullied and contribute to a positive outlook. It also helps to inculcate good personal hygiene habits among children.

Key activity in school:

School authorities would inspect students' nails, dresses and footwear at least once every week at the morning assembly. Authorities should use the opportunity to educate students on the need to take care of themselves in order to avoid illnesses, create a positive image and outlook for themselves and the school and enhance their productivity.

Commented [KA5]: Should we include teeth

Clean-up Exercises

Clean environments are essential to prevent infections and promote health. Littering compounds with water sachets, food pieces and other materials make the school premises look untidy; accumulate litter and other waste around the school, including classrooms and makes it difficult for students to learn. Additionally, unclean environments encourage breeding of pathogens that transmit diseases and may ultimately affect learning time and productivity.

Key activities in school:

It is proposed that:

- a Health Compound Prefect be identified (if not already available) to take care of the environment or duties related to the cleanliness of the compound be assigned to one of the School Health Team members

- Waste/rubbish bins be placed at vantage points on the compound and daily collection of litter at a selected time of the day conducted
- Clean-up exercises be organized by the students every two weeks: this can be done as part of the section competitions so that students are motivated to do this.

Sports/Physical Education

Inactivity is one of the factors leading to overweight and therefore in promoting good nutrition, schools should prioritize the provision of physical space for physical activity. As part of the school set up, play spaces should be created to allow for physical activity. Children should be engaged in various age-appropriate sporting activities that will ensure psycho-social, physical and mental development of the child and to help maintain ideal weight. Some examples are Football, Volleyball, Handball, 'Ampe', Table Tennis, 'Pilolow', 'chaskele', 'alokoto', 'tumaatu', skipping rope.

Where possible, children can be introduced to other sports like swimming. Authorities in Special needs schools should create disability friendly games and sports for use during the weekly activity time.

Nutrition education should be done hand in hand on the relevance of physical education and activity.

Key activity in school:

The physical activity instructor or a designated teacher should plan and supervise the children to conduct these age-appropriate sporting activities at least once a week. Benefits and importance of physical or sporting activities should be discussed and taught to the students as part of this activity.

Girls' IFA supplementation (GIFTS) In-School (adolescent girls 10-19 years)

The Girls' Iron Folate Tablet Supplementation Program aims to contribute to the reduction in anaemia among adolescent girls through weekly provision of iron and folic acid supplements. Adolescent girls 10-19 years in all Basic (Upper Primary and JHS) and Senior High, TVET schools are targeted, and they receive IFA weekly.

Key activity in school

All adolescent girls should receive a combined tablet with **60mg elemental iron and 400mcg folic acid every Wednesday**, after meals. Missed dose can be taken before the next Wednesday of the ensuing week.

Teachers should provide education on the benefits of the tablets and the possible side effects.

Services provided should be recorded in the School GIFTS Register.

The school-based teacher is expected to draw up a health education plan for the term, and include anaemia and its consequences, benefits of IFA and the need to eat more iron-rich foods.

Bi-annual Vitamin A supplementation for eligible children

To reduce the burden of vitamin A deficiency, the GHS adopted the Vitamin A Control Program in 2005. The national strategy is a bi-annual supplementation of all children 6-59 months visiting the Child Welfare Clinics (CWC) with an age-appropriate dose of Vitamin A supplement. Since most children after one year do not attend the regular CWC, the school platform has become an important space to reach children who are in this age category.

Key activity in school:

Health staff are to liaise with school authorities to develop a schedule for visits to provide this service to eligible children. School authorities would be required to inform parents to bring along their ward's Child Health Records/Maternal and Child Health Record Books for recording of service.

On the identified day/week, the health staff would provide the service to the eligible children when they are dropped off in schools and record appropriately.

Dose:

6-11months 100,000IU (blue capsule)

12-59 months – 200,000IU (red capsule)

National Annual Medical Screening for Schools- 'My First Day at School'

The Ghana Health Service and the Ghana Education Service initiated the Annual School health screening for Senior High Schools (SHS) to ensure

optimal health, nutrition and wellness of all pre-tertiary pupils and students to contribute to improved learning outcomes.

The screening was extended from the 2019/2020 academic year to cover basic schools; dubbed 'My First Day in School'. It would be conducted once a year at the beginning of the academic year. This activity would be coordinated from the Regional and District Health and Education offices. The health team responsible for the catchment area within which the various basic and Senior High schools are located would conduct/ be responsible for the screening exercise.

Package of services include:

Medical history; General Physical examination; Skin examination; Assessment of developmental milestones; Assessment of special needs; Immunization status assessment; Nutritional status assessment; Vision assessment; Oral health assessment; Ear, Nose and Throat assessment; TB Screening; General laboratory investigations; Referrals; Counselling

Key Activity:

At the beginning of the academic year, teams would visit basic schools and conduct the screening for all children attending Kindergarten according to the national guideline.

Nutrition Surveillance

Nutrition surveillance is described as '**watching over nutrition**' in order to make decisions that lead to improvements in nutrition in populations.

This intervention will involve measuring the weight and height of selected children and assessing some other indices to allow for assessment of nutritional status of eligible populations in schools. This will be conducted annually.

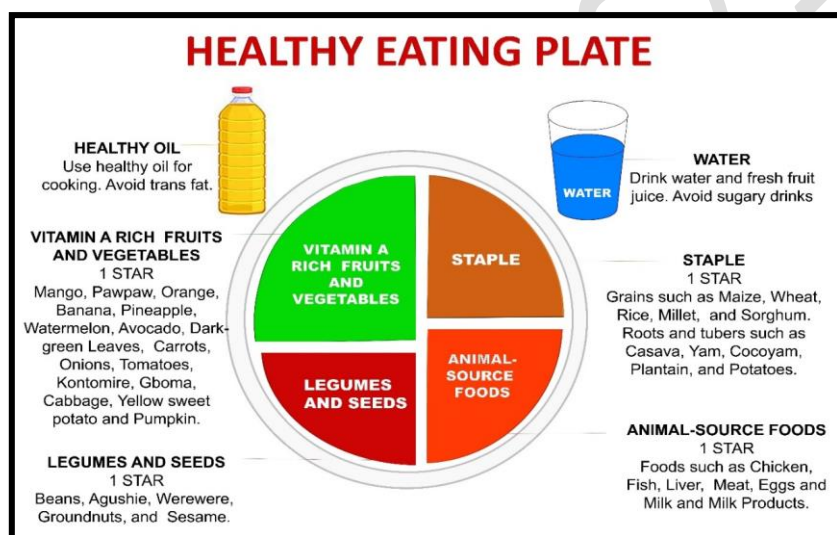
Key activity:

The health staff (CHNs & Nutrition officers) responsible for catchment area in which the school is located will visit the school to take the anthropometric measurements (weights and Heights) of the children and adolescents and conduct other assessments/interviews as may be required. The data will be collated, analysed and disseminated.

4.5 Provision of Meals in School

Various modalities exist for provision of meals to school children/students. Currently the main practices in Ghana are (1) provision of meals by schools either through the school feeding program (SFP) or caterers hired by the schools (2) food vending on the premises by teaching/non-teaching staff or outsiders that is not officially controlled by the school and (3) packed meals and snacks provided by parents/caregivers for their children to take to school.

In all of these models, efforts should be made to prepare food based on the 4star diet, served under hygienic conditions and eaten in a clean and well ventilated environment. Caterers and other providers of food to students should receive training on the 4-star meal as indicated in the Healthy Eating Plate below.



The 'Healthy Eating Plate' is a pictorial food guide intended to help with the choice of variety of nutritious foods. The NFS Healthy Eating plate is modelled after the 4**** diet and ensures that meals are provided from all the different categories of foods. This had been adapted to suit feeding children in school and to make it easier for conformity.

The 4**** diet is a meal prepared by combining different locally available foods from each of the four categories listed below. These categories align with the 3-food groups: Energy Giving – Staples, roots and tubers; Body Building – Animal Source foods and Legumes; Protective foods – Vitamin A-rich foods and other fruits and vegetables.

Though the target is to eat a 4-star meal at all mealtimes, school cooks should ensure that children eat meals prepared from all of the different categories of food at least once within the week.

Amount of food: The right amounts of foods should be served, particularly in instances where food is prepared and served under the supervision of the school.

Rules and regulations for food safety are needed to minimize the risk of contamination and food-borne infection. Important considerations to ensure safe foods include ensuring that raw materials are obtained from clean and safe environments, cooking areas are spacious and cooking surfaces are safe to reduce cross contamination. Cooks should practice good personal hygiene, cleanliness, tidiness and adequate ventilation.

Food should be prepared in the right quantities to ensure leftovers are minimized. Leftover food should be stored well if it has to be served to students. Schools should be encouraged to purchase foods from reliable licensed sources complying with national food regulations.

Snacks

Healthy snacks should be encouraged. These foods should have reduced sugar, salt and fat content. Based on the nutritional content, snacks have been classified into healthy and unhealthy snacks.

Healthy Snacks include Coconut water and other fresh seasonal fruits (orange, mango, watermelon, banana, pear); Baked meat and fish balls; Baked samosas; Plain whole-meal biscuits, crackers; Brown bread/roll, white bread/roll; soyabean milk; banana and groundnut, slice of bread with spread; Egg (boiled, omelet or scrambled); 100% pure fruit juice; Yoghurts and yoghurt drinks and nuts.

Unhealthy snacks high in fat and/or sugar and should be taken in moderate amounts or about twice a week. These may include 'Koose'; 'Kulikuli'; Local chips (potato, cocoyam, plantain, sweet potato); Popcorn (popped in limited oil and salt); Samosas (fried); Sausage rolls; Fried fish balls and meat balls; Ice-cream.

Candies; Mints; Lollipop; Chewing gum; Jellies; Donuts, Sponge cakes; Sweet biscuits; Chocolates, Chocolate paste, Chocobars; Carbonated drinks (coca cola, pepsi etc.); High energy drinks (e.g. Lucozade, Rush, etc.) and fruit drinks, these offer little in terms of protein, vitamins or minerals and lots of calories from sugar and/ or fat and should be avoided as much as possible.

Food vendors

A healthy conducive environment should be created to include food vendors that may be present on or near the school property, who provide an important source of food for students. Schools should strive to gain corporation with the vendors to offer nutritious food choices to encourage the school's health promotion efforts. All food service personnel should have adequate training in safe food handling and medical certificate of fitness valid for one year. The school should prohibit the selling and serving of foods high in saturated fats, trans-fatty acids, free sugar or salt.

Mealtimes:

It is true that quality of food stuff and quality of meals (related to hygienic preparation and serving) are important, but so is time allotted for eating. In many schools, there are concerns about the short time made available for eating meals. Providing enough time for pupils to choose meals and socialize with friends is important for the development of healthy eating habits. Lunch breaks provide an interval in the daily routine and allow students to return to class refreshed. Children want to use lunch breaks for play and undertake physical activity, but long queues and poor service reduce the available time, leading to skipping lunch or buying unhealthy food outside the school. In order for pupils to enjoy their lunch in a relaxed and social atmosphere, schools should permit them at least 20 minutes for eating after they arrive at the table.

Eating space

Canteens should have adequate space, well conducive environment, proper setting and good sanitary conditions, including a hand washing area. Refuse bins with movable lids should be placed where appropriate.

There should be proper waste management facilities within an appropriate distance.

Access to safe drinking water

Where possible, school authorities should ensure provision of regular safe drinking water to school children within the school day. In the case where there are no taps, District Assemblies should support in providing safe drinking water in schools by drilling boreholes, providing poly tanks and connecting schools to the water system (GWCL). Every child should be

encouraged to take a bottle of safe drinking water to school. Provision of safe drinking water should be added to the WASH in school.

4.6 Physical Environment

- Adequate school cooking & storage facilities
- School gardening & Greening of the environment
- Provision of WASH facilities (toilet, waste management and hand washing facilities)

Adequate cooking & storage facilities

Whether cooking is done on the school premises or somewhere else, cooking areas must be spacious and kept clean.

Cookware must be kept clean and kept well. Cooking surfaces, knives and chopping boards must be sanitized regularly.

Service plates and cups must be safely stored when not in use. Used cookware, plates and cups must be washed immediately after use and with enough safe water and soap.

A storage facility that prevents contamination, spoilage and harbourage of insects should be attached to the cooking facility if possible.

School gardening & Greening of the environment

School gardens, though useful in educating students on the benefits of fruits and vegetables or animal sources of food has not been shown to directly improve nutritional status. School gardens, or opportunities to plant trees around the school has the potential to improve ambience of environment, contribute to fruit intake if such trees are planted. As much as possible, schools should be encouraged to operate a small garden to encourage and cultivate the habit of growing fruits and vegetables in the children. Trees should also be planted on the school compounds. Working on the school garden or farm should not be a source of punishment but a learning session.

Provision of WASH facilities

Modern toilet facilities for both boys and girls with a changing room for girls should be provided together with a hand washing facility. This should be sited properly.

Handwashing facilities should be provided for students and teachers. Schools can take the initiative to provide simple hand-washing facilities like tippy-tap for use while they wait for the Assemblies to get some.

Waste bins should be provided and placed at vantage points in the schools. Students should be educated on the importance of clean environments and cleaning activities done periodically. If possible, students should be introduced to appropriate waste segregation procedures.

4.7 Psycho-Social Environment

School staff as role models in encouraging healthy eating and physically active lifestyle. Teacher and peer role modelling is important in shaping the eating habits of children by also consuming foods with high nutritious value. Good nutrition messages from teachers and peers go a long way to give the right psychosocial environment to promote good nutrition in children. In addition to this, school personnel should not use food to reward or punish children.

4.8 Special Events and Programs/Sporting Activities

Schools are encouraged to innovate and undertake special programs like Cultural days, Nutrition Weeks and Health Fairs. Activities like debates, seminars, competitions, quizzes could be done to highlight nutrition and health issues.

Annual celebration of special days can be used to highlight nutrition, health, and sanitation issues. These celebrations could be competitive to serve as motivation for the school pupils and teachers.

4.9 Nutrition Education and Advocacy

4.9.1 Nutrition Education

Nutrition education concerns food consumption, dietary practices, food habits, food purchasing, food preparation, food safety and its environmental conditions. Good nutrition is crucial for children's physical and mental development; school children are current and future consumers and future parents and are also an important link between school, home and community.

Nutrition Education within the school curriculum should be reviewed periodically, to ensure that messages are relevant and consistent with national dietary guidelines and further development in nutrition.

Target groups

To ensure effective implementation and compliance, education and advocacy can be targeted at caterers, cooks, domestic bursars, school children, teaching and non-teaching staff, parents and the community as a whole.

Channels of Nutrition education

Nutrition education can be channelled through debates, campaigns, role plays, seminars, orientations, health talk, media, food demonstration sessions and BCC materials. Effort needs to be made ensure that all materials have also integrated messages that target attitude as well as behaviour change.

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CHAPTER 5: DELIVERING NUTRITION INTERVENTION FOR THE SCHOOL AGED CHILD AND ADOLESCENT WHO IS OUT-OF-SCHOOL



With just one brick-red tablet a week, we went from low energy and slow to lots of vitality and strength!

Thanks to the weekly brick-red IFA tablet and eating healthy meals regularly, our blood iron content has increased and we are more energetic and active!

unicef World Health Organization USAID Canada CDC KOICA

DRAFT 1

5.1 Package of Services for children and Adolescents out-of-school

Several circumstances may precipitate the situation where children within the school-ageing bracket may not be found in school. These may include children who are orphans, school-drop-outs due to teenage pregnancies and early child marriages. Others may include the parents' lack of appreciation of school since they are both illiterates. Children in this category often have reduced access to nutritious diets and therefore may be at higher risk of undernutrition and other health risks and may also be exposed to sexual violence and abuse.

Unfortunately, however, interventions targeted at this age group are implemented mostly through the school system; to the exclusion of those who are currently out-of-school. Yet, there are a number of community based and health facility based service packages that can be leveraged to provide appropriate targeted care these out-of-school children and adolescents to improve their nutritional status and overall wellbeing.

A wide variety of services and interventions are provided for young people in Ghana. These include:

- promoting healthy diets;
- providing additional micronutrients through fortification of staple foods and targeted supplementation;
- preventing adolescent pregnancy and poor reproductive outcomes;
- promoting preconception and antenatal nutrition;
- providing access to safe environment and hygiene;
- promoting physical activity; and
- disease prevention and management

These services are provided mainly by GHS and number of NGOs scattered throughout the country. Although a variety of platforms exist for the provision of these services, access to and usage of these services by the young people out of school have remained poor particularly in rural and remote locations.

Table 3 details a package of services that can be provided for the different category of age groups of children and adolescent who are not in school. It will be noted however that most of these packages, especially WASH have not been structured nor targeted at the child/adolescent only but more implemented on the community level, from which the adolescent also benefits. There is therefore the need to place the needs of the adolescent/child out-of-school at the centre of development projects targeted at communities and special efforts made to address them.

Table 3: Package of Services for children and adolescents out-of-school

AGE CATEGORY	Package of services for children/adolescent out of school
Pre-school (4-5 years) - kindergarten	Vitamin A Supplementation (VAS)
	Multiple Micronutrient powder supplementation (in some districts)
	Growth monitoring and promotion
	Nutrition counselling for mothers/caregivers
	Deworming
6-12 years	Provision of portable water e.g., village water supply provision of toilet - (no open defaecation campaign)
	GIFTS - IFA supplementation for girls 10 years and above
	Nutrition Assessment and Counseling (adolescent health corners)
	Nutrition education/counselling (adolescent health corners)
	Deworming (in targeted communities)
13-19 years	Provision of portable water (community water supply) provision of toilet(no open defecation campaign)
	IFA supplementation for girls (GIFTS)
	Nutrition Assessment and Counseling (adolescent health corners)
	Nutrition education/counselling (adolescent health corners)
	Deworming (target communities)
	Provision of portable water (community water supply) provision of toilet(no open defecation campaign)
	Sexual and Reproductive Health (including services during pregnancy)
Counselling of caregivers/mothers at CWC	

5.2 Service Delivery Platforms

So far, the most structured service delivery platforms that have been used to reach the out-of-school children and adolescents have been mainly within the health sector.

Child Welfare clinics

Is a platform used to provide growth monitoring, immunization and vitamin A supplementation services for all children under 5 years in-and-out of school is country-wide – within health facilities and at outreach points.

Adolescent and Youth Friendly Centers

In Ghana, the Adolescent Health and Development Programme (ADHD) within the Family Health Division of the Ghana Health Service is responsible for providing the guidelines and coordinating all interventions targeted at adolescents and youth. Interventions are delivered through the Adolescent and Youth Friendly Centres within the health system, which has been recognized as important platforms for delivering health information and services to adolescents.

Home visits

The delivery of health care services uses numerous strategies to achieve the desired health outcomes in specific geographical areas. One of the strategies for health care delivery is the conduct of home visits. Under the home visiting strategy of the Ghana Health Service, Community and the Public Health nurses in a district or a locality are supposed to visit community members regularly and frequently to motivate them to participate in the health care services. Clients who need special care are selected for attention.

A home visit is one of the essential parts of the community health services because most of the people are found in a home. Home visit fulfils the needs of individual, family and community in general for nursing service and health counselling. Home visits offer the opportunity to:

- Identify children 6-9 year who do not attend school and provide them with age appropriate health and nutrition interventions
- Identify out of school adolescent girls 10-19 years and provide them with IFA tablets
- Conduct counselling on nutrition and childcare for caregivers of children and adolescents
- Link up with social services to enrol children back in school or into apprenticeship
- Advocate for reduction in child labour

Chapter 6: IMPLEMENTATION ARRANGEMENTS

6.1 Roles and Responsibilities for Program Implementation

Management and coordination arrangements would be put in place at the National, Regional, District, School levels and within the facilities to allow for effective program implementation.

National Task Team Provide leadership in planning and coordinating the intervention	
GHS	GES - SHEP
<ul style="list-style-type: none"> - Conduct advocacy among GHS directors and deputy directors - Conduct monitoring to regions/districts/health facilities - Mobilization and distribution of resources and logistics for program implementation and scale up. - Conduct Training of Trainers (ToT) for School Aged Nutrition Team on the implementation program - Organize periodic review meetings - Evaluate School aged nutrition program and share findings with key players for scale up, support and patronage. - 	<ul style="list-style-type: none"> - Conduct advocacy among GES Directors and Deputy Directors - Send correspondences to Regional/District Directors of Education on issues related to the program - Conduct monitoring to regional/district educational officers and schools - Report on key activities in schools at national meeting - Supervise implementation of the program in districts and schools. -
Regional level Coordinating team from the GHS and GES <ul style="list-style-type: none"> o Plan and conduct the training of district officers and school teams o Conduct joint monitoring to schools and health facilities 	
<ul style="list-style-type: none"> - Forecast logistics: IFA, Vitamin A etc in line with current practices and request for such - Receive logistics at RMS and distribute. - Conduct advocacy with Regional Coordinating Councils and other MMDAs for support 	<ul style="list-style-type: none"> - Keep updated/accurate records of enrolment in schools and numbers of schools by districts - Provide data for estimation of logistics needs - Coordinate activities of other MMDAs - Receive and collate reports from the district level to headquarters
District level	
<ul style="list-style-type: none"> - Conduct training for school teams on relevant health topics e.g., infant and young child feeding, SRH issues, 	<ul style="list-style-type: none"> - Liaise with the GHS district team (Nutrition officer) to collect IFA, Registers and other relevant materials and distribute to schools

<ul style="list-style-type: none"> - Forecast logistics needs: Vitamin A, IFA, Registers for in-school and out-of-school activities - Provide monthly reports on activities - Conduct advocacy activities with District/Municipal/Metropolitan Assemblies - Conduct joint monitoring to schools with the Education team - Conduct monitoring to health facilities on the out-of-school component of the intervention - Distribute logistics received from RMS to sub-districts/facilities and the GES-SHEP - Follow-up to ensure facilities have received needed logistics and are implementing their activities - Keep updated records of implementing schools and health facilities - Report on activities to DHMT and RHMT 	<ul style="list-style-type: none"> - Conduct monitoring to schools - Conduct joint monitoring with GHS to schools and health facilities - Report on programme/activities to District education team - Coordinates the collection of termly reports from the SISOs
Sub-district	Circuit - SISOs
<ul style="list-style-type: none"> - Train school teams on IYCF and other health issues to support SMART Schools implementation - Conduct health education in schools - 	<ul style="list-style-type: none"> - Supervise schools - Collects termly reports from schools for submission to district officers
Health facilities/staff	Schools
<ul style="list-style-type: none"> - Implement the minimum package of service for out-of-school children and adolescents - Fill out relevant report formats and forward to next level - Trained staff to conduct orientation or fellow staff who did not attend the training 	<ul style="list-style-type: none"> - School headteacher/SHEP coordinator to lead implementation of minimum package of services in their schools - Schools SHEP to train other teachers and class prefects to support with dosing of girls and recording during the GIFTS Wednesday - Fill out the termly reports and submit to district office - Headteacher/School Health Coordinator to conduct training for other teachers on initiative

6.2 Reporting and Data Management

Activities that are undertaken within the schools would be reported as part of the termly reports to be provided to circuit supervisors, and forwarded

to national SHEP through the district and Regional SHEP respectively. Reports should be coordinated by the district SHEP and Nutrition officers and be shared with relevant stakeholders.

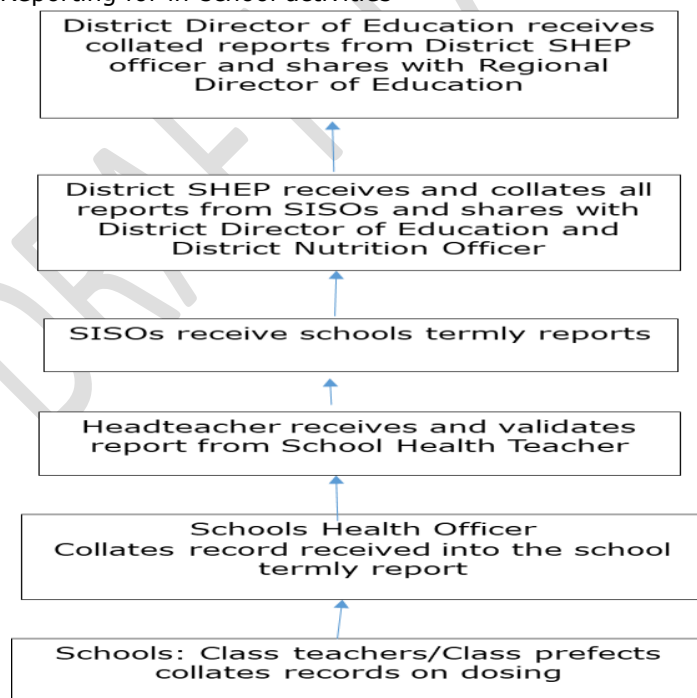
6.2.1 Reporting in Schools

School core teams will report on their core activities that they would be conducting. A consolidated termly report will be used to collect data and provide termly reports. These are

1. Fruit days
2. Health inspection days
3. Bi-monthly general cleaning of school compound.
4. Weekly physical activity
5. Weekly Girls Iron Folate Tablet Supplementation
6. SMART School

For all interventions e.g. The National Deworming Program, National Annual Screening and the Nutrition Surveillance that would be conducted linking with the health facilities, data would be collected and reported as per the standard operating procedures according to the agreed frequency.

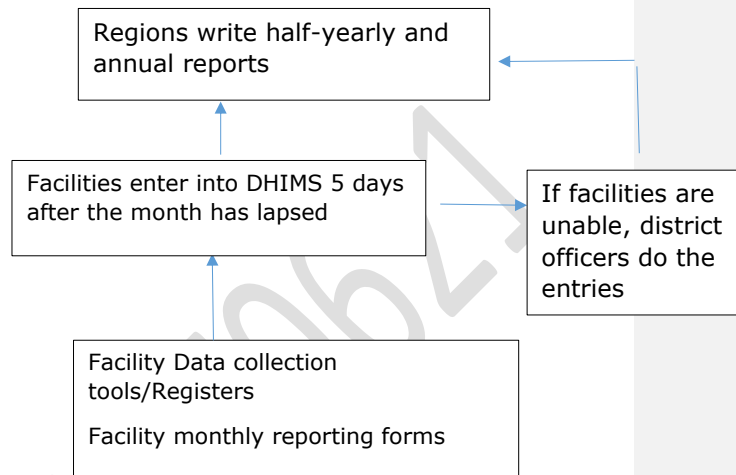
Flow of Reporting for in-school activities



6.2.2 Reporting on out-of-school service delivery

There are existing data collection tools and reporting forms that are used for the service delivery platforms will be modified where relevant and used for reporting.

Flow of report for out-of-school activities



6.3 Indicators: Minimum Package of Services In-school

Termly reporting

- Numbers of Number of fruit, inspection days, health education sessions, general cleaning sessions, SMART group meetings, and physical activity sessions planned for the term
- Percentage of these activities held within the term
- Number of girls registered on GIFTS register in a term
- Number given IFA in the term
- Number who took at least 10 tablets in the term

6.4 Indicators: Minimum Package of Services for out-of-school

Monthly reporting on

- GIFTS out-of-school
- Adolescent and Youth Friendly Services

6.5 Other Indicators

These indicators would be reported on as and when the activities occur. Additionally monitoring/assessment/surveys may be used to collect and report on these indicators.

a. Deworming

- Number of children in Basic and SHS who received dose of albendazole/ mebendazole as per the school health deworming program, disaggregated by sex

b. Surveillance

- Number/Percentage of children in Basic and SHS underweight (<-2SD from median for BMI by age and sex, 4-19 years)
- Percentage of children Basic and SHS overweight (>2SD from median for BMI by age and sex, 4-19 years)
- Percentage of children Basic and SHS obese (>3SD from median for BMI by age and sex, 4-19 years)

c. Supportive school environments

- Availability of safe drinking water in school
- Availability of functional hand washing facilities
- Availability of functional toilet facilities with changing rooms for girls
- Availability of functional toilet facilities with changing rooms for boys
- Availability of safe play spaces

d. Safe and Nutritious Foods

- Proportion of schools with menu charts that reflect the 4-star diet
- Proportion of certified vendors, cooks and canteen staff
- Proportion of certified vendors, cooks and canteen staff who are trained on nutrition standards
- Proportion of vendors selling fruits and vegetables

e. Nutrition Education and Advocacy

- Proportion of teachers trained on nutrition education segregated by sex
- Proportion of vendors, cooks and catering staff trained on nutrition education segregated by sex

ANNEXES

ANNEX 1: HOW TO FORM THE SMART SCHOOL

The SMART School

The SMART School is an approach that engages young school children who are considered intelligent, active or smart enough to be equipped with knowledge and skills in educating their peers, parents, and the community as a whole on recommended Infant and Young Child feeding (IYCF) practices, including their own nutrition. They also serve as change agents in identifying good and poor feeding practices in their families/communities to adopt healthy dietary and other appropriate nutrition/health-related behaviors. Once these smart school group themselves adopt and practice the recommended nutrition/health concepts, there is hope for change in future adults hence less work for health workers and related staff.

STEPS INVOLVED IN FORMING A SMART SCHOOL

Below are the steps involved in forming a Smart school:

- ✓ Train/Orient health staff on smart school approach (using C-IYCF as central theme)
- ✓ Sensitize school authorities on the Smart school concept and gain permission to implement same in their schools
- ✓ Select and provide orientation on relevant ASRHR and Nutrition topics to 10-20 active and good Upper Primary and JHS students
- ✓ Form SMART School clubs with the core team of trained students as facilitators
- ✓ Group members provide feedback on activities implemented in next meeting

SMART SCHOOL CLUBS

- Should not be run as a formal school
- Should hold their meetings after school hours or whatever period is convenient for the community
- Orientation meetings should last up to 1 hour per session. Activities should be participatory and targeted at providing life skills.
- Learning by practice approach e.g. Ask each student to list all food items in their home and ask them to classify them in the 4****

diet group, Ask each student to observe and describe how breastfeeding is practiced in their home or community

- Drawings (food items, breast, etc.) by each student
- Learning by composing songs with lessons
- Integrating nutrition information into existing games

Other topics such as C-IYCF, Adolescent nutrition, Reproductive health, Future goals/Career development, Children rights can also be covered

SCOPE OF WORK REQUIRED BY SMART SCHOOL MEMBERS

- Peer education
- Community change agents through various channels such as music, poetry, drama, artwork, playing of games that have been integrated with IYCF facts

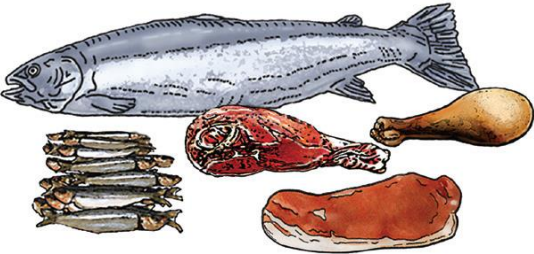
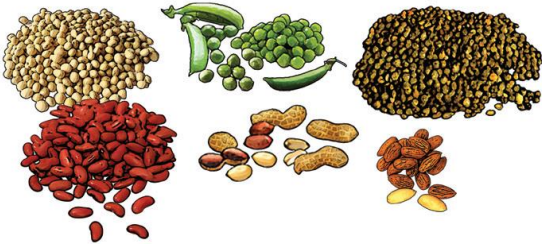

Expected outcome

Smart school provides families, schools and communities necessary support to adopt healthy dietary practices and other appropriate nutrition-related behaviors and help to achieve:

- Good Maternal health during pregnancy
- Optimum growth and development of children
- Improved adolescent nutrition
- Healthy adolescent and adult
- Prevent malnutrition among children, adolescent and women of reproductive age
- Improve child right

ANNEX 2: THE FOUR-STAR DIET FOOD CATEGORIZATION

Table 1: Different locally available foods to prepare 4-**** meal

<p>Animal-source foods including flesh foods such as meat, chicken, fish, liver and eggs and milk and milk products</p> <p>Note: animal foods should be started at 6 months</p>	
<p>Legumes such as beans, lentils, peas, groundnuts, agushie, wrewere, neri and seeds such as sesame</p>	
<p>Vitamin A-rich fruits and vegetables such as mango, pawpaw, passion fruit, dark-green leaves, carrots, yellow sweet potato and pumpkin and</p> <p>other fruits and vegetables such as banana, oranges, pineapple, avocado, watermelon, tomatoes, eggplant and cabbage</p> <p>NOTE: include locally-used wild fruits and other plants.</p>	

Staples: grains such as maize, wheat, rice, millet and sorghum and roots and tubers such as cassava, yam, cocoyam and sweet potatoes, plantain, (and foods from them – kenkey, banku, fufu, tuo etc)



Oil and fat such as oil seeds, e.g. groundnut oil, palm oil, palm kernel oil, margarine and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy.



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ANNEX 3: ADVOCACY MESSAGES

Advocacy Messages on IYCF and Healthy Diets

- **Give your baby only breast milk for the first 6 months of life**
 - ✓ From birth to 6 months of age your baby should receive only breast milk, day and night
 - ✓ Breast feed your baby whenever the baby feels hungry
- **Eat and feed children a variety of foods**
 - ✓ Eat a combination of different foods: staple foods, legumes, vegetables, fruits and foods from animal food sources.
- **Eat plenty of vegetables and fruits**
 - ✓ Consume a variety of vegetables and fruits
 - ✓ Eat raw vegetables and fruits as snacks instead of snacks that are high in sugars or fat
 - ✓ When cooking vegetables and fruits, avoid overcooking as this can lead to loss of important vitamins
 - ✓ Canned or dried vegetables and fruits may be used but choose varieties without added salt or sugars.
- **Eat moderate amounts of fats and oils**
 - ✓ Limit consumption of processed meats and luncheon meats that are high in fat and salts
 - ✓ Avoid processed, baked, and fried foods that contain industrial trans fatty acids.
- **Eat less salt and sugars**
 - ✓ Cook and prepare foods with as little salt as possible
 - ✓ Avoid foods with high salt contents
 - ✓ Limit the intake of soft drinks and fruit drinks sweetened with sugars
 - ✓ Choose fresh fruits for snacks instead of sweet foods and confectionery (e.g. cookies and cakes)

Key Messages for Advocacy and Education - Food Safety

- **Keep clean (Microorganisms are carried on hands, wiping cloths and utensils, especially cutting boards and the slightest contact can transfer them to food and cause foodborne diseases)**
 - ✓ Wash your hands before handling food and often during food preparation

- ✓ Wash your hands after going to the toilet!
- ✓ Wash and sanitize all surfaces and equipment used for food preparation
- ✓ Protect kitchen areas and food from insects, pests and other animals
- **Separate raw and cooked (Raw food, especially meat, poultry and seafood, and their juices, can contain dangerous microorganisms which may be transferred onto other foods during food preparation and storage)**
 - ✓ Separate raw meat, poultry and seafood from other foods
 - ✓ Use separate equipment and utensils such as knives and cutting boards for handling raw foods
 - ✓ Store food in containers to avoid contact between raw and prepared foods
- **Cook thoroughly (Proper cooking kills almost all dangerous microorganisms and cooking food to a temperature of 70°C can help ensure it is safe for consumption. Foods that require special attention include minced meats, rolled roasts, large joints of meat and whole poultry)**
 - ✓ Cook food thoroughly, especially meat, poultry, eggs and seafood
 - ✓ Bring foods like soups and stews to boiling to make sure that they have reached 70°C. For meat and poultry, make sure that juices are clear, not pink. Ideally, use a thermometer
 - ✓ Reheat cooked food thoroughly
- **Keep food at safe temperatures (Microorganisms can multiply very quickly if food is stored at room temperature. By holding at temperatures below 5°C or above 60°C, the growth of microorganisms is slowed down or stopped.)**
 - ✓ Do not leave cooked food at room temperature for more than 2 hours
 - ✓ Refrigerate promptly all cooked and perishable food (preferably below 5°C)
 - ✓ Keep cooked food piping hot (more than 60°C) prior to serving
 - ✓ Do not store food too long even in the refrigerator
 - ✓ Do not thaw frozen food at room temperature
- **Use safe water and raw materials (Raw materials, including water and ice, may be contaminated with dangerous microorganisms and chemicals. Care in selection of raw**

materials and simple measures such as washing and peeling may reduce the risk)

- ✓ Use safe water or treat it to make it safe
- ✓ Select fresh and wholesome foods
- ✓ Choose foods processed for safety, such as pasteurized milk
- ✓ Wash fruits and vegetables, especially if eaten raw
- ✓ Do not use food beyond its expiry date

Key Messages for Advocacy and education – Physical Activity

- **Start regular physical activity and reduce sedentary activities**
 - ✓ Find a physical activity that is FUN
 - ✓ Gradually increase your participation in physical activity
 - ✓ Be active with family members - in the home and outside
 - ✓ Reduce sedentary habits such as watching TV and playing computer games
- **Be physically active every day in as many ways as you can**
 - ✓ Walk to the local shops
 - ✓ Take the stairs instead of the lift
 - ✓ Get off the bus early and walk
- **Do at least 30 minutes of moderate-intensity physical activity on 5 or more days each week**
 - ✓ Make physical activity part of your regular routine
 - ✓ Organize to meet friends for physical activity together
 - ✓ Do some physical activity at lunch time with colleagues
- **If you can, enjoy some regular vigorous-intensity physical activity for extra health and fitness benefits**
 - ✓ Vigorous physical activity can come from sports such as football, badminton or basketball and activities such as aerobics, running and swimming
 - ✓ Join a team or club to play a sport that you enjoy
 - ✓ Ride a bike to work instead of taking the car
- **School-aged young people should engage in at least 60 minutes of moderate- to vigorous intensity Physical activity each day**

- ✓ Encourage young people to participate in sport and physical activity for fun
- ✓ Provide young people with a safe and supportive environment for physical activity
- ✓ Expose young people to a broad range of physical activities at school and at home

Key Messages for Advocacy and Education – GIFTS

- **Out-of-school:**

- ✓ For vitality and greater productivity, take your weekly iron tablet after meals
- ✓ Join us, we are on the move- take your weekly iron tablet after meals
- ✓ Sleep under an insecticide-treated net every night to prevent malaria and anaemia
- ✓ Take a dewormer at least once a year to prevent anaemia
- ✓ Wash your hands with soap and clean water always for good health
- ✓ Visit the nearest facility for your IFA for free
- ✓ Talk to your health worker if you feel any discomfort after taking your weekly IFA

- **In-school:**

- ✓ For vitality and greater productivity, take your weekly iron tablet after meals
- ✓ Join us, we are on the move- take your weekly iron tablet after meals
- ✓ Sleep under an insecticide-treated net every night to prevent malaria and anaemia
- ✓ Be Alert, be Active, be Smart. Take your weekly IFA
- ✓ Remember, IFA is a top-up, not a replacement for good food
- ✓ Contact your schoolteacher or nurse if you have any side effect

ANNEX 3: NUTRITION-FRIENDLY SCHOOLS SELF ASSESSMENT FORM

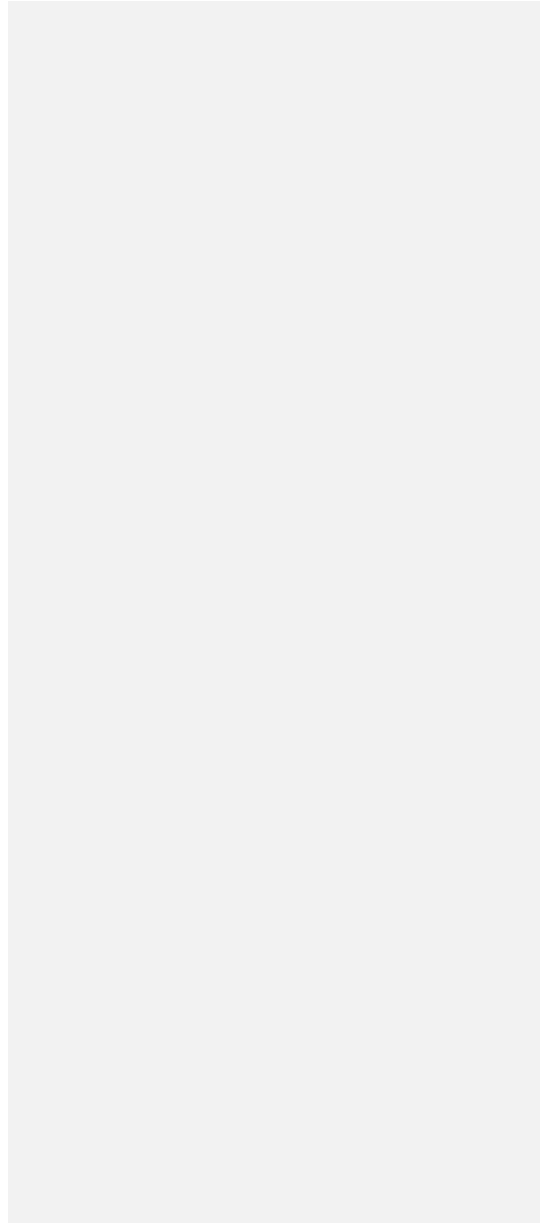
	Component of Nutrition Friendly School	Meets target (+++)	Partially meets target (++)	Does not meet target (+)	Does indicator meet the target? Enter number of +			Remarks
					Assessment 1 (baseline)	Assessment 2	Assessment 3	
1	School has Policy or Guiding Principle on Promotion of Optimal Nutrition/Healthy eating/Healthy diet	Yes, School has a written policy, which is known by all management, teaching and non-teaching staff	School has drafted policy which is not yet finalized and disseminated	School has no evidence of a written policy or school does not have policy				
2	Caterers and vendors have been trained on nutrition and food safety	Yes, there is evidence that all caterers and vendors have been trained	There is evidence that some caterers or vendors have been trained	None of the caterers / vendors trained				
3.	Caterers and vendors have been medically certified	Yes, there is evidence that at least 80% of all caterers and vendors have been medically certified	There is evidence that at least 50 - 80% r caterers or vendors have been have been medically certified	Only 50% of the caterers / vendors are medically certified.				

	If the school is providing a meal service are fruits and vegetables served with meals?	Fruits served with all meals and vegetables served at least twice a week	Fruits served twice/week and Vegetables served once/week	No fruits or vegetables served				
4.	If the school is providing a meal service is there a Menu which is in line with the 4 star diet	Yes, there is a menu and it is in line with the 4 star diet	There is a menu but not in line with the 4 star diet	There is no menu at the school				
5.	If schools uses vendor services, are the foods sold healthy	Yes, vegetables and fruits are available at all times and foods are not fatty/oily/salty	Vegetables and fruits are available sometimes and foods sometimes oily	No fruits and vegetables are available and/or foods very fatty and oily				
6.	Advertisement and sale of fizzy and sugary drinks and foods (including candy and lollipop) are prohibited	No advertisement and sale of fizzy and sugary drinks and foods in the school	No advertisement of fizzy and sugary drinks / foods but fizzy/sugary drinks sold at the school	Yes fizzy and sugary drinks and foods (including candy and lollipop) are advertised and sold in the school				
	Minimum package of school based health and nutrition services Fruit and vegetable days Nutrition education Health inspection days	School has four or more nutrition and health services	School has at least 2-3 nutrition and health services	School has one or none nutrition and health services				

	Supervised physical activity Weekly clean up School gardens							
7.	A reliable safe water source is available and accessible for students, teachers, and caterers / vendors at all times	Yes, water is available at all times and accessible to all.	Water is available sometimes or not available for all users.	Water is not available or very unreliable				
8.	School has separate toilet which are well labelled, the female washrooms have adequate means for managing menstrual hygiene and washrooms have hand washing facilities with soap	Yes, washrooms are labelled for males and females with means for managing menstrual hygiene	Washrooms are available but not clearly labelled and/or no means for managing menstrual hygiene	No washrooms available or washrooms not functioning				
	Hand washing facility with soap (sinks, veronica buckets, tippy taps etc) available at vantage points Toilets Canteen/ food vending area Near the classrooms	Hand washing facility with soap available at all vantage points and functional	Hand washing facilities at some vantage points with or without soap	No hand washing facility available at the school				
10	Functional waste collection containers are placed close to all waste generation points In or close to classrooms canteen	Yes waste collection bins in 4 or more vantage points	Some waste collection bins are available 3 or more vantage points	Very few (2 or less) Waste collection bins in the school				

vending area Compound(2) Wash rooms Staff common room							
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ANNEX 5: NFSI IN-SCHOOL TERMLY REPORT FORM

Commented [KA6]: Revise and include

School Termly Reporting Form

Name of School:		Region:		
		District:		
		Sub-district:		
Circuit:		CHPS Zone		
Term start date:		Term End Date:		
Number of classes in the School:				
Total no. of IFA tablets received by school at the beginning of the term:				
Total no. of IFA tablets taken for the school term:				
Number of IFA tablets wasted				
Total no. of IFA tablets remaining (balance) at the end of the term:				
Summary for School				
No. of girls in School	Number of girls registered on the program	Number of girls who took 10 or more tablets per term in the school	No. of Health and Nutrition Sessions Planned for the school Term	Number of Health and Nutrition Education sessions carried out
No. of Fruit days planned for the term		No. of health general cleaning sessions		Brief notes on one innovation for the term:

		planned for the term		
No. achieved for the term		No achieved		

Prepared by:

Name of School Based Health Coordinator:

Signature _____ Contact: _____ Date: _____

Endorsed by:

Name of Head teacher:

Signature _____ Contact: _____ Date: _____

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ANNEX 5: GIFTS OUT-OF-SCHOOL REGISTER

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ANNEX 6: CHECKLIST FOR MONITORING NUTRITION-FRIENDLY SCHOOLS

Please visit at least 4 schools in each district during the monitoring visits.

REGION District.....			
Name of School..... Circuit.....			
Date..... Tel of Head teacher.....			
Is this school implementing the Nutrition Friendly School Program	YES Fully Partially	NO	If YES, Remarks/observations If No, Why?
Does the school have a guiding principle on NFS? Does it cover: [] Restricting sale of sugary/fizzy drinks and fatty/oily food [] Planting fruit trees around the schools [] Training of school vendors Does the School have an NFS Core Team? (check for evidence) Does the school have an action plan within the framework of NFS	YES	NO	Comments
OBSERVATION OF SCHOOL PREMISES			
Are there posters/pictures of fizzy drinks, etc. around the school? Are Waste bins placed at vantage points (classrooms, washrooms, school compound etc.? What is the state of School compound at the time of visit? Briefly describe your observations Source of potable drinking water (Mechanized bore hole or pipe borne water)			

<p>Does the school have hand washing facilities (water and soap)</p> <p>Has the School well labelled washrooms?</p>	
<p>Has the school received any support from the District Assembly/others in the provision of WASH facilities? Please describe the type of support received.</p>	
<p>Describe how rubbish/waste is disposed of in the school?</p>	
<p>Does school provide food services for pupils?</p>	
<p>If YES, is there a shed/identified place where students eat?</p>	
<p>If YES, describe place (e.g. shed with tables and chairs, Shed without tables and chairs, no shed/under a tree/on the veranda, canteen, in the class room, etc.</p>	
<p>If NO, are there food vendors on school premises?</p>	
<p>Are the vending areas clean or neat?</p> <p>Are the food vendors properly dressed (Scarfs/cap on, aprons, etc)</p> <p>Verify if vendors are aware of the observance of fruits and vegetable days in the School?</p>	
<p>Describe the kinds of foods/snacks sold on the premises</p>	

<p>Have food vendors been screened and certified? What kind of certification and by who?</p>	
<p>What is the total number of vendors on site? Number certified? Number trained on nutrition standards?</p>	
<p>HEALTH EDUCATION IN SCHOOL Does the school-based health coordinator have a plan for school-based health activities for the term? (check for verification) YES NO Does the plan cover Health Education? YES NO If YES, how many sessions have been planned? How many sessions have been carried out as of the time of visit? Do the topics cover (Tick) - GIFTS - Intake of fruits and vegetables - Avoidance of non-healthy foods like high sugar drinks, etc - Nutrition - Good sanitation - Personal hygiene - Physical Activity - Any other topic related to nutrition..... If no, give reasons</p>	

<p>Has the school observed a fruit/vegetable day this term? How was it organized? How many times as of the time of visit?</p>	<p>Yes No (Give reasons)</p>
<p>Has the school informed the Parents about the NFS?</p>	<p>YES: At what forum were parents informed or sensitized? If YES, how was this communicated. NO (Give reasons):</p>
<p>Has the school submitted its reports? Check for availability of previous terms reports and date of submission.</p>	
<p>OBSERVE PHYSICAL ACTIVITY</p> <p>Does Physical Education</p> <p>Has the school have enough safe space for physical activity</p> <p>Availability of a trained physical activity instructor</p> <p>Does the School have a qualified Physical Education Instructor?</p> <p>Frequency of physical activity</p> <p>Education on importance of physical activity</p> <p>Availability of the age-appropriate equipment for physical activities?</p> <p>Presence of equipment for disability sports</p>	

Has the School Physical Education equipment/tools (balls, skipping ropes, etc.)?	
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