

**ASENE MANSO AKROSO**

**DISTRICT**

**REPORT ON NUTRITION  
ACTIVITIES IN THE DISTRICT**

**JANUARY –DECEMBER 2022**

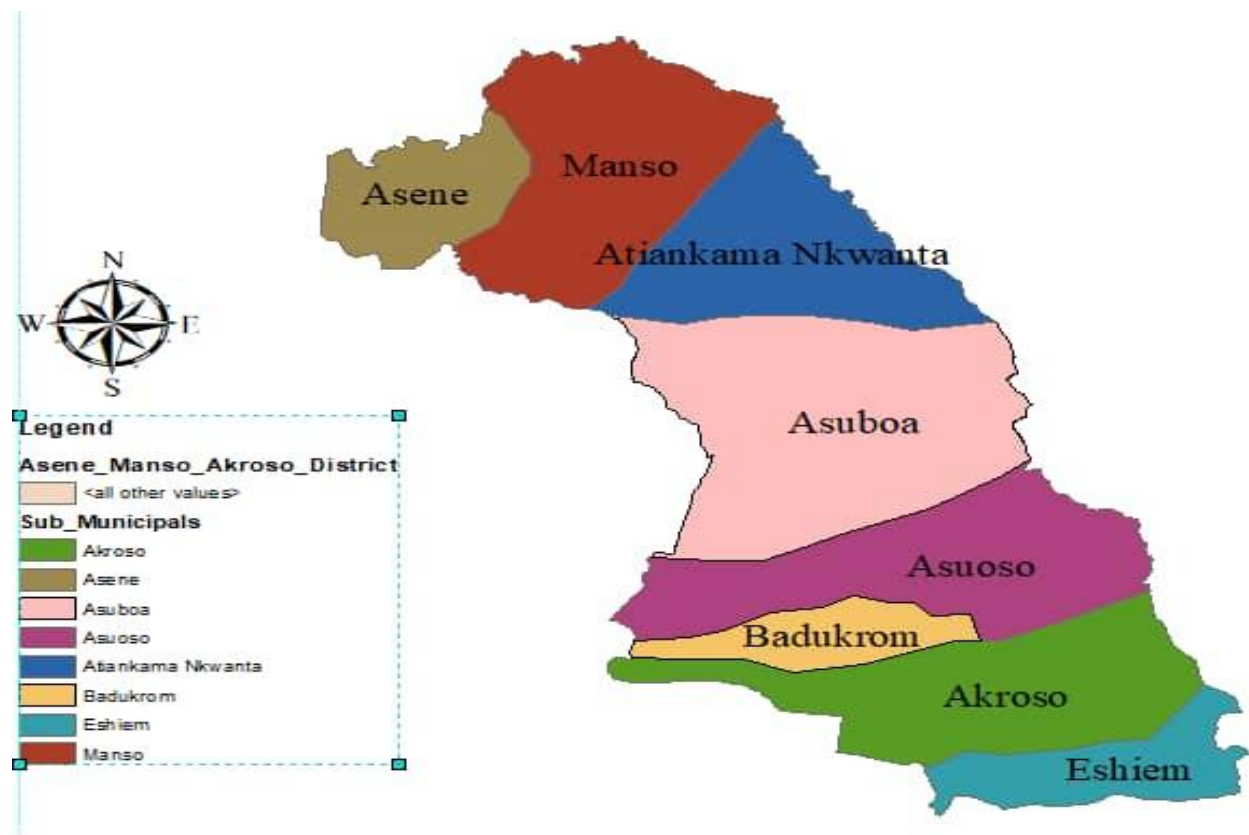
# INTRODUCTION

## DISTRICT PROFILE

### Location and Size of the District

The Asene Manso Akroso District (AMAD) was carved out of the Birim Central Municipal Assembly on the 14<sup>th</sup> day of November 2017 by Legislative Instrument (LI) 2341 and was inaugurated on the 15<sup>th</sup> day of March 2018. The District covers an estimated area of 471.82km<sup>2</sup>. The District is bounded to the north by Birim Central Municipal, to the west by Denkyembour District and West Akim Municipal, to the south by Agona East District and Upper West Akim as well as to the east by Birim South District and Agona East. The AMAD has three (3) zonal councils namely Asene, Akroso and Manso, one parliamentary constituency seat and thirty-two (32) Assembly Members consisting of twenty-two Elected Members and ten (10) Government Appointees. The district capital is Akyem Manso. There are about 150 communities including hamlets and 3 Zonal Councils namely, Asene, Manso and Akroso in the district.

Map of Asene Manso Akroso district



## **Population Size and Distribution**

According to the 2010 Population and Housing Census the district has a total of population of 77,432. This figure constitutes 2.94% of the total regional population of 2,633,164. The male population accounts for 47.8% and the female population constitutes 52.2% of the total population of the district. With an annual growth rate of 2.1%, the district population is currently estimated at 92,107. The district is predominantly urban having 67.7% of the population and 32.3% living in rural areas. The large proportion of people living in the rural communities means that a lot of resources must be shifted towards improving socio-economic facilities for the use of the increasing rural population, while support must be directed at building facilities and expanding economic opportunities in rural communities to minimize the migration of the people to urban centres.

Population of children under 5 year = 17,040

Population of children 6-11months = 1842

Population of children 12-23months =3,684

Asene Manso Akroso District has 8 Sub-Districts. These are Asene Sub-District, Manso Sub-District, Attiankama Sub-District, Asuboa Sub-District, Asuoso Sub-District, Badukrom Sub-District, Akroso Sub-District and Eshiem Sub-District. Each of the Sub-Districts has a Sub-District Health Management Team.

There are 28 demarcated CHPS zones. There is no District hospital, however there is (1) one private hospital at Asuoso (Asuoso Theresah hospital) and three (3) Health Centre at Akroso, Manso and Asene. There are host of drug stores widely spread across the District. The total bed capacity in the District is 16 consisting of ten (10) beds for Maternity and six (6) for OPD. Trained TBAs 11.

## **NUTRITION ORIENTED PROGRAMMES AND LINKAGES AVAILABLE IN THE ASENE MANSO AKROSO**

1. Growth monitoring and promotion activities
2. Management of SAM cases

3. Conducted supportive supervisions
4. Conducted micro nutrient deficiency control activities
5. Conducted GIFTS monitoring
6. Conducted MIYCN training across all sub districts
7. Conducted BHFI monitoring
8. NCDs sensitization
9. Celebrated child health promotion and world breastfeeding week
10. Validated nutrition data and entry into DHIMS
11. Food demonstration

## **KEY ACTIVITIES CARRIED OUT IN THE YEAR**

1. Growth monitoring and promotion activities
2. Management of SAM cases
3. Conducted supportive supervisions
4. Conducted micro nutrient deficiency control activities
5. Conducted GIFTS monitoring
6. Conducted MIYCN training across all sub districts
7. Conducted BHFI monitoring
8. NCDs sensitization
9. Celebrated child health promotion and world breastfeeding week
10. Validated nutrition data and entry into DHIMS
11. Food demonstration/ Training of Food Vendors and Caterers on Nutrition

## **COLLABORATING AGENCIES/ INSTITUTIONS**

1. GHANA EDUCATION SERVICE
2. ENVIRONMENTAL HEALTH OFFICE
3. SCHOOL FEEDING DESK OFFICER

## STATISTICAL ANALYSIS OF PERFORMANCE BASED ON ACTIVITIES.

### Growth monitoring and promotion activities

The weights and length/heights of children 0-59months are checked and monitored under this session. This helps in making it easier for monitoring the growth pattern of the children and counselling appropriately.

Table1 shows the displaying number of registrants for children under-five from 2020-2022. Total number of children registered from 2020 to 2021, increased from 8720 to 8866 but there was a huge decrease in the number of registrants to about 1487 respectively. This indicates that there has been a fall in the number of registrants therefore health education must be intensified.

**Table 1: REGISTRANTS**

Indicator	2020	%	2021	%	2022	%
Female	4660	53.4	4622	52.1	3772	51.1
Male	4060	46.6	4244	42.9	3557	48.9
Total	8720	100	8866	100	7379	100



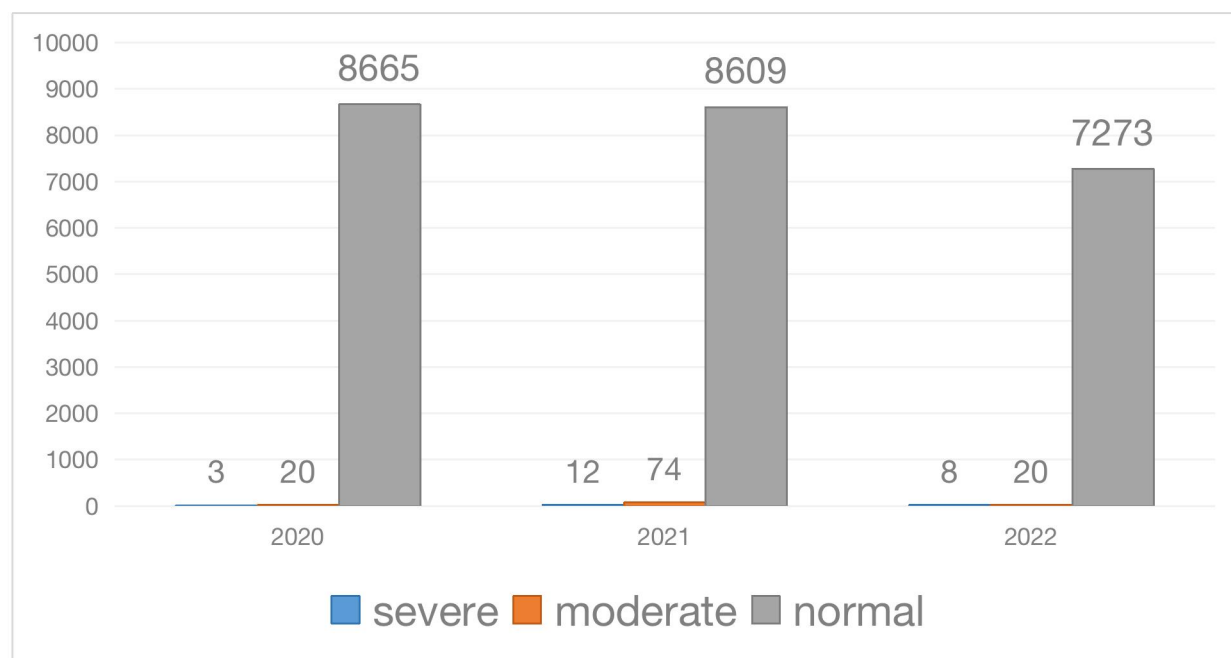
Graph 2 indicates the total number of CWC attendance from 2020-2022. Total number of children who attended CWC sessions from 2020 to 2021 increased from 35673 to 37004 but decreased to 32089 respectively. This reason could be attributed to the fact that, there has been a

reduction on our home visits due to competing programs hence CHNs and village volunteers must regularly conduct CWC session at both static and outreach points. Also strategic home visit plan must be develop to track defaulters

**Table 2: ATTENDANCE.**

Indicator	2020	%	2021	%	2022	%
Male	16227	45.5	17762	48.0	15510	48.3
Female	19446	54.5	19242	52.0	16579	51.7
Total	35673	100	37004	100	32089	100

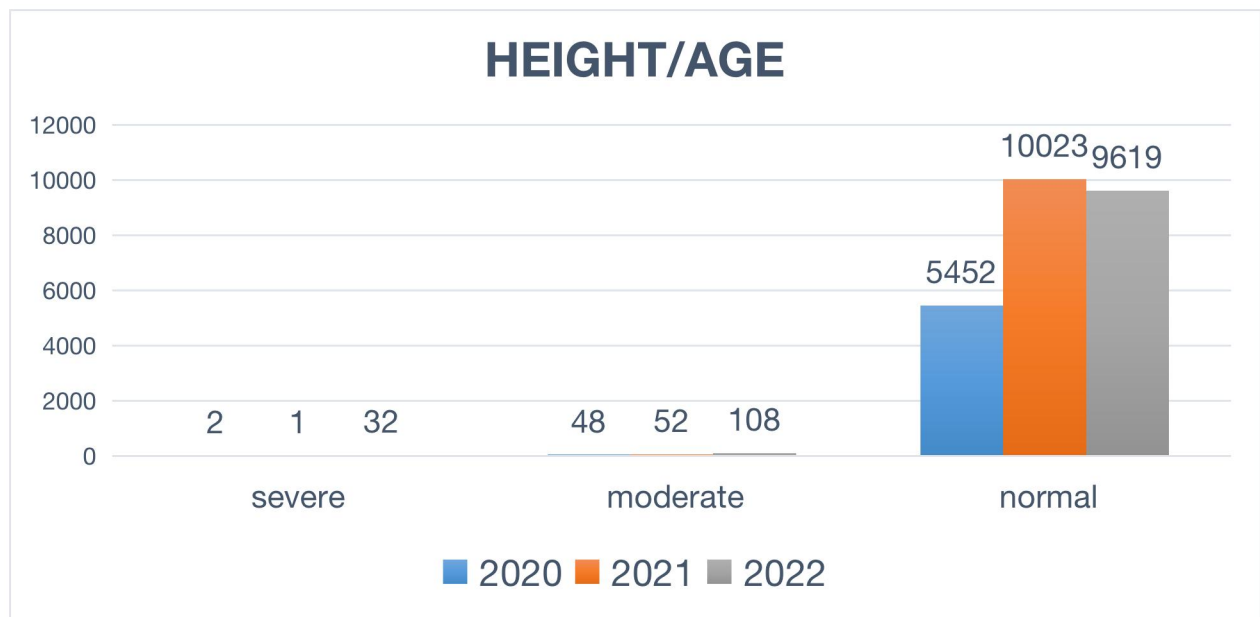
**Graph 1: weight for age (underweight)**



The graph above indicates the trend of under nutrition among children 0-59 months from 2020 to 2022. Per the graph, the rate of underweight increased in 2021 but has shown a decline in 2022. This is because nurses were given on the job training on the interpretation of the growth curve and this helped to identify children who need nutritional counselling to improve the weight

Table: 2 length/height

INDICATOR	ATTENDANCE	SEVERE	MODERATE	NORMAL
2020	5431	2	48	5381
2021	9210	1	56	9117
2022	9807	32	108	9619



Graph: 2 length for age (stunting) per age group

From the graph/table above, the length/height of children who are due are been measured. Children who are stunted keeps increasing throughout the three year period.

This shows that, mothers or caregivers are not adhering to the counseling given them during CWC sessions and home visits therefore new strategies should be employed to help caregivers who attend these sessions get to know how well their children are doing “growth wise” which in return motivate them to regularly access these services and care well for their kids.

## **MARTENAL INFANT AND YOUNG CHILD NUTRITION PRACTICES**

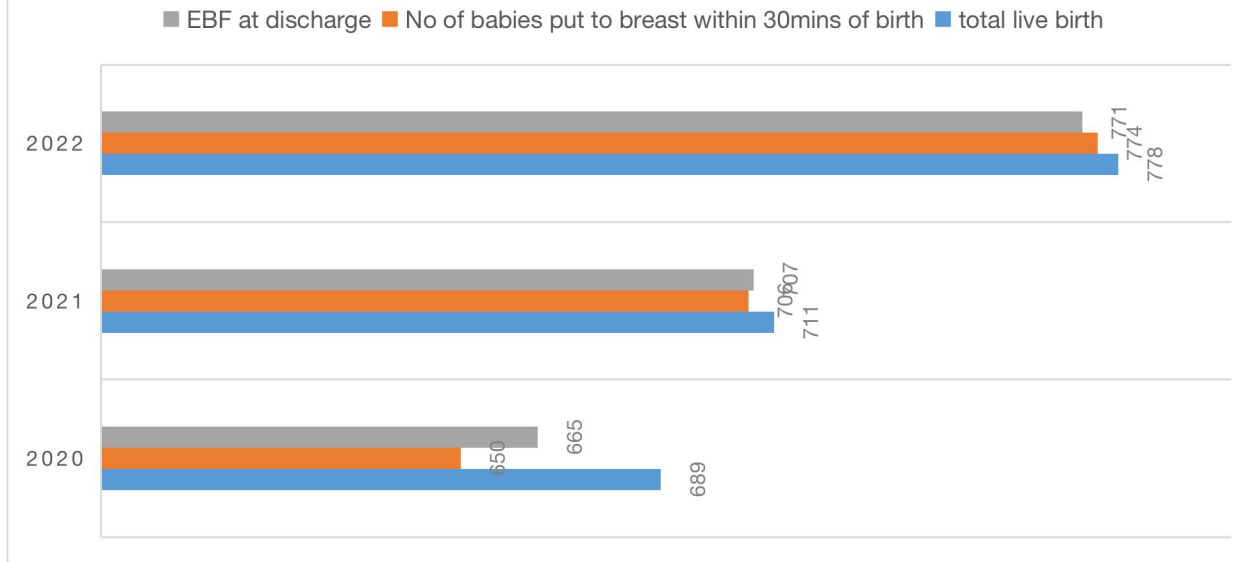
Good feeding practices increases a child’s survival rate to about 90%. MIYCN goes beyond counselling, it also means following up on clients given nutrition counseling to see if they are going by the information given, challenges and measures to solve the situation. In 2022 about 265 people were registered for MIYCN compared to 400 in 2021 and 332 in 2020. It could be observed that the number of clients in the MIYCN register and those visited at least once a month keeps increasing throughout the years.

<b>Indicator</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Number of new registrants on the MIYCN register	332	400	265
Total number on the MIYCN register (old+new)	1576	1514	1836
Total number of children visited at least once in a month	630	636	710
Total number of children discharged from home visit	264	303	258

## **EARLY INITIATION OF BREASTFEEDING**

The early initiation of breastfeeding thus putting newborns to the breast within the first hour of life is critical to newborn survival and to establishing breastfeeding over the long time. World health organization (WHO) and United Nations International Children Emergency Fund (UNICEF) recommend breast milk as an ideal and the exclusive nutrient for infants. The graph below indicates that the education on early initiation of breast milk within the first hour of life and exclusive breastfeeding for the first six months of life is been done intensively at ANC and PNC, however, as the graph indicates; most caregivers and mother puts their babies to breast within the first hour of birth and are also practising exclusive breastfeeding in the district

## EARLY INITIATION OF BREASTFEEDING



The table below is representation of three (3) year period of children of 3-month old who were exclusively breastfed or giving other substitutes. As shown below, it can be realized that, percentage of children who were exclusively breastfed in 2020 increased to about 3.1, but fell in 2022. Comparing the number of children who are giving breast milk substitutes to those exclusively breastfeeding, it could be deduced that the number those who are giving other foods keeps decreasing over the period and this can be attributed to the commitment of CHNs in intensifying health education of exclusive breastfeeding during CWC sessions and home visits.

INDICATOR	2020	2021	2022
Exclusive breastfeeding at month 3	3204	3062	2996
Other feeding	385	254	129
TOTAL	3589	3316	3124
% of exclusive breastfeeding at 3 months	89.2	92.3	87.9

Graph 5 shown above depicts complementary feeding practices from 2020 to 2022. From the above it can be realized that, the number most caregivers starts complementary feeding at exactly 6 months; this can be attributed to the intensive education on timely complementary feeding at the various facilities this year

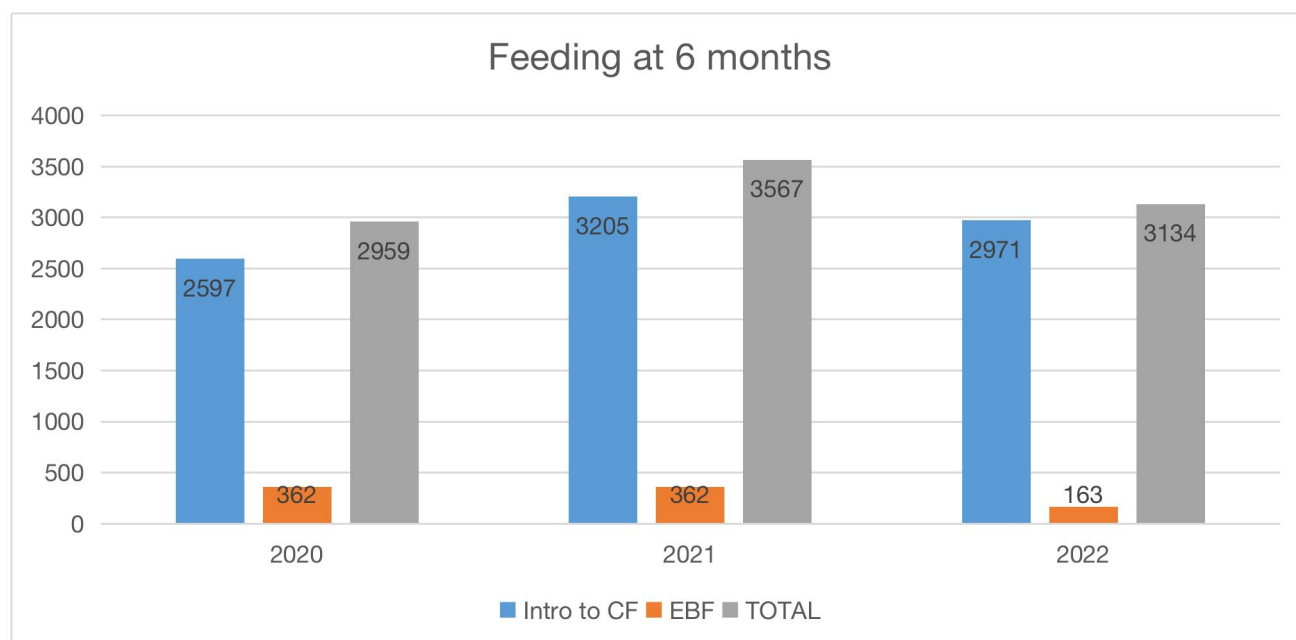


Table: Continued breastfeeding at 12 months

INDICATOR	2020	2021	2022
Continued breastfeeding at 12moths	3244	3362	3576
Children assessed	3448	3285	3676
% coverage	94	98	97.3

From the above table, almost all the children who were assessed for continues breastfeeding at 12 months over the period were still breastfeeding. This is due to the intensified education and counselling given to care givers.

## **MICRONUTRIENT DEFICIENCY CONTROL**

### **GIRL IRON-FOLIC ACID TABLET SUPPLEMENTATION PROGRAM:**

#### **ANAEMIA CONTROL**

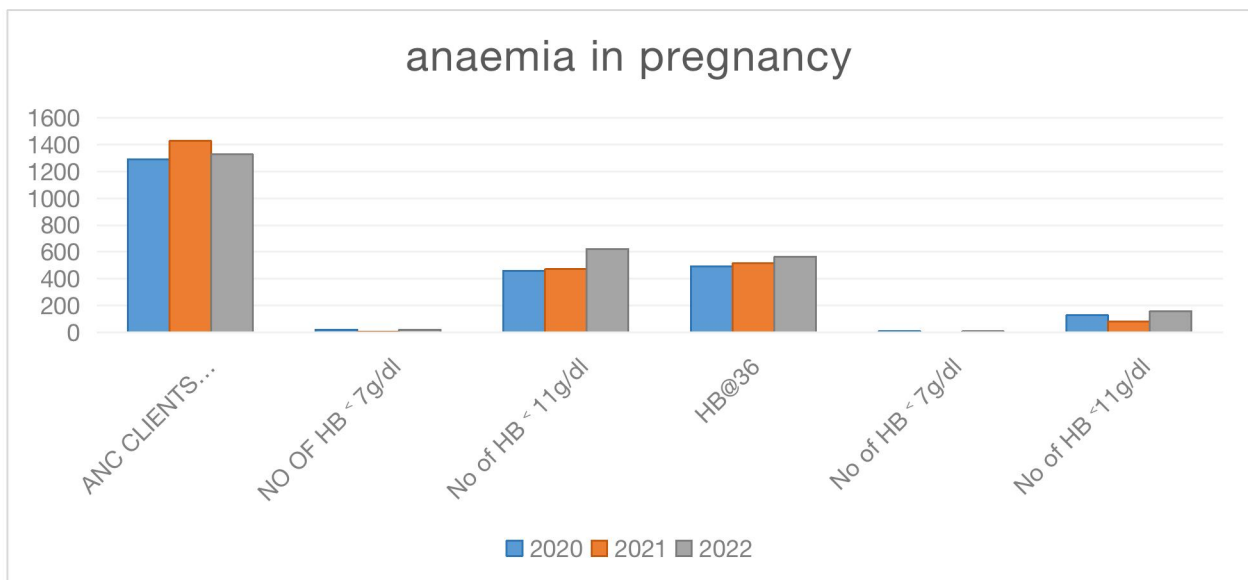
Anaemia is a critical health problem in Ghana affecting about 66 percent of children.

In May 2019, Ghana Health Service in collaboration with Ghana Education Service implemented the “Girl Iron-Folic Acid Tablet Supplementation” program which was sponsored by UNICEF.

The purpose of this program was to help reduce anaemia among adolescent girls between the ages 10-19 years in school and those out school.

The table below shows the number of adolescent girls who have been enrolled onto the program, those who are been given the IFA and those whom are anaemic. The number of girls who are anaemic keeps decreasing tremendously over the period. This indicates that the purpose of the GIFTS program has been achieved.

Indicator	2020	2021	2022
Number of girls given IFA	1000	2263	1333
Number of girls on MIYCN register	2932	4840	4251
Number of girls anaemic	79	28	1



INDICATOR	2020	2021	2022
-----------	------	------	------

ANC CLIENTS WHOSE HB WAS CHECKED	1293	1428	1328
NO OF HB < 7g/dl	19	5	18
No of HB < 11g/dl	458	470	622
HB@36	493	514	563
No of HB < 7g/dl	1	0	1
No of HB <11g/dl	126	78	156

Iron folic acid supplements is given to pregnant women to prevent anaemia in order to have safe deliveries and deliver full term babies without complications.

INDICATOR	2020	2021	2022
IFA 3 ANC	1279	561	1410
IFA 6 ANC	461	333	527
IFA PNC	919	623	749

### **Vitamin A Supplementation Programs**

On the edge to control micro-nutrient deficiency in the district numerous interventions has been putting in place including supplementing vitamin A to children from 6 months till they reach 59 months of age. The table below shows the number and percentage of children 6-59 months who were given vitamin A supplementation from January to December 2021 and 2022. Per the figures below, it indicates that there has been a tremendous coverage in 2022.

AGE GROUP	2021	2022
6-11MONTHS	3284	3288
12-59MONTHS	6001	6459
6-59MONTHS	9285	9747

## **Nutrition rehabilitation**

Nutrition rehabilitation is a nutrition intervention used to restore or optimize nutritional status following illness. The table below shows the three year trend of the number of severe malnutrition cases that has been detected and treated, those that has been discharged, defaulted, died or recovered.

<b>INDICATORS</b>	<b>2020</b>		<b>2021</b>		<b>2022</b>	
	<b>IPC</b>	<b>OPC</b>	<b>IPC</b>	<b>OPC</b>	<b>IPC</b>	<b>OPC</b>
Total admission	<b>1</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
Number cured	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Died	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Defaulted	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
No non-recovered	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Total discharged</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

## **NUTRITION CELEBRATIONS ORGANIZED**

### **CHILD HEALTH PROMOTION WEEK**

Child health promotion week is a celebration aimed to promote the health of newborn and children under five. This celebration takes place annually on the 2<sup>nd</sup> week of every May. This years' celebration took place from the 9<sup>th</sup> to 13<sup>th</sup> of May 2022 at Suponso in the Atiankama sub district in collaboration with the Gender Desk Office and Environmental Health Office of the District Assembly (AMADA). Before that we are launching the program on this day 1<sup>th</sup> May 2022 to create awareness to the general public of the upcoming event in every facility within the district and the country as a whole. The theme for this years' celebration is **“CHILD SAFETY**

**AND SECURITY.”** The objective of this celebration is to heighten awareness among the public on child safety and security while ensuring good health & nutrition as well as responsive caregiving and opportunities for early learning' In addition to the awareness creation on safety and security of children in the home, community' school and health facilities, routine health services such as growth monitoring & promotion' immunization, vitamin A supplementation, ITN distribution, nutrition counseling etc. will be provided by staff in all facilities and outreach points.



## **WORLD BREASTFEEDING WEEK**

World breastfeeding is celebrated annually from 1<sup>st</sup>-7<sup>th</sup> August in over 175 countries. This year's celebration took place from the 1<sup>st</sup> -7<sup>th</sup> August 2022 and before that we launched the program to create awareness to the general public of the upcoming event in every facility within the district and the country as a whole. The theme for this year's celebration is '**step up for breastfeeding, educate and support**' Objectives of this celebration are:

- Inform people about their role in strengthening the warm chain of support for breastfeeding.
- Anchor breastfeeding as part of good nutrition, food security and reduction of inequalities.
- Engage with individuals and organizations along the warm chain of support for breastfeeding
- Galvanize action on strengthening capacity of actors and systems for transformational change

In the course of the celebration, the district director of health services together with the district health promotion officer and the district nutrition officer join the Asuboa sub-district to celebrate the week at Apropumase, a suburb of Asanteman.

## **GIRLS IRON FOLIC-ACID SENSITIZATION**

On the edge to reduce the prevalence of anaemia among girls adolescent age; a sensitization exercise was organized to educate teachers, students and caregivers on the need for the intake of the girls iron folic acid tablets (GIFTS). This exercise was done in collaboration with the health promotion officer, the social welfare and community development department staff, the gender desk officer and the school health coordinator. About 9 schools were visited.



## **NON- COMMUNICABLE DISEASES**

In our district NCDs affects most the people in the district. The most common non-communicable disease that affect the highest proportion is the cardiovascular diseases and the chronic heart disease. In our urge to reduce the rate of NCD clients in the district; a diabetic clinic was set at Theresa's hospital so as to counsel individual and caregivers on the management of NCDs. Corporate institutions such as the district assembly and markets were visited to educate them on NCDs and its management through health screenings. Additionally; glucometer machine and strips was purchased and distributed to all facilities within the district to check the glucose level of clients who visits the facility.



### **FOOD DEMONSTRATION/ TRAINING OF FOOD VENDORS ON NUTRITION**

Food demonstration is a great delivery method of nutrition education through community involvement and participation. It involves bringing the whole community, various food vendors and school feeding caterers together to prepare food, their ingredients and their nutritional content and values. Food Vendors, School Feeding Caterers were assembled in seven communities namely Batabi, Manso, Aproxumase, Nkwanta, Asanteman, Eshiem and Odumase in the Asene Manso Akroso district were assembled to participate in food demonstration activities and be educated on best nutrition practices. This programme was undertaken by the Nutrition Unit in collaboration with the Environmental Health Office and School Feeding Desk Officer of the Asene Manso Akroso District Assembly on the 18<sup>th</sup> and 19<sup>th</sup> of May, 2022 and done through presentations, cooking classes, food preparation demonstration and education, Participants were put into groups and asked to prepare food from ingredients available in the community. In other to strengthen male involvement in Nutrition education, males were added to the groups preparing the foods. Food prepared includes fufu and light soup, rice and kontomire stew, banku and okro stew, and yam and garden eggs stew.

There was talk on nutritional values and balance diet. A well-balanced diet provides all of the:

- energy you need to keep active throughout the day

- nutrients you need for growth and repair, helping you to stay strong and healthy and help to prevent diet-related illness, such as some cancers

Keeping active and eating a healthy balanced diet can also help you to maintain a healthy weight. Deficiencies in some key nutrients - such as vitamin A, B, C and E, and zinc, iron and selenium - can weaken parts of your immune system.

Participants were advised to encourage healthy diet that includes lots of fruit, vegetables, whole grains and a moderate amount of unsaturated fats, meat and dairy in order to maintain a steady weight. Having a good variety of these foods every day leaves less room for foods that are high in fat and sugar - a leading cause of weight gain.

Together with exercise, eating a healthy diet in the right proportions can also help you lose weight, lower your cholesterol levels and blood pressure and decrease your risk of type 2 diabetes. The programme was carried out through nutrition education activities such as: presentations, cooking classes, food preparation demonstrations, food tasting sessions, question and answer sessions, gardening, physical fitness programs, videos, etc.





## CHALLENGES

- Inadequate funds for nutrition activities.
- Shortages of **READY TO USE THERAPEUTIC FOOD** to effectively treat malnutrition cases in both ‘in-patients’ and ‘out-patients’

### **WAY FORWARD**

- Promote team work, partnership, and inter-sectional collaboration with other agencies such as MOFA, social welfare, GES, etc
- Undertake frequent mentorship and periodic monitoring in all health facilities
- Regular monthly monitoring and supervision to health facilities
- Intensify nutrition counseling (consumption of 4- star diet) for all pregnant women
- Intensify nutritional counseling for clients with non-communicable diseases