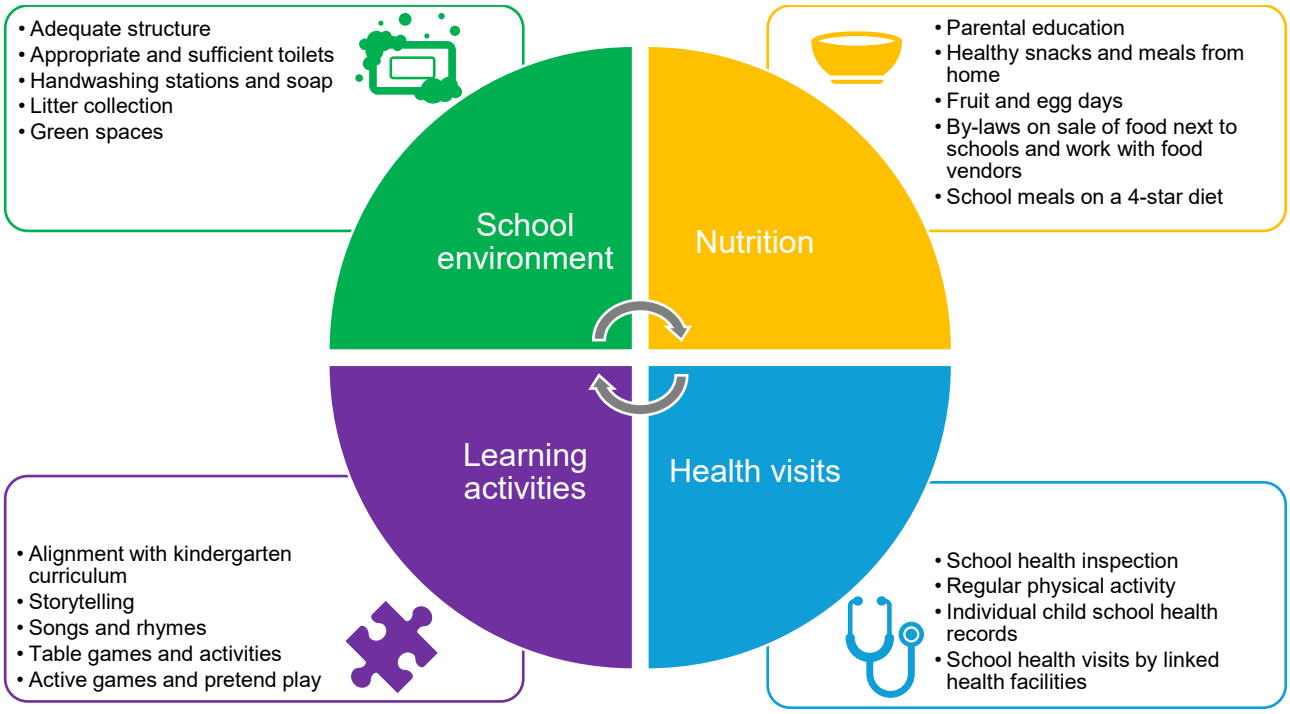
Improving health and nutrition services and learning in early childhood development centers in Ghana: Initial results

Background

In January 2024, PATH and Ghana Health Services (GHS), with support from the Bainum Family Foundation, entered into a partnership to develop and test strategies to support early childhood development (ECD) centers in providing better health and nutrition services. Two municipal areas in Greater Accra Region—Adentan and Ayawaso East—were selected for the project and 24 schools (majority public) with ECD centers, serving a total of about 1,300 children under age five, were identified by the district authorities. Baseline data was collected from the schools and the project activity plans were co-created by district, regional, and national health, education, and social welfare officers with technical support from PATH.

The project built on and aimed to update Ghana's 2005 Guidelines for School Health Services and was also intended to generate useful lessons and tools for the government's cross-sectoral Nutrition-Friendly Schools Initiative launched in 2020. The visual below summarizes the four key action areas and activities that the project was designed to address.



In January 2025, district officials from health and education departments were trained in the project's goals, action areas, and activities. These officials then proceeded to train selected health workers and teachers from each project school, who in turn cascaded the training to their colleagues. Multiple tools were designed or updated from existing government tools and introduced during the trainings. These included an environmental health checklist, a guide on a 4-star diet and healthy and unhealthy snacks, two children's storybooks on nutrition, a guide for parent-teacher meetings, and an individual child school health record booklet, among others.

PATH is a global nonprofit dedicated to achieving health equity. With more than 40 years of experience forging multisector partnerships, and with expertise in science, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales up innovative solutions to the world's most pressing health challenges.

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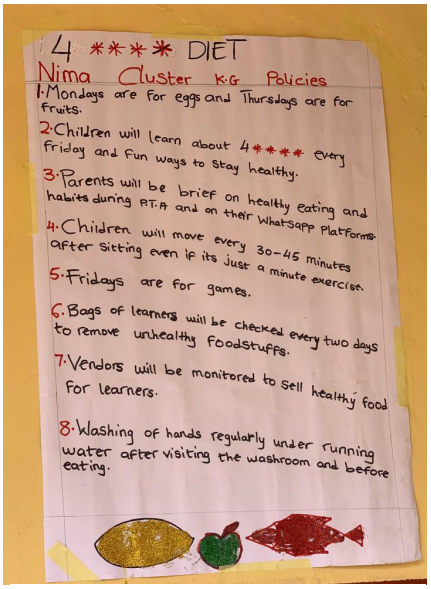
September 2025

District teams representing education, health, nutrition, environmental health, and social welfare services have been visiting the project schools regularly since the trainings, both as part of structured mentoring visits facilitated by PATH and independently. To reflect on the progress made over the first six months of implementation and plan for the coming six months, PATH gathered project participants from the 24 schools, the two districts, and national-level government officials for a cross-district learning and reflection meeting in August 2025. This brief summarizes what has been achieved and learned up to this point, and what will be done in the remaining months before the project's conclusion in March 2026.

School health and nutrition policies

As their first strategic action, recommended by the national Nutrition-Friendly Schools Initiative, the schools were encouraged to develop and disseminate their own school health and nutrition policy. While only 3 schools had an existing policy at the baseline, 16 schools (67%) had developed one by August 2025. The policies are written in short, easy-to-understand language and promote both school and home actions, such as handwashing, a fruit and egg day (where children are asked to bring these food items from home), education of children and parents about health and nutrition, and sensitization of school caterers and food vendors. All the schools with a policy have posted it prominently within the school and reported discussing the policy's contents with both parents and children.


4 **** DIET
Nima Cluster K.G Policies
1. Mondays are for eggs and Thursdays are for fruits.
2. Children will learn about 4**** every Friday and Fun ways to stay healthy.
3. Parents will be brief on healthy eating and habits during PTA and on their WhatsApp Platforms.
4. Children will move every 30-45 minutes after sitting even if its just a minute exercise.
5. Fridays are for games.
6. Bags of learners will be checked every two days to remove unhealthy foodstuffs.
7. Vendors will be monitored to sell healthy food for learners.
8. Washing of hands regularly under running water after visiting the washroom and before eating.

A sample school health and nutrition policy. Photo: PATH

Promoting a healthy environment

The physical environment in which young children spend their days can affect both their health and their learning. As part of the project, district officers and school teachers have learned to assess the school environment using a simple environmental checklist and to plan action to improve the current situation.

By August 2025, the schools achieved the most progress in installing **handwashing stations** for daycare and kindergarten classes, with 12 schools (50%) now having sufficient handwashing stations (most frequently the locally available "Veronica buckets") at the ECD level. Good results have also been achieved in instituting regular **litter collection and use of dustbins** in the classrooms, a common practice now in 14 schools (60%). Finally, half of the schools have established or improved collaboration with the district services for regular **garbage removal**. However, some schools still struggle to find viable garbage disposal solutions.

"The DA [district assembly] truck does not come to pick the refuse regularly, so the school has dug up a pit and buried the waste. The DA truck has only come to the school once all term."

Schools experience additional challenges regarding **toilet facilities**, with only 13 schools (54%) having at least one appropriate toilet for children under age five. Three schools have no toilet of any kind on the premises. Very tight urban quarters, where many schools are located, make it difficult to install the toilets where they are needed. In many schools, young children are expected to share toilets with primary and sometimes even junior high school students due to the shortage of space and facilities.

Finally, the **creation of green spaces** in schools is a common gap, with only 10 schools (42%) currently having some greenery in the form of shrubs, flowers, or trees. Many schools reported having created green spaces in the past, only to have them destroyed by the community due to a lack of fences or use of the space for sports or animal grazing. Through the project, several schools have been motivated to start container gardens, which may be a viable solution for tight and unprotected spaces.

Supporting adequate nutrition

To improve nutrition, schools were advised to engage in three main actions: educate families on healthy foods and snacks to pack from home; sensitize food sellers within or near school premises; and educate school caterers and monitor the meals they provide.

While at baseline only 3 schools reported **talking to parents about healthy foods during parent meetings**, by August 2025, 18 schools (75%) had done so.

Additionally, at least 10 schools reported supplementing parent meetings with targeted WhatsApp messages on nutrition, with typical examples provided below:

"Prefer fruits over fizzy drinks for your children."

"Every Wednesday and Friday would be fruit days. Students are to bring fruits as snacks."

"Please do not give the kids sugary foods as this affects their studies."

The schools reported that the majority of the families began supplying healthier food options, especially fruits, in response to the request. By August 2025, all schools had established **fruit and egg (or protein) days** when parents are asked to send these foods from home. In most cases, such days are not yet weekly but rather are monthly or termly.

Despite the progress, some parents still consider unhealthy foods, such as cookies and packs of juice or fizzy drinks, to be more convenient and palatable to children; others give their children money which sometimes is used to purchase unhealthy snacks. To address this, several schools have requested that parents not give their children money, while other schools made sure that children could only buy healthy snacks on the school premises.

Healthy snacks sold at a project school. Photo: PATH

Regarding vendors **selling food** in or around school premises, 13 schools (54%) had already requested the food vendors to offer healthier food and snack options by August 2025. At 12 schools, this sensitization led to positive changes, such as vendors selling fewer fizzy (soda) drinks and offering more fruits and fresh drinks (such as hibiscus drinks). Where schools are fenced, it is easier for teachers to monitor what is sold. In a few cases, when food vendors have been unwilling to change, schools have taken firmer actions to stop these sellers from interacting with children, like the ones shared below:

"The school had put a gate in front of the school to prevent children from going out to buy things and hawkers are prevented from walking in at will."

"The school has a very firm grip of the school vendors—no sale of any kind of unhealthy foods, neat and clean market space, all food covered, and all vendors in white aprons and head coverings."

Finally, regarding **school caterers**, the menu and the budget for the public schools are set centrally by the National School Feeding Program. Regardless of this limitation, by August 2025, 13 schools (54%) reported sensitizing their school caterers to ensure that they follow the GHS recommendation for a 4-star diet (a diet that includes the four main food groups). Seven schools reported observing changes in the school food as a result, noting that *"food is more nutritious"* and *"taste of the food improved".* Some changes included adding protein such as fish powder and egg, increasing use of local vegetables, and limiting use of artificial spices.

Teaching children about health and nutrition

Teaching children about health and nutrition in a child-centered, interactive manner is likely to result in better knowledge as well as healthier behaviors. Ghana's kindergarten curriculum includes several learning topics and activities about health and nutrition. To build on this, during the initial training for teachers as part of the project, several interactive learning activities were shared and modeled. The schools also received two storybooks on healthy foods that PATH developed for them to test.

At baseline, just half of the schools reported conducting some **learning activities** about health and nutrition with children in the past three months. A few schools expressed belief that these types of activities should be led by nurses during school health visits. By August 2025, 10 schools (42%) reported conducting weekly learning activities about health and nutrition.

These activities commonly included **songs, poems, and rhymes with actions, storytelling** (using the storybooks provided by PATH), **and posters**. One school made posters from the pictures in the project's storybooks and posted them in strategic locations where the children and parents could see them.

Relatively few schools reported playing nutrition or health-related games with children. Most schools expressed an interest in obtaining more learning materials such as models of foods, additional storybooks and posters, coloring pages, and board

games that they could use to teach health and nutrition information in engaging ways.

A poster produced by a school based on a storybook. Photo: PATH.

During the most recent mentoring visits, when children were asked what they knew regarding health and nutrition, the results indicated clear progress but also revealed some gaps. Nearly 80% of children interviewed were able to demonstrate how to wash their hands correctly. However, just over 60% of children could explain why they wash their hands, for example, by saying: *"we wash hands not to fall sick"* or *"we wash to kill germs (so that they do not enter our stomach and make us sick)".*

Furthermore, 40% of children interviewed were able to name at least one food group (i.e., foods that "make us strong", "protect us from sickness", or "make us smart"). When asked to name a food item belonging to one of the groups, 67% were able to do so correctly. Finally, when asked to give examples of healthy and unhealthy snacks, many children interviewed mentioned fruits (70%) as healthy and candy (40%) or fizzy drinks (33%) as unhealthy. Other examples of healthy snacks named by a few children included eggs, fish, and vegetables. Other examples of unhealthy foods named less frequently included chips, sausages, and sweet cookies.

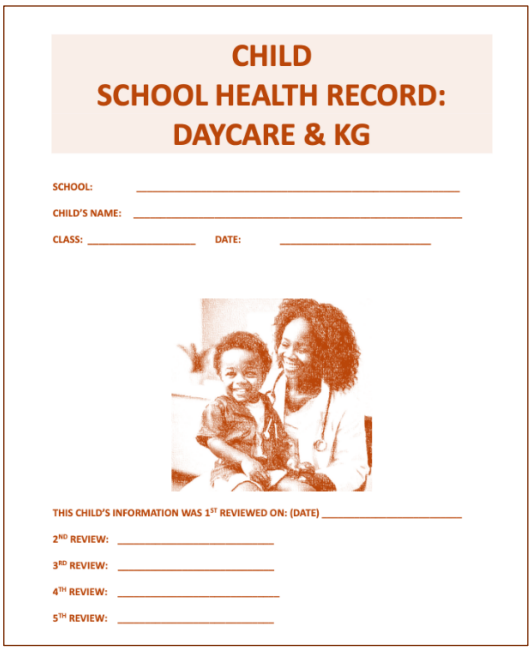
Promoting children's health in school

Several actions to promote children's health in school were recommended in the training. These included regular inspection of children's hygiene; regular physical activity for children; maintenance of individual child school health records; and physical exams for children conducted by assigned health workers at least annually. Conducting school health visits is especially important as many families stop taking their children for routine health checkups after they complete the required vaccinations at 18 months old. Health workers can monitor children's health and make referrals as needed.

Of the four actions described above, the schools made the most progress in instituting **regular hygiene inspection.** While only eight schools started regular hygiene inspection soon after the training, all the schools reported doing so routinely by August 2025. Most schools reported carrying out hygiene inspection two or three times a week as a part of morning assembly, which included checking children's nails, teeth, and hair, as well as their uniform and shoes for cleanliness.

Similarly, all the schools have described efforts to increase children's **physical activity** during the day. This was mostly achieved by promoting active learning, which required students to move around, and by instituting breaks when sitting for 30 minutes or longer. Two schools added morning exercises to their daily schedule, and another two added a physical education class to their weekly routine.

As of August 2025, little progress had yet been achieved in keeping **individual school health records** for each child. At baseline only one school kept individual health records. While seven schools (29%) tried to initiate the process, only two schools successfully completed such records for all the children. The costs associated with reproducing child health record booklets for every child, as well as the fact that the project started midway through the school year, while health records should normally be filled out at the start of the year, were identified as barriers.


CHILD
SCHOOL HEALTH RECORD:
DAYCARE & KG

SCHOOL: _____

CHILD'S NAME: _____

CLASS: _____ DATE: _____

THIS CHILD'S INFORMATION WAS 1ST REVIEWED ON: (DATE) _____

2ND REVIEW: _____

3RD REVIEW: _____

4TH REVIEW: _____

5TH REVIEW: _____

Child school health record piloted in the project schools. Photo: PATH

Similarly, the number of schools that had received **comprehensive school health visits including physical exams** of children is still few as of August 2025. However, during the project period this has increased from one school at baseline to six schools (25%).

The main barriers to conducting school health visits, as described by the health workers, include a lack of human and operational resources to visit the schools, in addition to a lack of time due to their routine work at the health facility and in the community. For example, one health facility can be responsible for up to 20 schools, serving students from daycare up to junior high level. Additional challenges exist in private schools, where parents at times refuse to allow health workers to examine or treat their children. The six schools that recently conducted comprehensive school health visits were successful in identifying and referring 10 children with various health conditions, showing the importance of physical exams at the ECD level.

Next steps

In sum, the first six months of implementation have demonstrated that the project is already resulting in meaningful changes. In particular, more schools have instituted health and nutrition policies, educated parents about healthy and unhealthy snacks, influenced food vendors and caterers to sell/prepare healthier items, installed handwashing stations near to the classrooms, started regularly picking up trash around the school grounds, used the provided storybooks and other engaging materials to teach children about nutrition, and began conducting regular hygiene inspections of children.

In the remaining six months of the project, PATH and Ghana Health Services will be working with the two district authorities to reinforce and build upon these positive changes as well as put more effort into addressing the areas where progress has been slower. The priority actions for the coming months include:

- Ensuring that all the schools have sufficient copies of individual child school health record booklets (version reviewed and approved for pilot by Ghana Health Services, Ghana Education Services, and the Department of Social Welfare) and begin to use them as the school year starts in September 2025.
- Working with district health directorates to link all the schools to their respective health facilities and promote at least one annual comprehensive school health visit to daycare and kindergarten classes.
- Training schools on how to make and use low-cost learning activities and materials about health and nutrition.
- Publishing and distributing ample copies of the two storybooks to all the project schools as well as district and national health and education officers to promote their use within and beyond the project.
- Advocating to the District Assemblies for investments and strategic actions to stop the sale of unhealthy foods in the vicinity of schools, ensure regular garbage collection, and construct toilets in schools.
- Supporting community education about creating green spaces in schools.
- Strengthening schools' efforts to continuously sensitize families to provide children with healthy foods and snacks.