

STRENGTHENING NUTRITION IN GHANA

A Report on FANTA Activities from 2007 to 2013



Overview

From 2007 to 2013, the Food and Nutrition Technical Assistance Project (FANTA) collaborated with the Ghana Ministry of Health (MOH), the Ghana Health Service (GHS), and other nutrition stakeholders to strengthen nutrition programs and services and integrate them into the Ghanaian health system. Specifically, FANTA's objectives were to:

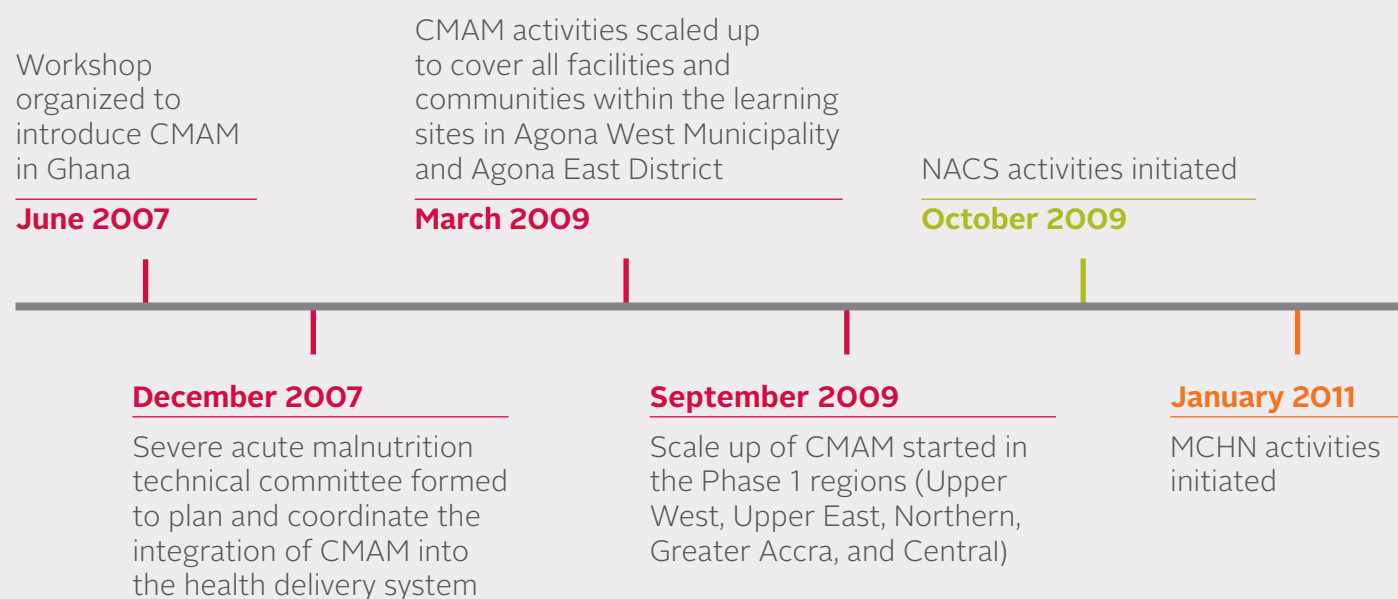
1. Introduce community-based management of acute malnutrition (CMAM) and scale up integrated CMAM services within the existing Ghanaian health system
2. Introduce nutrition assessment, counseling, and support (NACS) and scale up integrated NACS services within existing HIV and tuberculosis (TB) service delivery
3. Strengthen maternal and child health and nutrition (MCHN) services through technical support on advocacy, coordination, and development of a national nutrition policy

This report provides a summary of FANTA's achievements and results in Ghana in these three areas over the past 6 years, challenges that were addressed, and recommendations for future programming.

Community-Based Management of Acute Malnutrition

FANTA provided technical assistance to the MOH and GHS to introduce the CMAM approach to manage severe acute malnutrition in children, establish commitment among stakeholders, and integrate and scale up CMAM services as part of routine service delivery within the Ghanaian health system. To integrate CMAM services into the health system, FANTA assisted GHS and partners to establish national and regional technical support teams; develop tools such as guidelines, job aids, and training materials; build the capacity of thousands of health care

Timeline of FANTA Activities in Ghana



providers and community health workers; ensure that CMAM was included in national policies, strategies, and plans; and ensure that quality CMAM services were scaled up in Ghana. Since efforts began, 1,023 health facilities now provide CMAM services, and 15,025 children have been treated for severe acute malnutrition.

Nutrition Assessment, Counseling, and Support

Technical assistance was provided to the MOH and GHS to introduce the NACS approach and establish and scale up services that were integrated into Ghana's HIV and TB service delivery. FANTA's work focused on establishing technical working groups consisting of experts in HIV, TB, and nutrition; developing training materials, job aids, and monitoring and evaluation tools; building the competencies of hundreds of health care providers in NACS; and ensuring the scale-up of quality NACS

services within treatment facilities across the country. NACS services are now provided at 83 health facilities, 5,533 people living with HIV received supplementary or therapeutic food, and 18,688 people living with HIV received nutrition assessment and counseling.

Maternal and Child Health and Nutrition

To strengthen maternal and child nutrition, FANTA worked with the National Development and Planning Commission, MOH, and GHS to assist in the development of a national nutrition policy, conduct nutrition advocacy using the PROFILES tool, and coordinate and strengthen nutrition in pre-service education for nurses and midwives. As a result, Ghana's nursing and midwifery curriculums have been updated, 132 tutors have been trained, and the national nutrition policy will be presented to the cabinet for ratification.

| CMAM | NACS | MCHN

PROFILES
updated
May 2011

Nutrition advocacy
campaign launched
September 2012

**August 2012–
December 2012**

First phase of scale-up of NACS in 29 treatment facilities initiated

September 2013

Validation of the national nutrition policy

By November 2013

- **1,023** facilities provide CMAM services
- **15,025** children treated for severe acute malnutrition
- **83** facilities provide NACS services
- **5,533** people living with HIV received supplementary or therapeutic food
- **18,688** people living with HIV received nutrition assessment and counseling
- **132** tutors trained on updated curriculums
- **National nutrition policy** to be presented for ratification

Community-Based Management of Acute Malnutrition

CMAM is an innovative approach for managing severe acute malnutrition in children. Through CMAM, children with severe acute malnutrition who don't have medical complications are managed at decentralized sites and provided with ready-to-use therapeutic food and medication for outpatient treatment. CMAM has resulted in increased coverage and access to treatment, increased community support, and earlier identification and treatment of children with severe acute malnutrition. Over the past 6 years, FANTA's technical assistance to the MOH and GHS on CMAM focused on introducing the approach, establishing commitment among stakeholders at the national and subnational levels, and integrating

and scaling up CMAM services as part of routine service delivery within the Ghanaian health system.

Creating an Enabling Environment

As a first step, FANTA worked closely with the MOH and GHS to establish a national technical committee on severe acute malnutrition to oversee and guide CMAM implementation in the country. The committee consisted of representatives from MOH and GHS departments (including nutrition; policy, planning, monitoring, and evaluation; child health; and institutional care), GHS regional representatives, academic institutions, FANTA,

Major Accomplishments in CMAM

- **Developed evidence-based national guidelines** on CMAM, as well as monitoring and evaluation tools, training materials, and job aids.
- **Collaborated with the government** to set up national and regional technical support teams and **built their capacity** to conduct training on, plan for, and oversee the quality of CMAM services.
- **Built the capacity of 3,275 managers and health care providers and 6,753 community volunteers and opinion leaders** on CMAM.
- **Set up two learning site districts** to inform and design scale-up of CMAM services.
- **Integrated CMAM into routine reproductive, child health, and nutrition activities** and **integrated CMAM into the national nutrition policy**, child health policy, health sector development plans and curriculums, and health management information system.

USAID/Ghana, UNICEF/Ghana, and the World Health Organization/Ghana. At the regional level, FANTA worked with GHS to establish technical teams to oversee quality and capacity building of district, facility, and community service providers. Over the past 6 years, FANTA worked closely with these national and regional committees and teams to establish CMAM learning sites, review implementation, and gradually scale up CMAM services within Ghana's 10 regions.

Next, FANTA worked with the MOH and GHS to develop national CMAM guidelines and ensure understanding of the guidelines among stakeholders. The CMAM guidelines provide standardized treatment protocols on the management of severe acute malnutrition in inpatient and outpatient care and protocols on community outreach in Ghana. The guidelines have been a powerful tool in the rollout of harmonized CMAM services. FANTA also collaborated with the government to ensure that the management of severe acute malnutrition is one of the high-impact interventions included in Ghana's national nutrition policy, child health policy, health sector development plans, pre-service training curriculums, and health management information system.

Building Competencies

Over the past 6 years, FANTA organized in-service training, on-the-job mentoring, and supportive supervision activities for district and facility-based health care providers. This resulted in building CMAM competencies of 194 district, regional, and national health managers; 3,063 health care providers; and 6,753 community volunteers, opinion leaders, and traditional and spiritual healers. CMAM learning sites established in the Greater Accra and Central regions provided an environment for managers and health care providers to gain practical experience.

FANTA collaborated with the Maternal and Child Health Integrated Program (MCHIP) to ensure that management of severe acute malnutrition is integrated into the revised pre-service training curriculums for the Nurses and Midwives Council and the Kintampo College of Health and Well-Being community nutrition program. A total of 83 tutors teaching nutrition, child health, and pediatrics have been trained on CMAM and received resources to educate on the management of severe acute malnutrition.

Creating Access to Services

The CMAM learning sites in Greater Accra and Central regions provided opportunities for generating best practices. Based on recommendations from a review of the learning sites, a plan for a phased scale-up of services was developed, with the initial phase targeting Central, Greater Accra, Northern, Upper East, and Upper West regions and the second phase targeting Ashanti, Brong-Ahafo, Eastern, Volta, and Western regions.

CMAM services have been integrated into the health system and are delivered through government, quasi-government, and Christian Health Association of Ghana facilities. Health care providers at these facilities are providing inpatient and outpatient care services for the management of severe acute malnutrition. Inpatient care services are provided within the pediatric units of 24-hour referral hospitals, and outpatient care services are provided through reproductive and child health departments within hospitals and health facilities. Some 1,023 health facilities within 87 districts in Ghana are now providing CMAM services. At the community level, identification and referral of cases of severe acute malnutrition have been integrated into community-based growth promotion and national immunization programs. FANTA worked with GHS to establish referral and

The Role and Impact of Volunteers and Traditional Healers in CMAM

Community involvement is critical to the success of any community-level intervention. The main role of community volunteers in CMAM is to be a link between the community and the outpatient care sites. Volunteers are trained in CMAM and conduct rounds in the community in search of cases of severe acute malnutrition by showing pictures of examples of malnutrition to parents. Those who might need help are referred to a nearby outpatient care site. Using a special tape, a volunteer measures the circumference of a child's upper arm to determine how malnourished the child is and whether to refer the child for treatment. In most cases, children go to a nearby outpatient site for examination and receive therapeutic food, which parents can also take home. They are asked to return for regular monitoring and the volunteer follows up with the caregiver in the community. Malnourished

children who are sick and infants under 6 months old are treated in inpatient care.

More than 100 volunteers and 100 traditional healers in the Asante Akim North district were trained in CMAM. Over 95 percent attested that before the CMAM training, most of them thought children who had marasmus and kwashiorkor (types of severe acute malnutrition) could not be cured, attributing them to evil spirits. The improvement in volunteers' and traditional healers' knowledge of CMAM has resulted in increased awareness, early detection, referral, and treatment of acutely malnourished children in the community.

For example, barely a week after Kwasi Aboagye, a volunteer in the Wioso community, was trained in CMAM, he was able to identify and refer four children with severe acute malnutrition between the ages of 11 months and 2 years to the Amantenaman health center for treatment. He stated, "Before I got to know about CMAM I attribute[d] the cause of such condition to curses or un-curable disease." He further explained that the program had given him the knowledge to identify and refer cases, as well as the confidence to conduct more case-finding.

Another example is Madam Salomey Yantah, a renowned traditional birth attendant, as well as an herbalist, in the Wioso community. She participated in a CMAM sensitization meeting in April 2013 in Agogo, Asante Akim North district of the Ashanti region and confirmed that before the meeting she thought marasmus and kwashiorkor were caused by a "bad eye." Since the meeting she has referred seven children for treatment, all of whom recovered. Madam Salomey said, "I have really been enlightened by the CMAM program. I'm glad that seven children's lives have been saved."



Madam Salomey Yantah, traditional birth attendant and an herbalist, said that she was "enlightened by the CMAM program."

Stephen Mensah

follow-up systems between facilities and community programs and to identify ways to improve the functioning of these systems.

Ensuring Access to Supplies

FANTA collaborated with GHS, UNICEF/Ghana, and the USAID/DELIVER Project to ensure that therapeutic foods were adequately supplied through the health sector commodity management system. As part of this process, FANTA developed commodity data collection and reporting tools and assisted the GHS Nutrition Department to develop annual commodity plans. FANTA also procured and disseminated over 10,000 CMAM job aids and tools, such as mid-upper arm circumference tapes.

Ensuring Quality Services

To ensure quality of CMAM service delivery, FANTA used an approach in which one or two districts in a region were selected as CMAM learning sites where one-on-one support was provided to health care providers and on-the-job training was provided to regional and district teams to build their capacity to provide ongoing support. In addition, FANTA and GHS organized monitoring and supervision visits to newly trained districts implementing CMAM to ensure adherence to guidelines and treatment protocols. Standardized monitoring and evaluation tools developed by FANTA and GHS were used to conduct the visits. FANTA also successfully worked with GHS to ensure that CMAM indicators are included and reported through the district health management information system.

To ensure the quality of CMAM services at the community level, FANTA provided technical assistance to GHS to design and conduct surveys to measure coverage of services and to identify barriers to accessing services. The outcomes of these surveys are intended to provide specific recommendations for improving coverage and access to CMAM. An example of how one municipality is utilizing survey recommendations to improve CMAM services is provided on the next page.

Reach of CMAM Services

87 districts

1,023 health facilities

10,010 individuals trained

11,000 communities

15,025 children treated for severe acute malnutrition

Using Survey Results to Improve Access and Coverage of CMAM Services in Ashaiman Municipality

Community involvement is an integral part of CMAM—if community members are aware of the severity of malnutrition, it is likely that children with severe acute malnutrition will be referred earlier for treatment, which increases the chances of successful treatment outcomes. Measuring the coverage of CMAM services and understanding barriers to accessing services are two of the key criteria to evaluating the performance of CMAM service delivery. In July 2013, the Ashaiman Municipal Health Directorate, with technical assistance from FANTA, conducted a coverage survey to assess the reach of the municipality's CMAM program and to understand barriers to coverage and accessing services.

The results of the survey showed that delivering CMAM services in Ashaiman, a peri-urban area with poor environmental conditions and overcrowding, is challenging. There were low levels of admission and high default rates. Through analysis of the data, focus group discussions, and key informant interviews, major barriers were revealed. These barriers included stigma that is commonly associated with acute malnutrition and limited understanding of malnutrition and CMAM among members of the community. It was also suggested that innovative case-finding is needed, rather than relying primarily on community health volunteers.

Using the barriers and solutions identified from the survey, the Municipal Nutrition Officer, Ms. Faustina Vimariba, and the Municipal Health Directorate developed a plan of action, which received funding to be carried out by the USAID/Ghana Focus Region Health Project. Several nutrition activities were conducted. The project reached out to community leaders; held community gatherings; and met with traditional and spiritual healers, women's associations, and



Cynthia Obbu

Using a special tape, a volunteer measures the circumference of a child's upper arm to determine if the child is malnourished.

religious groups to discuss the symptoms and treatment of acute malnutrition and encouraged individuals to refer cases to health facilities for treatment. CMAM refresher courses were offered to community health workers to further improve their case-finding and treatment skills. In addition, the municipality developed a video to show in public facilities, such as the hospital outpatient department; a subsidized rate was provided for the municipality health directorate to air nutrition programs and messages on a local radio station; and brochures are being developed on the causes of malnutrition, how to identify signs and symptoms, and where to seek treatment and care.

Since the intervention began, 88 new cases of severe acute malnutrition have been found through active case-finding activities and were admitted to care programs. The default rate has been drastically reduced, from 60 percent in July 2013 to 17 percent in September 2013. Moving forward, the Government of Ghana has allocated a budget to continue supporting these activities.

Nutrition Assessment, Counseling, and Support

Infectious diseases like HIV and TB have a devastating impact on the nutritional status of those affected. The NACS approach aims to improve the nutritional status of individuals and populations by integrating nutrition into policies, programs, and the health service delivery infrastructure. NACS consists of three components—nutrition assessment, nutrition counseling, and nutrition support—which reinforce and build on each other to improve health outcomes of individuals. Beginning in October 2009, FANTA provided technical assistance to the MOH and GHS to introduce the NACS approach and establish and scale up services that are integrated into Ghana's HIV and TB health programs.

Coordination of Activities

Effective implementation of NACS requires close coordination and collaboration among MOH departments and agencies managing HIV, TB, and nutrition. In Ghana, FANTA collaborated with GHS to establish a NACS technical working group to plan and oversee implementation of NACS activities throughout the country. The working group brought together technical staff from the Ghana AIDS Commission, National AIDS Control Program, National TB Control Program, GHS Nutrition Department, FANTA, UNICEF/Ghana, World Food Programme/Ghana, World Health Organization/Ghana, and the U.S. President's Emergency Plan for AIDS Relief/Ghana and

Major Accomplishments in NACS

- **Collaborated with the Ministry of Health and Ghana Health Service** to establish a national NACS technical working group and **built national capacity** to plan and oversee NACS implementation in the country.
- **Developed NACS training materials**, job aids, and monitoring and evaluation tools.
- **Trained 903 managers and health care providers** on NACS.
- **Set up learning sites** to inform the scale-up of services.
- **Integrated NACS into routine HIV and TB services**, the national nutrition policy, the strategic plan for HIV, TB strategic plans, and the district health management information system.

its implementing partners. Over the past 4 years, FANTA worked with the technical working group to conduct an assessment to identify opportunities for integrating NACS into the health system in Ghana, to set up 11 implementation sites, and to conduct a review of implementation that informed national scale-up of services. Training materials and job aids were developed for facility-based health care providers, and the materials were harmonized with USAID/Ghana's Models of Hope training package for people living with HIV. In addition, the working group identified NACS indicators and ensured integration into the HIV and TB monitoring and evaluation systems.

Reach of NACS Activities

77 districts

83 health facilities

903 individuals trained

5,533 people living with HIV received supplementary or therapeutic food

18,688 people living with HIV received nutrition assessment and counseling

Building Competencies

Following the development of technical tools and materials, FANTA built the knowledge and skills of 36 national and regional managers to train and provide on-the-job support to facility-based health care providers in delivering NACS services. In addition, 867 health care providers were trained in NACS. FANTA worked with MCHIP to incorporate NACS into the curriculum for nurses and midwives and to provide tutors with the necessary technical reference materials and job aids to enable them to adequately educate on NACS.

Ensuring Access to Services and Supplies

NACS services are now provided in 83 health facilities that offer antiretroviral therapy services across the country, 350 copies of the NACS job aids were disseminated, and 3,000 body mass index measuring tools and 5,000 mid-upper arm circumference tapes were distributed. FANTA collaborated with the USAID/DELIVER Project to ensure that therapeutic foods were adequately supplied through the existing health sector commodity management system.

Improving Quality of Services

In collaboration with GHS, the National AIDS Control Program, and the National TB Control Program, FANTA designed monitoring and evaluation tools (including quality improvement tools) to aide monitoring and supervision visits to facilities providing NACS services. The supervision visits helped initiate and implement NACS following the national protocol and helped build the capacity of regional nutrition officers and HIV and TB focal persons to conduct subsequent supportive supervision visits. One issue identified during the routine monitoring was that service providers did not always record and report on NACS services provided to clients. To respond to this issue, FANTA worked with GHS to identify NACS indicators and ensure that the indicators are integrated into the HIV and TB client monitoring folders and cards and into facility, district, and regional reporting forms. FANTA also worked with USAID's Focus Region Health Project to ensure that NACS is incorporated into the Client-Oriented, Provider-Efficient (COPE) quality improvement tools that are used within selected antiretroviral therapy sites in the focus regions.

A nurse conducts a nutrition assessment.

To train service providers in NACS, cascade training was used, in which a “training of trainers” workshop was held, and those trainers then taught health providers.



Catherine Adu-Asare

Maternal and Child Health and Nutrition

Starting in 2011, as part of the U.S. Government Feed the Future Initiative, FANTA provided technical assistance to the National Development and Planning Commission, MOH, and GHS to strengthen maternal and child nutrition. FANTA advanced nutrition coordination and advocacy efforts as part of the global Scaling Up Nutrition Movement and strengthened nutrition in pre-service education programs for nursing, midwifery, and community nutrition.

Development of a National Nutrition Policy

FANTA played a key role in supporting GHS and the National Development and Planning Commission in updating Ghana's national nutrition policy by providing technical input on the policy and facilitating meetings of the nutrition policy technical working groups. The national policy will be presented to the cabinet for ratification.

Nutrition Advocacy and Coordination

To raise awareness of undernutrition, FANTA used the PROFILES nutrition advocacy tool to project the economic and health

consequences of not adequately addressing undernutrition over the next 10 years in Ghana. As part of the PROFILES process, FANTA facilitated a team of technical experts in developing a nutrition advocacy plan, a communication plan, and nutrition advocacy materials (such as fact sheets on nutrition and health) to inform about the consequences of undernutrition in Ghana. An event was held in September 2012 to launch the national nutrition advocacy and communication plan. The event was attended by key stakeholders in health, education, and agriculture, including policymakers, development partners, and the media. In addition, meetings were conducted with stakeholders to convey the significance of the impact of nutrition issues on health, education, and development and the need for increased resources for nutrition and multisectoral coordination.

Media Workshops

As part of the advocacy and communication strategy in Ghana, FANTA reached out to the media to create awareness of the magnitude of the problem of undernutrition in Ghana, its impact, what is needed to reduce undernutrition, and the role media

Major Accomplishments in MCHN

- Provided technical assistance to the government to **develop the national nutrition policy.**
- Updated nursing and midwifery curriculums and **trained 132 tutors in 70 nursing, midwifery, and community nutrition programs.**
- **Developed a set of nutrition advocacy materials** using the PROFILES advocacy tool, and coordinated nutrition messages that are used by civil society organizations and the Government of Ghana.

can play. Outreach included a series of roundtable discussions with directors, producers, and editors of media houses, followed by 1-day workshops with media practitioners in Accra, Kumasi, and Tamale. As a result of the workshops, journalists committed to covering stories on nutrition. In total, 202 media directors and journalists participated in these events.

Media Monitoring

To evaluate the impact of outreach to the media, FANTA conducted an analysis of print and broadcast media to determine the amount, accuracy, and frequency of nutrition reporting in Ghana. Results from the baseline analysis, from April to June 2012, showed that there was little structured media reporting on nutrition and nutrition-related issues; however, there were opportunities to incorporate nutrition into various media programs that cover women's and children's issues, among others. Following the media workshops in Accra, Kumasi, and Tamale, there was an increase in reporting of nutrition issues on TV and radio programs and in print.

Strengthening Nutrition in Pre-Service Education

FANTA collaborated with MCHIP to strengthen nutrition in pre-service education of nurses and midwives. First, FANTA assessed the level of nutrition competence among tutors teaching nutrition in nursing, midwifery, and community nutrition programs. Then, to address areas where nutrition competence was low, FANTA developed standardized teaching aids, reference materials, and job aids to enable tutors to effectively educate on nutrition. FANTA also worked with the Nurses and Midwives Council to update the 2007 nurses and midwives curriculum and train 132 tutors on CMAM, inpatient care management of severe acute malnutrition, and counseling and support on infant and young child feeding. The nutrition update to the curriculum and training includes information on the new national nutrition policy, strategies, and guidelines in Ghana.

Politicians must come clear on country's nutrition

NEWS

Wednesday, September 19, 2012

The Ghanaian Times

Anaemia high among pregnant women

It is projected that about 9,000 pregnant women in the country would die by the year 2020, if the high anaemia levels among

The Mirror

Editorial

Saturday, September 22, 2012

Nutrition must be a priority

Strengthening Nutrition in Pre-Service Education of Nurses and Midwives

In Ghana, nurses and midwives play a vital role as frontline health care providers and are often responsible for delivering nutrition services at the facility and community levels. It is essential that all nurses and midwives have the knowledge and skills to deliver quality nutrition services and are abreast of the most recent policies, guidelines, and protocols on nutrition. New nutrition interventions are typically introduced to health workers, particularly nurses and midwives, through in-service training. However, a major challenge associated with the use of in-service training is the high rate of attrition, leading to reduced quality of service delivery and the need for frequent repetition of training.

To address this challenge, FANTA collaborated with the MOH, GHS, and MCHIP to implement a competency-based training approach to strengthen nutrition in pre-service training of nurses, midwives, and community nutrition officers. The first step was to define the expected nutrition competencies for nurses and midwives. Then, tutors at midwifery and nursing schools were assessed through observations and interviews to determine if they possessed the skills to adequately educate on the required nutrition competencies. In addition, the pre-service nutrition curriculum for nurses and midwives was mapped to see if it included all of the defined nutrition competencies that should be taught to nurses and midwives before they enter the workforce.

The assessment of competencies found that tutors' skills were lacking, especially in newer nutrition approaches and interventions, such as CMAM and the new breastfeeding recommendations for HIV-positive mothers, but also in some concepts related to maternal nutrition and infant and young child feeding.

The assessment also found that the nurses and midwives curriculum did not contain updated nutrition content and that tutors had not received any technical updates on the current nutrition policies, strategies, and approaches. Finally, tutors reported that there was a lack of standardized reference materials to educate on nutrition, and demonstration laboratories were not adequately equipped. Schools were lacking such items as electronic scales, mid-upper arm circumference tapes, body mass index measuring tools, counseling tools, nutrition guidelines, and treatment protocols.

To respond to these issues, training was organized for tutors in the three main areas of nutrition that are being scaled up in Ghana: infant and young child feeding, CMAM outpatient care, and CMAM inpatient care. Reference materials and session plans were developed (or adapted from existing courses) to assist tutors with educating on the required nutrition competencies. The materials were shared with nursing and midwifery training institutions, and resources, such as policies, treatment protocols, body mass index measuring tools, and mid-upper arm circumference tapes, were delivered to school libraries and demonstration laboratories. The 2007 nurses and midwives curriculum was reviewed and updated to include the most recent nutrition policy issues and approaches in Ghana.

GHS, in collaboration with partners, plans to make mentorship visits to all schools during the 2014 academic year. GHS also plans to conduct a second assessment to identify changes in knowledge and skills of the same tutors targeted in the first assessment, as well as to seek input on the technical updates and resources that were provided.

Collaboration

FANTA's achievements in Ghana could not have been accomplished without the input, insight, and support of many nutrition stakeholders, including the Government of Ghana, USAID implementing partners, and international organizations working in Ghana.

Government of Ghana. To facilitate collaboration and day-to-day technical assistance, FANTA technical staff were placed within the GHS Nutrition Department. FANTA coordinated its nutrition activities through various government departments, agencies, and forums, including:

- The National AIDS Control Program
- The National TB Program
- The Ghana AIDS Commission
- GHS departments for health promotion; policy, planning, monitoring, and evaluation; child health; and institutional care
- Regional health directorates
- District health management teams
- Facility and community-based service providers
- The National Development and Planning Commission
- The MOH's Human Resource for Health Development and Nurses and Midwives Council
- The Nutrition Cross-Sectoral Planning Group
- The National Nutrition Partners Coordination Committee
- Technical coordination forums on CMAM, NACS, nutrition advocacy, and nutrition policy

USAID/Ghana Implementing Partners. FANTA actively collaborated with other USAID/Ghana implementing partners to complement its efforts. This included working with: the DELIVER Project on logistics management; MCHIP on pre-service education for health care providers; the Focus Region Health Project on the scale-up of CMAM and NACS services; and the SHARPER Project to harmonize facility and community-based nutrition services for people living with HIV.

Other partnerships. FANTA coordinated its technical assistance activities with United Nations organizations working in nutrition in Ghana, including UNICEF, the World Health Organization, the World Food Programme, the Food and Agriculture Organization, and Renewed Efforts Against Child Hunger.

Addressing Challenges

FANTA worked with GHS to address the following challenges.

High default rates and low admission of children with severe acute malnutrition.

While the scale-up of CMAM services improved geographic access to services, several health facilities reported high default rates and low admission of children with severe acute malnutrition. This was attributed to poor community outreach and mobilization. To address the issue, FANTA and GHS conducted a survey to understand barriers to coverage and accessing CMAM services and provided district-specific recommendations, which are being used by district health management teams to improve CMAM admission and default rates (see page 7). FANTA also trained community service providers, such as traditional healers and traditional birth attendants, on identification and referral of children with severe acute malnutrition. This increased the number of community-based service providers able to screen for severe acute malnutrition and provided a link between the formal and informal health sector. Finally, to improve community ownership and participation in the management of severe acute malnutrition, FANTA and GHS conducted sensitization training and orientation for district and community stakeholders on CMAM and the need for early referral to nearby health facilities.

High turnover of health care staff. Despite the training of hundreds of health care providers, health staff attrition was high, with many returning to school for further education or transferring to other facilities. This often affected the quality of service delivery and demanded constant training of new staff within already established CMAM and NACS facilities. Several initiatives were undertaken to address this challenge. CMAM and NACS were incorporated into pre-service training of

nurses and midwives and into the community nutrition program of the Kintampo College of Health and Well-Being. FANTA also worked with district health management teams to ensure that CMAM was part of orientation given to new community health nurses and to promote on-the-job orientation of untrained staff by trained facility staff. Lastly, FANTA conducted refresher training in the initial CMAM-implementing districts that had high staff turnover.

Data management issues. As CMAM and NACS services were introduced within the health system, facility-based health care providers and district health management teams encountered data management problems, including inaccurate data and poor and late reporting. To assist with reporting, FANTA worked with GHS to develop simple monitoring and evaluation tools for use at the facility and district levels; to integrate nutrition indicators into district health management information systems, as well as HIV and TB systems; and to train data officers and district health management information system officers on how to manage CMAM and NACS data. FANTA and GHS also incorporated data review into routine monitoring and supervision of facilities and districts. This allowed regional and national support teams to identify data problems early and to support facilities on data capturing and reporting.

Limited capacity to support scale-up. At the national level, there was limited human resource capacity to support district and facility-level scale-up of CMAM and NACS. As the number of districts and regions to be supported increased, it became more challenging for the national support unit to provide intensive on-the-job support to new districts and facilities. To increase capacity, FANTA provided technical assistance to GHS to identify and train additional regional and district managers and technical officers to oversee planning, training, and quality of CMAM scale-up at the regional level.

Lessons Learned and Recommendations

Lesson Learned: Enhancing understanding of malnutrition in communities and households is key to eliminating acute malnutrition in Ghana. The CMAM review and the coverage survey conducted by the MOH, GHS, and FANTA indicated that acute malnutrition was stigmatized and that communities and caregivers had limited understanding of and misconceptions about its causes, how to prevent it, and where to seek treatment and care.

Recommendations:

- Educate community stakeholders to mobilize communities on malnutrition, understand the multiple causes of malnutrition, and address problems using a multisector approach. This could involve identifying community “nutrition champions.”
- Educate, counsel, and support communities and households on appropriate infant and young child feeding practices. Interventions should be community based (as opposed to generalized), with recommendations that are suited to the local context.
- Work collaboratively with the formal and informal health sector (e.g., traditional healers, traditional birth attendants, spiritual healers, herbalists, and pharmacists) to educate and promote appropriate nutrition practices and health-seeking behaviors for mothers, infants, and young children.

Lesson Learned: For sustained quality of CMAM and NACS service delivery, quality improvement approaches that address broader nutrition-specific interventions within the Ghanaian health system are necessary. Strengthening supportive supervision, mentoring, and coaching techniques is important for maximum impact, as well as exploring other innovative approaches.

Recommendations:

- Districts and regions have the capacity to provide supportive supervision to facilities and communities, but limited financial resources make it difficult to conduct routine supervision. It is important that funds for supportive supervision of facility and community nutrition interventions are included in regional and district implementation plans and budgets.
- Promote continuous, accurate data collection and reporting, as well as collection and use of nutrition data to inform programming at all levels.
- Explore the use of innovative quality improvement approaches, such as collaborative models, to enhance mentoring and coaching and strengthen quality of nutrition service delivery. These approaches have been successfully used in other health interventions in Ghana and opportunities for integrating nutrition into existing quality improvement approaches should be sought.

Lesson Learned: The MOH and GHS have made significant achievements in integrating CMAM and NACS services into routine health services. However, there is a need for the health sector to promote integrated nutrition programming and scale up priority high-impact nutrition-specific interventions that focus on improving the nutritional status of mothers, infants, and children. This will ensure efficient use of resources and maximum impact of nutrition interventions.

Recommendations:

- The Government of Ghana is in the process of developing national plans for scaling up nutrition (2014–2017). It will be necessary to prioritize a set of high-impact nutrition-specific interventions for scale-up, which should be implemented at all levels in an integrated manner.
- District health management teams and facilities should be supported to design, plan, and implement a set of integrated high-impact nutrition-specific interventions.
- An integrated monitoring and evaluation framework that can be used to monitor progress of implementation of the priority interventions at various levels should be developed.

Lesson Learned: The technical committees established by FANTA, in collaboration with the MOH and GHS, provided strong leadership for service providers and managers at the national and sub-national levels.

Recommendations:

- GHS, under the leadership of the Nutrition Department, should continue to hold severe acute malnutrition technical committee meetings every 6 months to review and discuss: continued scale-up of CMAM within Ashanti, Brong-Ahafo, Eastern, Volta, and Western regions; strengthening community mobilization; and awareness of acute malnutrition.
- The GHS Nutrition Department, the National AIDS Control Program, and the National TB Program should continue holding quarterly or semiannual technical working group meetings to coordinate and harmonize NACS support and supplies; to identify strategies for scaling up NACS to additional antiretroviral therapy sites in Ashanti, Central, Eastern, and Greater Accra regions; to further strengthen monitoring and evaluation; and to promote learning across regions.
- As the national plans for scaling up nutrition are developed, it will be necessary for the MOH and GHS to ensure that a clear monitoring and reporting system is established and that the NACS and severe acute malnutrition technical committees provide feedback to the National Nutrition Partners Coordination Committee and Nutrition Cross-Sectoral Planning Group.

Lesson Learned: The intervention on strengthening nutrition in pre-service education of nursing, midwifery, and community nutrition programs was well received by the schools and identified important gaps in knowledge and skills in the pre-service institutions.

Recommendations:

- Conduct a post-assessment to evaluate the impact of activities conducted by the MOH, GHS, FANTA, and MCHIP to strengthen nutrition in pre-service education of nursing, midwifery, and community nutrition programs. This will inform future competency-based activities on nutrition.
- Taking into account findings from the post-assessment, use a competency-based approach to strengthen nutrition in pre-service education of other nutrition service providers in Ghana, such as nutritionists, dietitians, medical officers, medical assistants, and agriculture extension workers.
- Institutionalize a system for providing nutrition technical updates to tutors and lecturers of training and academic institutions during and in between curriculum reviews.

Lesson Learned: The development of nutrition technical tools, such as CMAM and NACS guidelines, training materials, job aids, monitoring and evaluation tools, and nutrition advocacy materials, helped standardize implementation and facilitated quality provision of services.

Recommendations:

- Review and update the nutrition advocacy and communication plan and related materials as soon as the 2014 Ghana Demographic and Health Survey results are available.
- As new global evidence is generated, update appropriate tools to ensure that they remain relevant.

Lesson Learned: Nutrition supplies for CMAM and NACS, including job aids, mid-upper arm circumference tapes, and body mass index measuring tools, are essential for program continuity and quality service provision. Most such supplies in Ghana are provided by development partners.

Recommendation:

- To ensure sustainability of service delivery, the MOH and GHS should ensure that nutrition supplies, such as ready-to-use therapeutic food, combined mineral and vitamin mix, mid-upper arm circumference tapes, and body mass index measuring tools, are included in the health sector nutrition plan and budget and that resources for the procurement of supplies are allocated.

Nutrition Materials for Ghana Developed by FANTA

CMAM

- Interim National Guidelines for CMAM
- CMAM job aids for health care providers and community volunteers
- CMAM training materials for inpatient and outpatient care
- Training materials on SLEAC/SQUEAC coverage methods
- SLEAC/SQUEAC coverage survey reports for Ashaiman Municipality and Agona West Municipality
- Review of the integration of CMAM into the Ghana health system
- Costing report of the national scale-up (2013–2017)

NACS

- NACS job aids for service providers
- NACS training materials for facility-based service providers
- Report on integrating nutrition into the HIV and TB monitoring and evaluation system
- Assessment of opportunities for integrating nutrition into HIV services in Ghana

MCHN

- Nutrition advocacy briefs on:
 - Nutrition and agriculture
 - Nutrition and education
 - Nutrition and health
- Frequently asked questions and talking points on nutrition
- PROFILES presentations
- Nutrition technical update for nursing and midwifery training schools
- Report on nutrition competencies of tutors teaching nutrition in nursing, midwifery, and community nutrition programs

Visit www.fantaproject.org/countries/ghana to access many of these materials.

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Contact Information:

Food and Nutrition Technical Assistance III Project (FANTA)
FHI 360
1825 Connecticut Avenue, NW
Washington, DC 20009-5721
Tel: 202-884-8000
Fax: 202-884-8432
Email: fantamail@fhi360.org
Website: www.fantaproject.org