Healthy Schools

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NATIONAL GUIDELINES FOR NUTRITION FRIENDLY SCHOOLS
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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.

DR. PATRICK KUMA ABOAGYE
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We wish to appreciate UNICEF for the financial assistance to develop and roll-out the National Guidelines on Nutrition Friendly Schools.
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.

**Current Nutrition Situation of the School Age**

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.

**Rationale for focusing on School-Aged Nutrition**

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.

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.

Further Evidence on Multi-components: School Food Environment, Healthy Eating and Physical Activity:

• Policies on direct provision of fruits & vegetables: Increased consumption of fruits; increased combined consumption of fruits & vegetables

• Food beverage standards: Decreased intake of sugar-sweetened beverages; decreased intake of unhealthy snacks

• School meal standards: Increased fruit intake and decreased total fat intake

• School based physical activity interventions: Improved cognitive functions; benefits for overweight prevention

The Nutrition-Friendly Schools Initiative
The Nutrition-Friendly Schools Initiative (NFSI) is a school-based health and nutrition program to address the double burden of malnutrition. The objectives are to provide 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 WHO, UNESCO, UNICEF and the World Bank. The 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. The core principle
is to put in-place actions/strategies to resolve 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 portable 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 NFS Program is to raise awareness on and improve nutrition of school age children (5 to 14 years) considering the key deprivations and vulnerabilities.

Specifically, the initiative will:

- Provide evidence to inform advocacy for strengthened policy for improved nutrition of school age children
- Define the minimum package of health and nutrition services that should be implemented in schools to improve the nutrition and health of school-age children.
- Create the enabling environment for improving and maintaining all aspects of food quality and safety in schools
- Develop strategic partnerships to implement and scale up proven interventions in schools.
- Strengthen the nutrition component of the curriculum for basic and secondary education.

**Current Interventions for the School-aged**
There are a number of on-going interventions and programs being implemented by various sectors and agencies in collaboration with
partners to promote school age and adolescent health and nutrition in Ghana. 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 program 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 School Screening Programme for schools: The Ghana Health Service working with Ghana Education Service undertakes annual school screening to generate requisite health and nutrition information for policy formulation, program planning and review and implementation.

- The Ghana Health Service and the Ghana Education Service 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 (GSFP) 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.

It is expected that the Nutrition Friendly School (NFS) Programme will link up with these programs and leverage resources for effective implementation. It can utilize data from the annual medical screening program for schools to guide program focus, integrate with UNICEF/WHO/GES/MOH WASH program and the Adolescent Health Program to improve communication and uptake especially among out of school adolescents.

The call is for the government agencies to jointly share responsibility with schools, families and communities to promote and support the healthy growth and development of school aged children and the youth.

**Goal of Guideline**

To facilitate the development and roll-out of combination of interventions that allows for students, school management, families and communities to work together to ensure a healthy physical and social school environment that supports provision of standard/optimal nutrition services and/or access to nutritionally adequate, and safe meals and promotes healthy lifestyle for students.

**Objectives**

**The Objective of the guideline is to:**

i. Describe the minimum package of services to be implemented in Nutrition Friendly Schools (NFS).

ii. Provide guidance on the implementation of the nutrition friendly school policies and services.

iii. Strengthen the capacity of stakeholders who work in the area of school nutrition.
The guideline will be used to:

- Build needed capacity and consensus to encourage leadership/boards of education/school, 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.

- Provide guidance and links to resources for schools to improve their nutrition environment.

- Assist school management and authorities in the development and implementation of effective nutrition policies and administrative procedures.
Summary of steps:

• Formation of coordinating/planning /core team at all levels.

• 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).

• Development of nutrition and health guidelines based on: The WHO recommendations for healthy eating and active lifestyle for children and adolescents (Four key elements: The school community, school curriculum, school environment and school nutrition and health services).

• Development of an action plan by the core team.

• Capacity building.

• Implement, monitor and evaluate the action plan.

Step 1: Formation of Coordinating/Planning/Core teams

In order to design and implement a good program for nutrition friendly schools, it is important to unite all relevant stakeholders at all levels.

A national task-team comprising representatives from the Ghana Health Service, Ministry of Education (MOE)/Ghana Education Service, Food and Drugs Authority (FDA), etc. has been formed to oversee the planning, implementation, monitoring and evaluation of the program.
The regional and district teams to be trained will form the core teams at these levels to oversee the planning and implementation of the NFS program. Other members from the Regional Coordinating Councils, Regional House of Chiefs, Community Water and Sanitation Agencies at all levels, District Assemblies, Non-Governmental Organisations (NGOs) and where possible Civil Society Organisations (CSOs) and Faith Based Organisations (FBOs) should be co-opted.

Where there are standing teams on health activities at the regional or district and sub-district level, other members may be co-opted as needed to support activities related to the NFS.

Implementation of this activity is expected to occur at the school level; therefore, a core team should be formed at this level. This team will be responsible for identifying, planning and implementing activities in the school. The school core team should consist of representatives of the headteacher, teachers, parents, school-based health coordinator/officer, pupils, caterers, school vendors and health professionals.

Where there are standing health committees within schools, they can be tasked to oversee the NFS program. Where required, other members can be included to provide the necessary capacity to support the program.

**Step 2: Stakeholder sensitization and advocacy**
A successful program hinges on how well all stakeholders understand and commit to playing their various roles to support the school with their needs. Stakeholders at all levels may include MMDAs, local NGOs, School Management, School Pupils, Community leaders and FBOs, among others.

Prior to implementation, stakeholders should be engaged essentially to inform them, take their inputs and discuss their roles and responsibilities towards the program.
Step 3: Baseline/Assessment of School Health and Nutrition Environment

An initial assessment of the current health and nutrition situation in each school would be the primary activity once the core action group has been successfully formulated. This 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 4: Develop a nutrition and health guiding principle

Following the initial assessment, 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 curriculum, school environment, school nutrition and health services, and the school community. This should cover school meals, 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.
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 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:

- Ensuring that students have access to healthy and nutritious foods.
- Ensuring the provision of adequate WASH facilities
- Promoting healthy eating, including consumption of fresh fruits and vegetables and iron-rich foods through nutrition education.
- Providing students with the opportunity to engage in daily physical activity.
- Creating a green environment in all schools.
- 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 Programme), 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 diet (4**** diet). The menu chart should be available in the school for reference
- All school caterers are trained on the 4**** 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 potable 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 guideline 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 provide 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 4**** diet 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;
  
  o 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.

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.
6. 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.

7. 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**** 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.

8. 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.
9. Promote the Provision of WASH Facilities: the School authorities shall:

- Liaise with the District Assemblies and communities to provide safe and potable 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.

10. 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.

**Step 5: 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.

2. Promotion of Nutrition Education and Advocacy.
3. Safe and nutritious food environments.
4. Supportive school environments.
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 6: Capacity building
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.

Step 7: Implement, monitor and evaluate the action plan
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. Details of implementation of the minimum package is discussed in the next chapter.
The Nutrition Friendly School program provides a framework for school-based programmes which address the double burden of nutrition-related ill health and serve as a mechanism for inter-connecting on-going school-based program. The package has been developed around the four thematic areas within the FRESH Approach:

- School-based Health and Nutrition Services
- Promotion of Nutrition Education and Advocacy
- Safe and nutritious food environments
- Supportive school environments

3.1 Package of Services
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.

The Minimum Package for schools

1. Fruit and vegetable days
2. Health inspection days
3. General cleaning of school compounds
4. Physical Activity Day
5. Girls Iron Folate Tablet Supplementation
6. Nutrition Education

Existing Package of Services in linkage with GHS

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

**Package to be undertaken with District/Regional Support**
1. Annual Training of food vendors
2. Annual Screening and Certification of food vendors
3. Annual Provision of Environmental Certificate to schools
4. Weekly Health Education/Termly Advocacy and Sensitization
5. Provision of minimum standard modern toilet and handwashing facilities for all schools (disability, gender and child friendly) etc.
6. Termly Quiz competition on nutrition and environmental cleanliness for schools at all levels (schools, circuit, district, regional and national)

### 3.2 School-based Health and Nutrition Services:
These are activities that would be conducted by the school health teams 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.

#### 3.2.1 School Activities
**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 in children. Known as school fruit subscription program in some countries, this initiative has been found to help build good eating habits, increase children’s well-being and thereby promote better health. In addition to promoting good health, eating portions of fruit and vegetables a day can help prevent cancer, coronary heart disease and other diseases. Eating fruits and vegetables can also reduce the symptoms of asthma and bronchitis and can help in tackling obesity.
Fruit days have the potential to:

- offer access to fruit a day for all children
- give children the health benefits of fruits, 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
- decrease soft-drink and unhealthy snack consumption
- involve local farmers and local businesses

Sensitization and Orientation on Fruit Day

Prior to the initiation of the fruit day, it is recommended that sensitization and orientation be conducted for Teachers, Parents, Students, the immediate school community (food and snack vendors, school cooks etc.) and the larger Community (at church, mosques, durbars). It should cover:

- benefits of increased consumption of fruits and vegetables and reduced intake of unhealthy food and snacks.
- changes that would be made in the school environment
- responsibilities/expectations from parents

Various platforms should be used to conduct this orientation including parents’ association meetings, information in letters to parents, community durbars, OPD education, education at child welfare clinics sessions etc.

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 gathers 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 work to increase the number of days.

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

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, help 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.

**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 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.

- 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 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. 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.

**3.2.2: Package of Services: Linking up with Health System**

This package of services are to be offered to the students by the health staff within the catchment areas where the schools are sited. School authorities will collaborate with the health system and identify the periods when these services can be rendered without too much interference of learning time.

**Bi-annual Vitamin A supplementation for eligible children**

To reduce the burden of vitamin A deficiency, the GHS adopted the Vitamin A Control Programme 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 wards’ 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:
6-11 months 100,000IU (blue capsule)
12-59 months – 200,000IU (red capsule)

National Annual School Screening – ‘My First Day at School’
The Ghana Health Service and the Ghana Education Service initiated the Annual School health screening for Senior High Schools 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 At 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 and conducted by the health team responsible for the catchment area within which the school is located would conduct 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.

A guideline for implementation of this activity will be developed to guide the package of services to be provided.

**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
- It 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. Examples:
  - 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
SUGGESTED TOPICS TO BE COVERED
C-IYCF

Adolescent nutrition

Reproductive health

Future goals/Career development

Children rights

SCOPE OF WORK REQUIRED BY SMART SCHOOL MEMBERS

• Peer education

• Community change agents through various channels such as music, poetry, drama, art work, 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
3.3 Supportive School Environment
Includes provision of safe potable water, adequate sanitation and the promotion of good hygiene practices for a safe and healthy school environment. 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.

A supportive school environment will be discussed by school authorities and identified interventions included in the guiding principle for the school to ensure accountability.

3.3.1 School Food Environment
A healthy school food environment allows and encourages the school community which is family, children and school staff to make food choices that are consistent with better diet and improved wellbeing. These are:

- School meals, food vendors, snack bars
- Adequate eating space
- Access to safe drinking water

School Meals
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 parent/caregivers give their children to take to school.

In all of these models, efforts should be made to prepare food based on the 4**** 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**** diet.
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 four 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.

**Meal times**
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.

### 3.3.2: 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.

**3.3.3 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.

**3.4 Special Events and Programs/Sporting Activities**
Schools are encouraged to innovate and undertake special programmes 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.

### 3.5 Nutrition Education and Advocacy

#### 3.5.1 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. Efforts need to be made to ensure that all materials have also integrated messages that target attitude as well as behaviour change.
**Capacity building**

Government agencies, universities and NGOs must collaborate to identify gaps and take steps to strengthen national capacities to provide nutrition services for the school children and the general public.

School staff should be trained in nutrition and health related issues.

An age sex culturally appropriate physical education curriculum should be developed as a tool for use by nutrition professional trainers and educators to support field activities, development and dissemination of nutrition materials.
CHAPTER 4
IMPLEMENTATION ARRANGEMENTS

4.1 Roles and Responsibilities for Program Implementation
Management and coordination arrangements would be put in place at the National, Regional, District and School levels to allow for effective program implementation.

At the Regional and District levels, a coordinator would be identified to facilitate the distribution of logistics, supervision and reporting.

4.1.1 School level
The School health team would be responsible for developing the school guideline, identification of activities, planning and implementation of activities to operationalize the nutrition friendly schools program. The team lead should be the school head teacher.

The Head teacher should provide support and supervision, coordinate the training of other teachers in the school and ensure that the time allotted for Nutrition and Health Education is adhered to. For instance during general school gathering or workshop time. The head teacher should also ensure that the Parent Teacher Association/School Management Committee (PTA/SMC) and other stakeholders are adequately sensitized on the Nutrition Friendly School program.

4.1.2 District level
District Nutrition Friendly School team should coordinate, plan, train and support the implementation of the Nutrition Friendly School Program. The team should comprise the District Nutrition officer, District Public Health Nurse, District Health Promotion Officer, District SHEP Coordinator, Girls Education Coordinator, Basic Education Coordinator, District Training Officer, and representatives of the District/Municipal/Metropolitan Chief Executive, the Community Water and Development Agency, and Religious Organizations among others. They will be responsible for social mobilization, promotion and
advocacy, orientation and sensitization at the district/sub-district levels. Circuit supervisors and CHO/CHNs will have oversight responsibility over the School Health Teams and report to the core team at the district level. The circuit supervisors and CHO/CHNs will provide direction, support and monitor the successful implementation of the program by visiting the schools.

District Teams will share information and progress of work on implementation with the Regional Director of Health Services, Regional Director of Education and the Regional Nutrition Friendly Core team.

4.1.3 Regional level
Regional Nutrition-Friendly School Core Team will comprise representatives of the Regional Coordinating Council, other relevant MMDAs, Regional Nutrition officer, Regional Public Health Nurse, Regional Health Promotion officer, Regional Health Information Officer, Regional SHEP Coordinator, Girl Education coordinator, Basic Education coordinator, Regional Training officer, Religious and Traditional leaders as will be discussed by all stakeholders.

The regional team should support the district to form their team and ensure all relevant stakeholders are included. The regional team will have oversight responsibility of the District level implementation by providing training, technical support and logistics (if required), monitoring and supervision, social mobilization, promotion and advocacy, orientation and sensitization etc. at the regional level.

The Regional Nutrition Friendly School Team will share information and progress of work on implementation with the Regional Minister and the Regional Coordinating Council team, Regional Director of Health Services, Regional Director of Education and the National School aged Nutrition Team.
4.1.4 National level
National School aged Nutrition Task Team would collaborate with Regional Core teams to perform the following functions:

➢ Mobilize and provide resources and logistics for program implementation and scale up.
➢ Monitor and supervise schools to implement the school aged nutrition programme.
➢ Supervise implementation of the program in districts and schools.
➢ Conduct Training of Trainers (ToT) for nutrition-friendly school
➢ Organize periodic review meetings
➢ Evaluate School aged nutrition program and share findings with key players for scale up, support and patronage.

4.2 Capacity Building
A comprehensive implementation strategy for nutrition friendly schools require capacity building for all actors involved: 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 of health and education service officers, frontline health staff and teachers should be built at all levels for effective programme implementation.

4.2.1 Sensitization & Advocacy
Prior to the start of the program in a region, awareness about the program should be created in the catchment areas through 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.

Sensitization at Parent Teacher Association meetings would be required before the program starts to build their capacity and also generate interest.

4.2.2 Orientation
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 program, 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.

4.2.3 Training
A training of trainers’ workshop would be held to build capacity of national and regional officers to conduct downstream training. A step down training of trainer’s workshop would be conducted by regional teams for district health officers, Circuit supervisors, district SHEP coordinators and other officers with national support.

District trainers with support from regional and national trainers would conduct downstream trainings at zonal or sub district level for frontline health staff and teachers to build their capacities.
4.3 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.

4.3.1 Reporting in Schools
School core teams will report on their core activities that they would be conducting as enumerated in Chapter 2. 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

4.3.2 Reporting on other activities
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.

Reporting on training, advocacy meetings, sensitization etc. would be done as and when the activities happen at the different levels.

List of indicators to be reported on:

a. Health and Nutrition Services in Schools
   - Number of fruit days organized in a term
   - Number of inspection days conducted in a term
   - Number of nutrition education sessions held in schools in an academic term
   - Number of general cleaning sessions held in a term
- Number of physical activity session held in a term

- Number of children in Basic and SHS provided with IFA supplementation

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

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

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

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

b. 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

c. 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.
d. 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

4.4 Monitoring
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.

4.5 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.
# Checklist for Monitoring Nutrition-Friendly Schools

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

<table>
<thead>
<tr>
<th>REGION</th>
<th>District</th>
<th>Name of School</th>
<th>Circuit</th>
<th>Date</th>
<th>Tel of Head teacher</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is this school implementing the Nutrition Friendly School Programme</th>
<th>YES Fully</th>
<th>NO</th>
<th>If YES, Remarks/observations If No, Why?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does the school have a guiding principle on NFS?</th>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
</tr>
</thead>
</table>

- 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

## Observation of School Premises

| Are there posters/pictures of fizzy drinks, etc around the school? | 
|---------------------------------------------------------------|---------------------------------------------------------------|

- Are Waste bins placed at vantage points (classrooms, wash rooms, school compound etc?)

- What is the state of School compound at the time of visit? Briefly describe your observations
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of potable drinking water (Mechanized bore hole or pipe borne water)</td>
<td></td>
</tr>
<tr>
<td>Does the school have hand washing facilities (water and soap)</td>
<td></td>
</tr>
<tr>
<td>Has the School well labelled wash rooms?</td>
<td></td>
</tr>
<tr>
<td>Has the school received any support from the District Assembly/others in the provision of WASH facilities?</td>
<td></td>
</tr>
<tr>
<td>Please describe the type of support received.</td>
<td></td>
</tr>
<tr>
<td>Describe how rubbish/waste is disposed off in the school?</td>
<td></td>
</tr>
<tr>
<td>Does school provide food services for pupils?</td>
<td></td>
</tr>
<tr>
<td>If YES, is there a shed/identified place where students eat?</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>If NO, are there food vendors on school premises?</td>
<td></td>
</tr>
<tr>
<td>Are the vending areas clean or neat?</td>
<td></td>
</tr>
<tr>
<td>Are the food vendors properly dressed (Scarfs/cap on, aprons, etc)</td>
<td></td>
</tr>
<tr>
<td>Verify if vendors are aware of the observance of fruits and</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>vegetable days in the School?</td>
<td></td>
</tr>
<tr>
<td>Describe the kinds of foods/snacks sold on the premises</td>
<td></td>
</tr>
<tr>
<td>Have food vendors been screened and certified?</td>
<td></td>
</tr>
<tr>
<td>What kind of certification and by who?</td>
<td></td>
</tr>
<tr>
<td>What is the total number of vendors on site?</td>
<td></td>
</tr>
<tr>
<td>Number certified?</td>
<td></td>
</tr>
<tr>
<td>Number trained on nutrition standards?</td>
<td></td>
</tr>
<tr>
<td>HEALTH EDUCATION IN SCHOOL</td>
<td></td>
</tr>
<tr>
<td>Does the school-based health coordinator have a plan for school based health activities for the term? (check for verification)</td>
<td>YES NO</td>
</tr>
<tr>
<td>Does the plan cover Health Education?</td>
<td>YES NO</td>
</tr>
<tr>
<td>If YES, how many sessions have been planned?</td>
<td></td>
</tr>
<tr>
<td>How many sessions have been carried out as of the time of visit?</td>
<td></td>
</tr>
<tr>
<td>Do the topics cover (Tick)</td>
<td></td>
</tr>
<tr>
<td>- GIFTS</td>
<td></td>
</tr>
<tr>
<td>- Intake of fruits and vegetables</td>
<td></td>
</tr>
<tr>
<td>Avoidance of non-healthy foods like high sugar drinks, etc.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
</tr>
<tr>
<td>Good sanitation</td>
<td></td>
</tr>
<tr>
<td>Personal hygiene</td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td></td>
</tr>
<tr>
<td>Any other topic related to nutrition</td>
<td></td>
</tr>
</tbody>
</table>

If no, give reasons

<table>
<thead>
<tr>
<th>Has the school observed a fruit/vegetable day this term? How was it organized? How many times as of the time of visit?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No (Give reasons)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the school informed the Parents about the NFS?</th>
<th>YES: At what forum were parents informed or sensitized? If YES, how was this communicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO (Give reasons):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the school submitted its reports? Check for availability of previous terms reports and date of submission.</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OBSERVE PHYSICAL ACTIVITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does Physical Education</td>
<td></td>
</tr>
<tr>
<td>Has the school got enough safe space for physical activity</td>
<td></td>
</tr>
<tr>
<td>Availability of a trained physical activity instructor</td>
<td></td>
</tr>
<tr>
<td>Does the School have a qualified Physical Education Instructor?</td>
<td></td>
</tr>
<tr>
<td>Frequency of physical activity</td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Education on importance of physical activity</td>
<td></td>
</tr>
<tr>
<td>Availability of the age-appropriate equipment for physical activities?</td>
<td></td>
</tr>
<tr>
<td>Presence of equipment for disability sports</td>
<td></td>
</tr>
<tr>
<td>Has the School Physical Education equipment/tools (balls, skipping ropes, etc)?</td>
<td></td>
</tr>
</tbody>
</table>
Girls’ Iron-Folate Tablet Supplementation (GIFTS)/Nutrition Friendly Schools Program

School Termly Reporting Form

<table>
<thead>
<tr>
<th>Name of School:</th>
<th>Region:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>District:</td>
</tr>
<tr>
<td></td>
<td>Sub-district:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Circuit:</th>
<th>CHPS Zone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Term start date:</th>
<th>Term End Date:</th>
</tr>
</thead>
</table>

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**

<table>
<thead>
<tr>
<th>No. of girls in School</th>
<th>Number of girls registered on the programme</th>
<th>Number of girls who took 10 or more tablets per term in the school</th>
<th>No. of Health and Nutrition Sessions Planned for the school Term</th>
<th>Number of Health and Nutrition Education sessions carried out</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of Fruit days planned for the term</th>
<th>No. of health general cleaning sessions planned for the term</th>
<th>Brief notes on one innovation for the term:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. achieved for the term</td>
<td>No. achieved</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------</td>
<td></td>
</tr>
</tbody>
</table>

**Prepared by:**

Name of School Based Health Coordinator:

Signature
Date:

Contact:

**Endorsed by:**

Name of Head teacher:

Signature
Date:

Contact:
## ANNEXES

### TABLE 1: Different locally available foods to prepare 4**** meals

<table>
<thead>
<tr>
<th>Animal-source foods</th>
<th><img src="image1.png" alt="Animal-source foods" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>including flesh foods such as meat, chicken, fish, liver and eggs and milk and milk products</td>
<td></td>
</tr>
<tr>
<td><strong>Note</strong>: animal foods should be started at 6 months</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legumes</th>
<th><img src="image2.png" alt="Legumes" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>such as beans, lentils, peas, groundnuts, agushie, wrewere, neri and seeds such as sesame</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vitamin A-rich fruits and vegetables</th>
<th><img src="image3.png" alt="Vitamin A-rich fruits and vegetables" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>such as mango, pawpaw, passion fruit, dark-green leaves, carrots, yellow sweet potato and pumpkin and other fruits and vegetables such as banana, oranges, pineapple, avocado, watermelon, tomatoes, eggplant and cabbage</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE</strong>: include locally-used wild fruits and other plants.</td>
<td></td>
</tr>
</tbody>
</table>
**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.