

# OUTLINE

- Who is the school-aged child and who is an Adolescent
- Essential Nutrition practices of the school-aged and Adolescents
- Some Interventions targeted at this group
- Overview of the Revised Guideline



# INTRODUCTION

- There is growing recognition that good health and nutrition of children in the school years contribute to educational achievement, growth, and development
- However, most intervention and research focuses on malnutrition in young children under 5 years of age, whereas school-aged children are often omitted from health and nutrition intervention, surveys or surveillance.
- There is lack of data on the actual nutritional status of children in this age group in developing countries and countries in transition.
- Schools are a practical platform to deliver an integrated package of interventions, such as nutritious meals or snacks, micronutrient supplements or on-site fortification, infection control, health promotion, and life-skills education, to improve the health and nutrition of schoolchildren.

**School-aged child – 6-12 years**

**Adolescent: 10 – 24 years**



*Essential Nutrition Practices include*

Healthy meal-timing  
Eat 3-meals a day  
with snacks  
Avoid skipping  
breakfast

Eating healthy meals:  
Varied diets  
Adequate quantities  
Healthy snacks

**rest**

Exercise  
regularly

# NUTRITIONAL NEEDS OF TARGET GROUP

- Extra needs for Protein, Energy and Micronutrients; particularly Iron
- High activity levels
- Needs for learning/work
- Heightened needs during adolescence
- Vertical/Linear growth
- Weight gain in preparation for adulthood

# CURRENT INTERVENTIONS TARGETING THE SCHOOL-AGED CHILD AND ADOLESCENTS

- Global/Countries Experiences of Interventions for the School-aged
  - Malaysia: School Nutrition Program – Nutrition Education and Healthy School Food Environment
  - Burkina Faso
  - Syrian Refugee Camp, Lebanon - 'GHATA Project: Bringing Education to Informal Tented Settlements'
- Ghana
  - School-Based Nutrition Education Intervention
  - Adolescent Health Programme – AYFS (Nutrition Assessment and Counseling)
  - Girls' Iron and Folate Tablet Supplementation
  - WASH
  - Menstrual Hygiene Day
  - Support for vulnerable adolescents



# OVERVIEW OF THE GUIDELINE ON THE NUTRITION OF THE SCHOOL-AGED AND THE ADOLESCENT



## BACKGROUND

- ❑ Poor nutrition practices among school-aged children and adolescents
- ❑ Lack of programs that focus on nutrition of the school aged and the fact that current programming focuses more on children U 5 and women
- ❑ Scattered interventions at different levels for the same target group – requiring need for consolidation
- ❑ Need to change the policy environment and contributors to the growing malnutrition situation
- ❑ Returns when right investments are made in this target group

# RATIONALE

- ❑ Childhood and adolescence are known to be critical periods for health and development due to increased need for nutrients necessitating intakes of diet of high nutritional quality
- ❑ Healthy dietary intake and improved physical activity during childhood and adolescence reduces the risk of immediate nutrition related health problems
- ❑ Optimal eating patterns and habits developed early in life are more likely to be maintained and have a significant influence on health and well-being in adulthood
- ❑ Schools must be not only centres for academic learning, but also supportive venues for the provision of essential health education and services.
- ❑ 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.



# PROPOSED LAYOUT OF REVISED GUIDELINE

- Chapter 1: Introduction
  - Rationale
  - Goal of Guideline
- Chapter 2: Nutrition Interventions for the School-aged Child and Adolescents
- Chapter 3: Description of Steps in Implementing Interventions targeted at School-aged Children and Adolescents
- Chapter 4: Delivering Nutrition Intervention for the school aged child and adolescent in school - IMPLEMENTING THE NUTRITION FRIENDLY SCHOOLS INITIATIVE:
  - Describes basis: the FRESH Approach
  - Minimum package of service
  - Chapter 4: cont'd
    - Other packages
    - Description of packages
- Chapter 5: Delivering Nutrition Intervention for the school aged child and adolescent out-of-school
  - Package of Interventions
  - Service Delivery Platforms
- Chapter 6: Implementation arrangements
  - Roles and responsibilities
  - Capacity Building
  - Sensitization/Orientation/Advocacy
  - Reporting and Data Management

## STEPS IN IMPLEMENTING/OPERATIONALIZING THE GUIDELINE

- Formation of Coordination teams at all levels
- Stakeholder Sensitization and Advocacy
- Assessment of current status
- Capacity Building/Training of district and school teams
- Implementation
- Monitoring/Mentoring and Coaching
- Evaluation of Intervention

# REACHING CHILDREN AND ADOLESCENTS IN-SCHOOL – THE NFSI



**H e a l t h y** S c h o o l s

# PACKAGE OF SERVICES FOR IN-SCHOOL CHILDREN AND ADOLESCENTS

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

## OTHER PACKAGES

### ***In Collaboration with Ghana Health Service***

- Bi-annual Vitamin A Supplementation
- Annual School Screening
- Annual Nutrition Surveillance
- School Deworming exercise

### ***Package with support of District Assembly***

- Training, Screening and Certification of school food vendors
- Annual Provision of Environmental Certificate to schools
- Provision of minimum standard modern toilet and handwashing facilities for all schools (disability, gender and child friendly) etc
- Advocacy and Sensitization

# STEPS TO OPERATIONALIZE MINIMUM PACKAGE IN SCHOOLS

- 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.
- Outline of Self-Assessment Tool
  - School Policy
  - School meals/Vending of meals in schools
  - Implementation of Minimum package
  - WASH
  - School environment

# OTHER SUPPORT PRACTICES IN SCHOOLS - FRESH

- School Food Environment
  - Provision of meals in Schools
  - Food vending
- Nutrition education and Advocacy
- School Physical Environment
  - WASH
  - Greening environment
- Psycho-social Environment
- Special events/programs

# PACKAGE OF SERVICES FOR CHILDREN/ADOLESCENT OUT OF SCHOOL



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

## 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
- Provision of portable water e.g. village water supply
- provision of toilet -(no open defaecation campaign)

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!



# PACKAGE OF INTERVENTIONS

## 6-12 years

- 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)
- Provision of portable water( community water supply)
- provision of toilet( no open defecation campaign)

## 13-19 years

- 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

# SERVICE DELIVERY PLATFORMS

- Child Welfare Clinics
- Adolescent Youth Friendly Services
- Home visits
- ?
- ?
- ?

# REPORTING OF SERVICES

## In-school

- GIFTS in-school registers and Reports to be revised to take care of few additions e.g. SMART School etc
- Current reporting is challenged severally

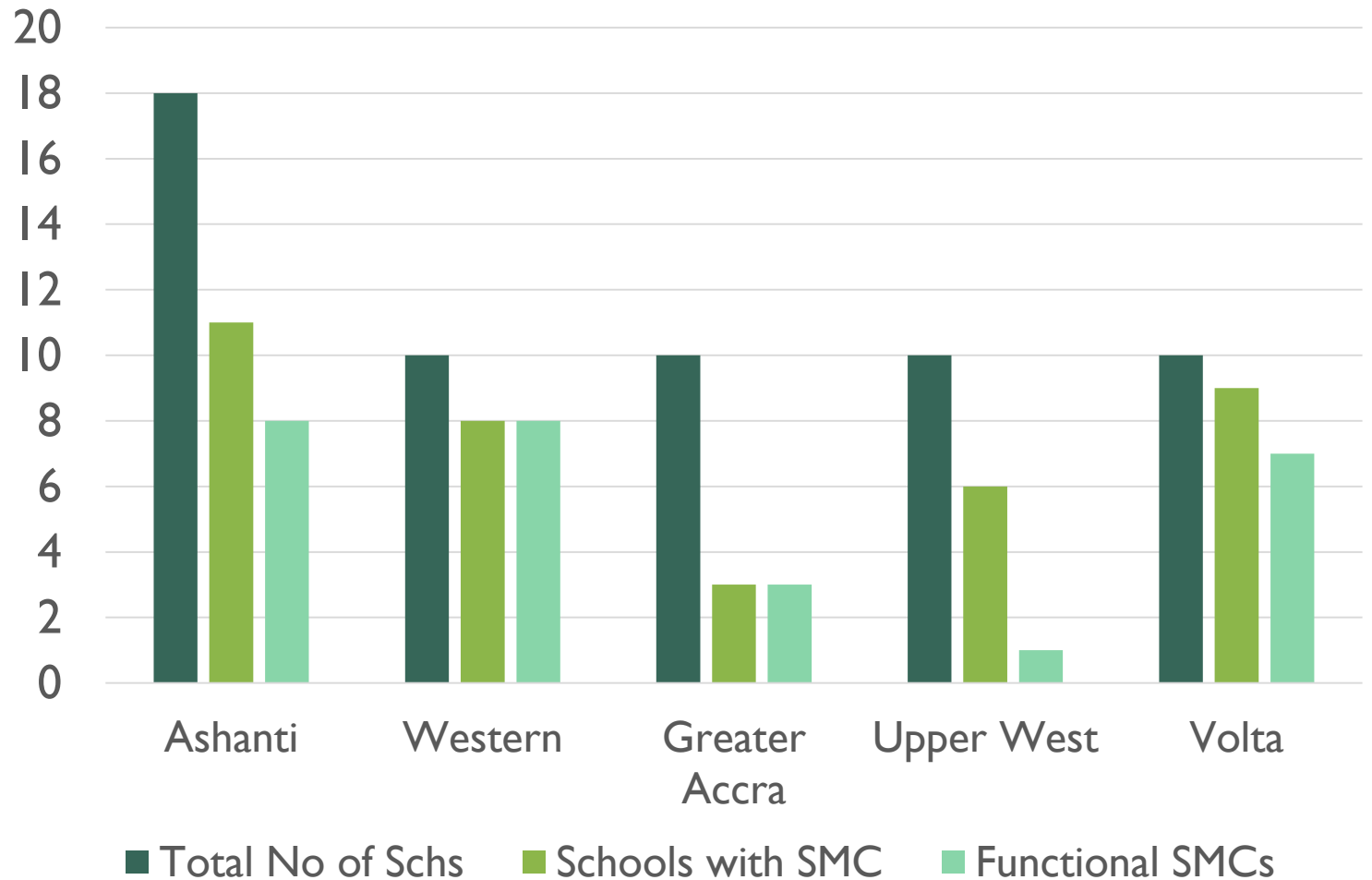
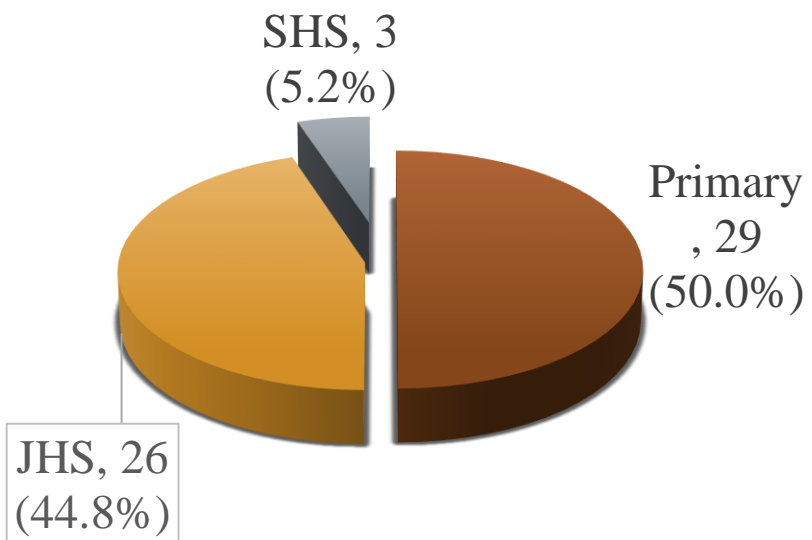
## Out of School

- Existing Data Collection Tools and Reporting forms to be continued
- Current reporting lines: facility-district-region-national will be adhered to
- Need for updates to GHS Reporting forms on DHIMS as program goes nationwide

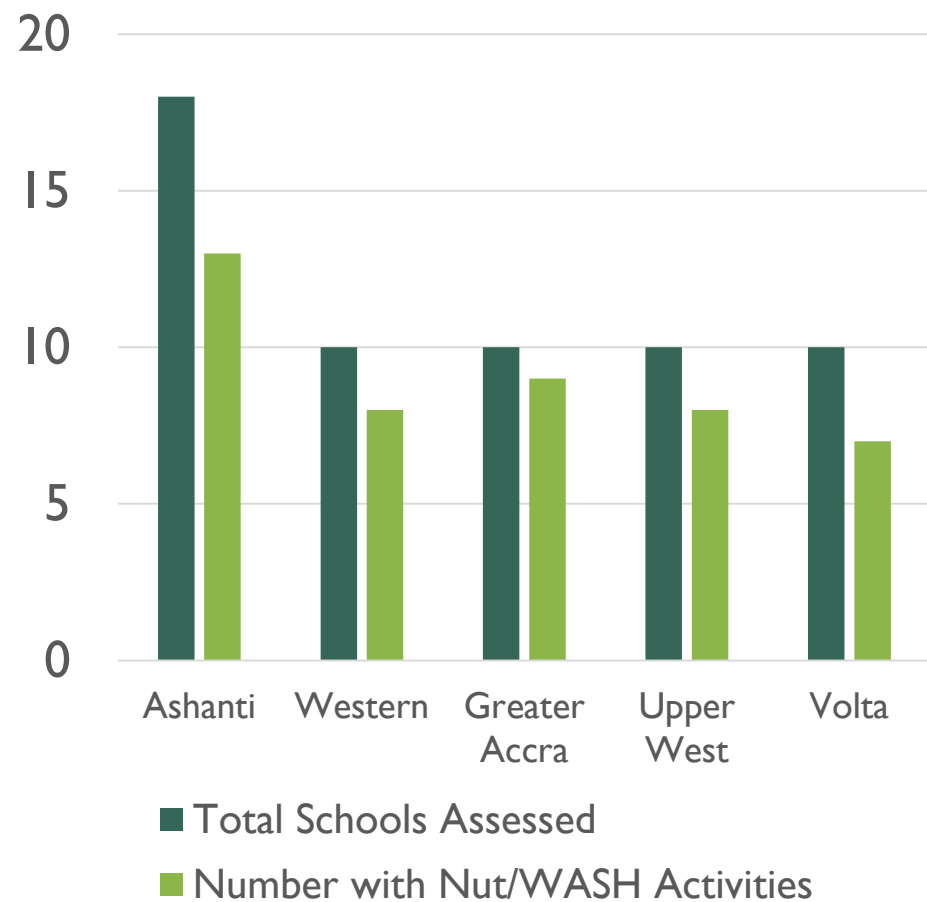
## BASELINE ASSESSMENT: SUMMARY OF RESULTS

- Rationale: to determine the situation before implementation as a way of assessing progress after implementation
- Process: selection of 10 schools from each region
  - Teams made up of Health and Education officers conducted the data collection
- Standardized tool provided from national level

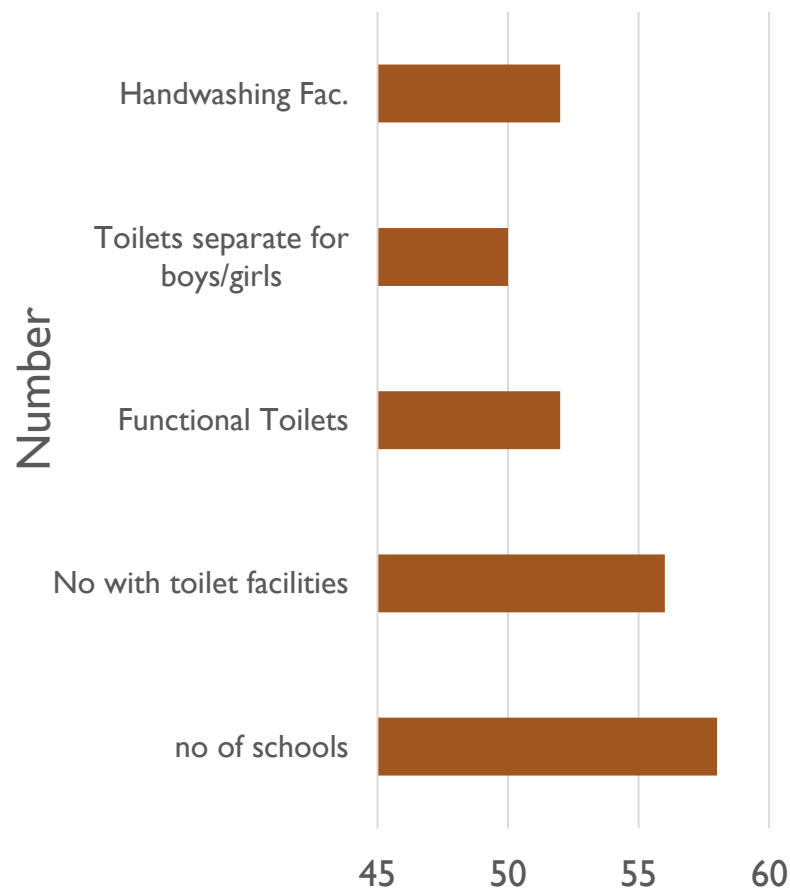
# CHARACTERISTICS OF SCHOOLS



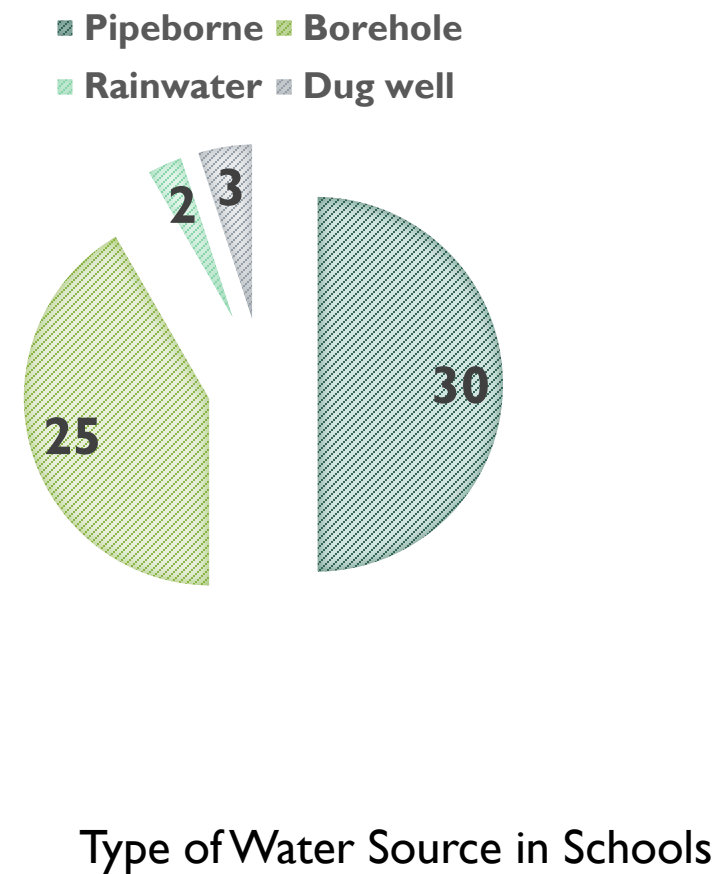
# NUTRITION AND WASH IN SCHOOLS



Nutrition and WASH Activities

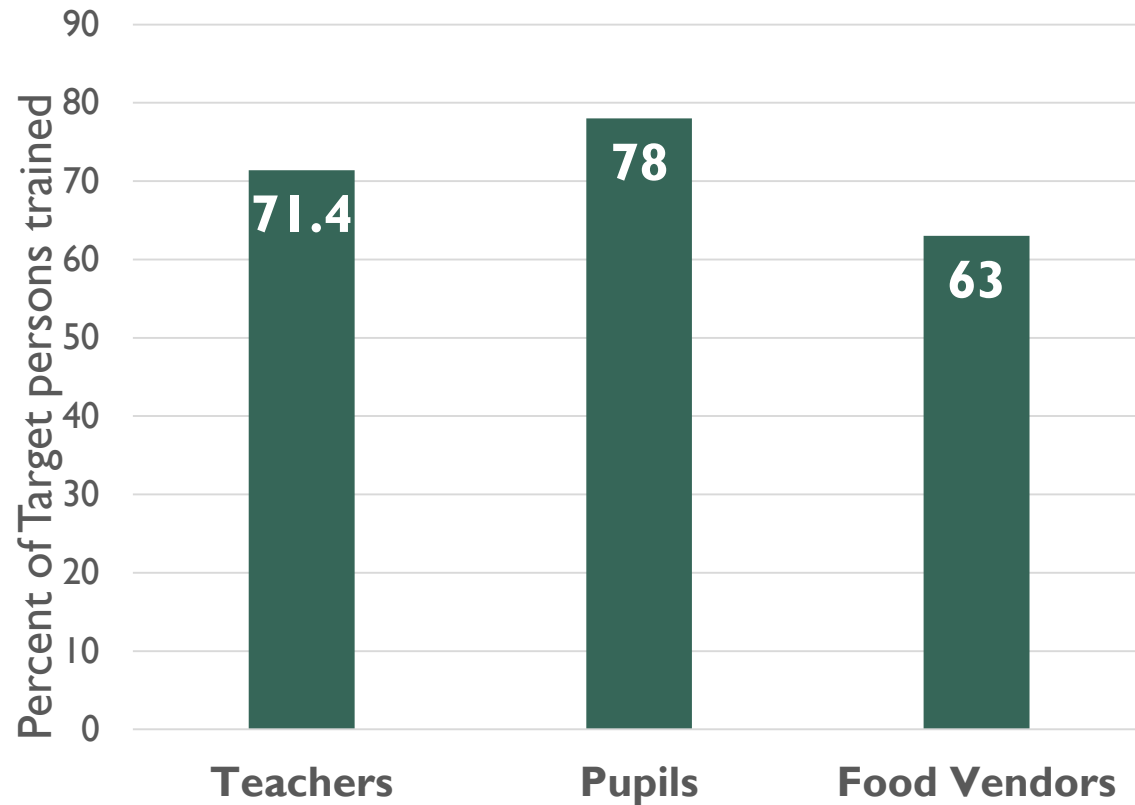


Access to Toilet Facilities and Water



Type of Water Source in Schools

## FINDINGS CONT'D



Training/Orientation on Nutrition, WASH and General Health Issues

### Other Findings

- 59.5% of food vendors were certified
- Green environment – 25 out of 58 schools
- Eating environment: mainly under sheds, on tables under trees and in classrooms. Few had structures built for eating
- Play grounds: about 55 schools had park the children could play on

## CURRENT PLANS

- All regions to do a base of 50 schools
- Regions in the first Phase to include 50 to original 50 to make 100
- Regional plans should take cognisance of that



# THANK YOU

