

# **NUTRITION UNIT ANNUAL REPORT, 2020**

## **MFANTSEMAN MUNICIPAL PROFILE 2020**

The Mfantseman Municipal is one of the twenty-two districts in the Central Region of Ghana its capital is Saltpond. The municipality is located along the Atlantic coast line of the Central Region of Ghana stretching from about 13km along the coastline and about 13km from the land, constituting an area of 612sq. km. The total population from Ghana Health Service is about 162,078. The target population from Ghana Health Service for Women in Fertile Age (WIFA) is 38,899.

The Municipality has six Sub-Municipalities namely:

- ✓ Saltpond Sub Municipal
- ✓ Abandze/Kormantse Sub-Municipal
- ✓ Anomabo Sub Municipal
- ✓ Mankessim Sub-Municipal
- ✓ A beadze/Dominase Sub-Municipal and
- ✓ Biriwa Sub-Municipal

The total population of children 0-59 months in Mfantseman is 32,416, 6-11 months is 3,242 and 12-59 months is 23,501. Adolescent population is 35,657. The number of health facilities are thirty-six (36); three (3) hospitals, one (1) polyclinic, two (2) clinics, five (5) health centres and Twenty-Four (24) functional CHPs with compounds and also the electoral area/demarcated CHPS zones are thirty-six (36).

## **INTRODUCTION**

Healthy eating means, eating a variety of foods that give you the nutrients you need to maintain your health, feel good and have energy. These nutrients include protein, carbohydrate, fat, vitamins, minerals and water.

Childhood obesity can cause a lot of health problems, including cardiovascular disease, asthma, non-alcoholic fatty liver diseases, arterial plaque build-up impaired insulin sensitivity, pre-diabetes and disturbed hormonal development, all before the children reach adulthood, even puberty. Malnutrition involves a dietary deficiency. Poor diet may lead to a lack of vitamins, minerals and other essential substances. Symptoms of which include a distended abdomen. According to the World Health Organisation (WHO) online questions and answers work on nutrition, 462 million people worldwide are malnourished and stunted

due to poor diet affects 159 million children globally. An estimated 41 million children under the age of five (5) years are over-weight or obese.

Poor nutrition can lead to disturbed gut health, which leave our vulnerable tykes prone to immune issues and digestive problems.

These problems can be prevented simply by feeding the children whole healthy foods and incorporating more fruits and vegetables in their feeding menu (Star Diet)

## **OBJECTIVES/ACTIVITIES FOR THE UNIT**

1. To increase CMAM detection rate in the municipality by 50%
  - Conduct on the job training for CHNs on CMAM in all Sub-Municipalities
  - Conduct active and passive case search at the communities' level
  - Organize community durbars on the dangers and effects of malnutrition among children 0-59months
  - Intensify health education and counselling session on Infant and Young Child Feeding (IYCF)
2. To improve coverage in GIFT programme from 32% in 2019 to 50% in 2020.
  - Intensify health education on the benefit of IFA to all five SHS in Mfantseman Municipality
  - Conduct six (6) durbars in selected communities
  - Conduct supportive supervision and monitoring on GIFT in schools and health facilities
3. To increase vitamin A supplementation from 86.3% to 90% by the end of 2020
  - Ensure availability and even distribution of vitamin A supplementation in all health facilities
  - Ensure all facilities embark on defaulter tracing for eligible children who have defaulted
  - Intensify vitamin A supplementation through school health and half year Mop Ups
4. To increase exclusive breastfeeding rate from 81% to 95%
  - To organize 10 community durbars.
  - Conduct radio/CIC talk show on Exclusive Breastfeeding every month
  - Weekly ANC counselling on nutrition
  - Daily visit to maternity ward

## **ACTIVITIES PERFORMED**

- i.** Daily ward rounds at the hospital
- ii.** Vitamin A supplementation
- iii.** Growth monitoring and promotion
- iv.** Nutrition education in the facilities
- v.** Counselling at diabetic and hypertension clinic
- vi.** Counselling at ANC (pregnant women)
- vii.** Child Health Promotion Week
- viii.** Refresher Training on Maternal and Child Health Record Book and Nutrition Counselling

## **DAILY WARD ROUNDS**

The Municipal nutrition officers go round daily to the various wards to capture clients with diet related diseases at the hospital. Some of the cases which were often seen were anaemia, hypertension, and diabetes. Clients were counselled accordingly to prevent deterioration. Education on the use of bed nets to prevent malaria was carried out.

## **VITAMIN A SUPPLEMENTATION**

Vitamin A Supplementation reduces child morbidity and mortality and is recommended for infants and children 6-59 months where vitamin A deficiency is a public health problem.

Vitamin A is essential for the function of the immune system and the healthy growth and development of children and is usually acquired through a healthy diet.

However, it is estimated that, globally, 190 million children under five years of age are affected by vitamin A deficiency (WHO Global Database on Vitamin A deficiency) Geneva, 2009.

Routine Vitamin A Supplementation continued in all facilities.

Details of Vitamin A coverages in Mfantseman Municipality:

## **VITAMIN A COVERAGES**

2018: 6-11 months; Percentage coverage - 169.5%

2018: 12-59 months; percentage coverage – 76.3%

2018: 6-59 months; percentage coverage – 86.7%

2019: 6-11 months; Percentage coverage – 150.4%

2019: 12-59 months; percentage coverage – 77.5%

2019: 6-59 months; percentage coverage – 86.3%

2020: 6-11 months; Percentage coverage – 139.1%

2020: 12-59 months; percentage coverage – 52.1%

2020: 6-59 months; percentage coverage – 62.6%

## **GROWTH MONITORING AND PROMOTION**

Growth monitoring and promotion were done monthly throughout the year. Community health nurses and field technicians as well as a community base growth promoter conduct growth monitoring and promotion in the various communities.

Regular monthly weighing for children below one (1) year helps parent/caregiver/communities to find out how healthy their children are growing based on their ages. Mothers with children at risk were easily identified and action taken to help the children grow better.

Some parents did not come to Child Welfare Clinic to have their wards weighed regularly due to the COVID-19 pandemic.

## **CHILD WELFARE CLINIC (CWC) COVERAGES OF UNDER FIVE REGISTRANTS**

2018: Percentage coverage – 44.1%

2019: Percentage coverage- 51.3%

2020: Percentage coverage – 53.3%

### **0-59 MONTHS UNDERWEIGHT**

2018: Percentage coverage – 8.0%

2019: Percentage coverage- 6.0%

2020: Percentage coverage – 2.2%

2020 coverage of 0-59 months underweight has significantly decreased over that of 2018 and 2019.

### **STUNTING STATUS OF CHILDREN 0-59 MONTHS**

2018: Percentage coverage – 6.8%

2019: Percentage coverage- 4.3%

2020: Percentage coverage – 2.8%

Stunting status of children 0-59 months in 2020 has decreased a little over 2018 and 2019.

### **PERCENTAGE OF PREGNANT WOMEN HB CHECKED AND ANAEMIC AT REGISTRATION**

2018- percentage of clients whose Hb was tested at registration – 92.7%

2018 – percentage of clients’ anaemic at registration (Hb < 11g/dl) – 43.3%

2019- percentage of clients whose Hb was tested at registration – 95.5%

2019 – percentage of clients’ anaemic at registration (Hb < 11g/dl) – 44.6%

2020- percentage of clients whose Hb was tested at registration – 97.4%

2020 – percentage of clients’ anaemic at registration (Hb < 11g/dl) – 39.8%

### **PERCENTAGE OF WOMEN CHECKED AND ANAEMIC AT 36 WEEKS**

2018- percentage of clients whose Hb was checked at 36 weeks – 49.8%

2018 – percentage of clients’ anaemic at 36 weeks (Hb < 11g/dl) – 45.4%

2019- percentage of clients whose Hb was checked at 36 weeks – 53.5%

2019 – percentage of clients’ anaemic at 36 weeks (Hb < 11g/dl) – 41.6%

2020- percentage of clients whose Hb was checked at 36 weeks – 46.6%

2020 – percentage of clients’ anaemic at 36 weeks (Hb < 11g/dl) – 43.6%

## **ANAEMIA IN PREGNANCY**

### **PERCENTAGE OF ANC REGISTRANTS RECEIVING IFA FOR 3 MONTHS**

2018: Percentage coverage - 147.4%

2019: Percentage coverage- 119.4%

2020: Percentage coverage – 120.1%

## **INFANT AND YOUNG CHILD FEEDING (IYCF)**

### **PROPORTION OF EARLY INITIATION OF BREASTFEEDING WITHIN 1 HOUR**

2018: Percentage coverage – 88.0%

2019: Percentage coverage- 84.9%

2020: Percentage coverage – 83.6%

### **PERCENTAGES OF 0-3 MONTHS EXCLUSIVE BREASTFEEDING**

2018: Percentage coverage – 93.6%

2019: Percentage coverage- 92.0%

2020: Percentage coverage – 88.1%

### **TIMELY COMPLEMENTARY FEEDING AT 6 MONTHS**

2018: Percentage coverage – 88.0%

2019: Percentage coverage- 84.9%

2020: Percentage coverage – 83.6%

### **CONTINUE BREASTFEEDING AT I YEAR**

2018: Percentage coverage – 1.9%

2019: Percentage coverage- 1.9%

2020: Percentage coverage – 1.6%

## **COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION (SEVERE)**

2018: Percentage coverage - 18%

2019: Percentage coverage- 19%

2020: Percentage coverage – 14%

### **CURED RATE**

2018: Percentage coverage – 38.9%

2019: Percentage coverage- 58.7%

2020: Percentage coverage – 38.9%

### **DEFAULTER RATE**

2018: Percentage coverage - 444%

2019: Percentage coverage- 36.8%

2020: Percentage coverage – 0%

### **NON-RECOVERY RATE**

2018: Percentage coverage - 0%

2019: Percentage coverage- 5.2%

2020: Percentage coverage – 66.7%

### **DEATH RATE**

2018: Percentage coverage – 16.7%

2019: Percentage coverage- 0%

2020: Percentage coverage – 0%

## **GIRLS IRON FOLATE TABLET SUPPLEMENTATION (GIFTS) PROGRAMME**

The girls iron-folate tablet supplementation (Gifts) programme, an initiative that seeks to provide weekly iron and folic acid supplement to adolescent girls to help build their iron store and recover lost blood during their monthly menstrual flow, is to be scaled up to their regions in the country. The programme seeks to address the high prevalence of anaemia among females aged 10 to 19 years in Ghana.

The Gifts programme was launched in October 2017 and was initially implemented on a pilot basis in the Upper East, Volta, Northern and Brong Ahafo regions covering (91) districts and 1,448 schools. Following the successful implementation of the pilot phase, the Ghana Health Service (GHS) is scaling it up to the Greater Accra, Central, Eastern and Ashanti regions, with other regions scheduled to be reached later.

The Gifts programme was initiated by GHS, in partnership with Ghana Education Service (GES), United Nations Children's Funds (UNICEF), Korean International Cooperation's Agency (KOICA) and the centre for disease control and prevention of the United States. Anaemia levels among adolescent girls in Ghana is about 48 percent, which is far above the world health organization's acceptable standard of 20 percent or lower. The programme also targeted out-of-school girls and explained that it was important to reduce anaemia among girls since anaemia leads to reduced energy, reduced attention, poor memory, and could compromise growth and development.

The GIFTS programme started last half year of 2019. This programme is an intervention designed to control the prevalence of anaemia among women in their reproductive age especially adolescent girls (10-19 years). The programme is in two sessions; in-school and out-of-school.

As part of the implementation process, monitoring sessions were conducted. Nineteen (19) visits to health facilities and twenty-three (23) visits to schools.

Details of the Girls Iron Folate Tablet Supplementation coverage in Mfantseman Municipality:

Total population of girls – 17,829

Total number registered – 13,787; Percentage – 77.3%

Total registered given IFA – 6,964; Percentage- 50.5%



## **PERCENTAGES OF OPD NON-COMMUNICABLE DISEASES CASES**

2018: Total OPD cases- 168,129.

2018: Diabetes Mellitus cases-1,390; Percentage-1%

2018: Hypertension cases- 6,454; Percentage -4%

2018: Obesity cases- 1; Percentage 0.6%

2019: Total OPD cases: 187,406.

2019: Diabetes Mellitus cases 1,798; Percentsage-1%

2019: Hypertension cases: 8,314; Percentage- 4%

2019: Obesity cases-4; Percentage- 0%

2020: Total OPD cases- 155,850

2020: Diabetes Mellitus cases-1,376; Percentage -1%

2020: Hypertension cases-4,564; Percentage-3%

2020: Obesity cases-26; Percentage-0.02%

## **CHILD HEALTH PROMOTION WEEK**

### **INTRODUCTION**

Child health promotion week is a special week set aside by MoH/GHS and its partners for ensuring the wellbeing of children from 0-59 months and pregnant women. It is celebrated every year in May. During the week-long celebration, prevention intervention measures are carried out to caregivers and pregnant women in order to prevent the outbreak of childhood diseases and maternal mortality. The package of service aims at promoting healthy growth and development through growth promotion, vitamin A supplementation, breastfeeding, immunization, health education and individual counselling of caregivers.

### **OBJECTIVE**

The objective of this year's child health promotion week is to heighten awareness among the general public about routine child health services provided by health staff despite the ongoing COVID-19 pandemic.

### **MAJOR ACTIVITIES CARRIED OUT**

- Growth monitoring: regular monitoring of body measurement such as weight and height/length of children 0-59 months and MUAC for early detection of faltering growth.

- Vitamin A supplementation: number of children dosed :6-11months-788;12-59months-3535.
- Immunizations
- Nutrition counselling: 143 nutrition counselling were held for mothers/caregivers.
- Breastfeeding
- Promoting use of ITNs
- Birth registration
- Promoting antenatal, supervised delivery services and postnatal care for mother and newborn
- Appropriate umbilical care using chlorhexidine 7.1% gel
- Prevention of COVID-19
- IFA supplementation: Number of adolescent registered and screened for anaemia-460; number anaemic-2; number given IFA-458; number of IFA used-1832.

### **REFRESHER TRAINING ON MATERNAL AND CHILD HEALTH RECORD BOOK AND NUTRITION COUNSELLING**

In order to ensure maximum participation, the training was organized in Sub-Municipal basis namely: Saltpond, Kormantse/Abandze, Anomabo, Biriwa, Mankessim and Dominase Sub-Municipals.

A team of six (6) facilitators, comprising a municipal chief nutrition officer, municipal public health nurse, two (2) nutrition officers, one (1) midwife and one (1) community health nurse took the participants through proper filling and handling of the maternal and child health record book. Each facilitator was assigned to a section of the book. The midwife and one nutrition officer took the participants through family identification, pregnancy, delivery and postnatal records for mother and child. Health messages during delivery, care for newborn baby (less than one month) and one month up to five years were also highlighted.

The nutrition officer and a community health nurse briefed the participants on records of child growth and development (growth parameters, growth chart, and nutrition counselling, immunization and vitamin A supplementation). The sixty-nine (69) participants were taken through body measurements.

## **CHALLENGES**

1. Inadequate funds to conduct programme specific monitoring and supportive supervision
2. Inadequate staff (Technical Officers, Nutrition)
3. Insufficient tools/equipment to conduct nutrition assessment for the populace.
4. There is a misconception that IFA tablets is a family planning method.
5. Some girls refuse to take the IFA tablet due to high appetite for food.

## **ACHIEVEMENT**

- Percentages of some indicators increased;
- GIFT programme enrolled Coverage increased from 36% to 77.3%
- 6-59 months Vitamin A Coverage increased by 1.3% (86.3% to 87.6%)
- Under five stunting status reduced from 4.3% to 2.8%
- Under five underweight reduced from 6% to 2.2%

## **WAY FORWARD**

1. Solicit for fund/support from individuals, stakeholders and corporate organizations to organize nutritional programmes such as durbars, radio talk shows and food demonstrations as well as to conduct institutional nutrition assessment for staff.
2. Improve nutrition coverages through supportive supervision: Maximize the use of the current nutrition equipment.
3. Intensify education on GIFTs programme in various schools and communities.
4. To strengthen case search on malnutrition.
5. To intensify education to mothers on the importance of growth monitoring.
6. Intensify monthly supportive supervision to facilities.
7. Conduct community durbars and educate members on prevention of non-communicable diseases.
8. Lobby for tools that enhance growth monitoring and promotion to reduce malnutrition in the Municipality from Region and other stakeholders.
9. Durbar on anaemia in selected communities.
10. Intensify education on GIFTs programme in various schools and communities when Covid-19 pandemic protocols restrictions are eased.

## **RECOMMENDATION**

There is the need to intensify monitoring and supervision at the Municipal and Sub-Municipal levels. It is recommended that enough funds should be released to this effect.

## **CONCLUSION**

The Municipal will strive to improve upon its performance whereby malnutrition cases will be minimized and nutritional status of children in the Municipality tremendously improved given the necessary logistics and financial support.

**MFANTSEMAN MUNICIPAL HEALTH DIRECTORATE**

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