

NORTHTONGU DISTRICT HEALTH DIRECTORATE
NUTRITION ANNUAL REPORT
2021



February, 2022

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BACKGROUND OF THE DISTRICT

The North Tongu district shares boundaries with Central Tongu, South Tongu, Ho West Districts of the Volta Region, Ada-West and East, Osu Doku Districts of the Greater Accra Region. The district covers an estimated land area of 800 Km which is about 3.8% of the total land area of the Volta Region and it is mainly accessible by road and water (Volta lake using boat, canoe etc), the terrain is difficult to ply especially in the rainy seasons

There are about two hundred and ninety-four (294) communities in the district based on the assessment made during the 2010 population census. There are three kinds of hard-to-reach areas in the district. This is made up of:

- Communities on islands e.g. Gblornu, Alagbonu, Kassa and Dorfor-Kome
- Communities inland but hard-to-reach areas e.g. Memordzi, Sikor, Adukpo and Dzimakope and
- Areas which are seasonally hard-to-reach especially in the raining seasons e.g. Ayiwa, Ayiwata, Wuxor, Agorkpoe, Kpelenu, Melenu, and Kporkponu.

The district is divided into five (5) administrative sub-districts:

- Battor
- Juapong-Podoe
- Fodzoku-Torgorme
- Volo-Dorfor sub-district
- Mepe

The district has twenty nine (29) health facilities: - one district hospital, six (6) health centres, 20 CHPS zones, one (1) polyclinic and one (1) private clinic, and 112 outreach sites.

Table 1 2021 population

Population	
Total Population	116076
Children 0-11 mths	4643
Children 12-23mths	4643
Children 24 – 59 mths	13929
Children 0-59mths	23215
WIFA	27858
Expected Pregnancy	4643

ACTIVITIES PLAN FOR 2021

- Conducted monitoring and supportive supervision to 28 health facilities.
- Conducted facilitative supervision to 60 CWC outreach
- Conducted nutrition health talk given at Antenatal Clinics and C.W.C sessions
- Conducted health talk given at OPD
- Organized diabetic education at OPD
- Conducted 30 Food demonstrations
- Conducted supportive supervision to 10 Nutrition Friendly school initiative in the district
- Conducted Gift monitoring to 20 schools
- Monitored, verified and validated data entered in to DHIMS2 monthly(12 times)

PACKAGE OF INTERVENTIONS

- Child Health Services
- Promotion of Exclusive Breastfeeding for six months
- Timely introduction of complementary feeding at six months and continued for two years or more
- Vitamin A supplementation
- Growth Monitoring
- Community and Young Child Feeding(C-IYCF)

OBJECTIVES FOR 2021

- Conduct 1 facilitative supportive supervision to all 28 health facilities in the district
- Monitor, verify and validate data entered in to DHIMS2 monthly
- Provide monthly feedback to health facilities on their performance
- On the job coaching of all newly posted staff on nutrition indicators
- On the job coaching of staff on how to report appropriately on all services rendered to clients
- Ensure monthly anthropometric data collection is done in sentinel communities
- Ensure early detection, management and monitoring of severe acute malnutrition cases in the District
- Monitor quarterly food demonstrations conducted at CWCs sessions in the district.
- Training and orientation of newly posted CHNs and Midwives on New maternal and child health record book
- Conducts nutrition assessment for children in selected schools practicing school feeding programs in the district
- Monitoring of GIFT supplementation activities in the district

INTERVENTION IN PREGNANCY AND PNC INDICATORS

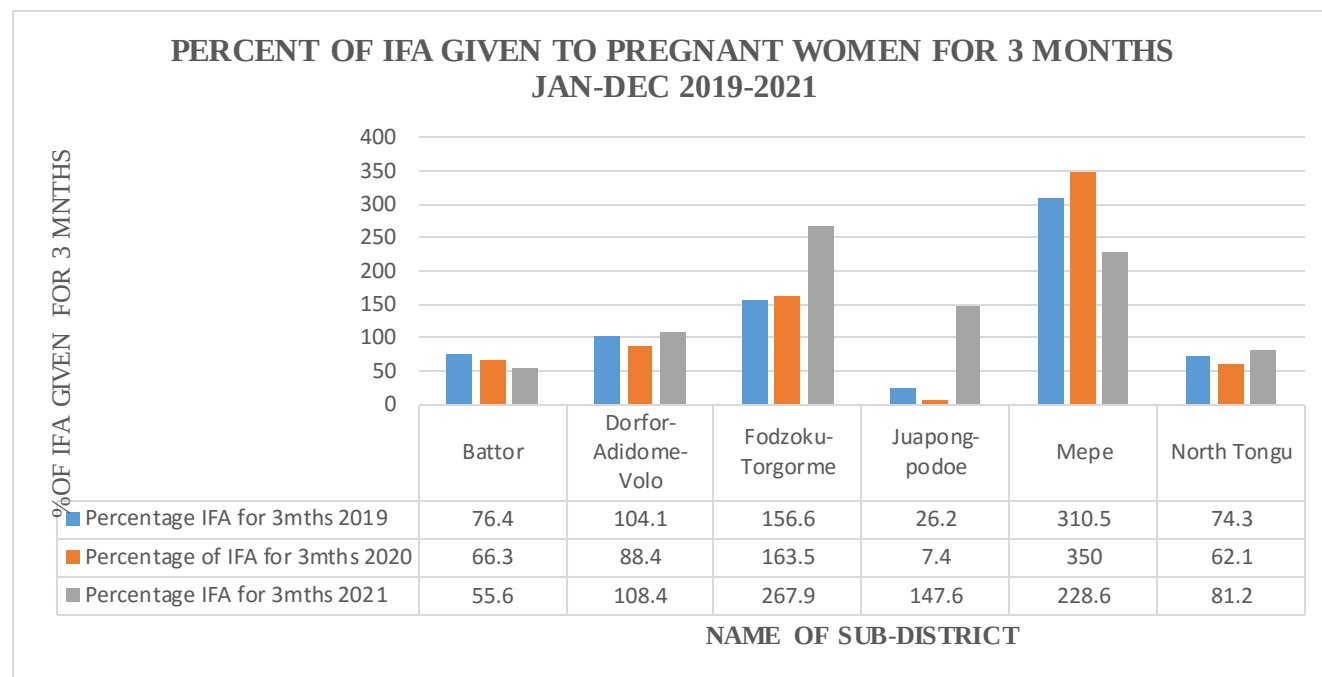


Figure 1 trends of IFA given for 3 month

Percentage of ANC registrants receiving IFA for 3months has increased from 74.3% in 2019 to 81.2% in 2021. This was a result of continues education on the importance IFA and regular supply of IFA to the facilities in the district.

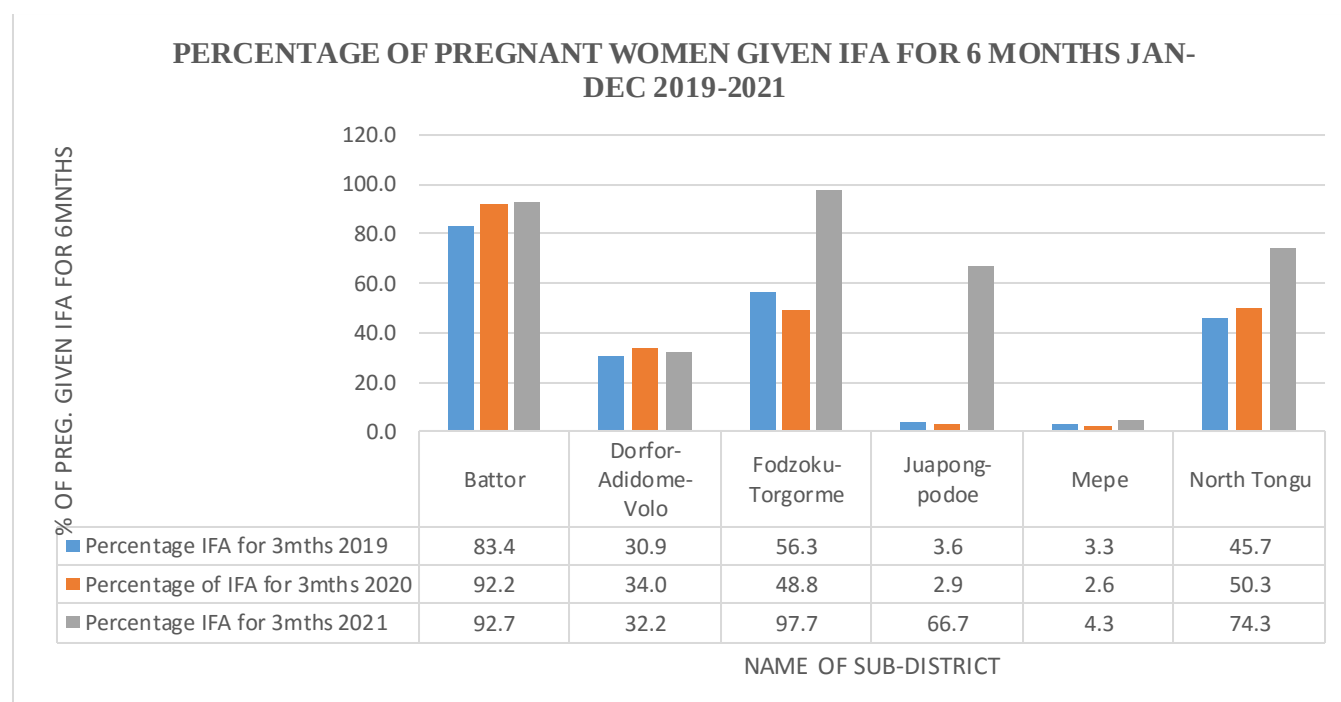


Figure 2 trends of IFA given for 6 month

Percentage of ANC registrants receiving IFA for 6months has increased from 45.7% in 2019 to 74.3% in 2021. These could be the reason for the drop in anaemia rate among pregnant women at registration and 36 weeks. The unit will conduct research in to it to prove whether the number of IFA given during pregnancy have effect anaemia status.

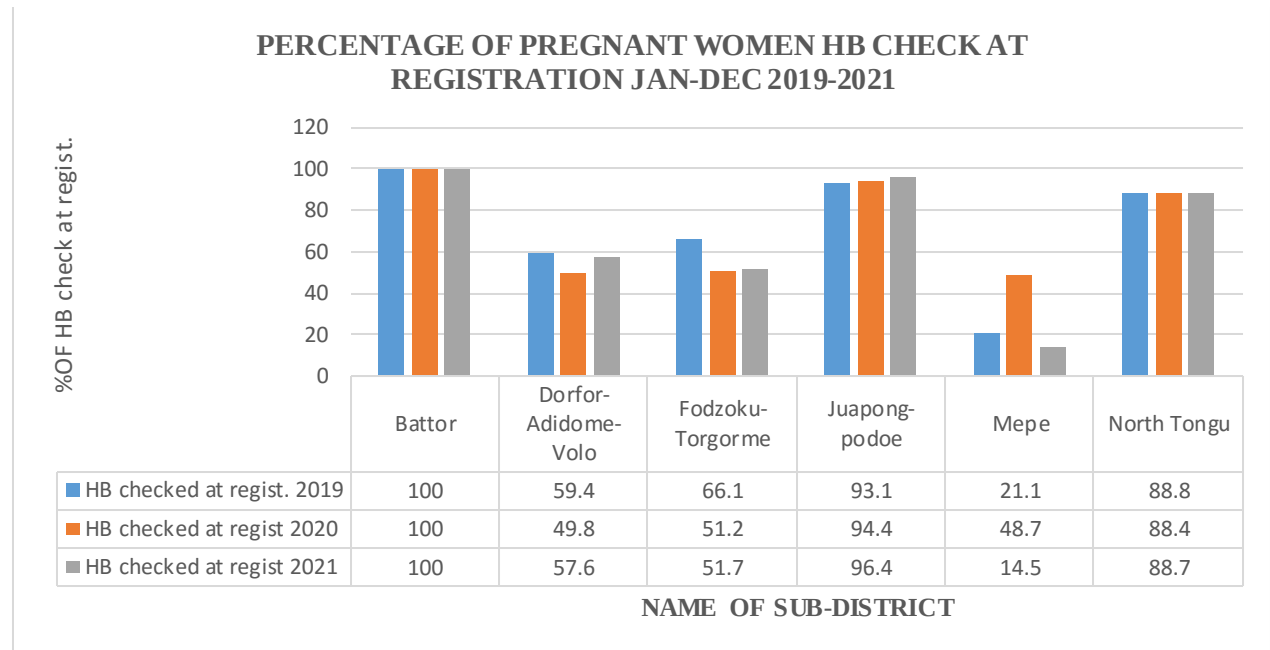


Figure 3 HB check at registration

The only way to determined anaemia is through testing. The percentage of pregnant women who's HB were check at registration has slight reduced from 88.8% in 2019 to 88.4% in 2020 and increased slightly to 88.7% in 2021. These was as a result of supply of HB testing provided for by the DHD to all health centres and CHPS compound with midwives in the district.

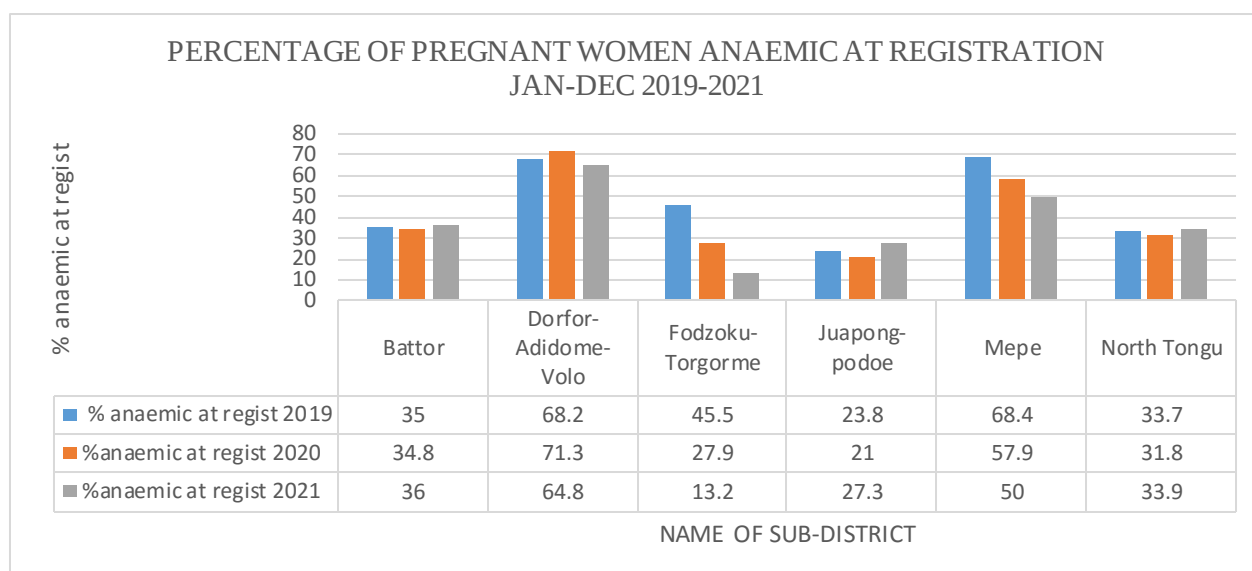


Figure 4 prevalence of anaemia at registration

The prevalence of anaemia among pregnant women at registration reduced from 33.7% in 2019 to 31.8% in 2020 and increased marginally to 33.9% in 2021. Routine iron and folic acid supplementation to adolescent's girls and continuous health education during community durbars on good nutrition prior to pregnancy in the community will be used to reduce the increment.

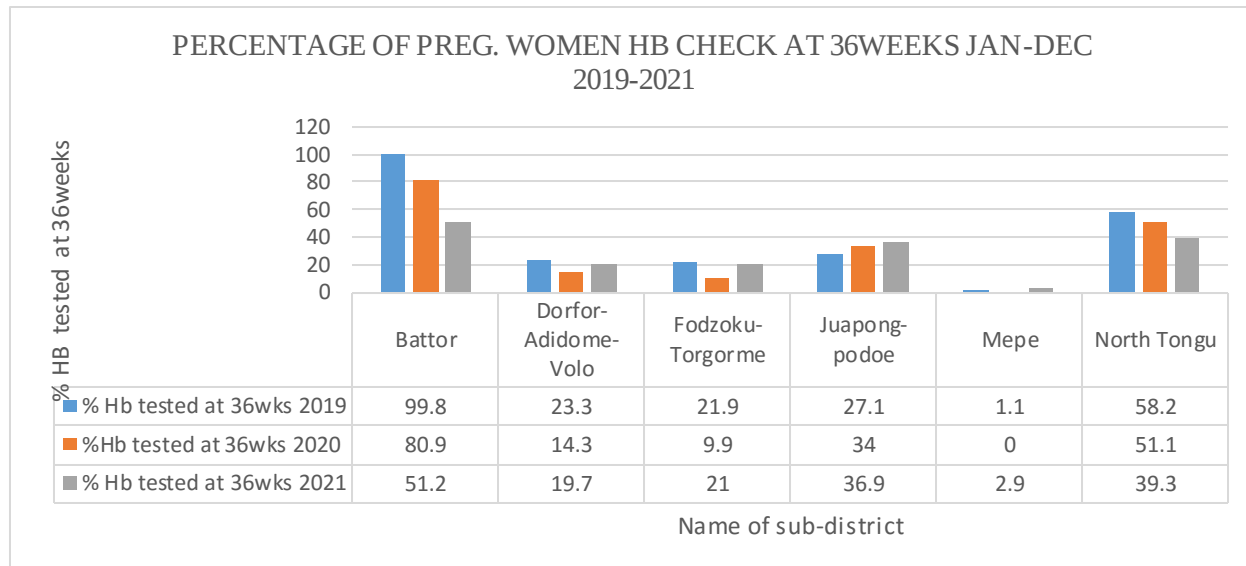


Figure 5 HB checked at 36weeks

The only way to determined anaemia is through testing. The percentage of pregnant women who's HB were check at 36 weeks has reduced from 58.2% in 2019 to 39.3% in 2021. These was as a result of delayed in supply of HB testing reagents to health centres and CHPS compound with midwives in the district during 2021.

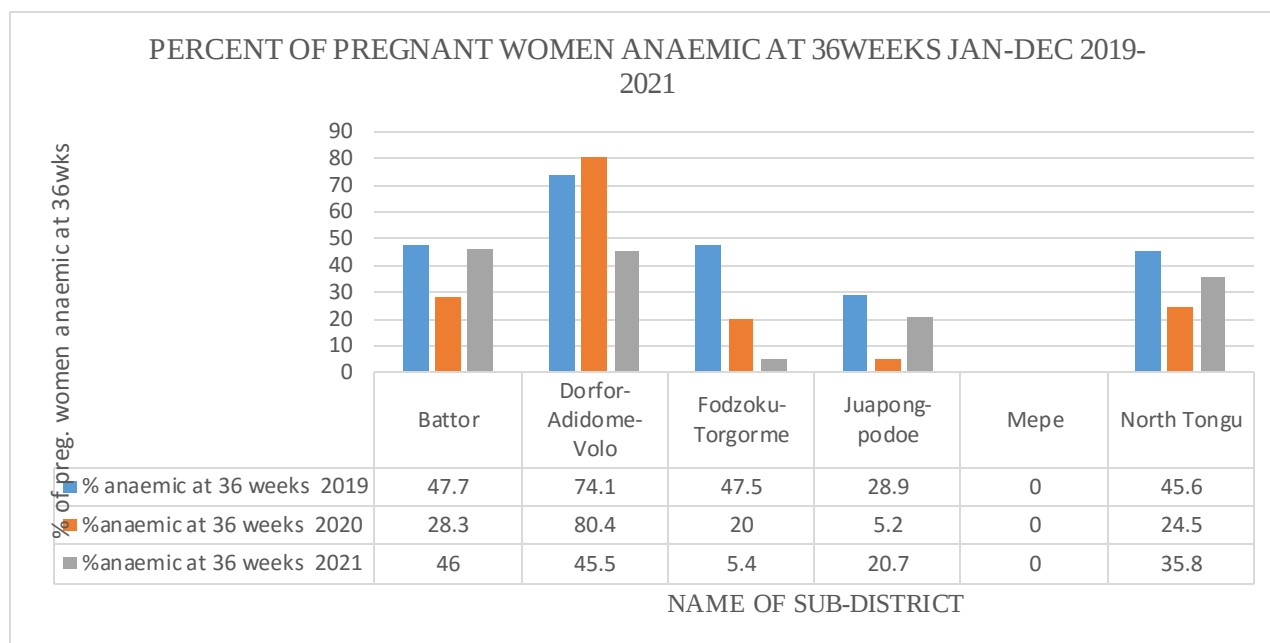


Figure 6 prevalence of anaemia at 36weeks

The prevalence of anaemia among pregnant women at 36 weeks reduced from 45.6% in 2019 to 24.5% in 2020 but increases to 35.8% in 2021. Routine SP and iron and folic acid supplementation, the distribution of LINN to every pregnant woman, continuous health education and counselling at ANC clinics and radio/CIC discussion on nutrition during pregnancy will be strategies that will be used to reduce the high prevalence of anaemia in the district.

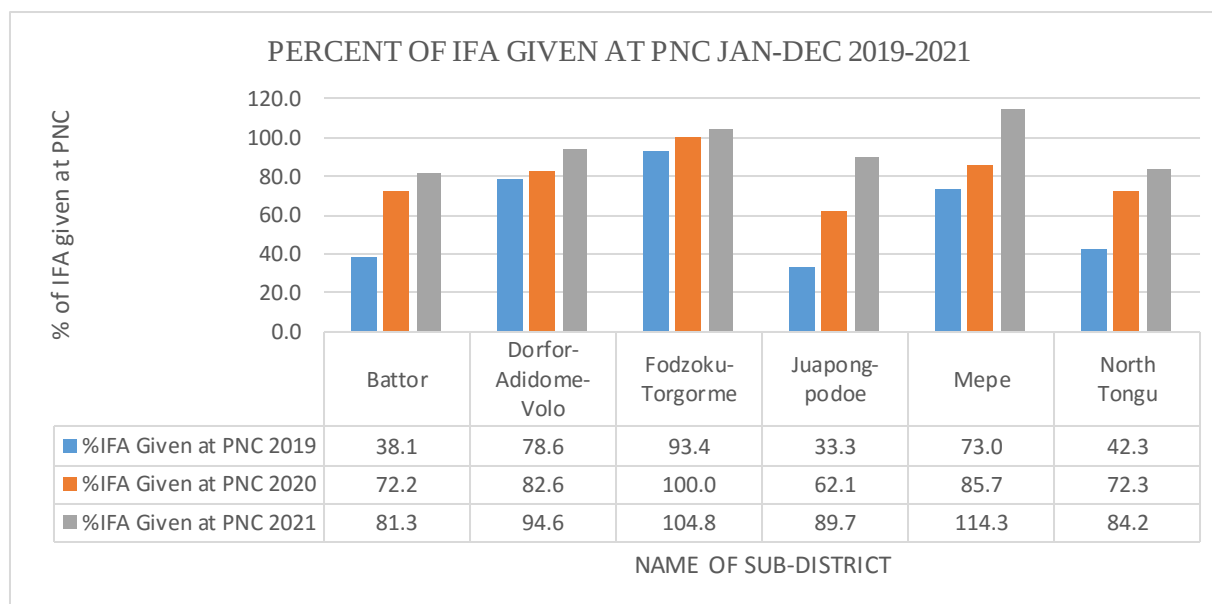


Figure 7 trends of IFA given at PNC

Percentage of PNC clients receiving IFA during their PNC visit has increase from 42.3% in 2019 to 84.2% in 2021.

IYCF INTERVENTION INDICATORS

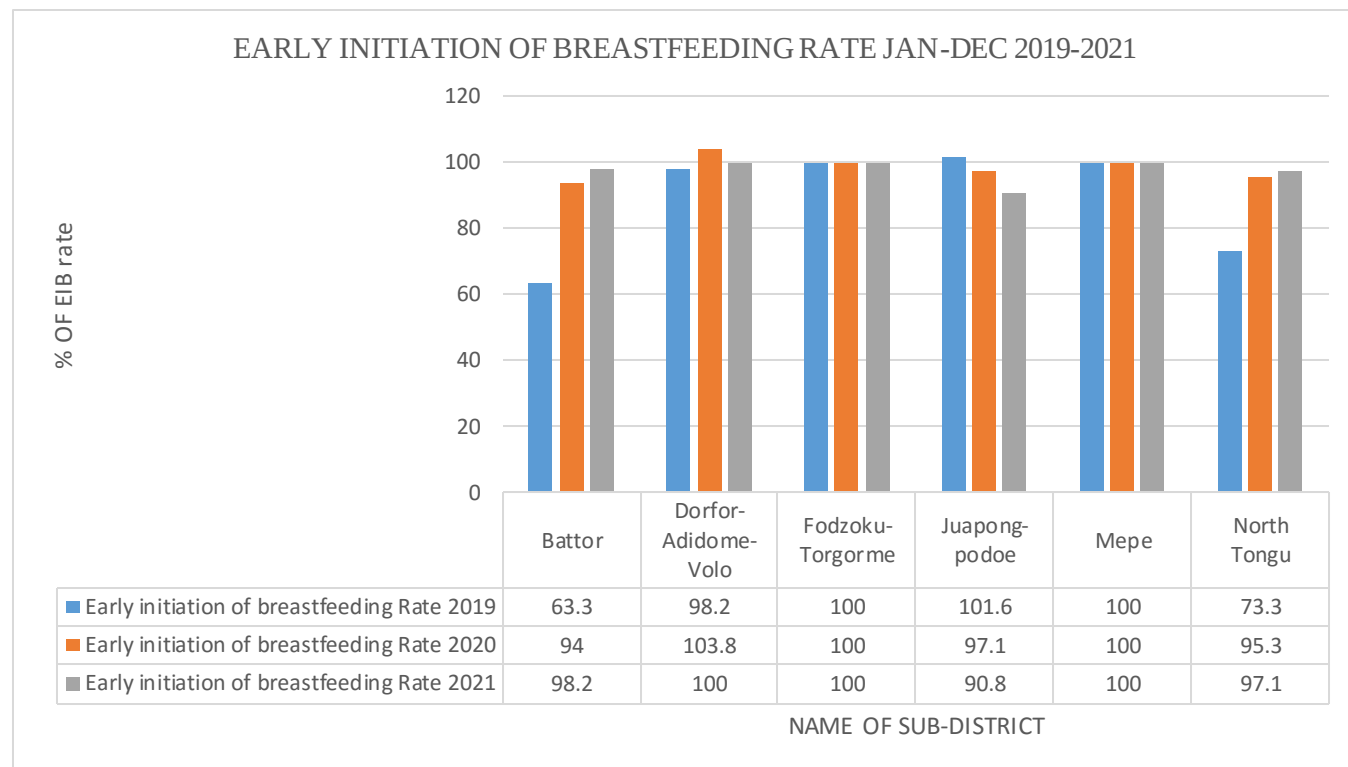


Figure 8 early initiation of breastfeeding rate

Early initiation to breastfeeding rate has increased from 73.3% in 2019 to 97.1.3% in 2021. Rooming in, bedding in, follow up visits, counselling on breastfeeding, early initiation of breastfeeding, monitoring of the promotion, sale and use of breastmilk substitutes are the core intervention adapted by the unit to improve the coverage.

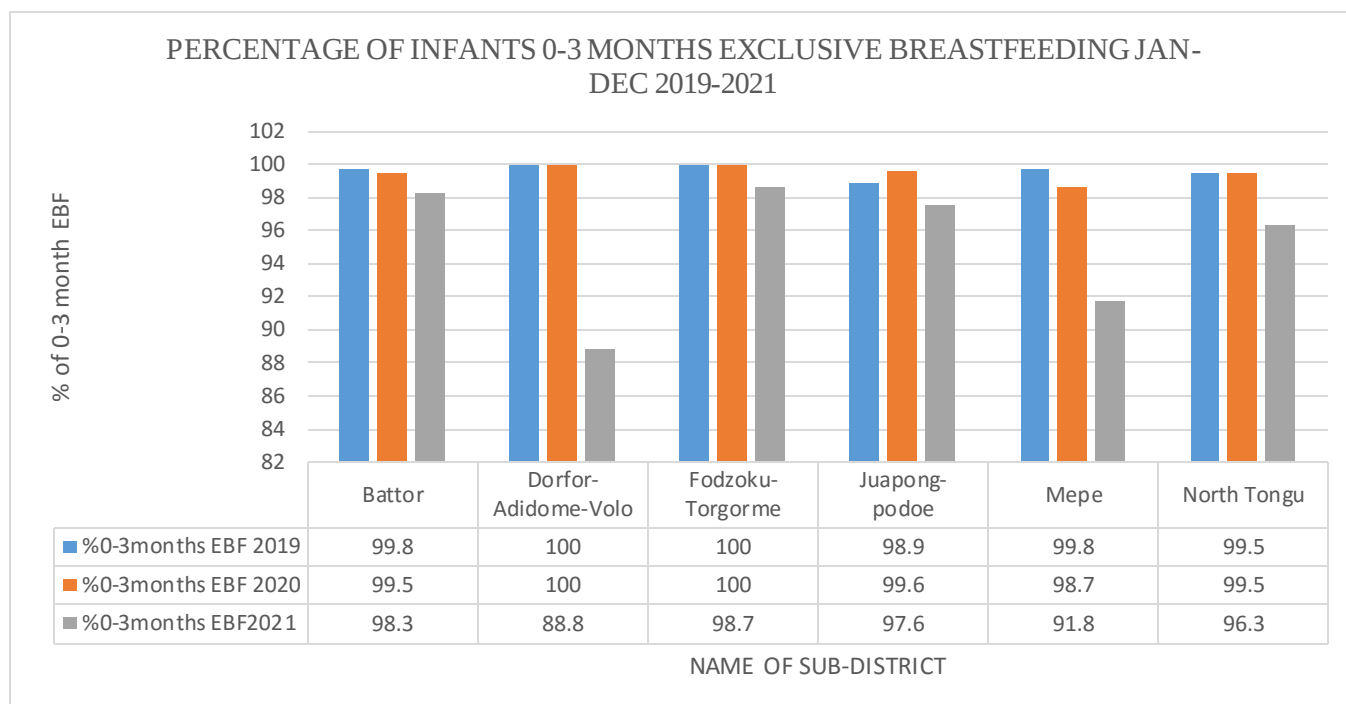


Figure 9 0-3 months EBF

Breastmilk is the best food a young child can have. It promotes optimal growth and development and protects against illness. Breastmilk contains the perfect balance of nutrients for a baby, unlike infant formula, powdered milk or animal milk. Breast feeding at 3 months have reduced from 99.5% in 2019 to 96.3% in 2021. Effective education on importance of exclusive breastfeeding for 6 months during child welfare clinics, home visits, community durbars and on radio/CIC are strategies the will be put in place to improve the coverage.

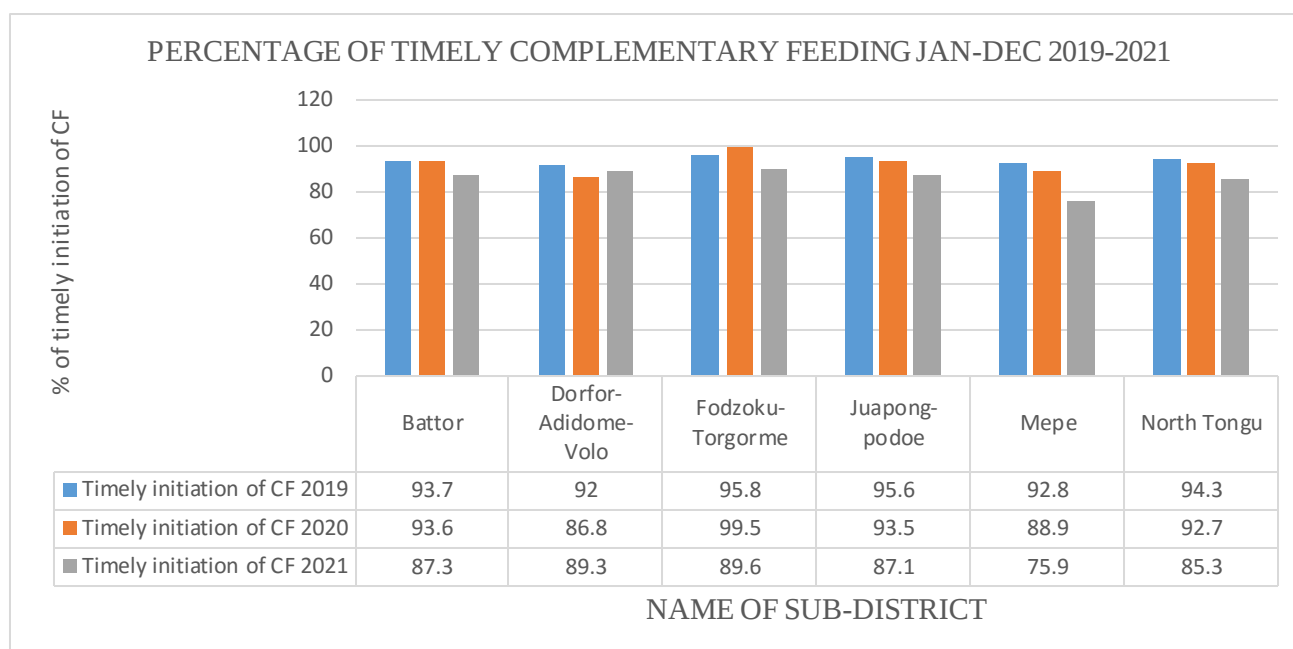


Figure 10 timely initiation of CF

From the age of 6 months a baby needs more energy and nutrients than can be provided by breast milk alone. At this age a baby's digestive system is mature enough to digest a range of foods.

Complementary feeding is needed to provide energy and essential nutrients required for continued growth and development. Complementary feeding at six months have reduced from 94.3% in 2019 to 85.3% in 2021. Community sensitization, individual counselling, smart school, action oriented, support groups, food demonstration, promotion of exclusive breastfeeding and appropriate complementary feeding are the measures put in place to improve the coverage

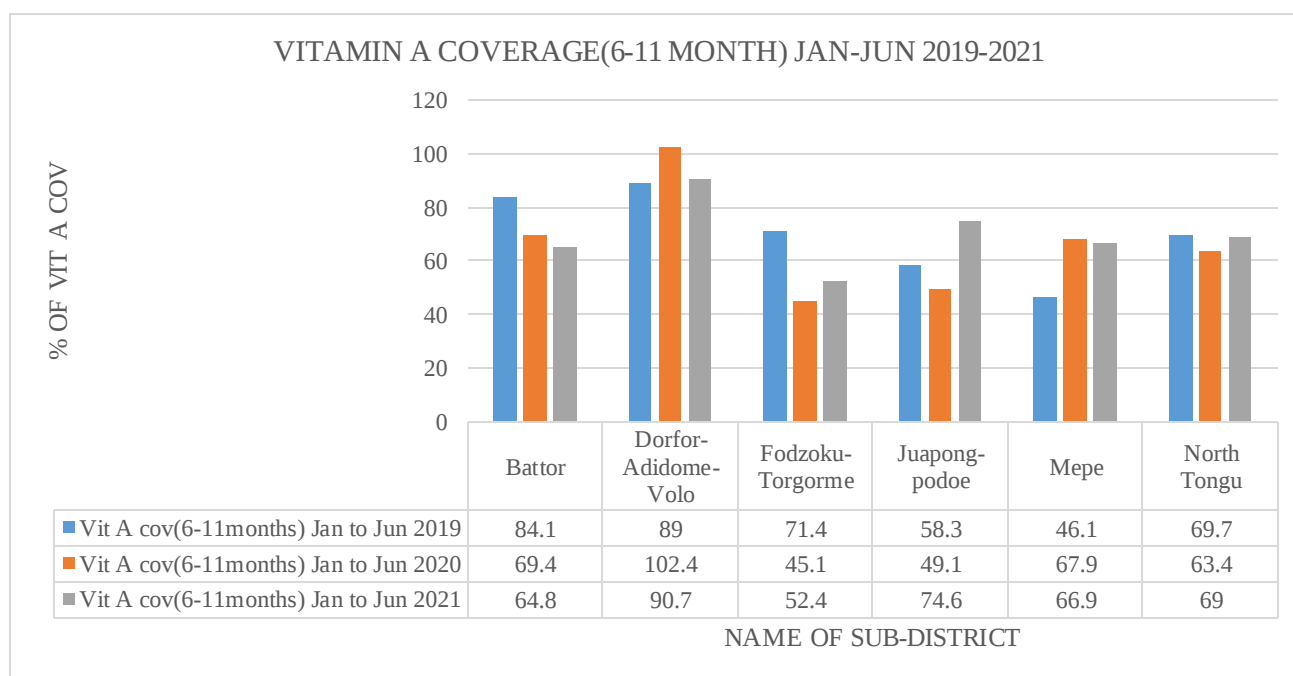


Figure 11 Vit A coverage 6-11 month first semester

Vitamin A supplementation for 6-11 months for first semester have reduced from 69.7% in 2019 to 63.4% in 2020 and increased to 69% in 2021. However, routine supplementation through child welfare clinics, School supplementation, Home visits, target calculations, use of monitor charts, effective monitoring of coverage through use of tally books, timely feedback to districts, sub-district and facilities, effective zone mapping are the core intervention adapted to increase the coverage.

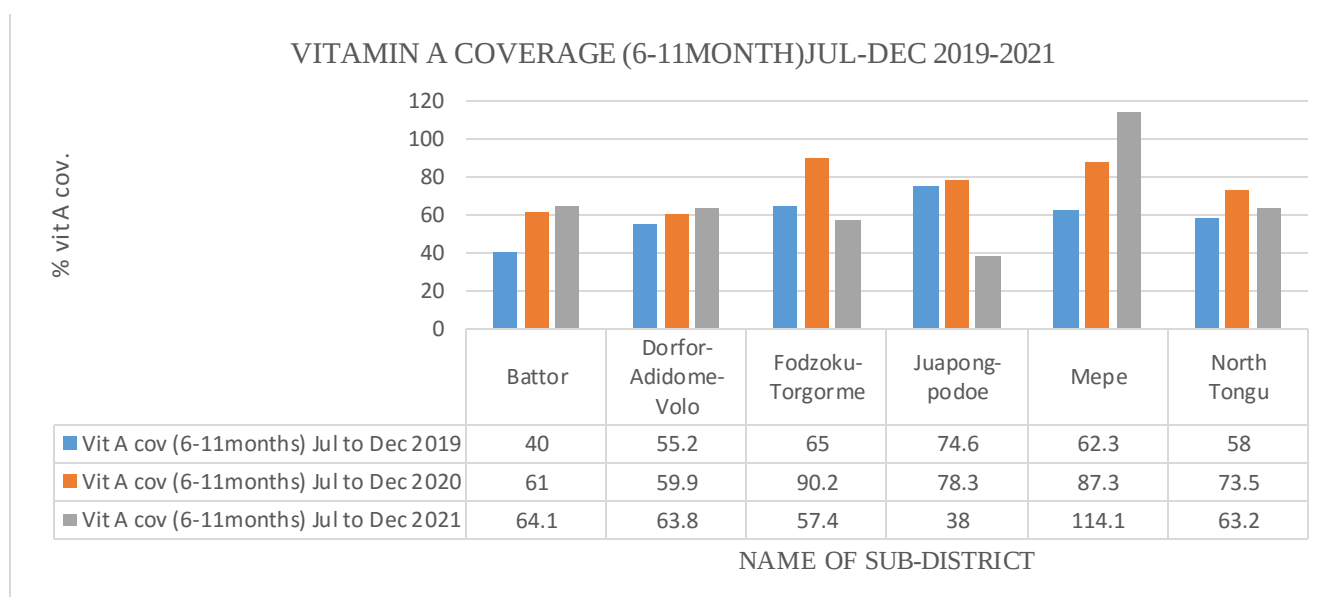


Figure 12 Vit A coverage 6-11 month second semester

Vitamin A supplementation for 6-11 months for the second semester have increase from 58% in 2019 to 73.5% in 2020 and reduced to 63.2% in 2021. This was as a result of systemic shortage of capsules in Juapong-Podoe sub-district. However, routine supplementation through child welfare clinics, School supplementation, Home visits, target calculations, use of monitor charts, effective monitoring of coverage through use of tally books, timely feedback to districts, sub-district and facilities, effective zone mapping are the core intervention adapted to increase the coverage.

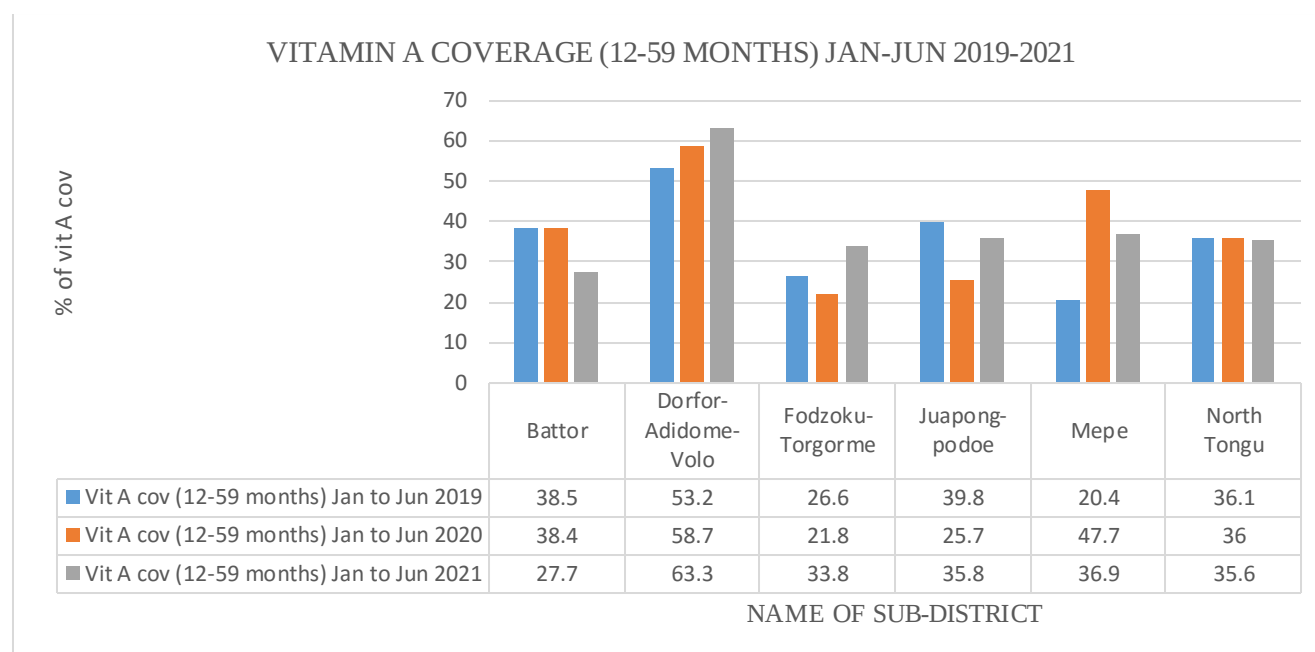


Figure 13 Vit A coverage 12-59 month first semester

Vitamin A supplementation for 12-59 months for first semester have reduced from 36.1% in 2019 to 35.6% in 2021. Routine supplementation through child welfare clinics, School supplementation, Home visits, target calculations, use of monitor charts, effective monitoring of coverage through use of tally books, timely feedback to districts, sub-district and facilities, effective zone mapping were the core intervention that will be adapted to increase the coverage.

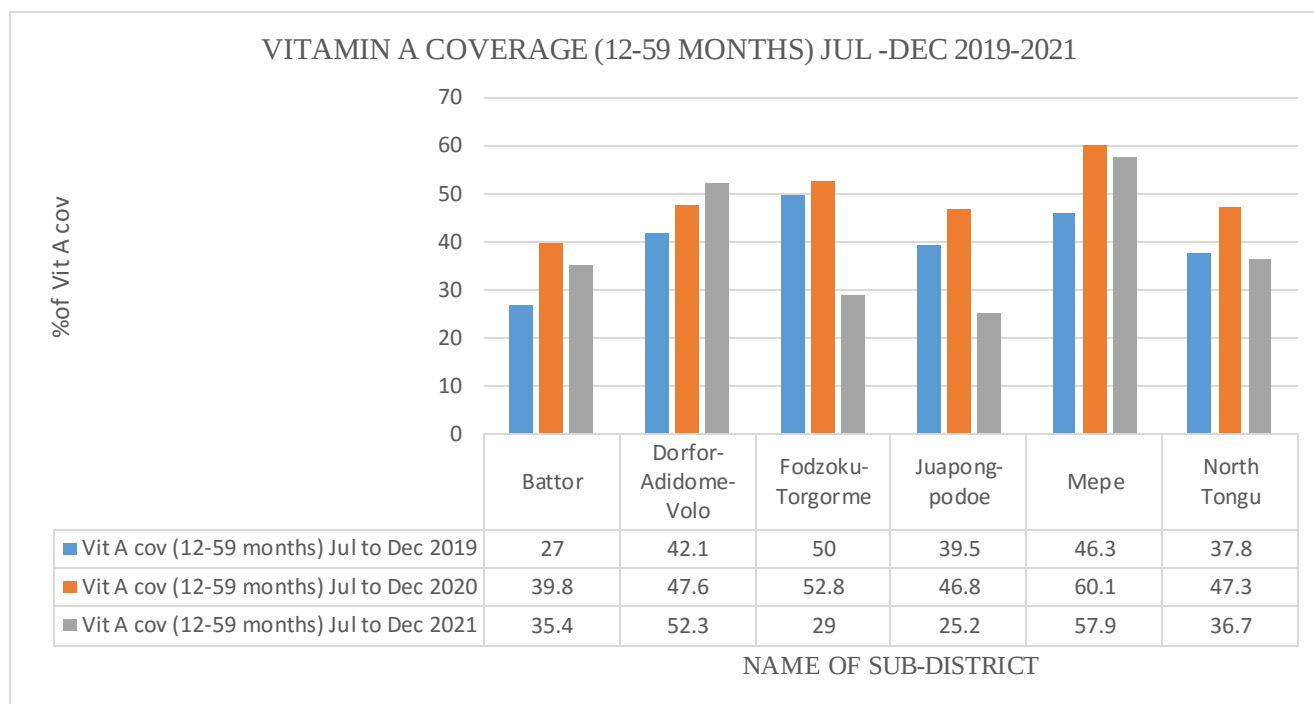


Figure 14 Vit A coverage 12-59 month second semester

Vitamin A supplementation for 12-59 months for second semester have reduced from 37.8% in 2019 to 36.7% in 2021. Routine supplementation through child welfare clinics, School supplementation, Home visits, target calculations, use of monitor charts, effective monitoring of coverage through use of tally books, timely feedback to districts, sub-district and facilities, effective zone mapping were the core intervention that will be adapted to increase the coverage.

GROWTH PROMOTION AND MONITORING INDICATORS

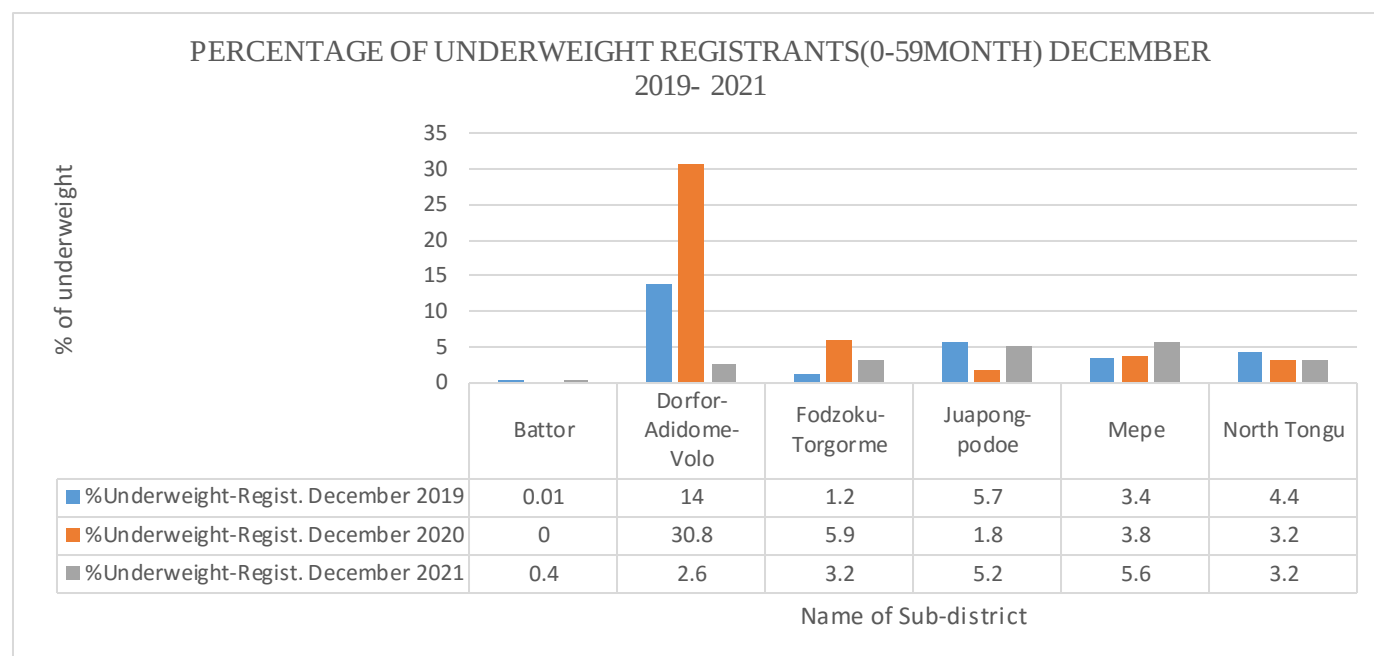


Figure 15 % underweight reg. 0-59month

The incidence of underweight among children less than 5 years has reduced from 4.4% in 2019 to 3.2% as at December 2021. Routine growth monitoring, plotting and correct interpretation of growth curve, counselling of caregivers, home visit, school health services are the core intervention which were adapted to reduce the rate.

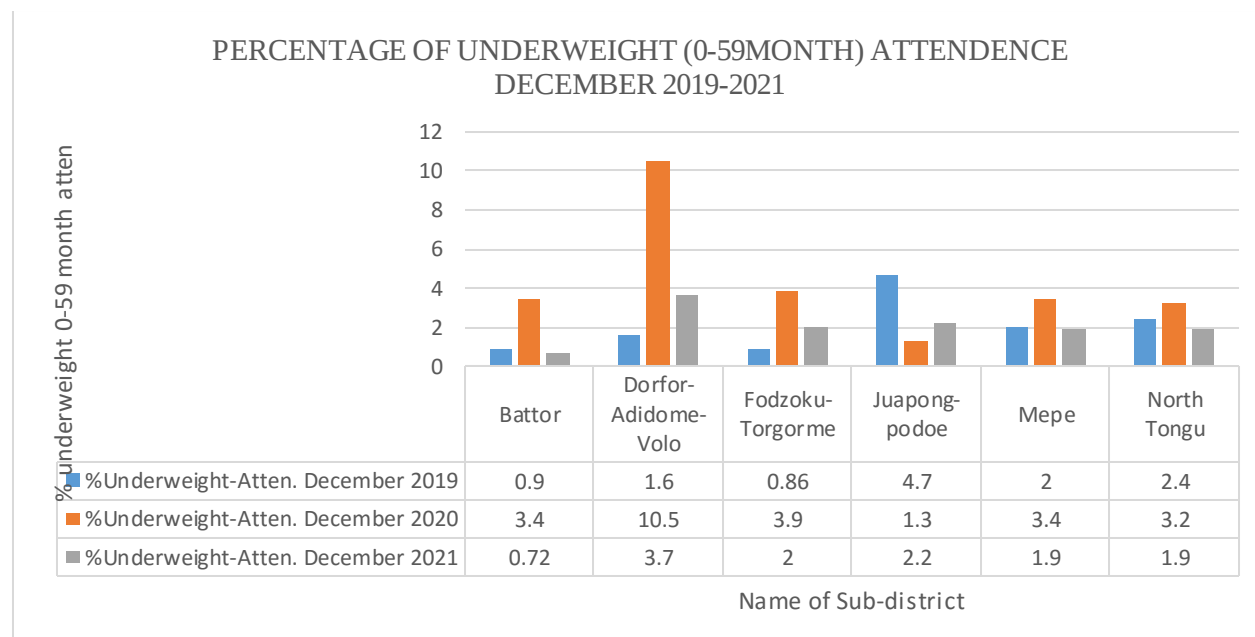


Figure 16% underweight atten. 0-59month

The prevalence of underweight among children less than 5 years has reduced from 2.4% in 2019 to 1.9% as at December 2021. Routine growth monitoring, plotting and correct interpretation of growth curve, counselling of caregivers, home visit, school health services are the core intervention which will be adapted to reduce the rate.

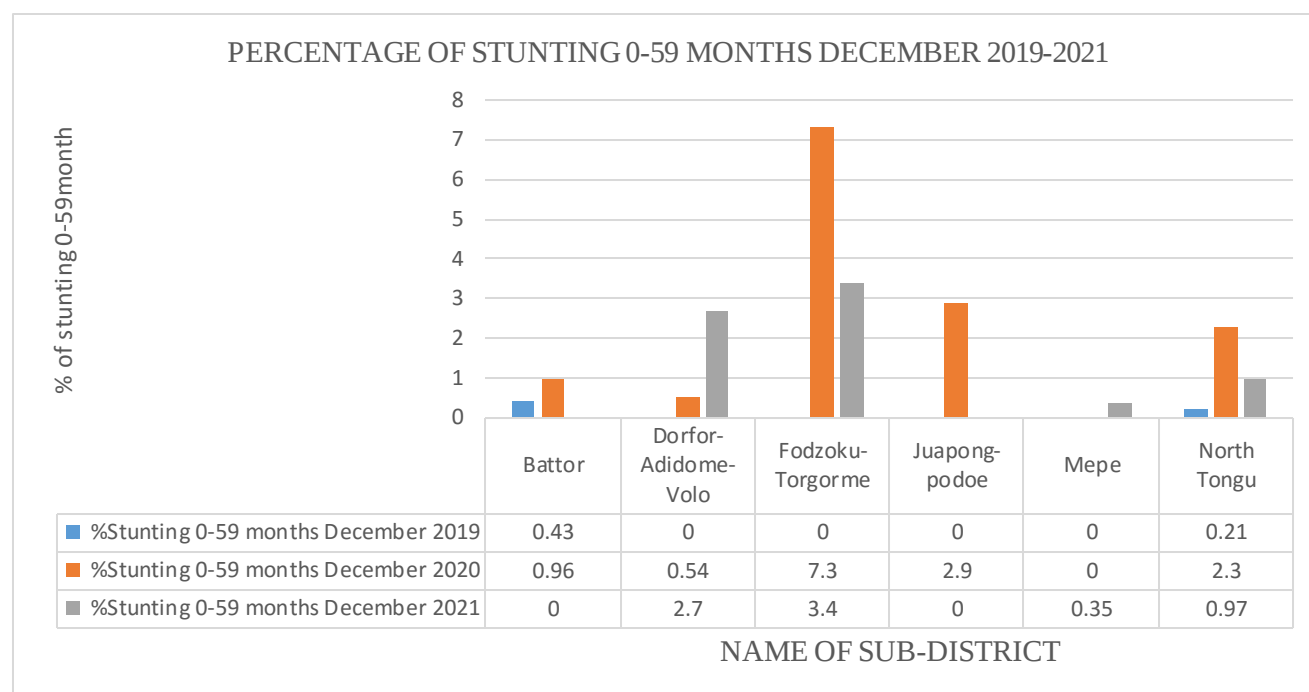


Figure 17 % stunting 0-59 month

The prevalence of stunting among children less than 5 years has increased from 0.21% in 2019 to 0.97% as at December 2021. Routine growth monitoring, plotting and correct interpretation of growth curve, counselling of caregivers, home visit, school health services are the core intervention which will be adapted to reduce the rate.

FACILITATIVE SUPPORT SUPERVISION TO FACILITIES

Outreach services are carried every month throughout the municipality to provide essential child health intervention to children aged 0-5 years. The supervisory teams visited 21 CWC static sessions (Aveyime, Dedukope, Volo, Mepe, Afaode, Degorme, Workpoe, Fakpoe, Battor Dugame, Horne Kpekpo, Dorfor Adidome, Kluma, Podo, Kpomkpo, Avedotoe, Fodzoku, Adafe, Tonu, Torgorme, Alabonu and Juapong). The following thematic areas were assessed during the visit:

The setup of the Child welfare clinic

- Growth monitoring
- Counselling techniques
- Record keeping and finally
- Infection Prevention/waste management practices

All the facilities had expected staff present at child welfare clinics except Afaode. The monitoring team assisted the nurses by weighing some of the children who were present at the clinic at the time of visit, plotting the weight of the children in the maternal and child health record book (MCHRB). And documenting the various services provided by the nurses in to the register and the record books.

Out of the 21 clinics visited, 9 were poorly organized due to insufficient chairs for the caregivers which made the caregivers to stand whiles the clinic was in session thereby mounting unnecessary pressure on the nurses. Some of the caregivers also sat on the floor and this made it very difficult for them to breastfeed their babies (Dedukope and Mepe). Through dialogue and negotiations between the teams and the caregivers, they agreed to contribute and buy sit for the clinic. The remaining 12 clinics were well organised with chairs and table well arranged. 10 out the 21 had the flow of activities at the clinic in an orderly manner.

Out of the 21 clinic visited, 13 had challenges with registering the new children before weighed. Again all the 21 clinics visited also had well-functioning weighing scales. 15 out of the 21 clinics visited properly hanged the weighing scale with the dial at the eye level. None of the nurses examined the children before

weighing them. 10 out of the 21 plotted the weight correctly into the MCHRB. The monitoring team reminded the nurses to always examine the children before weighing them since it is at that point that the whole body of the child is exposed and that made it very easy to assess the children properly. The nurses were also coached by the team on how to properly plot the weight of children in the MCHRB and the importance of interpreting the curve to the care providers.

None of the health workers were able to provide the monitoring team the number of children that they were expecting that day i.e. the number that will be taking the various antigens. The team explained the importance of determining the number of children they were expecting on particular day for daily evaluation to identify the missed children.

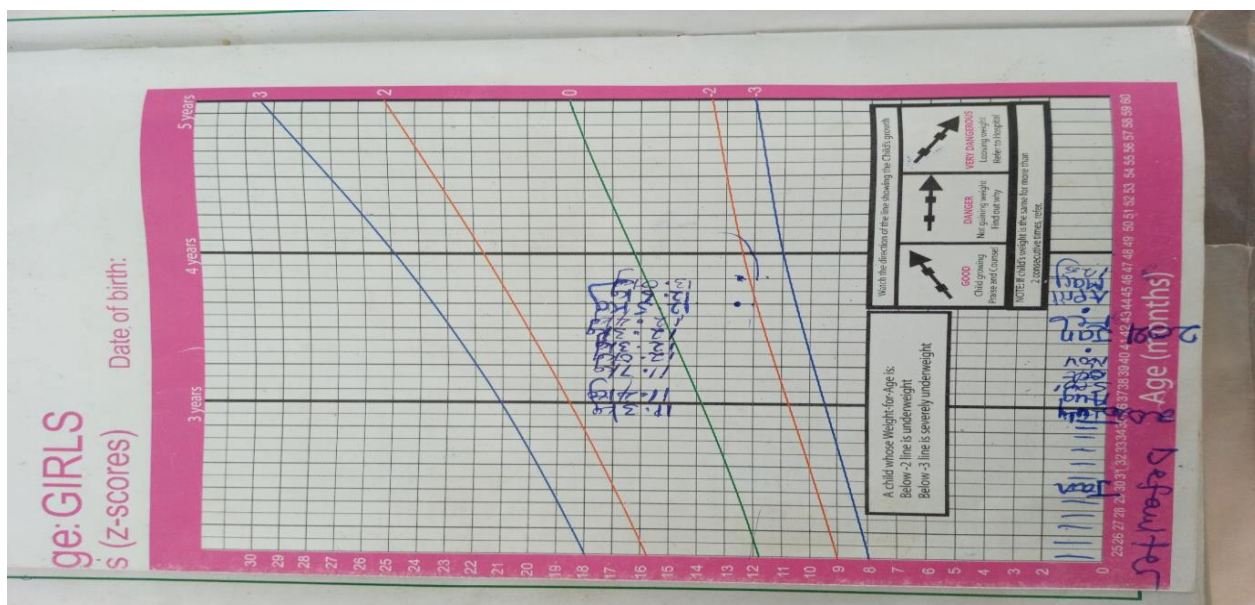
All the clinics visited were not able to counsel the care givers according to their needs. The staff at all the 21 clinics visited were not able to counsel the care givers on weight monitoring of their children. None of them used teaching aid to counsel the care givers.

All the facilities visited had functional hand washing stations available including: Veronica bucket/running water, soap, hand sanitizer and single use towel. The staffs were able to demonstrate appropriate hand washing steps using soap and water and alcohol hand rub.

All the facilities visited had adequate safety boxes for used syringes/needles. Also syringes/needles used were disposed into the box after each use. All the facilities visited dispose of other wastes into appropriate receptacles.



Picture 18 nutrition Officer giving nutrition education during CWC session at Juapong H/C



Picture 19 improper filling of MCHN record booklet



Picture 20 Nutrition Officer giving nutrition health education at CWC session at Aveyime





GIFT REPORT

INTRODUCTION

Anaemia prevalence has been persistently high in Ghana among women of childbearing age and children. According to GDHS (2014), 42 per cent of women, and 66 per cent of children below five years are affected. Among women, those within the adolescent age group of 15 to 19 years, and pregnant women have the highest prevalence levels of 48 per cent and 45 per cent respectively.

Anaemia affects women and children throughout the life cycle. In women, especially during pregnancy, anaemia is associated with premature births, low birth weight babies, prenatal and maternal mortality. In both adolescent boys and girls, anaemia limits concentration in daily tasks, may contribute to high school dropout, and reduces physical fitness and work productivity. Periodic blood loss through menstruation for the adolescent girl imposes additional need for Iron and other essential nutrients, and can contribute to anaemia. Anaemic girls have lower pre-pregnancy Iron stores, in the pregnancy period is too short to build iron stores for the growing foetus and mother.

Adolescence is an opportune time for interventions to address anaemia, as it is a time for rapid growth and development, and a crucial time for laying the nutrition foundation for child bearing. Providing Iron and Folic Acid (IFA) supplements during adolescence, and continuing into adulthood improves iron status, and reduces risk of developing iron deficiency and anaemia.

The Girls' Iron-Folate Tablet Supplementation (GIFTS) Programme is designed to provide weekly IFA supplements through schools, health facilities and other channels. IFA supplements will be provided to in-school adolescent girls and out-of-school adolescent girls aged 10 to 19 years. The programme will reach out to other menstruating women aged 20 years and above through communication to generate demand, and encourage them to buy and take IFA supplements.

GIFT OUT OF SCHOOL REPORT

Table 2 Out of school report 2020-2021

Out of school	2020	2021
Number of girls in the register (Old + New)	1254	6224
Number of girls registered this month (New)	163	650
Number of Adolescents exited this month (Attained 20years)	0	187
Number of girls given IFA in this year	609	2690
Number of girls screened for anaemia this month	156	659
Number of girls anaemic this month	0	11

Table 3 gift in-school report

GIFT IN-SCHOOL 2021	PRIMARY	JHS	SHS
Total girls enrolled in this term	1145	1662	0
Total girls registered on GIFTS this term	1046	1374	170
Total number of adolescent girls screened for anaemia	1046	1374	162
Total number of adolescent girls anaemic	0	0	0
Total girls who took at least one (1) tablet in a term	1043	1379	162
Total girls who took at least ten (10) tablets in a term	137	354	25
Total number of female teachers who took IFA tablet this term	21	15	0

NUTRITION FRIENDLY SCHOOL INITIATIVE ACTIVITIES PERFORMED

The nutrition friendly school initiative programme objectives were to reduce or prevent child under nutrition (stunting, wasting, micronutrient deficiencies); reduce or prevent childhood overweight or obesity; foster healthy diet and lifestyle habits, educate children, improve knowledge about healthy diet and lifestyle habits and also promote healthy nutrition habits, hygiene and sanitation and physical activities in a safe school environment.

Table 4 nutrition friendly school initiative indicators

INDICATORS	Numbers
Total number of student	2549
Number of fruits days organized in a term	38
Number of Egg days organized in a term	39
Number of food demonstration organized in a term	22
Number of health inspection days conducted in a term	56
Number of Health Education held in the school in a term	24
Number general cleaning sessions held in a term	37
Number of Physical activity sessions held in a term	71
Number of girls in the school provided with IFA supplement	420
Number of Growth promotion held in the school in a term (Measurement)	9
Does the school have a menu chart that reflects the 4 star diet (Yes-1/ No-0)	3
Number of food vendors, cooks and canteen staff	23
Number of certified food vendors, cooks and canteen staff	17

Number of food vendors, cooks and canteen staff selling fruits and vegetables	13
Number of food vendors, cooks and canteen staff who are trained on nutrition standards (Food safety, food hygiene, balanced diet)	13
Number of teachers in the school	63
Number of Nutrition Education held in the term	12
Number of students reached with Nutrition Education segregated by sex in the term	2500
Number of food vendors, cooks and canteen staff oriented on nutrition segregated by sex	14
Is there safe drinking water in the school (Yes-1/No-0)	7
Are there functional hand washing facilities in the school (Yes-1/No-0)	9
Number of functional toilet facilities in the school	0
Are there functional toilet facilities with a changing room for girls in the school (Yes-1/No-0)	2
Are there functional toilet facilities with a changing room for boys in the school (Yes-1/No-0)	2
Is there safe play spaces (Yes-1/No-0)	7
Does the school have a garden? (Yes / No)	4
Number of times the school was visited by health worker/nurse (on NFS)	20
Number of times the school was visited by DGES officers/Circuit supervisors (on NFS)	0
Number of school activities conducted involving parents/community	12
Number of times school policy was communicated to teachers and students	20



Picture 21 Egg and fruit day celebration in schools in the district

CHALLENGE

- Caregiver's absenteeism during Child Welfare Clinics
- Inadequate staffs to enhance effective home visits activities
- Challenge with documentation of services render in to both MCHRB and register
- Hard to reach areas making it difficult to effectively improve coverage
- Wrong address by some mothers and caregivers makes it difficult for defaulter tracing
- Lockdown of schools made it difficult to get the in school adolescent girls to take the tablet
- Challenge of record keeping since some of the schools have large populations to deal with
- Challenge of parents confronting some of the teachers in town accusing them of administering family planning tablets to their wards.
- Inadequate funds for the monitoring team
- Some of the nurses not providing tablets, registers and reporting forms to the schools
- Some nurses not using other social mobilization channels

RECOMMENDATIONS

- Use of volunteers to mobilize the mothers during Child Welfare Clinics
- Quarterly school vitamin A dosing at KGs in the district
- Using the community durbar organise monthly by the CHNs to educate the mothers and caregivers on the importance of CWC
- Strengthening the outreach services to reach the unreached children with support from the PHC fund
- Using of CHVs to assist in tracing of defaulters.
- Intensive sensitization
- Strengthening the monitoring and supervision exercise
- Provision of Bin cards proper record keeping
- Sensitizing the parents and teachers on the importance of the IFA tablets