Overview of Nutrition Situation in Ghana

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Presentation

- Background
- Current Situation
- Determinants/causes
- Program Progress
- Program Focus for 2016 and Beyond
- Conclusion

Background

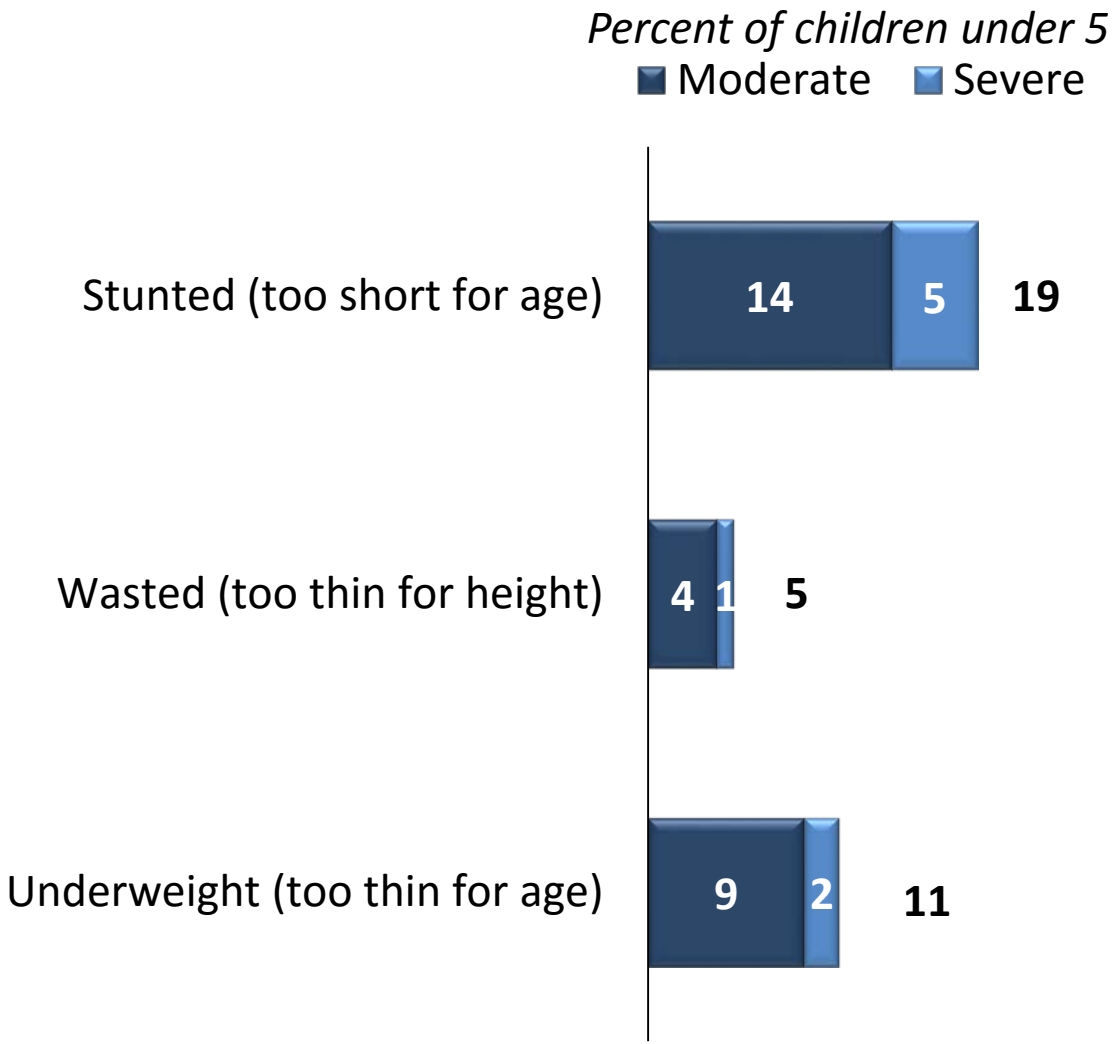
- A lot of progress being made as evidenced by the 2014

GDHS result however, gains have been uneven, with wide ge ographical disparities and among the wealth quintiles

- Ghana now facing ‘double burden’ of disease & malnutriti on: child nutritional status improving alongside increasing NCDs and obesity in adults
- In-depth analysis needed to guide program scale up and ta rgeting improve coverage and scope of proven interventio ns
- Engaging other sectors to address food security, food safet y and hygiene for sustained growth and meet needs of vul nerable groups

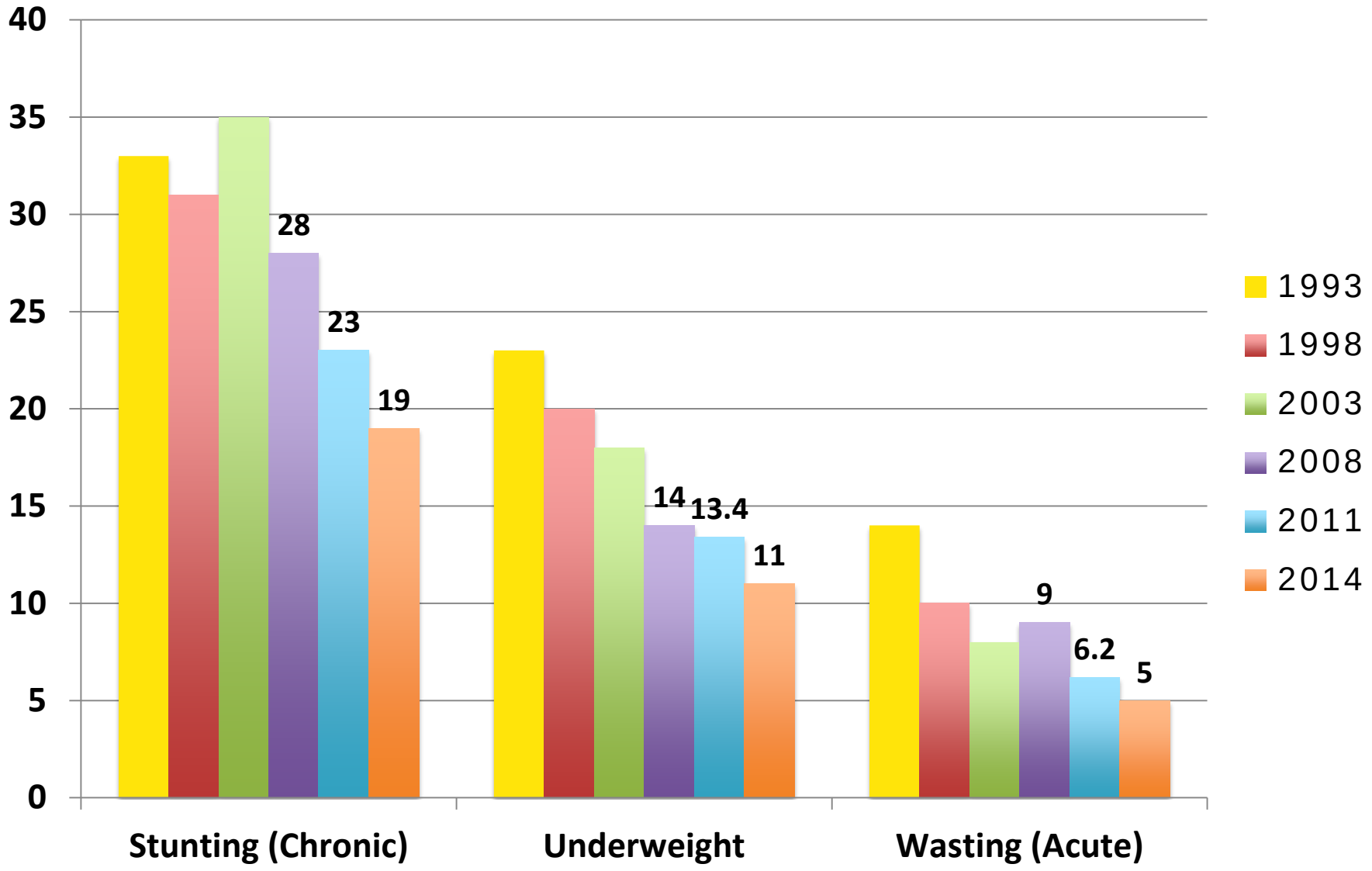
Nutritional Status

Nutritional Status of Children

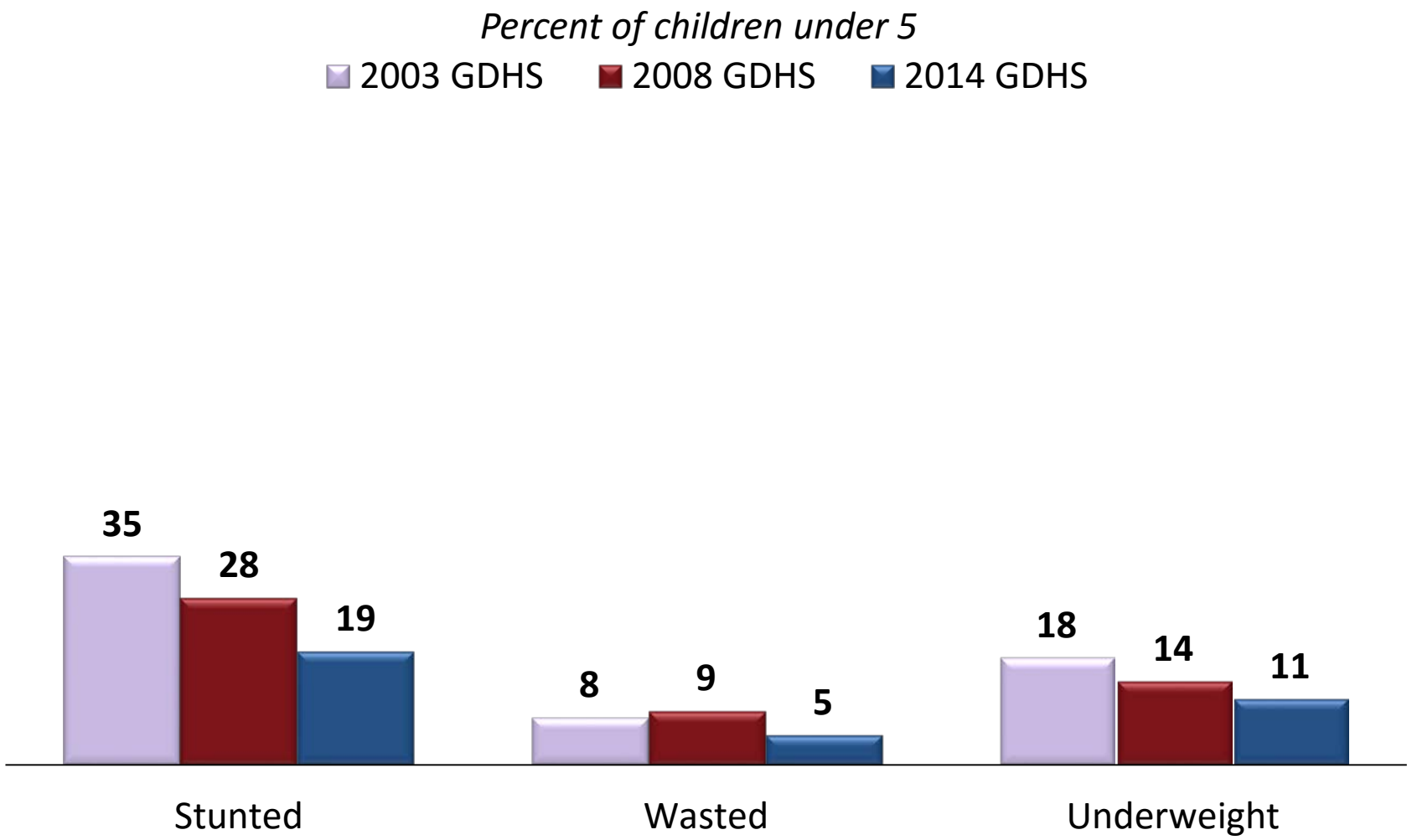


*Based on the 2006 WHO Child Growth Standards

Trends in Under-nutrition in Ghana in 20 years



Trends in Nutritional Status of Children



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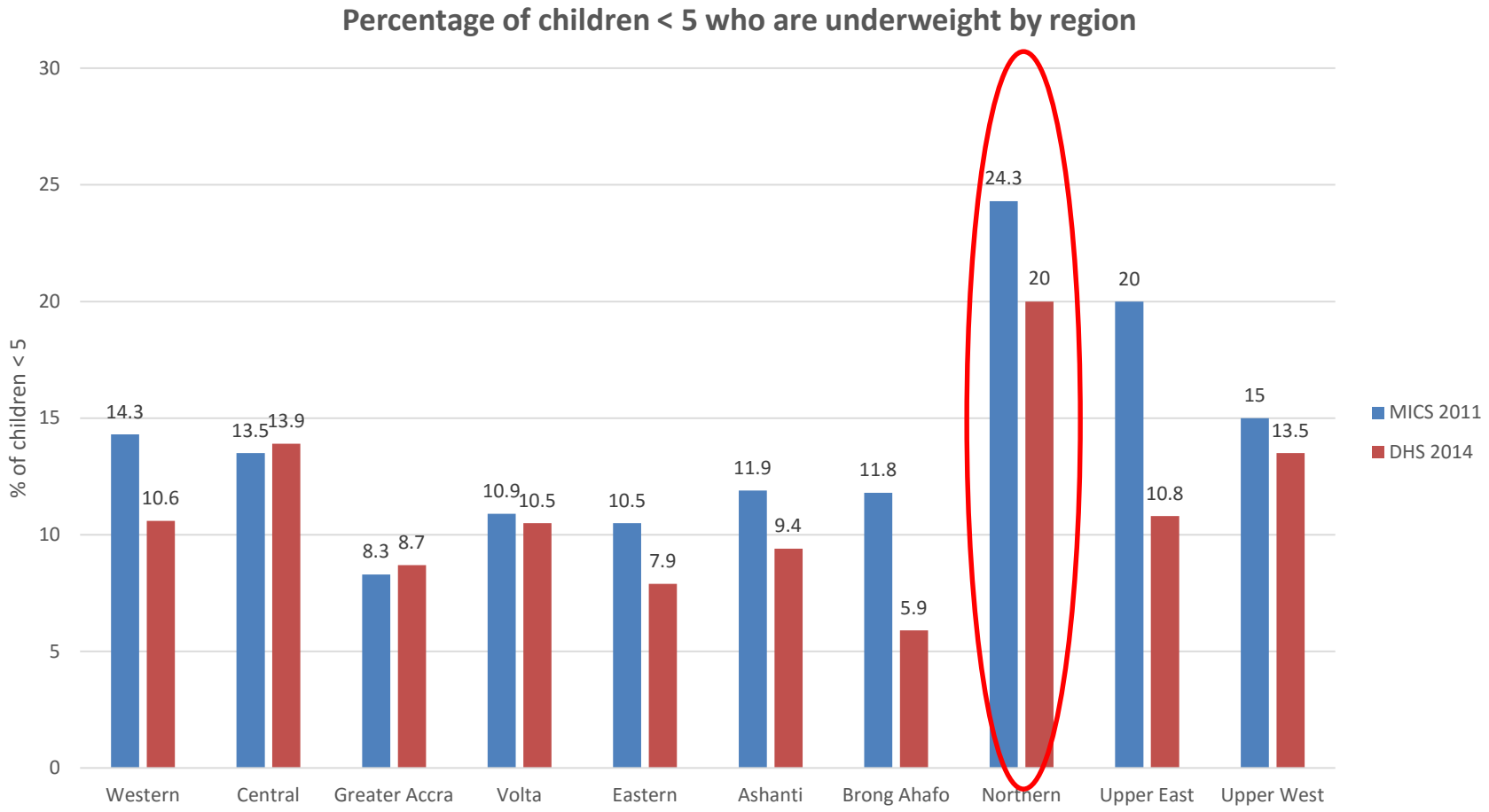
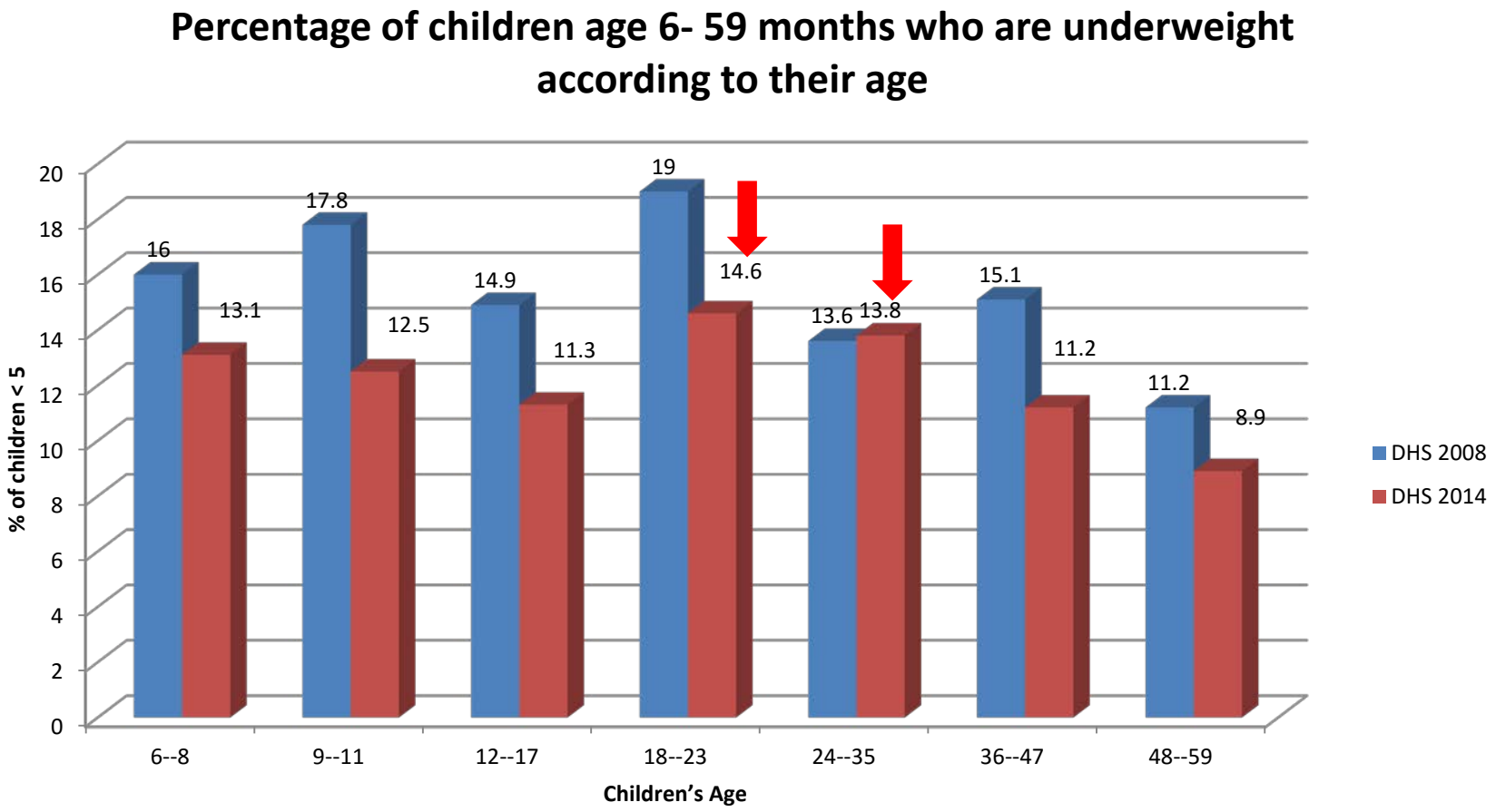
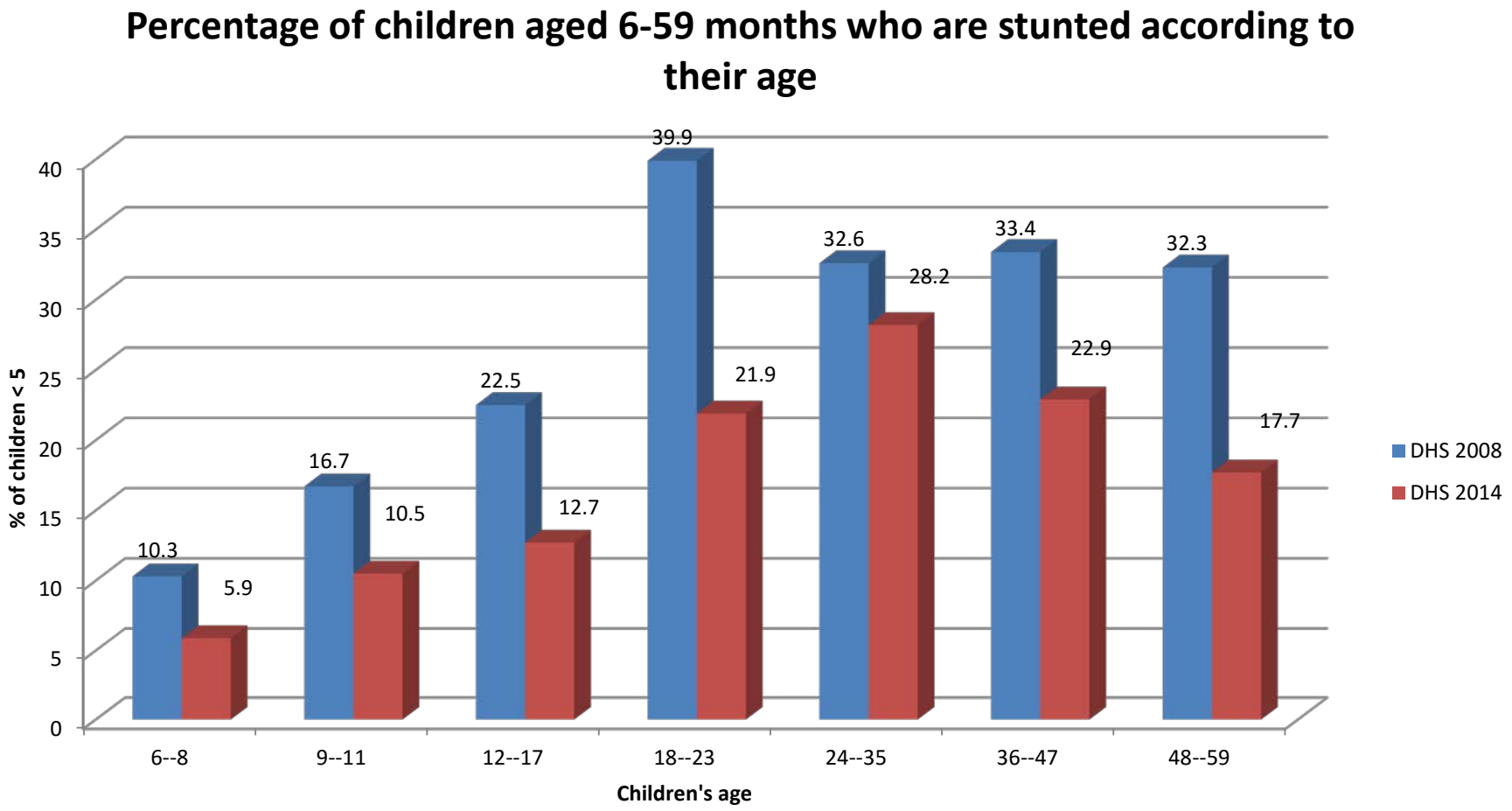
Northern Region remains with highest prevalence rate in underweight of children age 6-59 months, DHS 2014



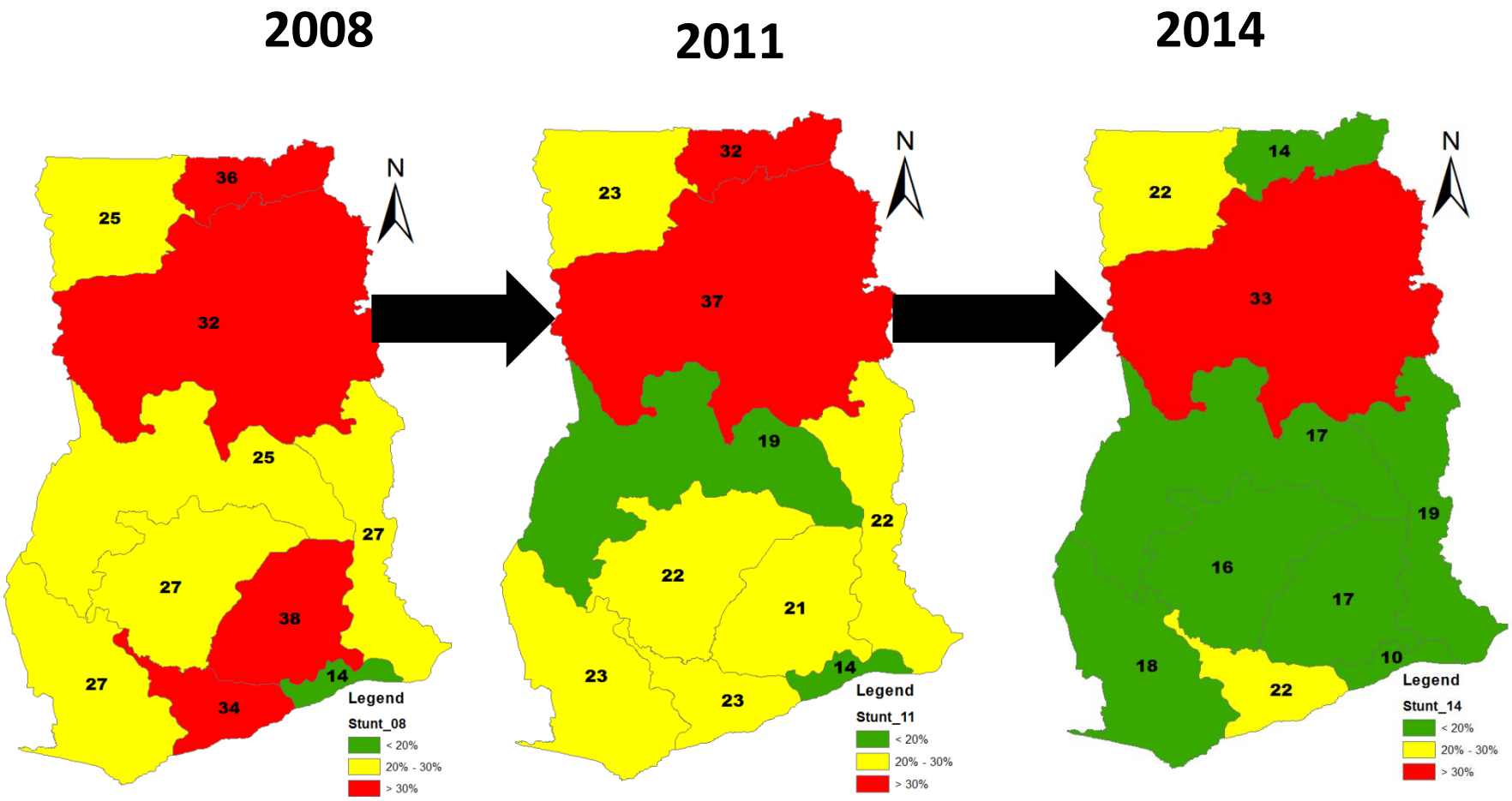
Children between the ages of 18-35 months do not still meet the 13.75% MDG target, DHS 2014



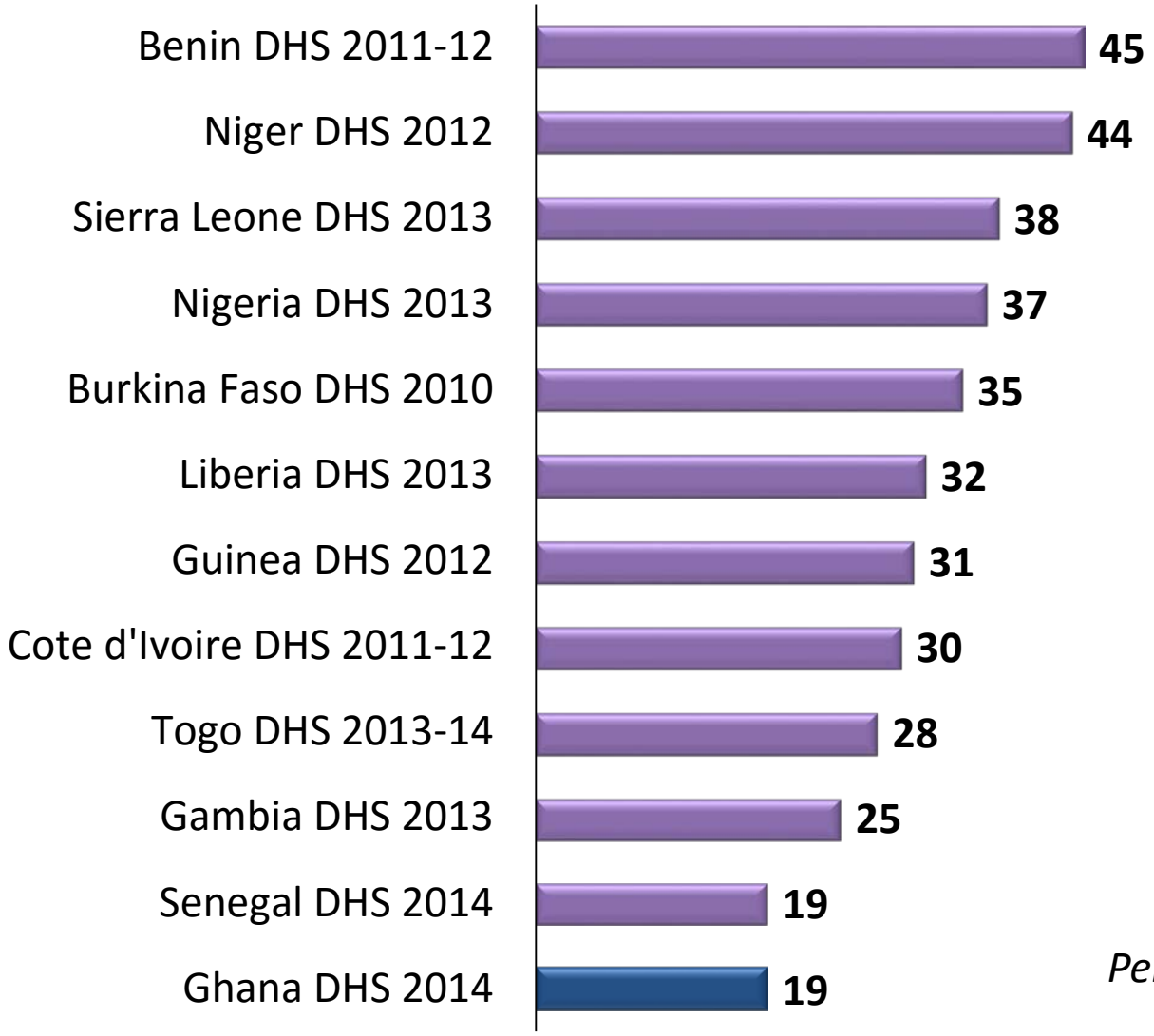
Stunting by age 1



Stunting by region, 2008 and 2014



Child Stunting Regional Comparison



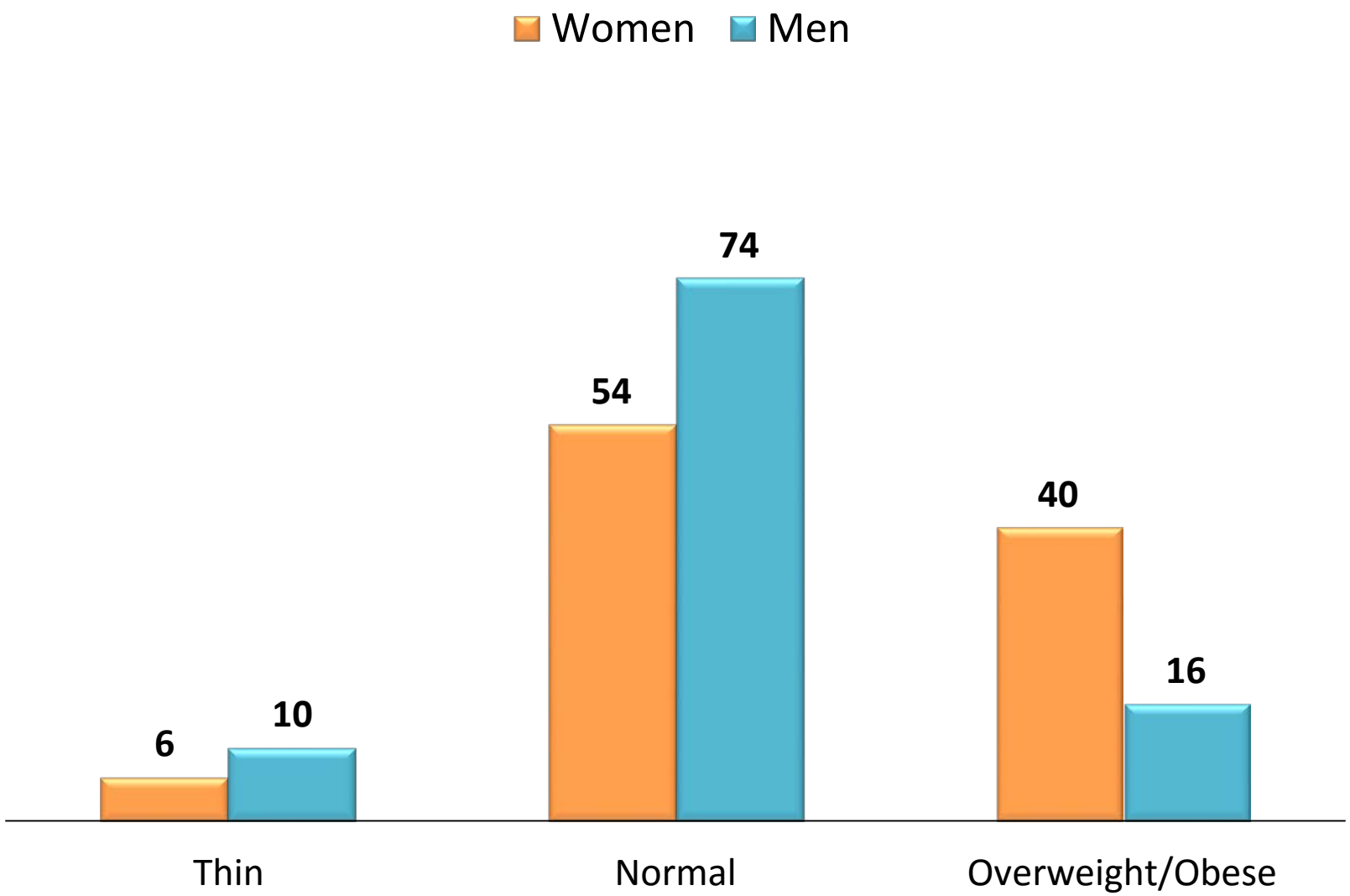
Percent of children under 5 stunted, or too short for age

Summary of NS of Children under five years

- Regional disparities:
  - Very wide disparities persist
  - Children in Northern, Upper East and Central regions more likely to be underweight and stunted than children in other regions:
  - Stunting ranges from from 10.4% in Greater Accra to 33.1% in the Northern Region.
  - Northern region situation has remained unchanged for over two decades

Women's and Men's Nutritional Status

Percent distribution of women and men age 15-49



Women of reproductive age

- Underweight (BMI<18.5) :
- underweight indicators seem to be decreasing.

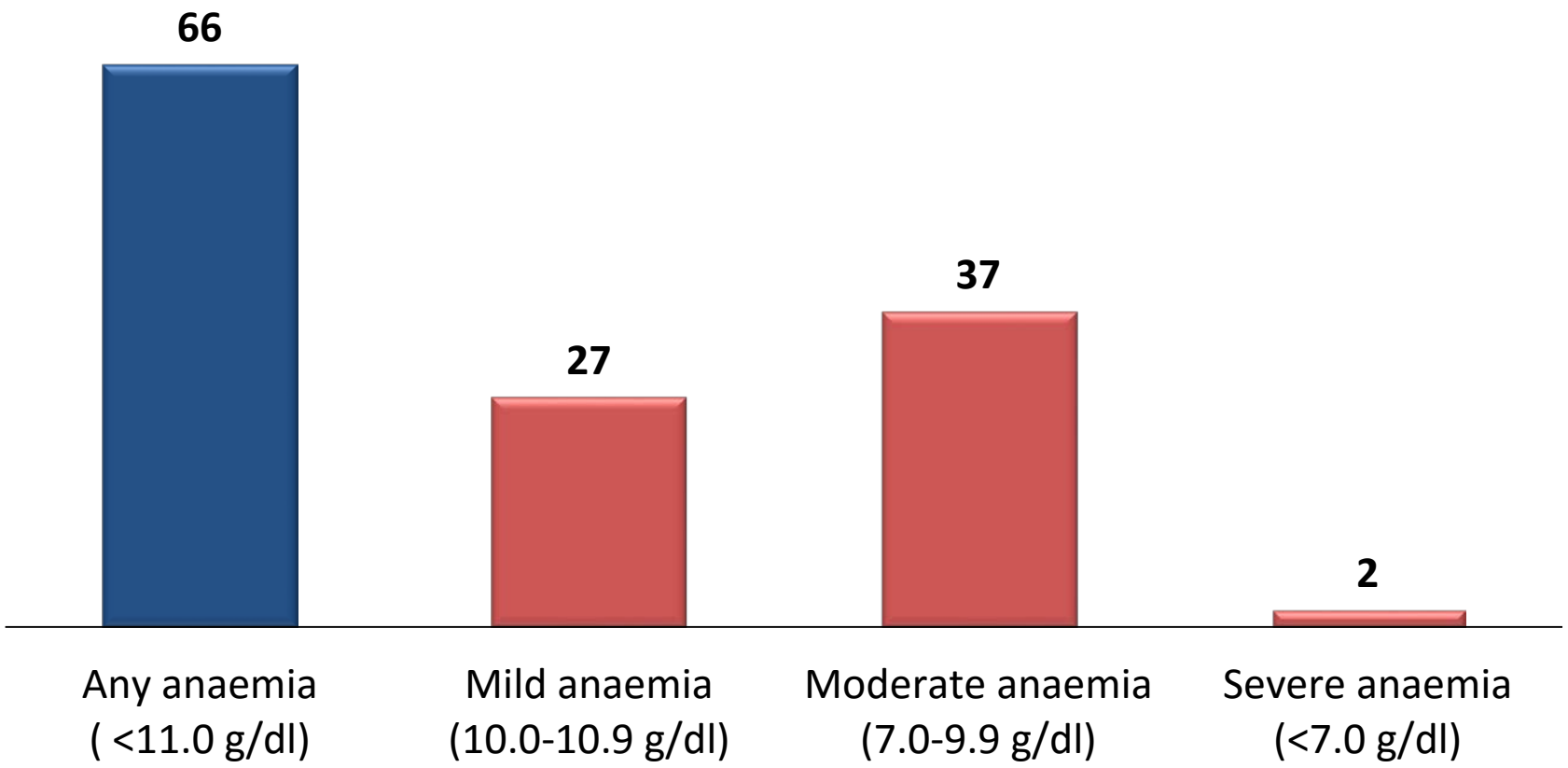
  – Younger women aged 15-19 (16% to 14.4%)
  – Women living in rural areas (11% to 7.4)
  – Residents of Upper East (15%), Northern (12%), and Volta regions (11%)

Women of reproductive age

- Overweight:
  - Overweight has increased from 30% to 40.1% of all women, with those considered obese increasing from 9% to 15.3% (BMI ≥30.0)
  - Prevalence increases with age
  - Highest in Greater Accra (45% to 57.3%)
  - Lowest in Upper West (13% to 20.6%), Northern (14% to 12.4%), and Upper East (15% to to 19.1%) regions

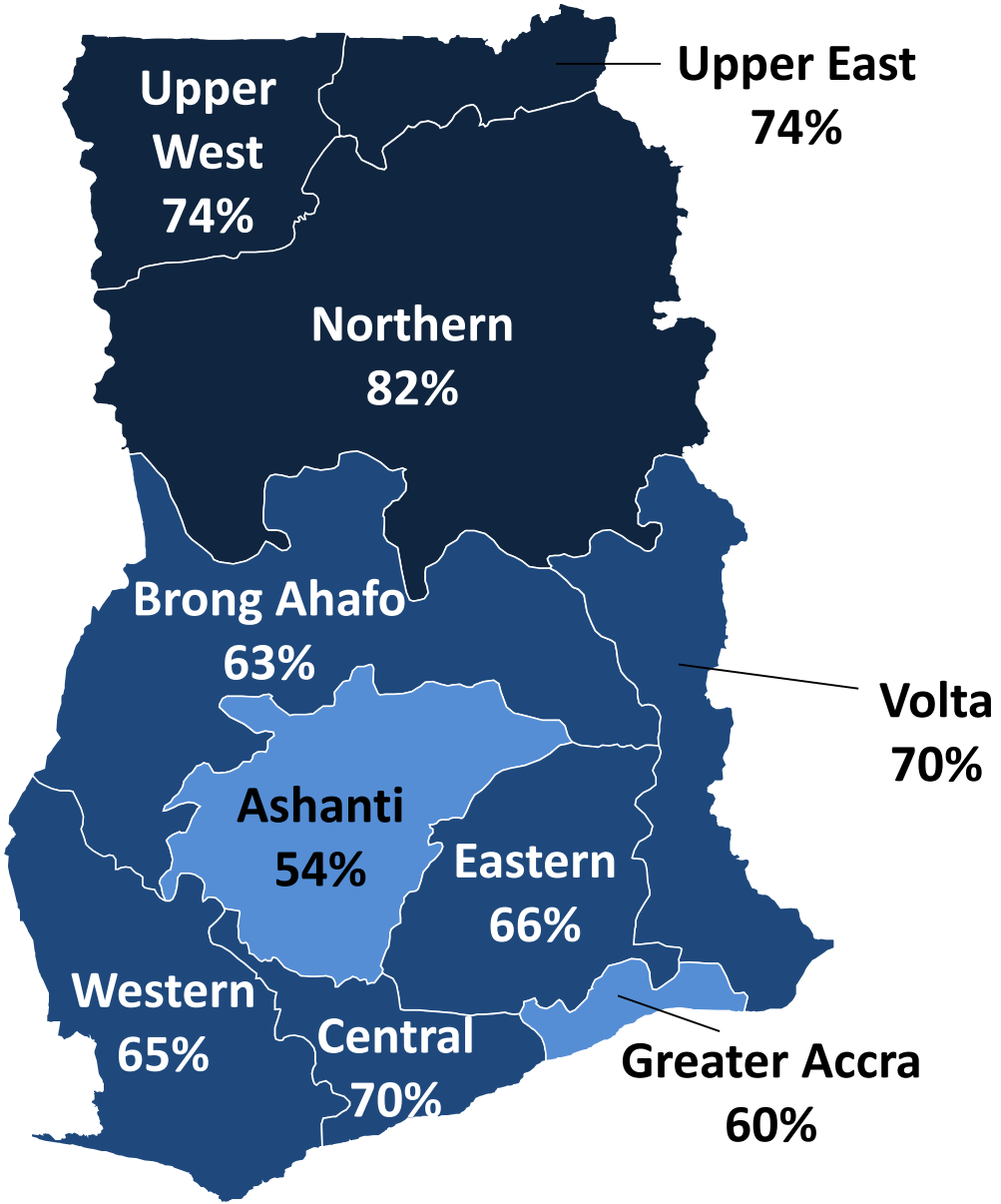
Anaemia in Children

Percent of children age 6-59 months classified as having anaemia



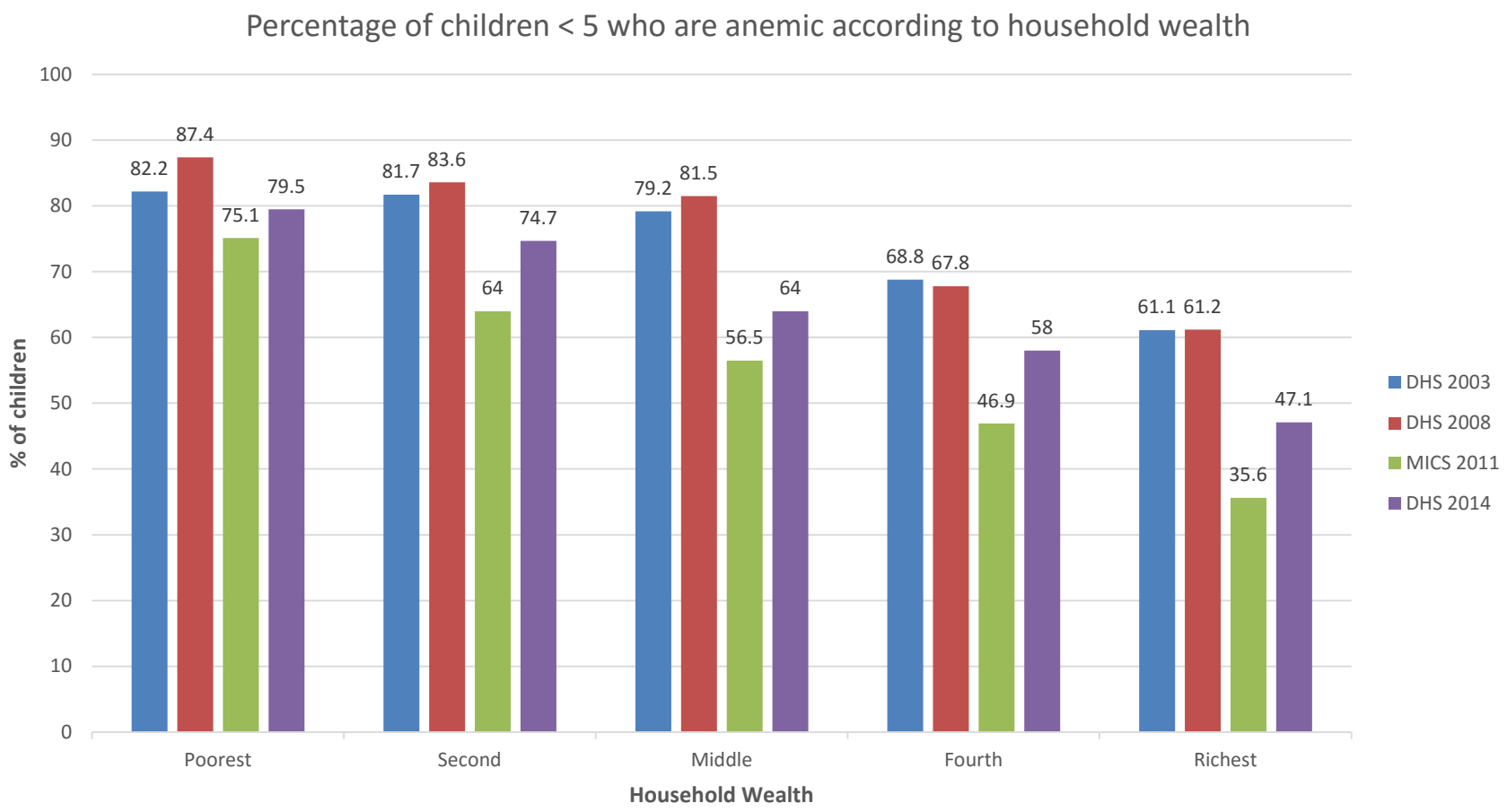
Anaemia in Children by Region

Ghana
66%



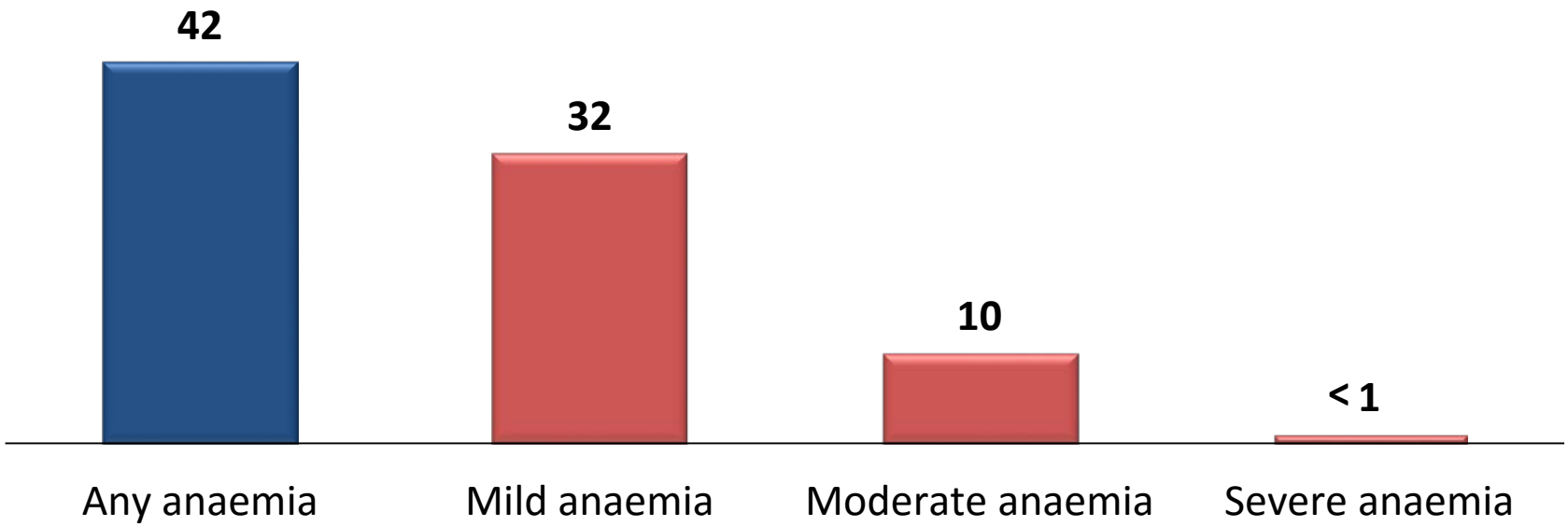
Percent of children age 6-59 months classified as having any anaemia

Anemia prevalence in children who are aged 6-59 months is steadily increasing according to household wealth, DHS 2014.



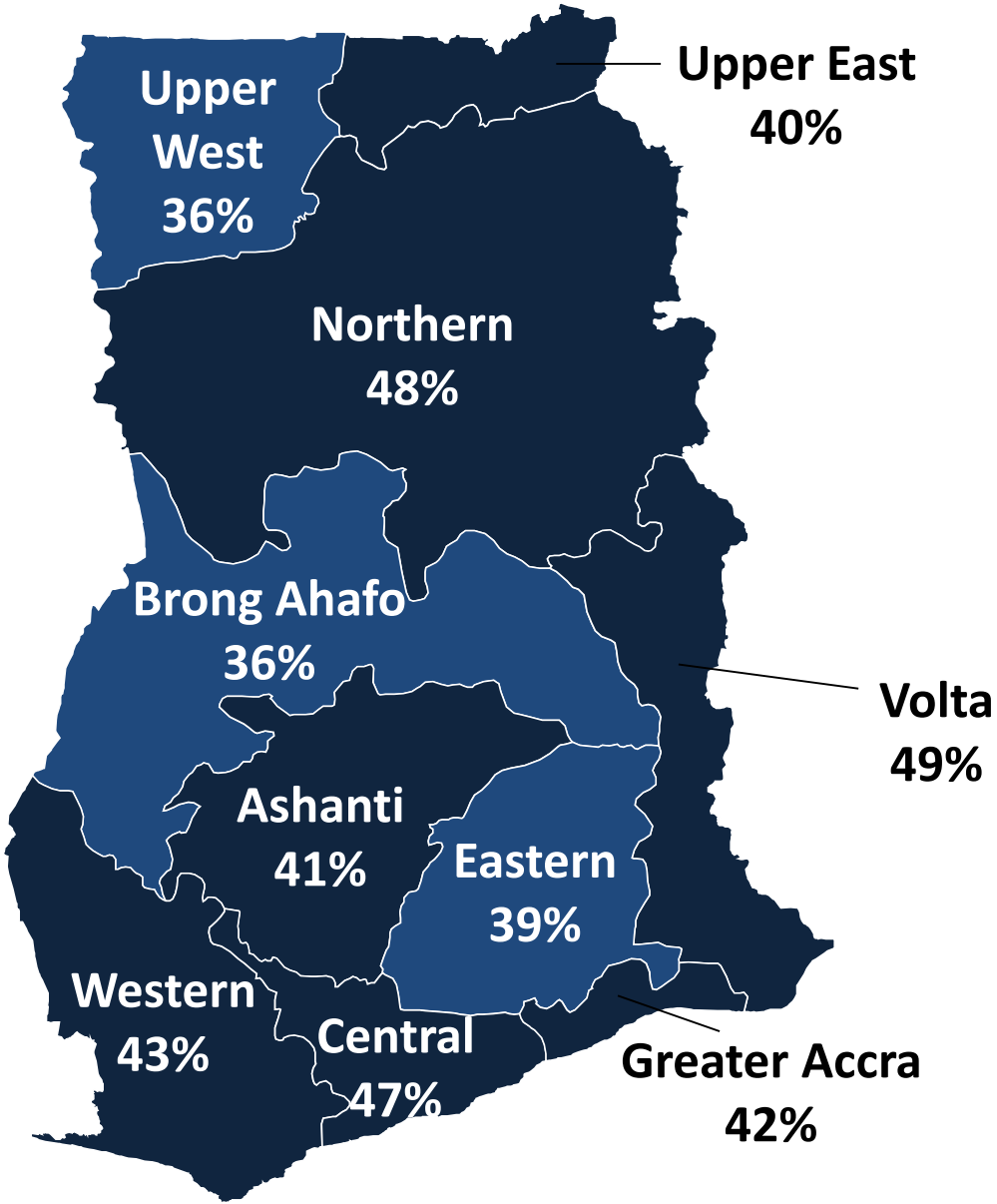
Anaemia in Women

Percent of women age 15-49 classified as having anaemia



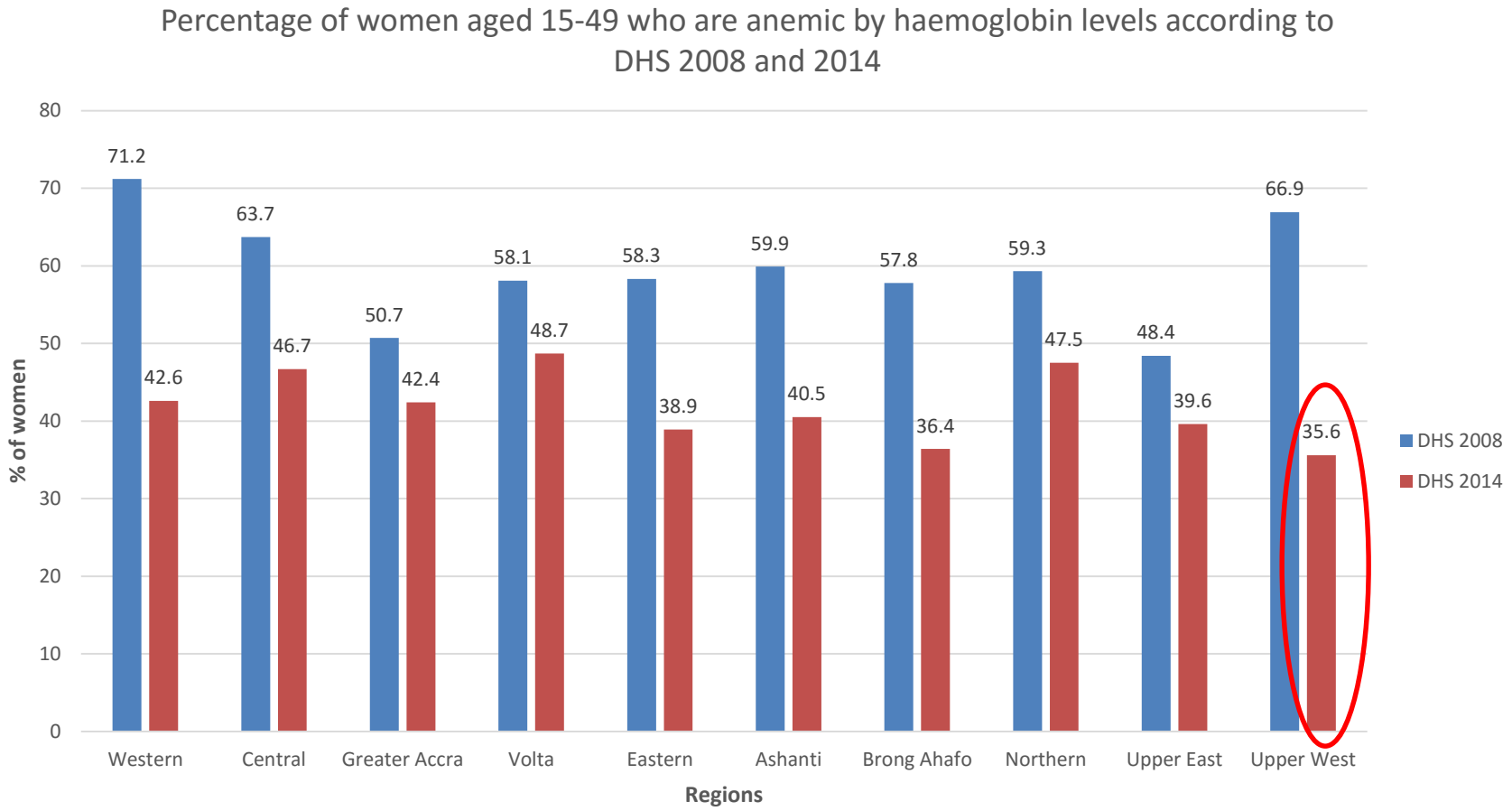
Anaemia in Women by Region

Ghana
42%

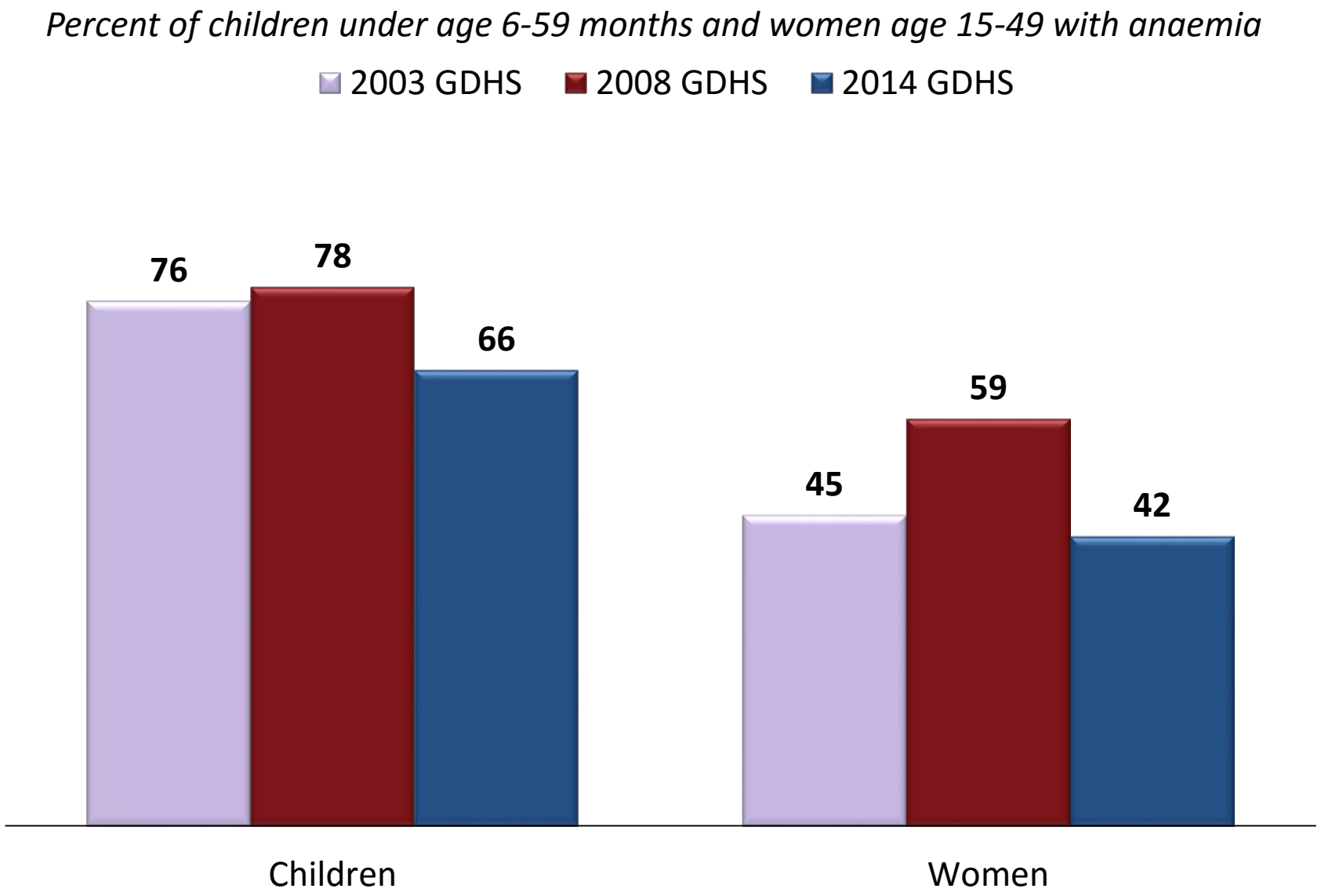


Percent of children age 6-59 months classified as having any anaemia

A decrease in prevalence of anemia in women by region, Upper West recording the least prevalence rate by DHS 2014



Trends in Anaemia



Causes of malnutrition and determinants

Immediate causes

Diet diversity: Food/nutrient intake

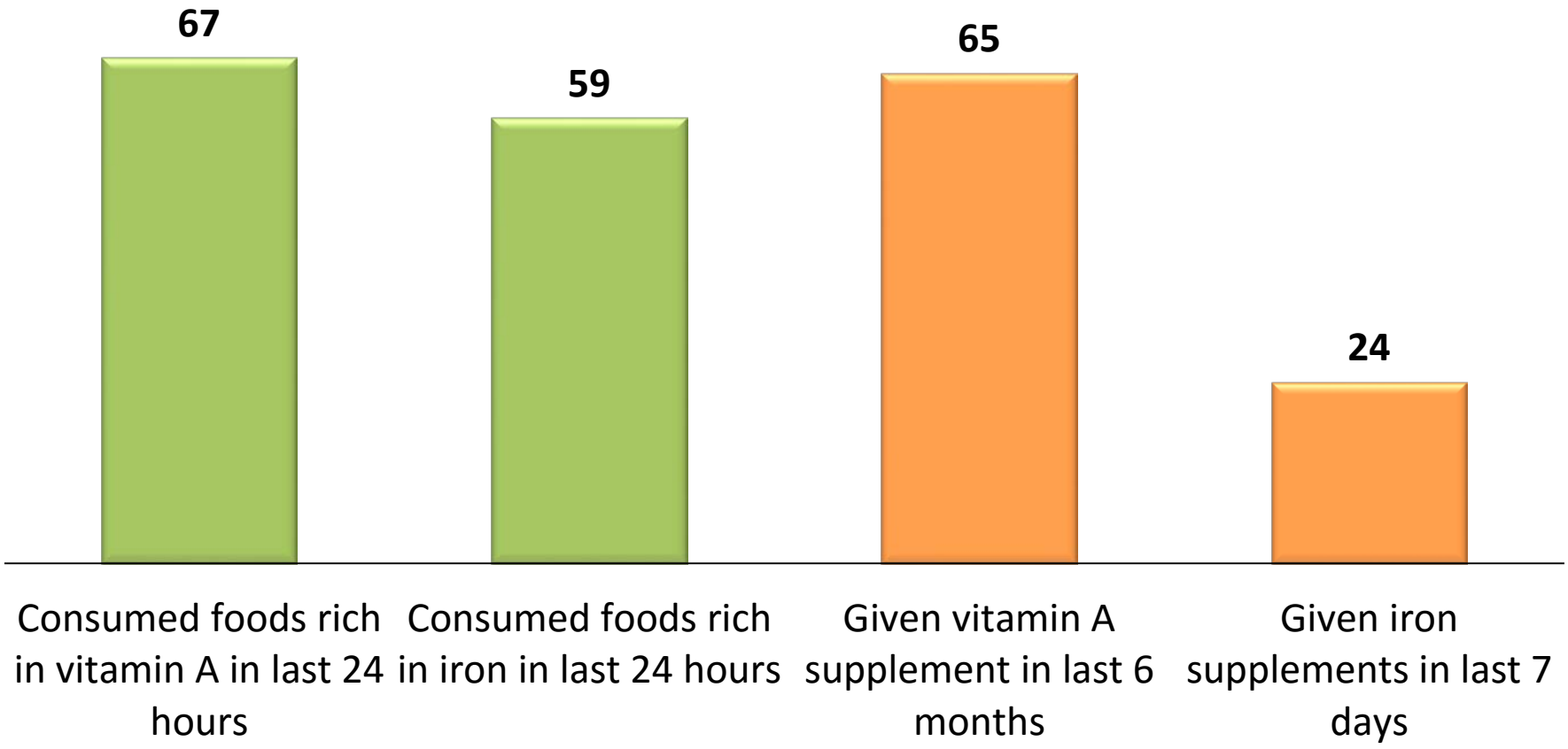
- ***Protein- or micronutrient-rich foods:***
  - Consumption of foods rich in micronutrients and protein was less than satisfactory as less than 10 % of children were fed on vitamin A rich fruits and vegetables
  - In northern regions, consumption of protein rich foods amongst children remains poor, as many as 80% were fed on cereal-based foods.
  - Consumption of flesh meat and eggs was reported in less than 12%
  - Legumes consumption was reported in only 32.9 % households

Source: CESVA 2009, FANTA 2013

Micronutrients and Children

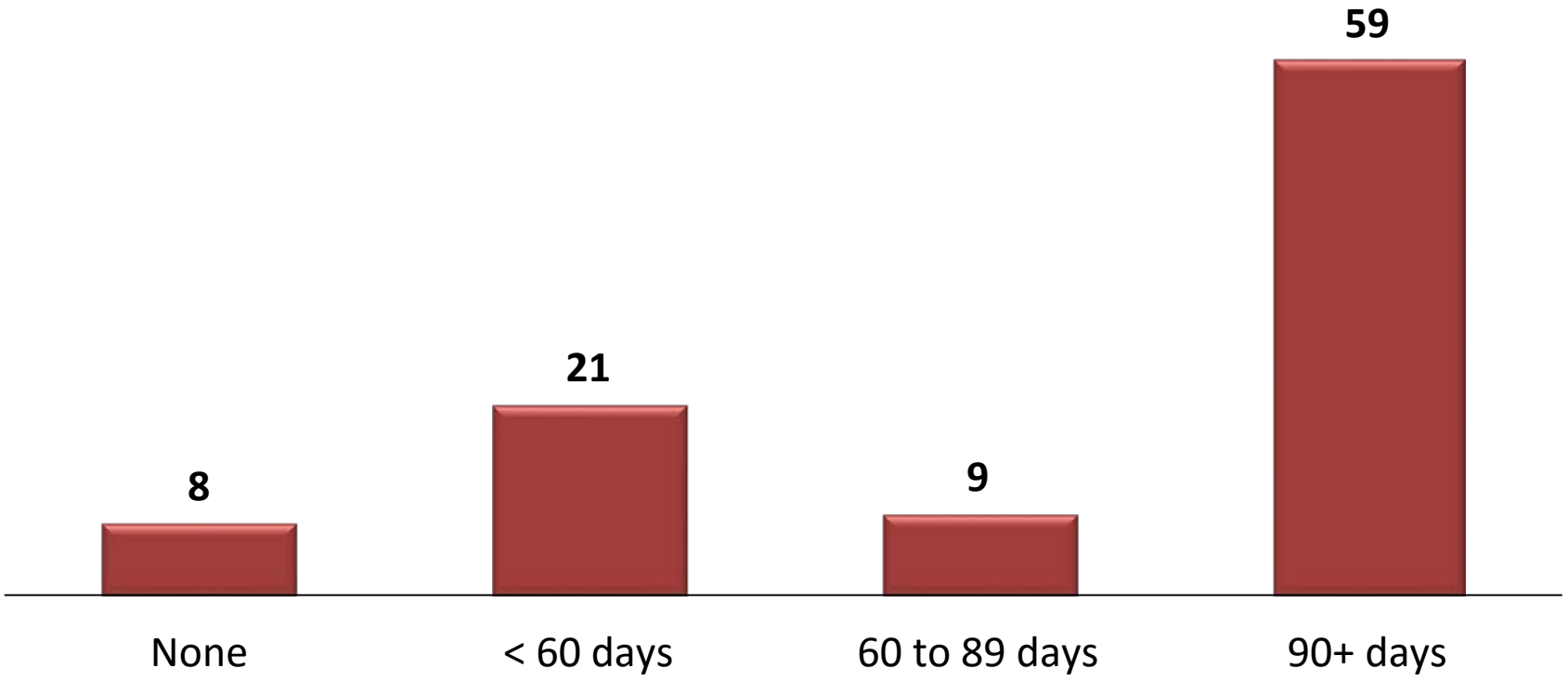
Among youngest children age 6-23 months living with the mother:

Among all children age 6-59 months



Micronutrients and Pregnant Women

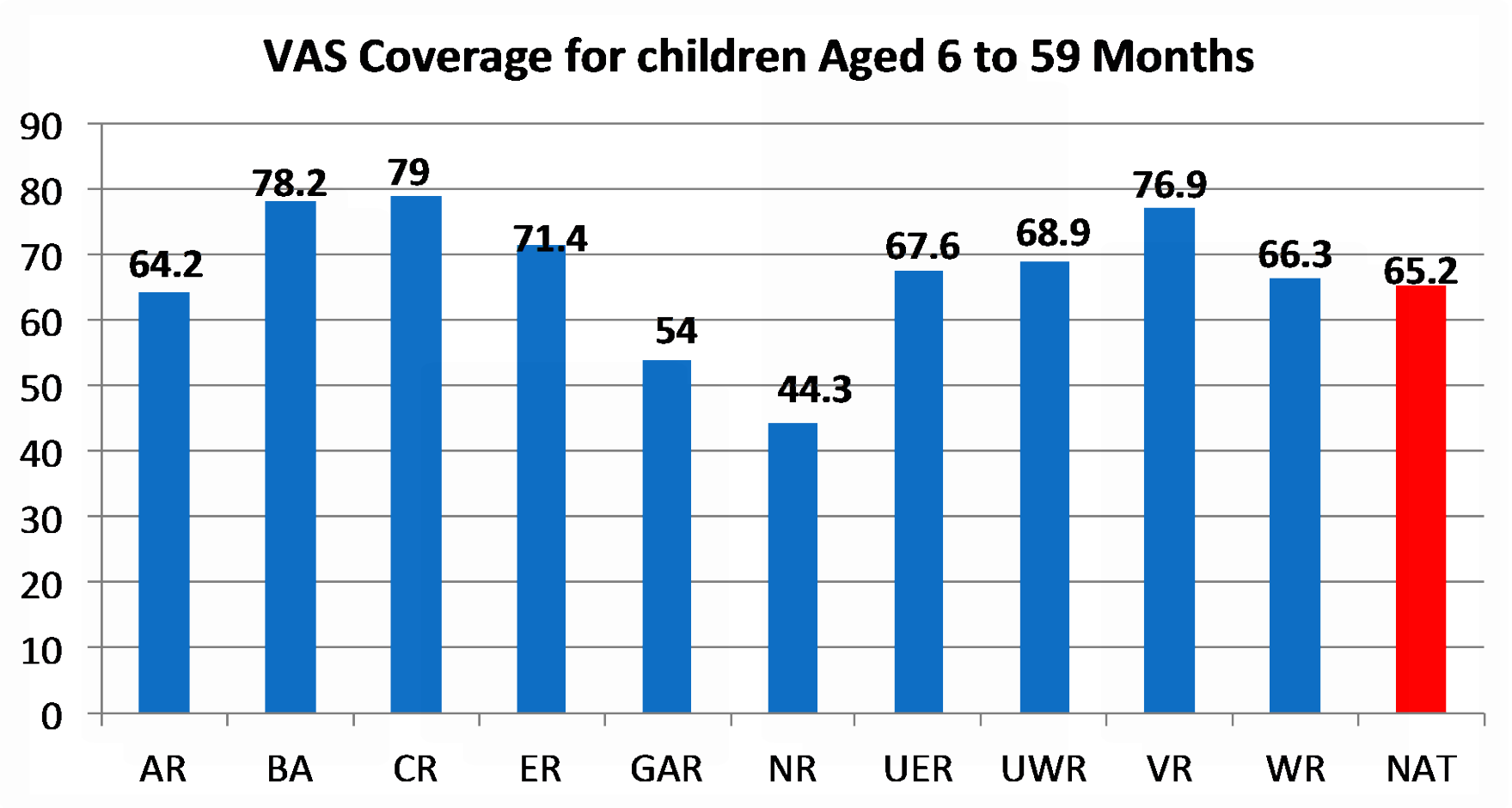
Percent of women age 15-49 with a child born in the past five years, number of days they took iron tablets or syrup during the pregnancy of the last child



Iodised Salt

Among households
with tested salt,
66% of households had
iodised salt.

Regional Coverage of VAS: GDHS 2014



Underlying Causes of under-nutrition

Infant and Young Child Feeding

WHO/UNICEF recommendations:

- Early initiation of breastfeeding within the first hour of birth
- Exclusive breastfeeding for the first six months
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods introduced at 6 months alongside continued breastfeeding and
- Frequency of complementary feeding: 2 times per day for 6-8 month olds; 3 times per day for 9-23 month olds; or 4 times per day for 6-23 months olds if not breastfed.

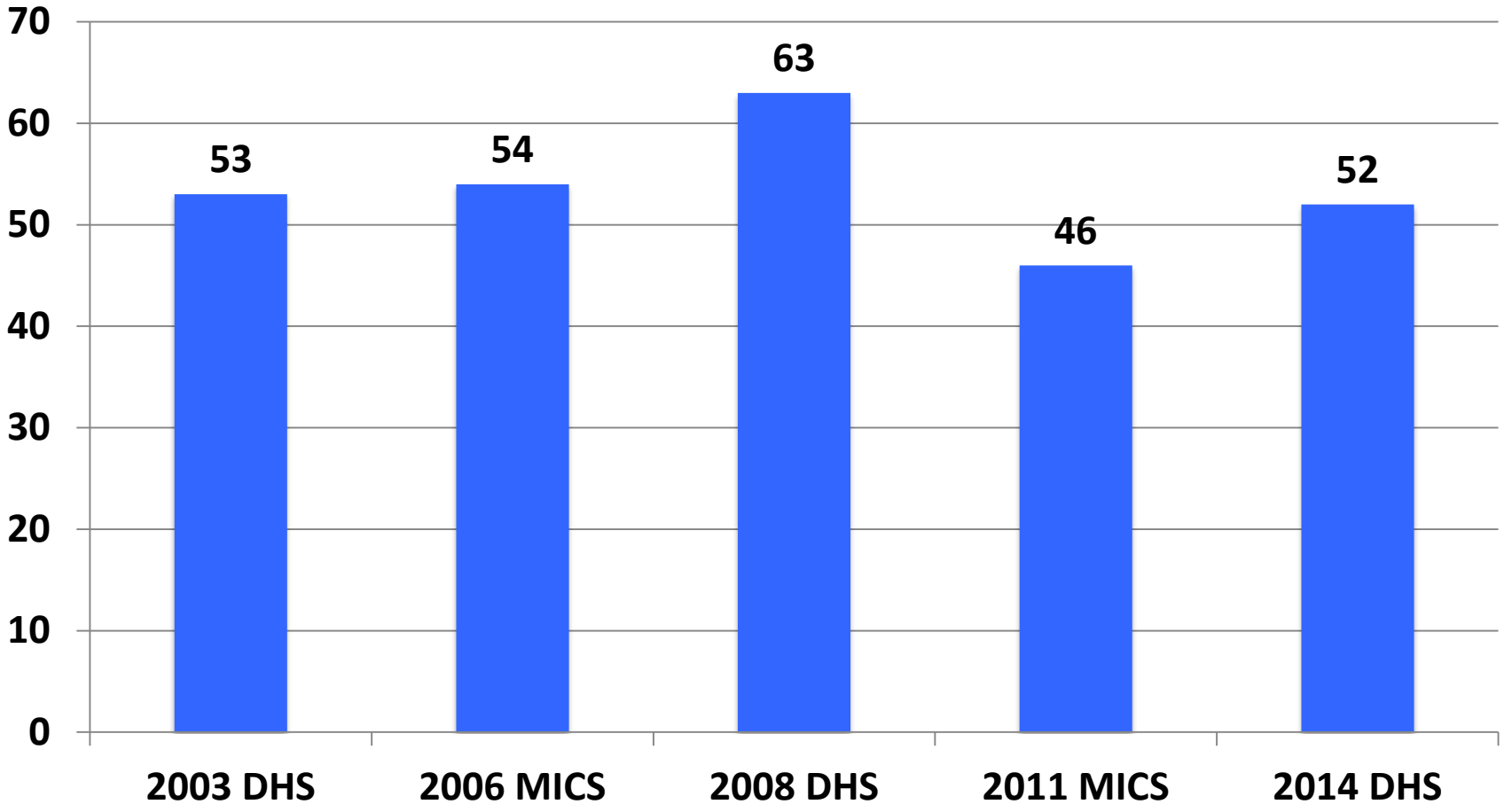
IYCF progress in Ghana

- Poor IYCF practices are contributing to prevailing rates of stunting, even in wealthier populations in Ghana:

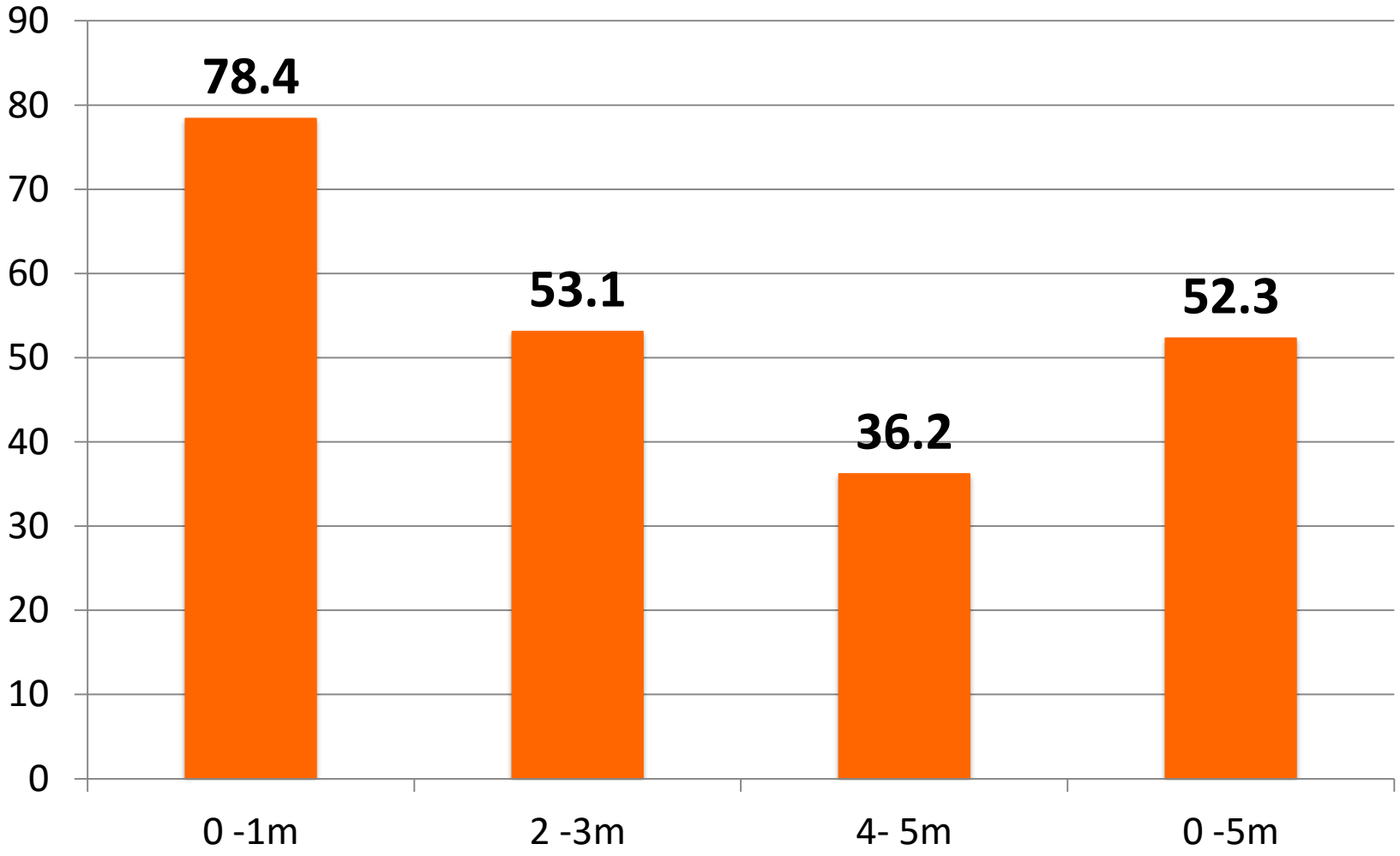
- Inadequate breastfeeding support and counselling in health facilities

- Social cultural factors contributing to prevailing practices

Exclusive Breastfeeding Rates



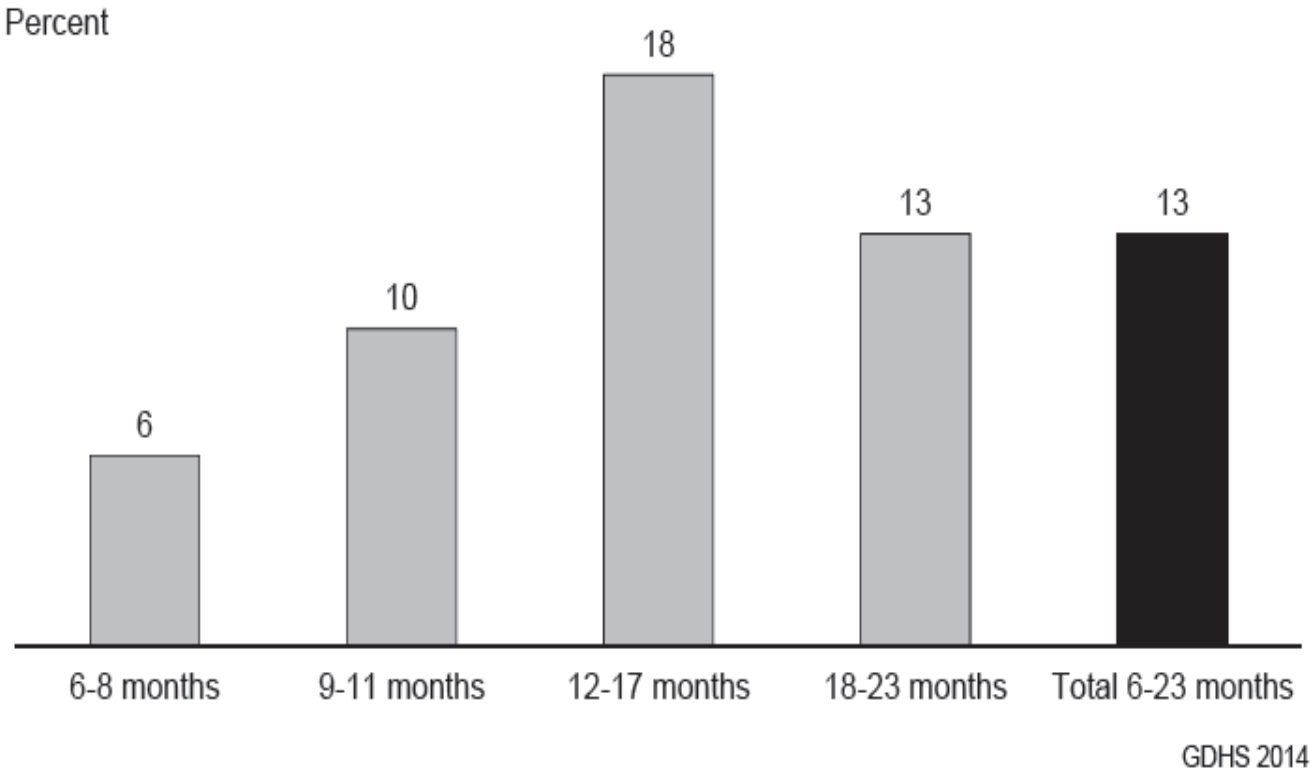
Age Specific Exclusive Breastfeeding Rates



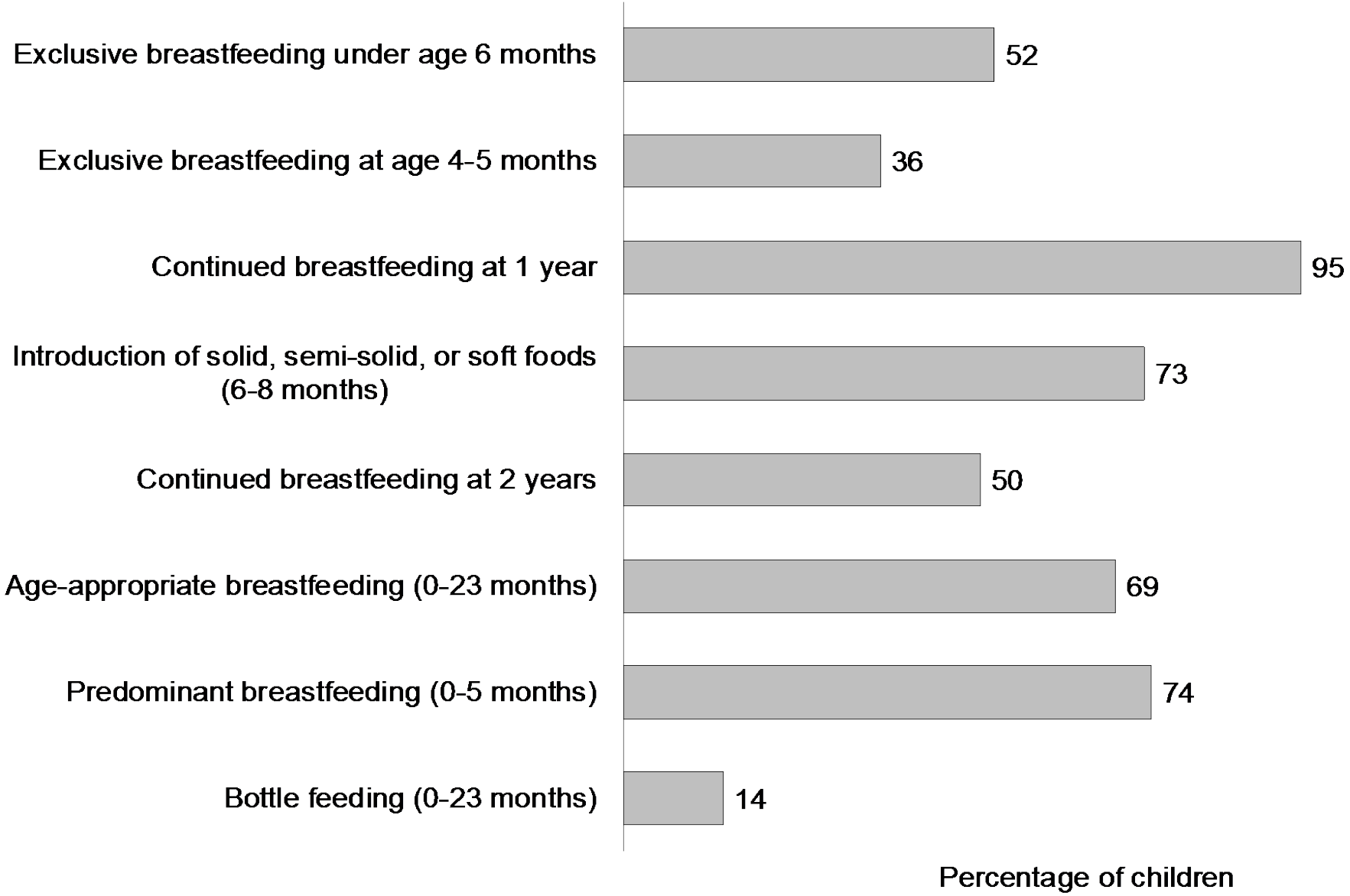
Minimum Acceptable Diets – Decreasing Trend

Figure 6 shows the percentage of children being fed the minimum acceptable diet, by age. In total, only 13 percent of children age 6-23 months have met the criteria for a minimum acceptable diet.

***Figure 6* Minimum acceptable diet by age, in months**



Summary of IYCF indicators Including breastfeeding status



GDHS 2014

Update on Program Implementation

- From program perspective some successes have been documented
  - In building the capacity of service providers and volunteers in counseling
  - Improved knowledge and skills in the management and addressing severe acute malnutrition, engaged local leaders and communities on social cultural practices around malnutrition
  - Scale-up IYCF activities including strengthening health care practices such as Baby-Friendly Hospital Initiative
  - Comprehensive micronutrient malnutrition control

WHA Global Targets for 2015

2012 the World Health Assembly (WHA) unanimously agreed to a set of six global nutrition targets that by 2025 aim to:

- Reduce by 40 per cent the number of children under 5 who are stunted;
- Achieve a 50 per cent reduction in the rate of anemia in women of reproductive age;
- Achieve a 30 per cent reduction in the rate of infants born low birth weight;
- Ensure that there is no increase in the rate of children who are overweight;
- Increase to at least 50 per cent the rate of exclusive breastfeeding in the first six months; and
- Reduce and maintain childhood wasting to less than 5 per cent.

Way forward – Issues for discussion

- The work is not done yet, as the 19% stunting is high and translates to 1,034,377 children
- These trends in nutritional indicators suggest the need for strategic targeting to bridge gaps
- Insufficient capacity of decentralized cadres who provide services to implement
- How do we increase coverage of proven intervention, Engage other sectors to accelerate improvements in nutritional status
- How do we scale up effective priority interventions and build partnerships to include both nutrition- specific and nutrition-sensitive investments for sustained reduction in malnutrition
- Address quality of nutrition services through on the job training and improved monitoring/mentoring support

Enabling environment: Nutrition Governance and Coordination

- Ongoing work in advocacy actions including mechanisms that bring different groups together through national and a few local-level nutrition platforms
- National Nutrition Policy is in place however, process to submit to cabinet for approval depends on progress on multi-sectoral strategic plan being developed
- Poor collaboration with relevant sectors persists

Conclusion 1

- Appreciable gains have been made, but need to reach the unreached by scaling up and address inequities
- On going work should document what works and expand
- Strategic targeting and planning will be critical
- The SUN framework describes the means to scale up nutrition interventions and achieve growth to include dietary, behavioural & health determinants and how they are affected by underlying food security, caregiving and economic and social conditions, capacity, resources and governance.

Conclusion 2

- Need to focus critically on how these important determinants interplay
  - nutrition- specific interventions that address the immediate causes of suboptimum growth and development
  - nutrition-sensitive interventions that address the underlying determinants of malnutrition
- Need to sustain the gains and expand

Thank you