

# GHANA HEALTH SERVICE



## 2020 NUTRITION ANNUAL REPORT

KINTAMPO SOUTH DISTRICT HEALTH DIRECTORATE

JANUARY, 2021

## EXECUTIVE SUMMARY

The Nutrition Unit is one of the service delivery units under the auspices of the District Health Directorate of the Ghana Health Service (GHS). It is mandated to co- ordinate all nutrition activities in the district, implement national and regional programs on Nutrition and also collaborate with NGOs and other stakeholders on Nutrition activities.

The objective of the unit is to Work for the empowerment and the capacity development of families and communities as primary child caregivers (PCC) through nutrition education and advocacy.

### Growth Monitoring and promotion

This activity is carried out on children under five (5) by Health Staffs and community Volunteers at both statics and outreach points. Data collected from these activities are often analyzed to determine the nutritional status of under- five (5) years old children using the anthropometric indicator weight- for- Age (W/A) and height -for- Age (stunting).

### Routine Vitamin A supplementation

This activity is carried out every month at outreach point and static clinics to children under five who are due for the supplementation base on the age of child.

### Iron deficiency anemia control

In line with the introduction of the integrated strategy for anemia control in Ghana, most health workers have been trained to enhance their capacity on the implementation of this program. This has facilitated a continuous distribution of routine anti- anemia drugs (iron foliate and de-wormer) to vulnerable groups especially twenty-four (24) to fifty-nine (59) months children and pregnant women at health facilities and outreach points. IFA supplementation is also given to adolescent girls in schools and out school.

### Community infant and young child feeding

This program is aimed at shaping skills of health and community volunteers in counseling. The health staffs counsel *mothers'/care* givers and pregnant women on breastfeeding, appropriate complementary feeding and hygiene at various health facilities and communities

## INTRODUCTION

The Nutrition Unit is one of the service delivery units under the auspices of the District Health Directorate of the Ghana Health Service (GHS). It is mandated to co- ordinate all nutrition activities in the district, implement National! Regional directed programs on Nutrition and collaborate with *NGDs* and others stakeholders with concern on Nutrition.

## OBJECTIVES

Work for the empowerment and the capacity development of families and communities as primary child caregivers (PCC) through nutrition education and advocacy.

Challenges at the beginning of the year

- Nonexistence of rehabilitation center

- Inadequate therapeutic foods for malnourished children identified

- Inadequate supply of logistics e.g. Weighing scales, infantometers, MUAC tapes etc

- Inadequate funds to carry out nutrition activities

- Teachers and adolescent girls' reluctant in continuing GIFTS program

- Late submission of reports

Priority at the beginning of the year

- Impact knowledge and favorable attitudes of mothers/caregivers on appropriate maternal and child care practices through training, food demonstration and counseling.

Ensure proper reporting on Vit. A supplementation

- Ensure timely submission of reports

- Ensure proper filling of child health record book/chart

Reduce underweight in under five children weighed.

Conduct health staff training on Anaemia

Increase our contact with facility level staff (monitoring)

### Activities carried out in the year.

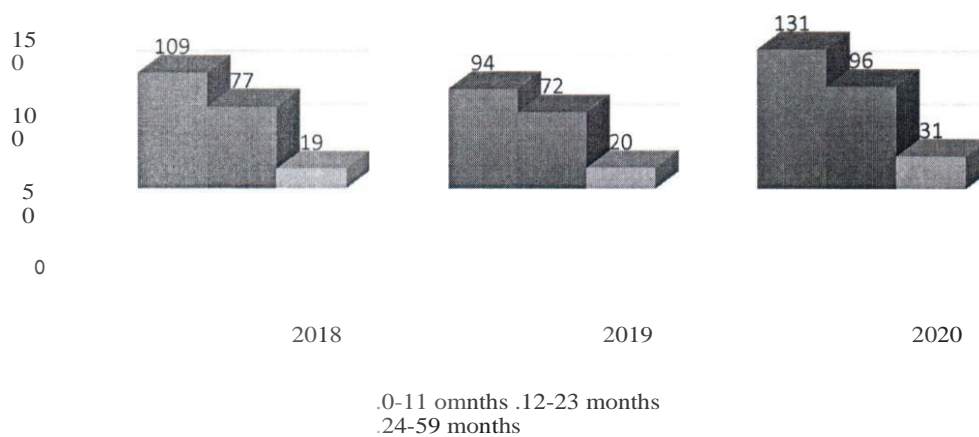
- ~ Routine growth monitoring and promotion.
- ~ Promotion of infant and young child feeding practices
- ~ Monitoring and supervision of nutrition activities
- ~ Nutrition education and promotion
- ~ Vitamin A supplementation
- ~ Child health promotion week

### GROWTH MONITORING AND PROMOTION ACTIVITIES

There has been regular growth promotion and monitoring activities of children under five (5) by Health Staff and community Volunteers at both static and outreach points. Data collected from these activities are often analyzed to determine the nutritional status of under- five (5) years old children using the anthropometric indicator weight- for- age (W/A) and Height-For-Age.

### GROWTH MONITORING AND PROMOTION

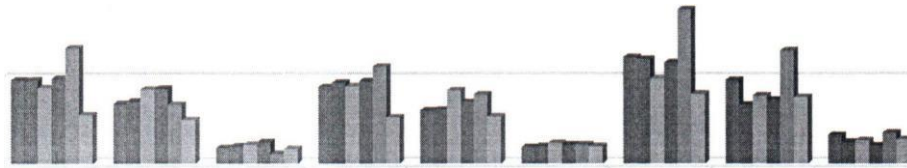
#### District Growth monitoring & promotion (0-59 months) 2018-2020



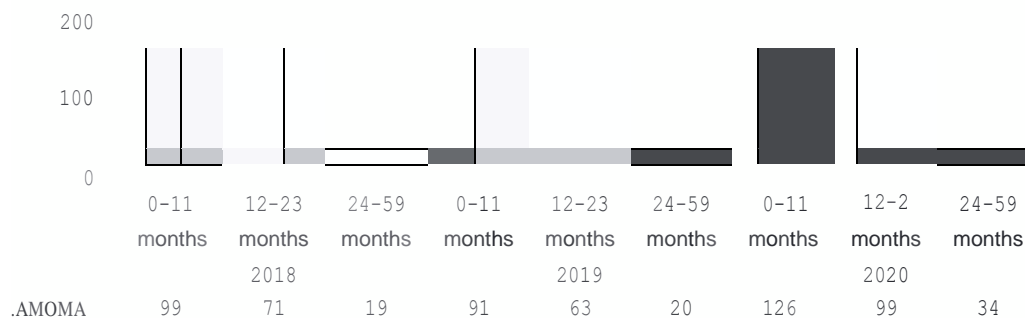
District summary

From the data above it can be deduced that there was an increase in number of registrants from (O-II) from 94(2019) to 131 (2020). This was possible as result of training of health staff on Maternal, Child Health and Nutrition Service Delivery Guidelines for Use in Ghana during COVID-19 Outbreak.

Mothers were educated and also encourage to bring their children to Child Welfare Clinic which brought about the increase in registrant in the year under review.



#### GROWTH MONITORING AND BY SUB-DISTRICT COMPARED



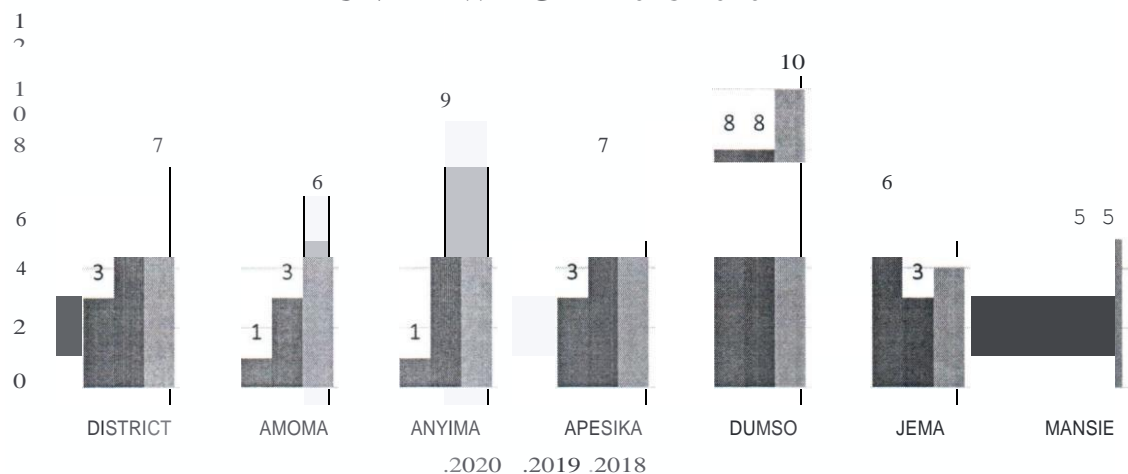
• AMOMA • ANYIMA • APESIKA • DUMSO • JEMA • MANSIE

#### Sub district 2020

From the above it can be deduced that lema south district recorded the highest registrants with Mansie sub district recording the lowest registrants in the year under review. This is as the result of the training received earlier that encourage health staff to work harder by encouraging mothers to bring their children for CWC sessions. Mansie recorded the lowest which can be attributed to low attendance in

school health carried out and Child Welfare Clinic. This can be improved by encouraging health

### UNDERWEIGHT 2018-2020



workers participate fully in school health activities and also continue with home visit as to when the time dim fit.

Malnutrition cases decreased from 7% to 6% which could be due to improved documentation and also acquisition of some new weighing scales from region

### MICRONUTRIENTS PROGRAMMES

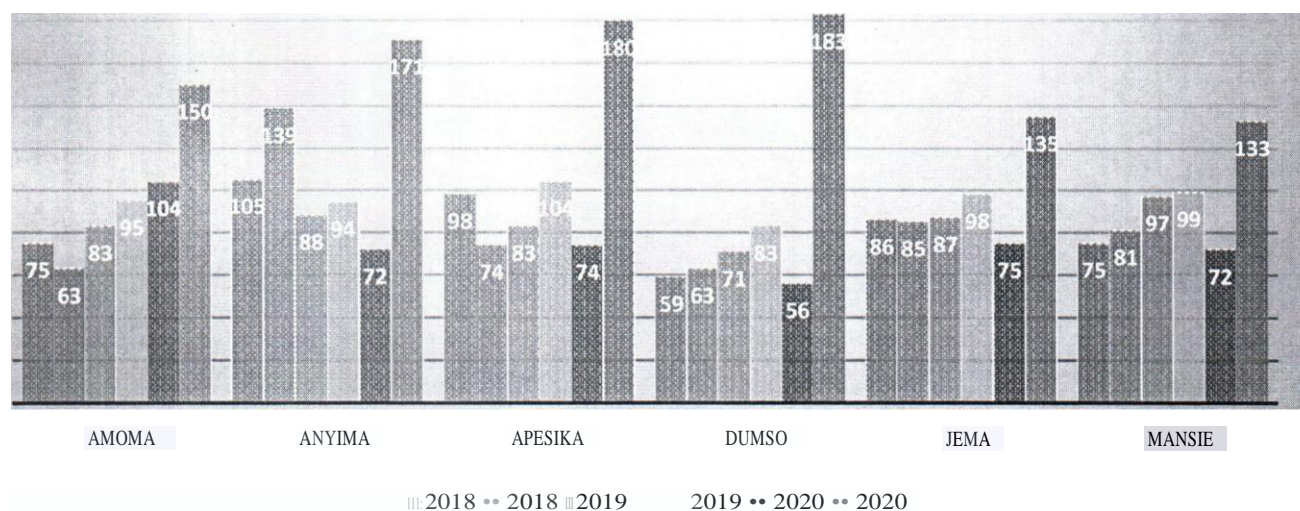
#### ROUTINE VITAMIN A SUPPLEMENT A nON

This activity is carried out every month at outreach point and static clinic to children under five who are due for the supplementation based on the age of child. Graph showing three-year trend of under-five vitamin A

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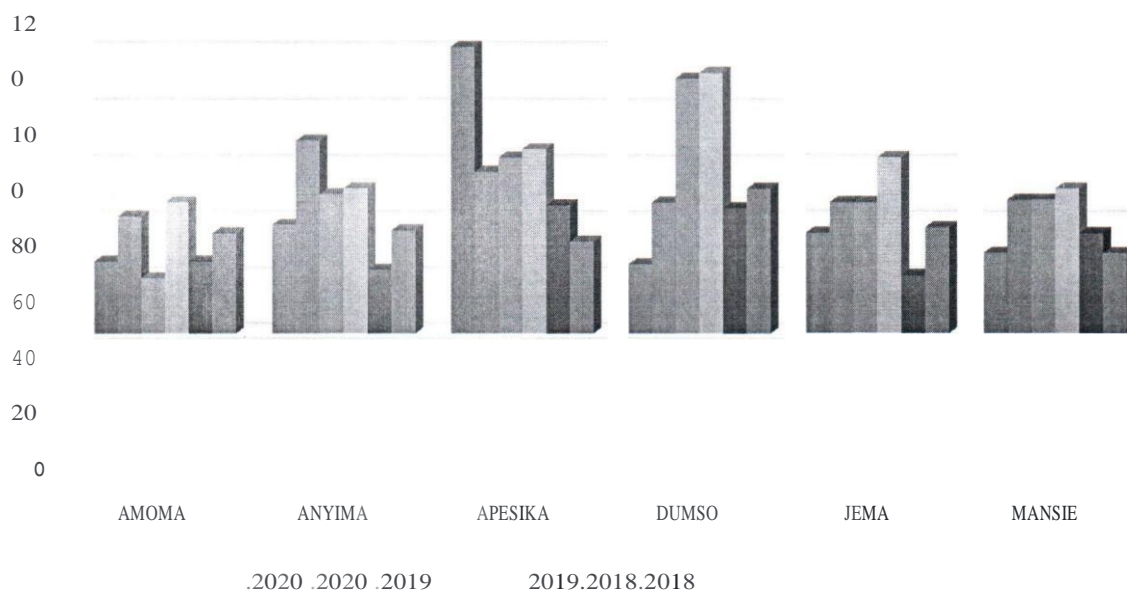
## VITAMIN-A SUPPLEMENTATION (VAS)

sub-district VAS by 1 st and second semester (6-11 months)



## VITAMIN-A SUPPLEMENTATION (VAS)

sub-district VAS by I st and second semester (12-59 months) 2020-2018



From the above graph it can be interpreted that Apesika sub district recorded the highest Vitamin-A supplementation of children from (12-59) months representing (100%) in the first semester with Dumso recorded the lowest representing (60%) in the year under review

In the second semester Anyima recorded the highest vitamin A supplementation representing (60%) while Amoma recorded the lowest representing (40%).

Comparing vitamin-A supplementation of children from (12-59) months for the first and second semester for the year 2020, there was a higher supplementation in the first semester than the second semester.

Comparing 2020 and 2019 respectively both first and second semesters there was an increase in 2020 supplementation than 2019 as can be seen above.

This can be attributed to a mop up conducted in the last quarter of 2020

#### Girls' Iron-Folic Tablet Supplementation (GIFTS) Program

##### Activities carried

1. Sensitization done on the importance of IF A and the need for the supplementation.
2. Logistics distributed to all health facilities, JHS & SHS in the district
3. Implementation is going in all sub districts (In and Out of school)
4. Joint monitoring with GHS and GES to JHS & SHS in the district.
5. Supplementation on-going

##### Out of school IF A

indicators	2020	2019	2018
Total No. of Girls Screened	11518	1975	1394
Total No. of Girls given IFA	7508	1886	1254

From the indicators above it can be deduced that the total girls registered out of school decreased which is attributed to the fact that there was no supportive monitoring and home visits to engage them on the importance of IF A.

#### ACHIEVEMENTS

- Increase in early initiation of exclusive breastfeeding
- Increase in timely complementary feeding at 6 months
- Increase in enrolment of adolescent girls on gift injema senior high
- Food demonstration sessions organized in seven communities



- Increase in proportion of children measured for stunting

## CHALLENGES

- District not part of CMAM programme
- Inadequate supply of nutritional tools. (Weighing scales, infantometers, muac tapes, etc.)
- Teachers' reluctance in continuing gifts program
- Late submission of in-school gifts reports
- Perception of adolescent girls on if a being a family planning pill

## WAYFORWARD

Continue to counsel mothers and caregivers on nutrition and healthy lifestyles

• Visit sub districts quarterly and encourage them to validate their data

• Intensify school health services to increase 24-59 months registrants from 20% to 50%

• Enroll more adolescent girls on gifts by intensifying home visits

• Organize food demonstration in at least one community in the six sub districts

• liaise with region to supply more nutrition equipment (weighing scales, infantometers, muac tapes etc)

## CONCLUSION

Despite the number of challenges encountered, the unit still manage to chalked some success as far as the indicators for measuring the nutritional status of the people especially children and women are concerned.

This is evident with the fact that tremendous improvement was made in under four (4) attendance and reduction in underweight over the three-year period.

However much still needs to be done in order to achieve the main objectives of the unit and the district health directorate as a whole.