

# WORLD VISION GHANA

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## Fact Sheet **Nutrition**



**A**lthough government and partner's efforts over the past two decades have yielded some positive results in addressing the high malnutrition prevalence in children under 5 (U5) and women in particular, gaps still exist. This is evident in the unacceptably high proportion (28%) of children U5 who were stunted in Ghana as of the year 2008. Trend analysis based on Ghana Demographic and Health Survey (GDHS) results spanning the period 1988 to 2008 revealed that the proportion of children U5 who were stunted decreased from 34% in 1988 to 31% in 1998, and again peaked at 35% in 2003 before decreasing to 28% in 2008. Multiple Indicator Cluster Survey (MICS) of 2011 showed further decline in prevalence levels of 23%, 13% and 6% for stunting, underweight and wasting respectively.

The proportion of children underweight decreased from 23% in 1988 to 14% in 2008. However, the internationally acceptable prevalence rates for stunting and underweight are less than 20% and 10% in children U5 respectively. The need for concerted efforts by government, NGO, and development partners to ameliorate the plight of children and their families in this respect could not be overemphasized. Consequently, World Vision Ghana is seeking to employ its resources and those of partner institutions to improve the nutrition and health status of children, particularly children U5 and women of child bearing age in the country.

### **Our Goal for Nutrition**

World Vision Ghana (WVG) aspires to a Ghana in which children enjoy true well-being. One key child well-being aspiration of World Vision is for children to enjoy good health. Our strategic objective for the period 2012-2015 therefore, is improved health and nutritional status of approximately 1.3 million children U5

including the most vulnerable.

### **What We Have Done And Doing**

WV Ghana also promotes community nutrition and health education including food demonstration sessions, promotion of poultry and small ruminants rearing, backyard vegetable gardens promotion, immunization and de-worming of children, LLITNs distribution to children U5 and pregnant women to control malaria, construction of community clinics / CHPS compounds and capacity building for staff of partner institutions and community based surveillance volunteers (CBSVs). These are realized through projects such as:

**The Micronutrient and Health (MICA) Project, 1997-2005**

It was a special project funded by the Canadian International Development Agency (CIDA) and World Vision Ghana Canada. The goal of the project was to improve the micronutrient and health status of women and children through an integrated approach. It was implemented in the Kwahu South District of the Eastern Region and covered 110 Communities. Wasting (WHZ < -2SD) in children under-five years was reduced from 22% at baseline to 9% stunting (HAZ < -2SD) from 25% to 21% underweight (WAZ < -2SD) from 32% to 21% and anaemia from 75.2% to 31.3% over a period of 8 years.

### **No Hungry Children Project, 2002-2006**

The project was implemented in Nadowli District in the Upper West Region with funding from World Vision Canada. Some of the interventions carried out include: the formation of mother-to-mother support groups, growth monitoring, vitamin A supplementation to children under five, iodated salt to households, community nutrition and health education including food demonstration sessions, promotion of

poultry and small ruminants rearing; backyard vegetable gardens promotion, supplementary feeding schools and deworming of children.

### **Expanding Nutrition And Health Achievements Through Necessary Communities And Education (ENHANCE) Project, October 2006-September 2010**

This was also CIDA and World Vision Canada funded project which was integrated into 7 ADPs operational in four administrative Regions (Central, Ashanti, Brong-Ahafo and Volta). The project goal was to improve the survival and growth of all boys and girls under the age of five in the ADPs by enhancing access to basic health and nutrition requirements.

ENHANCE Project interventions contributed to a decrease in wasting (WHZ<-2SD) in children under-five years from 6% at baseline to 4.1%, stunting (HAZ<-2SD) from 30.5% to 28.6% and underweight (WAZ<-2SD) from 12% to 10% over the period of 4 years. Vitamin A supplementation coverage in children 6-59 months of age increased from 65% at baseline to 95.5% at the end of project evaluation. Similarly, vitamin A supplementation coverage in postpartum women increased from 50% to 79%. Proportion of households rearing and using one or more type of high protein animal/poultry based food source increased from 85% to 94% at the end of the project.

### **Integrated Malnutrition, HIV & AIDS, TB Prevention and Control (IMHAT) Project, 2009-2012**

The goal of the IMHAT Project was contributed to the reduction and prevention of malnutrition, HIV/AIDS, TB and also contribute to the reduction of child mortality rate. It was implemented Nadowli and Jirapa ADPs in Upper West Region,

Tolon-Kumbungu ADP in the Northern Region and Kintampo South and Anyima-Mansie ADPs in Brong-Ahafo Region. In all, a total of 70,072 children U5 and 17,518 pregnant women living in an area with a population of 350,360 people and an estimated 58,393 households benefitted from project interventions. It was a four-year project spanning the period 2009-2012. Results of a follow-up survey of the project revealed that prevalence of stunting (HAZ<-2SD) decreased in children under-five years from 43% at baseline to 24.6%. A similar decline in underweight WAZ<-2SD) from 22.6% at baseline to 16.8% was observed. A slight increase in wasting (WHZ<-2SD) of 7.8% was recorded at follow-up compared to 6.3% at baseline. Vitamin A supplementation coverage in children 6-59 months of age increased from 85% (44,671) at baseline to 93% (48,875) at follow-up. Coverage for household consuming iodated salt increased from 44.7% at baseline to 55.6%. Children (12-23 months) who were breastfed within an hour of delivery increased in coverage from 79% (11,071) at baseline to 86% (12,052) at follow-up. Coverage of 63.2% (8,857) and 73.6% (10,454) for children of the same age who were reported to have been exclusively breastfed were recorded at baseline and follow-up surgery respectively.

### **WV's Presence in Partnership Initiatives**

World Vision (WV) possess more than 25 years of technical in leadership in the international child survival and maternal health sphere. Its national offices, including Ghana, all have dedicated health sector coordinates to integrate key maternal and child health interventions with our multi-sector programs. World Vision Ghana participates in the national nutrition bi-monthly partners meetings.

World Vision also participated in all the Child Health Policy review meetings held over two years ago. World Vision participated in the Nutrition Policy development workshops sponsored by the World Bank. World Vision Ghana, UNICEF,WHO and Ghana Health Service (GHS) conducted a research on the acceptability of Zinc as an adjunct to ORS for diarrhea management. The findings have been disseminated and Zinc has been included in the list of essential drugs and also enshrined in the child health policy. The Scaling Up Nutrition (SUN) Initiative was launched in Ghana in December 2011 and World Vision Ghana is committed to support it.

The Health, Nutrition and HIV/AIDS Specialist of World Vision Ghana on behalf of the SUN Civil Society Alliance in Ghana, participated in a training programme in June 2014 on Multi-sectoral Approach for Nutrition Policy and Practice in Japan. This was under the

auspices of the Japan International Cooperation Agency (JICA) and the government of Ghana. The eight-member delegation to the training is expected to assist the Government in the roll out processes of the National Nutrition Policy when it comes into force”.



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