

Working together for healthy mothers and children in Ghana

Good nutrition is essential for adequate growth, health and survival. But for millions of children worldwide. the combination of inadequate diet and illness can quickly lead to malnutrition which remains the underlying cause of 45% of all child deaths – around 2.8 million¹ each year. Lack of micronutrients. essential vitamins and minerals such as vitamin A, iron and iodine, leads to impaired physical and mental development, lower productivity and premature death. Young children and pregnant women are especially vulnerable.

Ghana U5 Mortality Rate: 78 deaths per 1000 live births Canada U5 Mortality Rate: 5 deaths per 1000 live births² Ghana Incidence of TB & HIV: 92/100,000 Canada Incidence of TB & HIV: 5/100,000³

Malnutrition in children under 5 in Ghana: 13.4% underweight (national average)⁴ Underweight in World Vision Canada project area: 28%⁵

- 1. Levels and Trends in Child Mortality 2014, http://www.childmortality.org/
- 2. & 3. Levels and Trends in Child Mortality 2014, http://www.childmortality.org/
- 4. www.unicef.org/infobycountry/ghana_statistics
- 5. WVGTDI survey results, Nadowli ADP, 2006

"Children are now gaining adequate weight at growth monitoring sessions. Children are now healthier, grow faster, more intelligent, no frequent illness, because of continuous health education and evidence of the benefits of exclusive breastfeeding."

Community health volunteer from Kintampo South ADP

We know that a few simple, evidence-based interventions such as breastfeeding; vitamin A and iron supplementation; consumption of iodized salt; prevention and care of malaria, diarrhea and respiratory infections; and adequate diet can prevent the deaths of millions of women and children.

Since 1996, World Vision has implemented a series of integrated nutrition, health and agriculture projects in Ghana, achieving significant improvements to the nutrition and health status of women and children.



World Vision's





Micronutrient and Health (MICAH) Program

World Vision Canada's Micronutrient and Health program(1996-2005), funded by the Canadian International Development Agency (CIDA), focused on increasing the intake of micronutrients, reducing the prevalence of disease and improving local health delivery systems in five African countries, including Ghana.

By empowering communities to take ownership for actions within their grasp – exclusive breastfeeding, training community health workers, monitoring the growth of young children, establishing household gardens and constructing latrines, World Vision helped lay the foundation for improved quality of life for women and children.

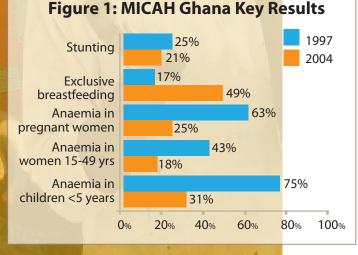
ENHANCE (Expanding Nutrition and Health Achievements through Necessary Commodities)

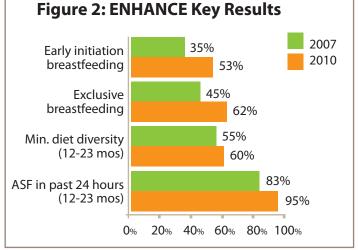
In 2005, World Vision Canada launched the ENHANCE program (Expanding Nutrition and Health Achievements through Necessary Commodities) in five African countries and one in Asia. In Ghana, the goals of improving child survival and growth and development were met by enhancing access to health and nutrition services, improving quality of diets including household production and use of food, and creating healthier environments. CIDA provided funding for essential child survival commodities such as insecticide-treated bed nets to prevent malaria, antibiotics to treat pneumonia, oral rehydration salt and zinc supplements to manage diarrhea.

World Vision complemented these commodities with training and support for Ministry of Agriculture and Health staff, village health workers and community members on infant and young child feeding practices and food security interventions.

Although ENHANCE concluded in 2010, the Ministries of Health and Agriculture continue to cooperate on program planning and delivery in the project districts, through annual planning and quarterly review meetings which World Vision facilitates. Extension agents work together to support families through better practices in agriculture, food security and health.

Results/Impact





Case Study: Integrated Malnutrition, HIV&AIDS and TB Prevention and Control Project

Building on the positive results of MICAH and ENHANCE, in 2008, World Vision Canada initiated a five-year Integrated Malnutrition, HIV&AIDS and TB Prevention and Control project to reduce childhood illness and death. The project was implemented in 99 communities in central and northern Ghana, targeting 82,000 children under five and more than 20,000 pregnant women.

Project Goals

- Improve household food security and diet quality for children and families
- · Improve access to quality health services and a healthy environment
- Support communities and institutions to implement programs to address malnutrition

The planning and implementation model used in ENHANCE was further developed to include more partners. Bringing together staff from the Ministries of Health, Food and Agriculture, Education, Environment and Rural Development, World Vision helped to design a program of interventions that included HIV & AIDS and Tuberculosis (TB) prevention and control, along with continued efforts to reduce common causes of childhood deaths, including malnutrition.

Scaling up and building on the interventions from MICAH and ENHANCE, extension agents from the Health and Agriculture ministries were trained in behavior change communication and jointly implemented community education sessions and household monitoring visits.

To help provide a more diverse diet, community members received chickens, seedlings and seeds and training in small animal husbandry, fruit tree cultivation and vegetable gardening. Education on water purification systems and environmental and personal hygiene helped reduce illness. Construction of dry wells dissipated stagnant water to prevent mosquito breeding and garbage disposal points and pit latrines contributed to a healthier environment.

Mother-to-Mother Support Groups and community volunteers were very effective in educating women about infant and young child feeding and how to recognize and treat their babies' and children's illnesses as well as TB and HIV prevention and treatment. Support groups provided a space for mothers to learn from each other.

From 2009 to 2012

Stunting (shortness for age) decreased from 43% to 25%. (LQAS methodology, N = 232)

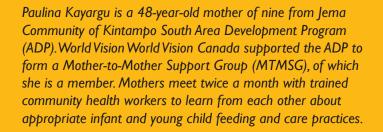
Exclusive breastfeeding increased from 63% to 75%

Consumption of animal source foods (ASF) by young children increased from 43% to almost 60%

lodized salt intake increased from from 48% to 53%

Among pregnant women, there was an increase in iron supplement consumption from 77% to 99%

More people were seeking treatment for TB (from 20% to 30%)



Paulina's Story

One morning, Paulina noticed a sick child being bathed in the cold by his stepmother and advised the woman to bathe the child next time with warm water since the weather was too cold and the child could get pneumonia. The stepmother refused saying, "Kofi is from the gods and dwarfs and that is the reason why since he was born he has not been able to talk and walk even at 34 months of age." She said the boy's mother deserted him for the same reason. Paulina told her that Kofi's inability to walk was because of poor nutrition coupled with infection. She advised her on appropriate childcare practices and invited her to the MTMSG meetings to acquire more knowledge, but she refused.



Paulina began to prepare food daily to send to Kofi and one day was told World Vision had arranged for him to go to the hospital for medical care. Paulina visited Kofi at the hospital every day until he was discharged and continued to check on him at home.

On one visit, Paulina recounted, "The child refused to let go of me. I asked the father if I could take care of him. He obliged because they see the boy as a curse, and want him out of the family. I took him home and later my husband said I should send the boy back because people are saying he will bring untold hardship to our family. Surprisingly each time my husband asked me to send him back, Kofi would crawl to my husband and hold his palm. My husband later had sympathy on him and allowed him to stay."

After a few weeks of being fed nutritious meals of green leafy vegetables, fish, eggs, meat, rice and fruit, which Paulina had learned to prepare from MTMSG meetings, Kofi started gaining weight and also began to walk, to the admiration of community members. Now the family is convinced that his inability to grow well, talk and

walk was as a result of undernutrition and not a curse from the gods. "I cannot believe this boy is now walking" said his stepmother. She is now attending the MTMSG meetings to gain knowledge about what others are doing differently in childcare practices.

"I am so happy today that the knowledge I gained from MTMSG meetings has been put to good use," said Paulina. "This boy will one day be president of this nation," said Paulina's husband.

essons learned

- The key to successfully applying multi-sectoral planning, implementation and monitoring for nutrition is dialogue, between government ministries and among key community stakeholders.
 World Vision's role as a third-party facilitator was critical in fostering this dialogue.
- Mother-to-Mother Support Groups are an effective way of supporting behavior change for positive infant and young child feeding and caring practices and prevention and treatment of diseases such as HIV & AIDS and TB. These groups offer women an opportunity to learn from each other how to overcome barriers that often prevent women from acting on the knowledge they gain. Mothers' groups can be replicated in other communities and support sustainability of program interventions.

There is a need for regular training and refresher training of staff in all participating ministries, which incurs costs and requires qualified personnel. World Vision Canada has supported transportation and training costs through project budgets and funds from long-term development projects. A broader regional or national scale-up strategy would require increased funding and human resources at all levels.

 Having staff on the ground with technical expertise in nutrition and health is critical for successful program implementation. Retaining that expertise is a challenge when ongoing program funding is not assured. Often, experienced contract staff leave the organization when funding ends, taking their knowledge elsewhere.



Participants in a Mother-to-Mother Support Group learn about infant and young child feeding and caring practices and prevention and treatment of disease.

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The encouraging results of integrated planning and implementation for nutrition at the district and sub-district levels in Ghana provides a powerful advocacy tool for recommending this approach be incorporated into government policy guidance and supported with human and financial resources. Ghana joined the global Scaling Up Nutrition (SUN) movement in 2011, and the Ghana Coalition of Civil Society Organizations for Scaling Up Nutrition (GHACCSUN) was launched in 2013. World Vision Ghana is recognized by the Government of Ghana as a key partner in nutrition programming.

World Vision is a partner in a five-year project (2013-2018) funded by Canada's Department of Foreign Affairs, Trade and Development (DFATD) that will help to improve the food security, dietary quality and nutritional status of women and children under 5, while diversifying economic activities in rural areas of the Upper Manya Krobo District of Ghana. Collaborating partners include WV Canada, WV Ghana, WVI Nutrition Centre of Expertise (NCoE), McGill University and University of Ghana.

World Vision Canada, Evidence and Impact Unit www.worldvision.ca Nutrition Centre of Expertise www.wvi.org/nutrition

World Vision is a Christian relief, development and advocacy organization dedicated to working with children, families and communities to overcome poverty and injustice, in nearly 100 countries. As followers of Jesus, we are motivated by God's love for all people regardless of race, religion, gender or ethnicity.

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