HO WEST DISTRICT HEALTH DIRECTORATE
GHANA HEALTH SERVICE
DZOLOKPUITA

NUTRITION UNIT ANNUAL PERFORMANCE REVIEW REPORT
2022

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EXECUTIVE SUMMARY

The Nutrition Unit in its work towards improving the nutritional status populace in Ho West undertook some activities geared towards achieving this target.

This report reflects summary activities implemented and outcomes of these activities in the Ho West District from January to December, 2022. Generally, some nutrition indicators within the period under review have improved as compared to previous years. Pregnant women tested for anaemia at registration and 36 weeks of gestation has improve slightly from 73.7% to 74.4% and 80.7% to 87.4% respectively. Even though testing has improved tremendously maternal anaemia has decreased slightly at registration and 36 weeks of gestation. This can be associated with increased in the number of pregnant who received IFA for six (6) during ANC visit. However, the level of anaemia among pregnant women is still high as compared with national target of 20%. Efforts are in place to reduce it to barest minimum through nutrition clinic, development of seasonal food calendar to serve as counselling material

Early initiation of breastfeeding is at 99.4% while early breastfeeding at discharge drop from 99.2% to 98.5%. Reported new cases of diabetics, hypertension at OPD, all cases of anaemia and Vitamin A supplementation were some of the indicators that has not seen improvement as compared to previous years. Efforts are in place to improve these indicators.

Routinely, Vitamin A supplementation, nutrition surveillance data collection, nutrition promotion, growth promotion and monitoring, promotion of infant and young child feeding, and school-aged adolescent nutrition were nutrition interventions implemented.

On the job, training of staff on assessment of malnutrition cases, orientation of new entrant on Monthly Nutrition and Child Health Form, self-appraisal of six (6) facilities on Baby Friendly Health Facility Initiative and Food and Nutrition Monitoring survey where some nutrition activities undertook within the period under review. On BFHI, all the six facilities passed step 3, 6, 7, 9, 10, code compliance and Mother-friendly care. Two (2) facilities passed all the five (5) follow-up questionnaire and the rest four (4) facilities passed four(4) out of the five (5). Capacity building for clinical staff on breastfeeding, hand expressing of breast milk and allowing mothers to hold their babies one (1) hour or more after delivery were few gap noted.

Increase in anaemia among pregnant women, inaccuracy of reports by facilities, shortage of IFA for GIFTS program, high wasting among children under 5 months, were the major challenges noted in the period.

Orientation of health facility management, Community Health Nurses and Nutrition Officers on nutrition issues identified will go a long way to address these challenges noted above.

INTRODUCTION

1.1 District Profile

The study shall be carried out in selected health facilities in the Ho West District. Ho West District is one of the 18 districts in the Volta Region of Ghana. It was established by the Legislative Instrument (LI) 2083 of 2012. It was carved out of Ho Municipality in January 2012 and inaugurated in June 2013 well as the organization of the report. Ho West District is located between latitudes 6.33^{o} 32" N and 6.93^{o} 63" N and longitudes 0.17^{o} 45" E and 0.53^{o}39" E. It shares boundaries with Adaklu District to the South, Afadjato South District to the North, Ho Municipality, and the Republic of Togo to the East and South Dayi District to the West. It has a total land area of 1,002.79 square kilometres and a population density of 94.3 based on a population of 82,886. Good health is critical to socio-economic development. The health status of the citizenry is a critical indicator of their productivity. The Ho West District has 20 health facilities of various categories of which one is private clinic (Gisela Memorial Clinic, Abutia Kpota)

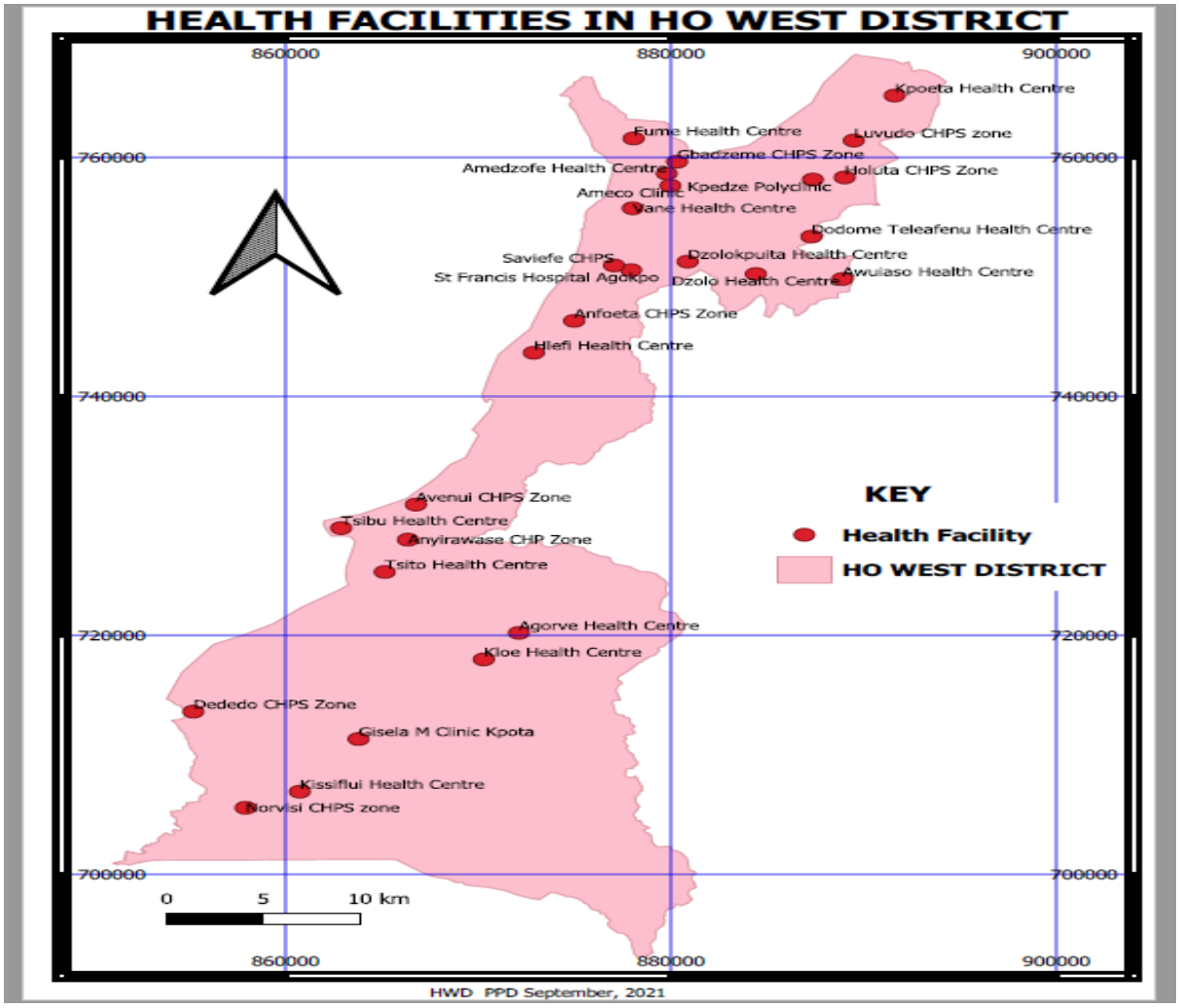


Figure 1: Map of Ho West District

1.1.2 Health Facilities, communities and district population

The district consists of 29 health facilities, i.e. 13 health centres, 13 CHPS compounds, 2 CHAG facilities, 1 school clinic, and 103 communities.

Table 1: Ho West District and Sub-district populations of 2022

Sub-district	No. of health facility	No. of CHPS Compounds	No. of CHPS zone	Population	6-11 months	12-59 months	0-59 months
Abutia	4	2	6	19257	385	2792	3177
Avatime	6	2	4	7456	149	1081	1230
Kpedze	5	3	5	11713	234	1698	1933
Tsito	5	3	6	24230	485	3513	3998
Weto-Hedzefe	2	1	3	7190	144	1043	1186
Yingor	7	2	6	14780	296	2143	2439
District total	**29**	**13**	**30**	**84627**	**1693**	**12271**	**13963**

Source: Ho West District Health Directorate

Table 2: Ho West District targeted population 2022

HO WEST DISTRICT TARGETED POPULATION		
Data	**Actual Fig. Targeted Population**	**% Population**
Expected deliveries	3 385.1	4.0%
Expected pregnancies	3 385.1	4.0%
Population 10-14 years	9 985.9	11.8%
Population 10-19 years	18 956.4	22.4%
Population 12-59 months	12 270.9	14.5%
Population 15-19 years	8 970.4	10.6%
Population 3-59 months	16 248.3	19.2%
Population 5-9 years	10 747.6	12.7%
Population 6-11 months	1 692.5	2.0%
Population 6-59 months	13 963.4	16.5%
Population < 1 year	3 385.1	4.0%
Population < 15 years	38 082	45.0%
Population < 5 years	15 655.9	18.5%
Population female	43 358.5	51.2%
Population male	41 268.1	48.8%
Population of Children 12-23 Months	2 141.1	2.5%
Population of Children 24-59 Months	7 040.9	8.3%
WIFA Population - Women in fertility age group	20 310.4	24.0%

Source: Volta Regional Health Directorate (Health Information Department)

Table 3: Objectives and strategies for 2022.

OBJECTIVES	STRATEGIES
To reduce anaemia among pregnant women @ registration from 48.4% to 45.9% and at 36 weeks from 40.6% to 39.0%	Carry out food demonstration during pregnancy schools
	Lobby for the procurement of Haemoglobinometre machines
	Carry out community sensitization of important of IFA and Iron rich food
	Support midwives in nutrition counselling of through nutrition clinics and follow up of pregnant women
To ensure 100% timely, accurate and complete of data reporting by all facilities	Conduct data validation and verification
	Prepare monthly evidence for action and prompt feedback to facilities
	Conduct supportive supervision coaching and monitoring
To maintain Vitamin A supplementation coverage for 6-11 months 100.0% and 92.2% the end of 1st Semester, 2022	Integrate Vitamin A supplementation OPD
	Ensure availability of Vitamin A capsule at the facility level
	Improve on school supplementation of Vitamin A
To provide at least two (2) supportive visit to schools to give education on IFA in school to improve and monitor SAN activities	Share the schools in the district among officers
	Early detection and management of malnutrition cases
To ensure accurate nutrition surveillance data capturing at the facilities and timely transmission to region monthly.	Support measurement of length/height and documentation into the Nutrition and Child Health Register (NCHR) during Child Welfare Clinic
	Monthly monitoring of nutrition surveillance data collection and submission by DNO
To conduct at least one (1) supportive supervision coaching and monitoring to all facilities	Carry supportive supervision coaching and monitoring visit to service providing point at the facility level
	Support and monitor nutrition activities at the facility level through phone calls and WhatsApp.

1.2. Key Issues at the beginning of the year 2022

- ✓ Inadequate length/height measuring boards
- ✓ Inadequate supply of combined Maternal and Child Health Record Booklet (leading to frequent shortage of booklet) at the health facilities
- ✓ Lack of star stamps in health facilities
- ✓ Inadequate capacity of frontline health staff on the use of Maternal and Child Health Record Booklet
- ✓ High cases of anaemia during pregnancy
- ✓ Low Vitamin A supplementation coverage for U>5 children
- ✓ Stortage of Iron Folic Acid for GIFTS program
- ✓ Nutrition Data inconsistencies from facilities

- ✓ Lack of capacity of facility to enter their own data
- ✓ High under nutrition in U>5 children

1.3. Main priority for the year, 2022

- ✓ To conduct food demonstration at CWC centres
- ✓ To improve school Vitamin A supplementation
- ✓ To lobby for the procurement of HB machine to improve on testing of HB of pregnant women
- ✓ Data Verification at the facility level
- ✓ Improvement on data management at the facility level
- ✓ Supportive Supervision coaching and monitoring visit to facilities
- ✓ On the job training of new entrant and transfer in.
- ✓ To improve IFA uptake In school and out school

1.4. Key activities carried out in the period under review

- ✓ Nutrition Surveillance
- ✓ Training on Maternal and Child Health Record Booklet
- ✓ School Growth Monitoring and Vitamin A supplementation
- ✓ Scaling up of length/height measurement for children 0-59 months
- ✓ Nutrition education/promotion
- ✓ Community Nutrition promotion
- ✓ Visited community durbars to discuss nutrition issues

SECTOR WIDE INDICATORS

2.0. IRON FOLIC ACID SUPPLEMENTATION

2.1. Interventions in pregnancy (Iron Folic Acid uptake and counselling and

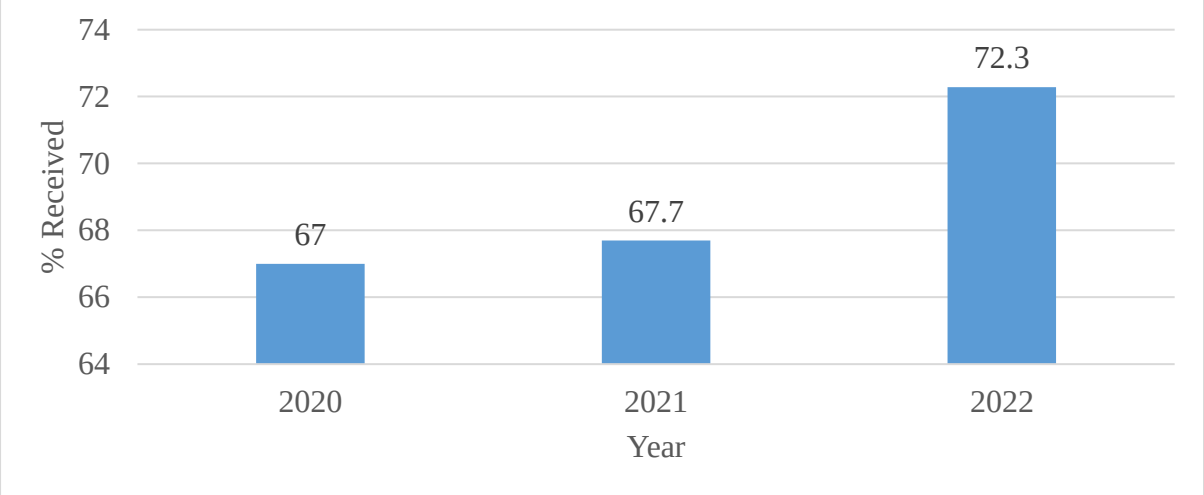
Iron and folic acid (IFA) are essential micronutrients for normal physiological function, growth, development and maintenance of life. Demand for Iron and Folic acid increases during pregnancy creating a need for supplementation. Anaemia in pregnancy affects the results of a pregnancy negatively and increases the risk of both maternal and foetal morbidity and mortality In order to improve the haemoglobin of pregnant women during pregnancy, pregnant women

attending antenatal service are giving IFA throughout pregnancy alongside diet counseling on eating iron rich foods. Also, postnatal clients also received IFA for six (6) weeks after delivery to help restore blood lost during delivery postnatal mothers.

2.3. WOMEN RECEIVING IRON AND FOLATE SUPPLEMENTS DURING PREGNANCY AND POSTNATAL

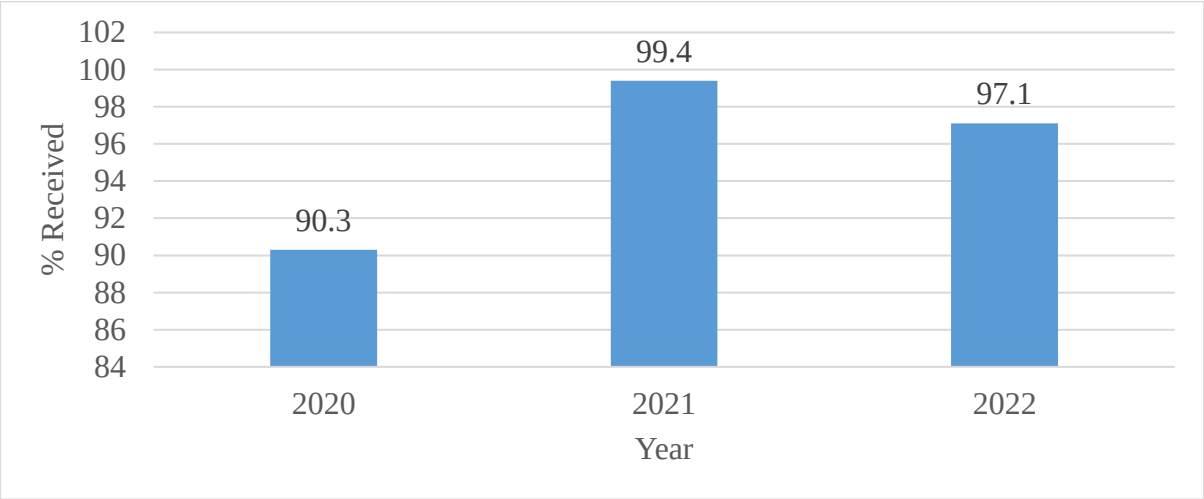
The current WHO recommendation is universal supplementation with 60 mg of iron and 400 µg of folic acid daily during pregnancy, as soon as possible after the beginning of gestation and no later than the third month and continuing for the rest of pregnancy. Whereas there is no internationally accepted indicator for these concerns, the indicator can be defined as the percentage of mothers who received daily iron and folic acid supplements for at least 6 months of pregnancy

Fig 1: ANC clients receiving IFA at least 6 times in Ho West, 2020-2022



The graph above show that pregnant women attending Antenatal who received six (6) doses of Iron Folic Acid increased over the three (3) year period. The steady increase in 2022 as compared to 2021 was due to the direction given by the Volta Regional Health Directorate for all districts in Volta Region to distribute the nearly expiring GIFTS program IFA to maternity units. This may account for the slight decreased in maternal anaemia among pregnant women who attended ANC at Registration and 36 weeks of gestation.

Fig 2: PNC clients receiving IFA in Ho West, 2020-2022

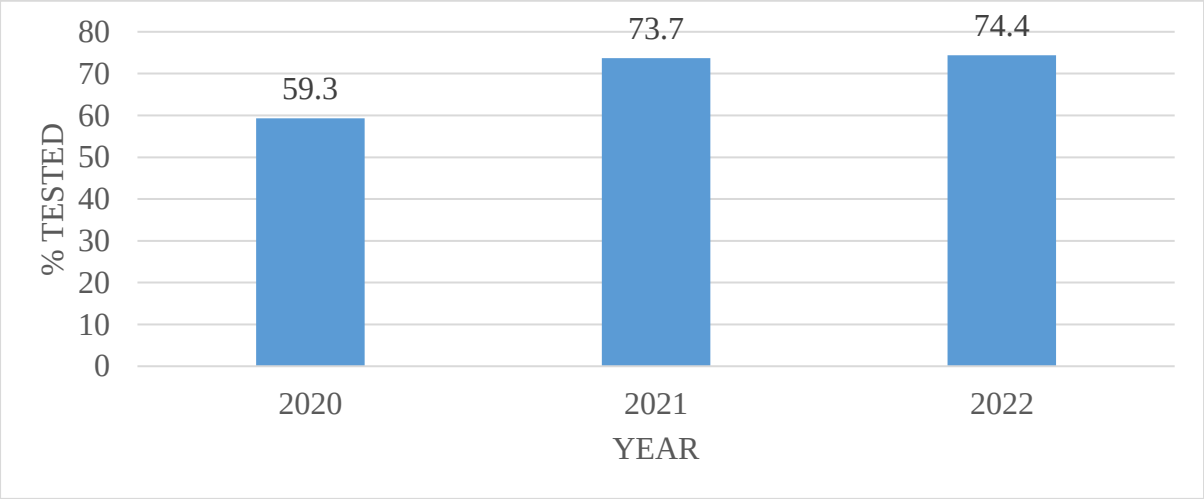


The figure above shows that in 2022 there is 2.3% decrease of women who delivered and visit postnatal service received IFA as compare to 2021. This could be due to the slight decreased in the women who delivered and attended Postnatal Clinic.

3.0. MATERNAL ANAEMIA

Anaemia during pregnancy places women at risk for poor pregnancy outcomes, including maternal mortality, and increases the risks for perinatal mortality, premature birth and low birth weight. Infants born to anaemic mothers have less than one-half the normal iron reserves. Morbidity from infectious diseases, increased in iron-deficient populations, because of the adverse effect of iron deficiency on the immune system. Iron deficiency is also associated with reduced work capacity and with reduced neurocognitive development

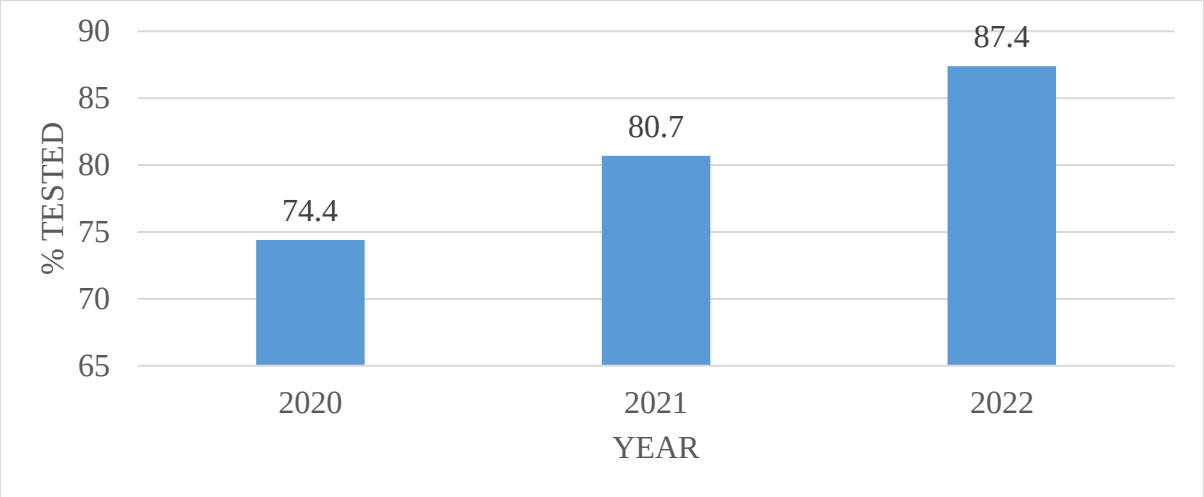
Fig 3: Pregnant women tested for anaemia at ANC registration in Ho West, 2020-2022



The testing of haemoglobin for pregnant women attending ANC at registration has increased in the tree years under review. In 2020, 59.3 % of pregnant women who attended ANC for the first time of their pregnancy were tested for anaemia. However, this increased to 73.7% in

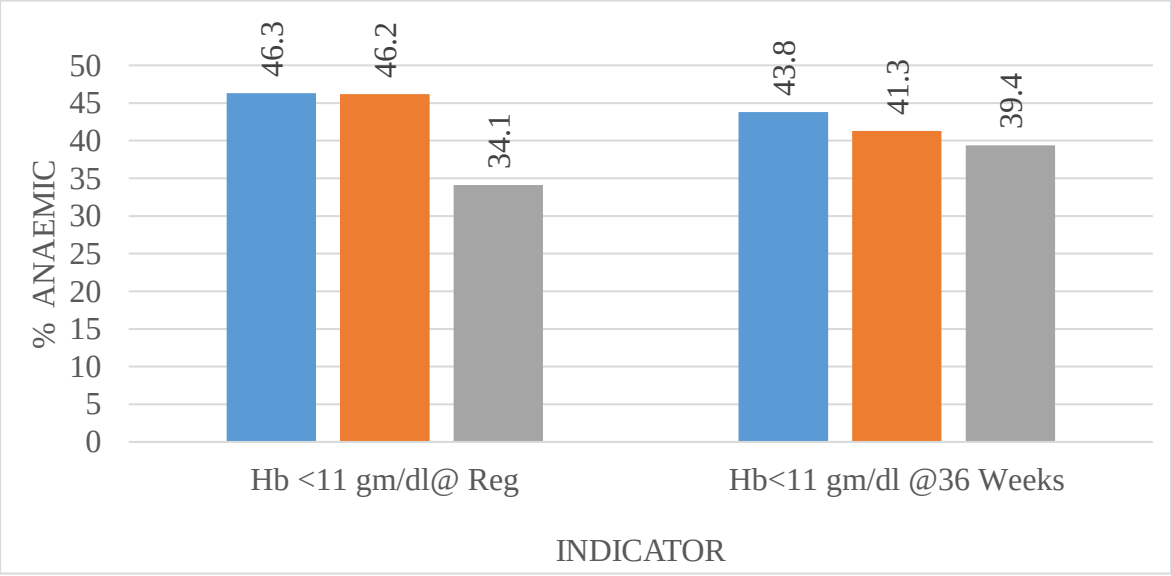
2021 and 74.4% in 2022 respectively. The above outcome can be associated with increased number of facilities who now have haemoglobin machine.

Fig 4: Pregnant for anaemia at 36 weeks of gestation in Ho West, 2020-2022



The figure 4 above depits the increasing testing of pregnant women who visit the Antenatal Clinic during 36 weeks of gestation who were tested for anaemia. A little bit of seventy-four (74.4%) of pregnant women who were 36 weeks of gestation were tested in 2020. But this increased to 80.7 % and 87.4% in 2021 and 2022 respectively. The years under review the district continue to procure haemoglobin machine for facilities who do have and this may account for the steady increased in testing for anaemia.

Fig 5: Maternal anaemia during ANC Registration and 36 weeks in Ho West, 2020-2022



The above graph depicts the haemoglobin level of mothers for the three-year trend. It shows that out of the pregnant mothers tested in 2020 at registration, 46.3% had haemoglobin levels less than 11gm/dl as compared with that of 46.2% in 2021 and 34.1% which shows a decrease.

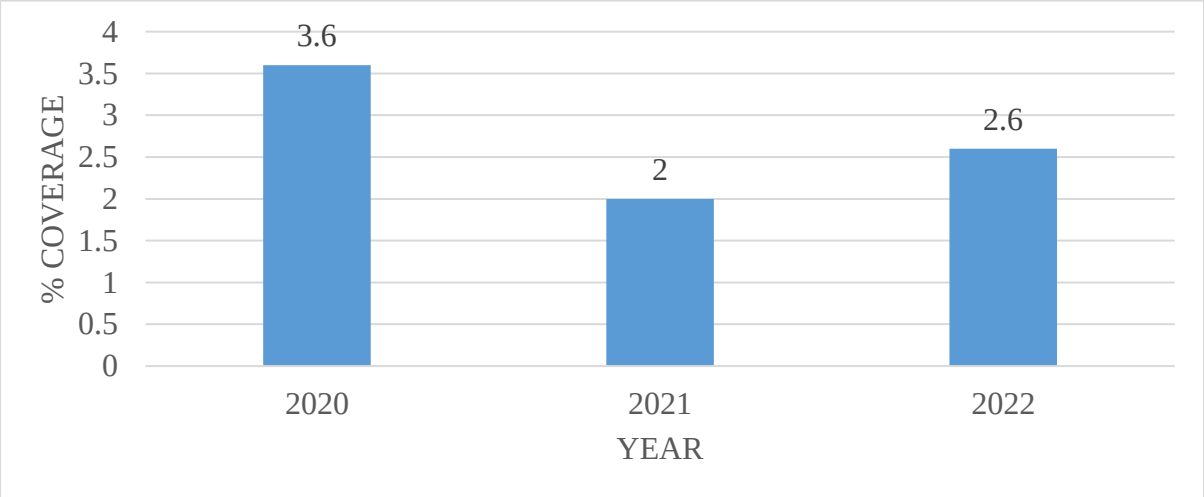
However, it is still unacceptable because this is severe public health problem by WHO standard and is above national target of 20.0%.

At 36 weeks of gestation, 43.8% of mothers were below 11gm/dl in 2020 as compared to 41.3% in 2021 and 39.4% in 2022. The district has intensified counseling of pregnant women on the consumption of dark green leafy vegetables, turkey berries, and citrus fruits which are high in Vitamin C which will make the non-heme iron in plant bioavailable for the body to use. Also, the avoidance of iron inhibitors such as fizzy drinks, pica, tea, and coffee through nutrition clinics and this may account for the decrease between 2021 and 2022. Also, the increasing number of testings at registration has given a fair idea to service providers to intensifies their counseling.

4.0. LOW BIRTH WEIGHT

At a population level, the proportion of infants with low birth weight is an indicator of a multifaceted public health problem that includes long-term maternal malnutrition, ill health, hard work and poor health care in pregnancy. Low birth weight is more common in developing than developed countries. Low birth weight is caused by intrauterine growth restriction, prematurity or both. It contributes to a range of poor health outcomes: it is closely associated with fetal and neonatal mortality and morbidity, inhibited growth and cognitive development and chronic diseases later in life. Low-birth-weight infants are approximately 20 times more likely to die than heavier infants are.

Fig 6: Low Birth Weight in Ho West, 2020-2022



The chart above shows that between 2020 to 2021 low birth weight continued to decreased steadily in the district. It decreased by 55.6% margin but increased slightly in 2022 by 0.6% margin in 2022

There is still more work to do to bring the figure down. Because low-birth- weight (LBW) infants are at increased risk of early growth retardation, infectious disease, developmental delay and death during infancy and childhood. Low birth weight has been associated with increased risk of type 2 diabetes mellitus, cardiovascular disease, and hypertension

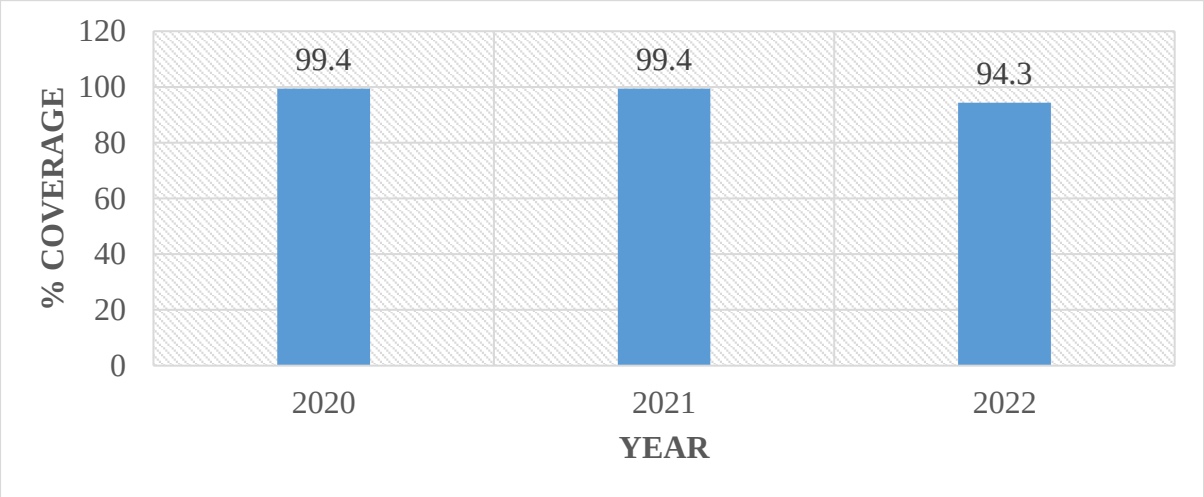
5.0. INFANT AND YOUNG CHILD FEEDING

Optimal breastfeeding is so critical that it could save about 800 000 under 5 child lives every year. In countries where stunting is highly prevalent, promotion of breastfeeding and appropriate complementary feeding could prevent about 220 000 deaths among children under 5 years of age.

WHO and UNICEF recommend:

- early initiation of breastfeeding with one hour of birth; however, Ghana has adopted the 30 minutes after delivery
- exclusive breastfeeding for the first 6 months of life; and the introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to two years of age or beyond

Fig 7: Early initiation exclusive breastfeeding in Ho West, 2020-2022



The graph above shows the three (3) under review has seen early initiation of exclusive breastfeeding above 98% in the district with far above national coverage of 53% and Volta Region coverage of 47% of Ghana Multiple Indicator Cluster Survey (MICS) 2017/18 report. And this is above National Target of 95% but there is a slight decrease in 2022 as compare with 2021. Nutrition Unit will continue to support midwives to increase or maintain this

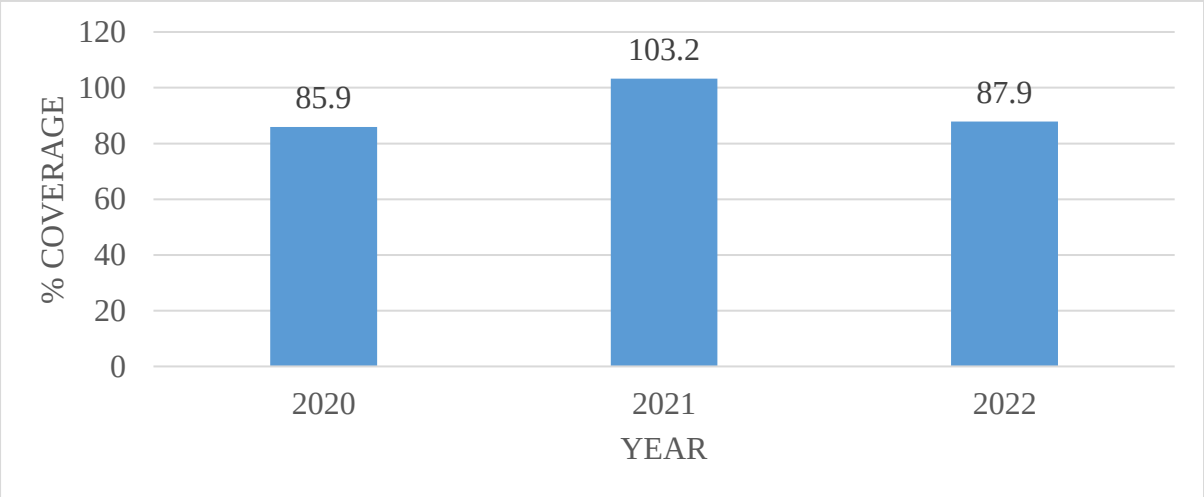
coverage through continue education of the community member especially pregnant women on the importance of early initiation of exclusive breastfeeding so that even if there is an eventuality of home delivery, they will be able to insist on early initiation of exclusive breastfeeding. Also, through Baby Friendly Hospital Initiatives (BFHI)

6.0. GROWTH MONITORING AND PROMOTION

Growth monitoring and promotion (GMP) programmes promote not only child health but serve as a service delivery strategy to enhance coverage for other crucial nutrition-specific interventions. Promoting child health during the window of opportunity period, that is the first thousand days starting from conception to a child's second birthday, is crucial for survival.

Routine monthly growth monitoring of children 0-59 months was carrying out throughout the district during the period under review. These help to check and detect malnutrition through weight measurement, and length or height measurement, Also, this is where services such as immunizations, Vitamin A supplementation and counseling on feeding

Fig 8: Children 0-11 months registered in Ho West, 2020-2022

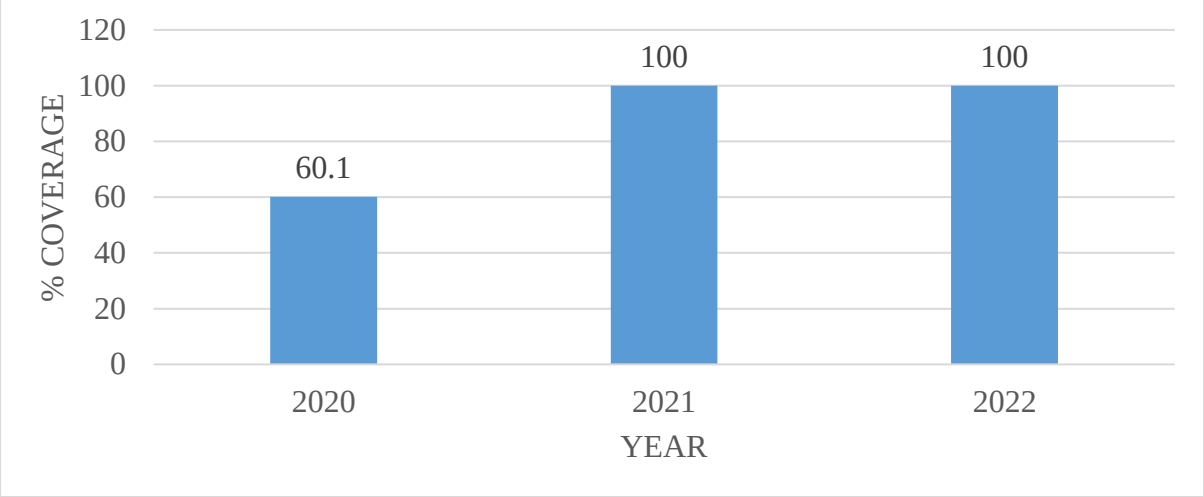


The chart above shows that children 0-11 months who registered for growth monitoring in 2020 increased by 17.3% as compared to 2021 but decreased by 15.3% in 2022. This decrease could be associated with the district inability to visit hard-to-reach communities very three (3) months in 2022 as plan.

6.0. CHILDREN 0-59 MONTHS ASSESSED FOR STUNTING.

Children who suffer from growth retardation as result of poor diets or recurrent infections tend to be at greater risk for illness and death. Stunting is the result of long-term nutritional deprivation and often results in delayed mental development, poor school performance and reduced intellectual capacity. This in turn affects economic productivity at national level. Women of short stature are at greater risk for obstetric complications because of a smaller pelvis. Small women are at greater risk of delivering an infant with low birthweight, contributing to the intergenerational cycle of malnutrition, as infants of low birth weight or retarded intrauterine growth tend be smaller as adults. Hence, children length/height measured at birth and a multiple of three aged in Ghana in order to assess stunting

Fig 9: Children 0-59 months assessed for stunting in Ho West, 2019-2021



By standard 10% of population of children 0-59 months length/height must be measured in every three months. The figure above shows that children 0-59 months who were assessed for stunting has increased by 40.0% between 2020 and 2021 and has been maintained in 2022. The district will ensure the facilities utilized the infantometre and stadiometer at both static and outreach centres to measure the length/height of the children due.

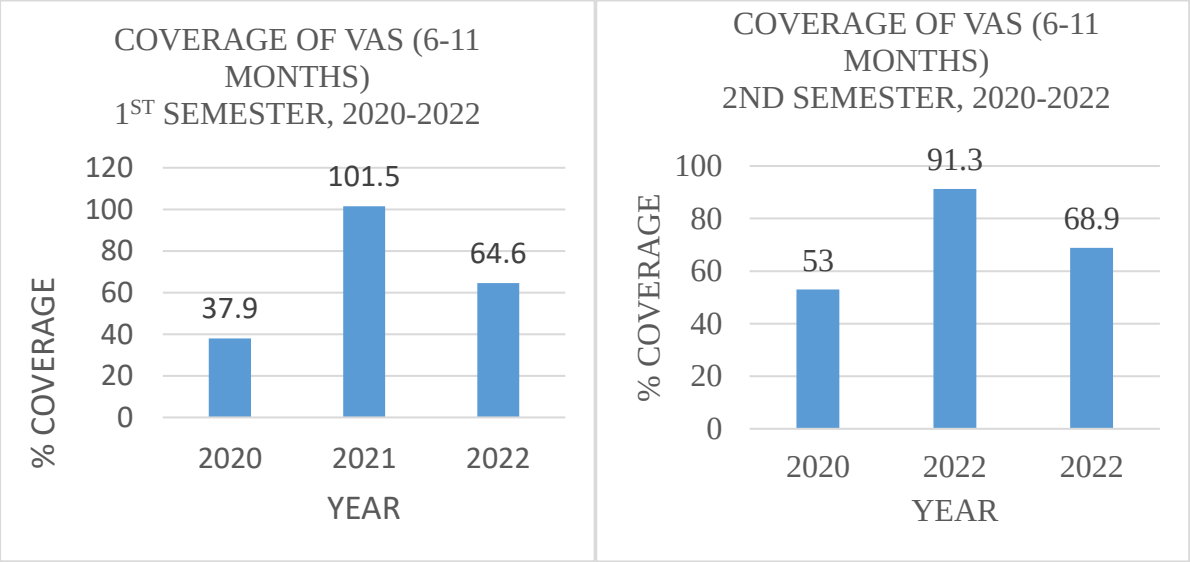
7.0. VITAMIN A SUPPLEMENTATION

Vitamin A, an essential micronutrient for boosting the immune system, also plays an important role in maintaining the epithelial tissues of the body. It is very essential in improving vision and the promotion of grow and development of children.

Severe Vitamin A deficiency (VAD) causes nyctalopia (night blindness)), slow physical development and the development of dry scaly skin. Deficiency in this essential micronutrient can increase the severity of infections such as measles and diarrhea.

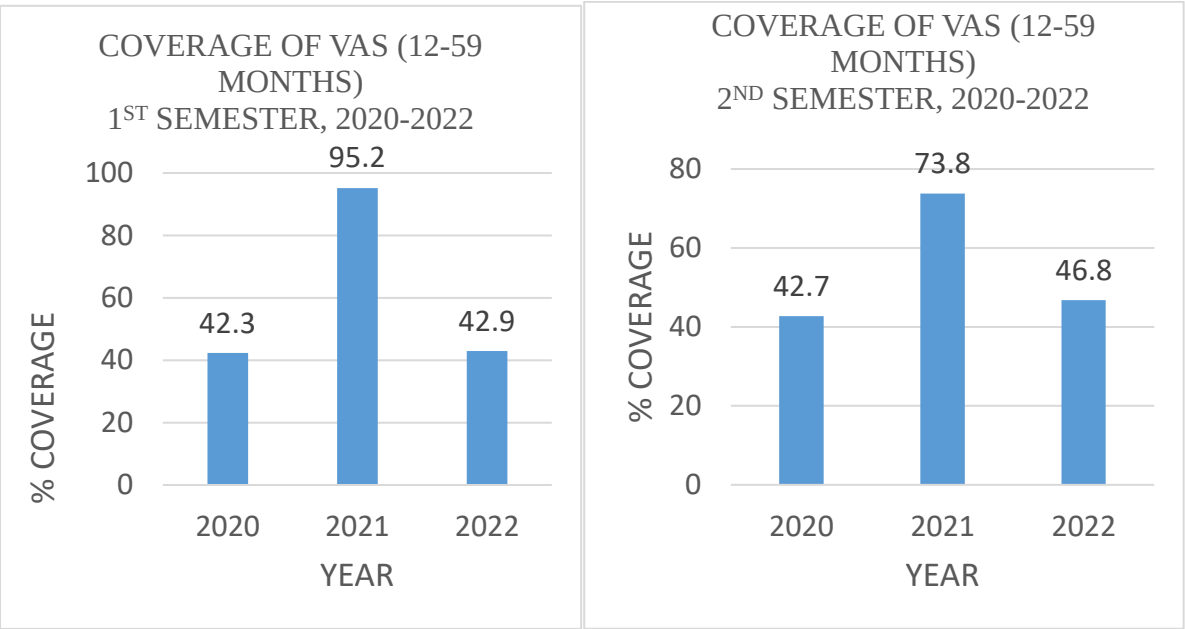
Vitamin A deficiency (VAD) causes nyctalopia (night blindness) and it is also related to poor pregnancy outcomes and maternal mortality. It also reduces the body's ability to fight infectious diseases and present a high risk of morbidity among vulnerable groups such as children. The VAS program aims at reducing VAD among vulnerable groups through supplementation and SBCC to promote the cultivation and consumption of Vitamin A rich foods. Ensuring that children age 6-59 months receive enough Vitamin A may be the single most effective child survival intervention. As there is strong evidence that supplementation with vitamin A reduces child mortality, measuring the proportion of children who have received vitamin A within the past 6 months can be used to monitor coverage with interventions for achieving the child survival-related Sustainable Development Goals. Supplementation with vitamin A is a safe, cost-effective, efficient means for eliminating its deficiency and improving child survival.

Fig 10: Vitamin A Supplementation for children 6-11 months by 1st and 2nd semester in Ho West 2021-2022



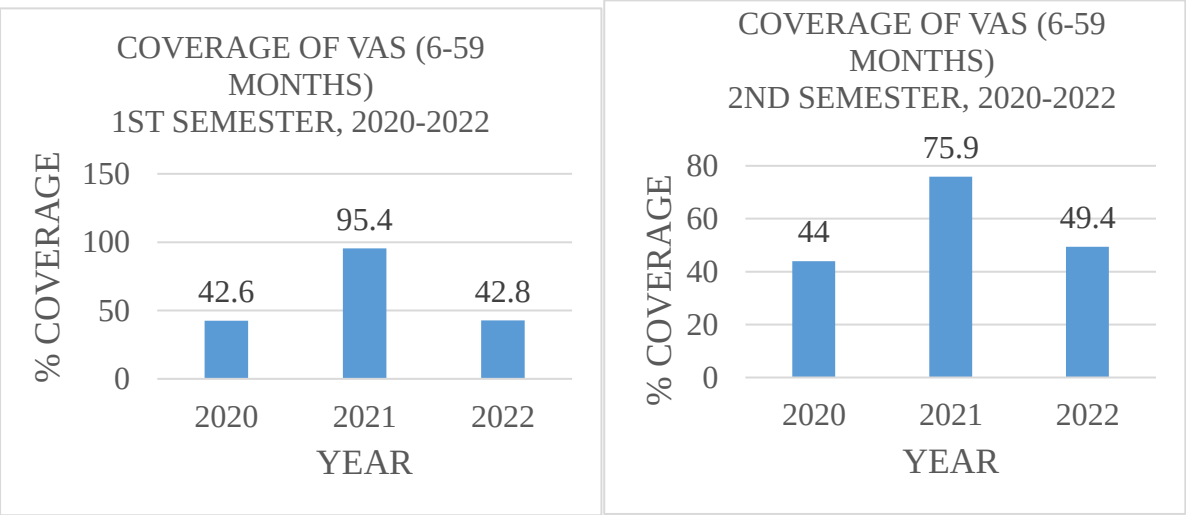
The graph above shows that even though there has been a decreased in 100,000iu Vitamin A supplementation to children 6-11 months between 2021 to 2022 in 1st Semester, the 2nd Semester 2022 of the year seen increase of 16.2% as compare 1st Semester of 2022. These results can be associated with availability of Vitamin A Capsules, effective supportive supervision and the use of Zipline Ghana to distribute Vitamin A capsules to facilities in the 2nd half of 2022 which make capsules always available at the facility level

Fig 11: Vitamin A Supplementation for children 12-59 months by 1st and 2nd semester in Ho West 2020-2022



The two (2) graphs above shows that the district has dosed 42.9% and 46.8 % of children 12-59 months with 200,000iu of Vitamin A capsule in the 1st Semester and 2nd Semester of 2022. This is an increment on 2021 coverages of the 1st and 2nd Semesters. But comparing 1st and 2nd Semester of 2021 and 2022 there has been steady decreased. This decrease was due none availability of Vitamin A between January to August of 2022. The unit will ensure this coverage improve in the next year through revamping of school supplementation, effective home visiting and defaulter tracing.

Fig 12: Vitamin A Supplementation for children 6-59 months by 1st and 2nd semester in Ho West 2020-2022



8.0. NUTRITION SURVEILLANCE

Nutritional surveillance system established in all facilities in the district for on-going Monitoring and Evaluation of interventions, it also serves as early warning system for quick decision making in the district. Although similar information is, collected monthly from Child Welfare Clinic, on the nutritional status of children 6-59 month, these data seem inaccurate, insufficient and inconsistence. Hence, the district joins the region to conduct nutrition surveillance in February 2021 where Nutrition Officer went collected the data themselves. The data were collected from two (2) facilities in each sub district. In total twelve (12) communities were used and 311 children 6-59 months were involved in the survey. The data is represented in the figure below

Table 1: Nutritional Status of children 6-59 months in Ho West, 2021

NUTRITIONAL STATUS	SEVERE	MODERATE	NORMAL	OVERWEIGHT
WASTING	6.4%	8.7%	79.4%	5.5%
STUNTING	2.3%	8.4%	89.4%	
UNDERWEIGHT	2.6%	10.6%	86.8%	

Survey data

The table above shows that severe stunting was 2.3% and underweight 2.6% these are low prevalence according to WHO recommended prevalence cut-off value for public health significance. However, wasting of 6.4% was poor prevalence referring to the same reference. Wasting is acute hence; this can be a signal for household food insecurity. The unit will conduct a market survey to ascertain this fact.

Table 4: Severe Acute Malnutrition management for children 6-59 months in Ho West, 2022

INDICATOR	NUMBER	% COVERAGE
Expected Cases to be detected	17	
No. of cases detected	4	23.5
No. Cured	4	100.0

Active surveillance data Ho West 2022

The table above shows three (3) cases of Severe Acute Malnutrition were detected in 2022. These represent 17.6% of the targeted cases. These cases were managed with Ready-to-Use Therapeutic Feeding (RUTF) supplied by Volta Regional Health Directorate Nutrition Department. This was also coupled with national counselling on feeding, personal and food hygiene as well as home visiting. These cases came from Dzolokpuita, and Abutia Agorve respectively. Malnutrition case audit was conducted for these cases and it was realized that the immediate cause of these cases was inadequate feeding, also the underlying cause was insufficient access to food at the household level and the basic cause was poverty and lack of knowledge on feeding. This report was forwarded to Volta Regional Health Directorate Nutrition Department as required. The district will continue the active case search to pick up cases for early management.

9.0. SCHOOL-AGED ADOLESCENT NUTRITION

Eating and lifestyle habits are established early in childhood with learned behaviors often continuing into adulthood. The establishment of healthy eating behaviors and active lifestyle behaviors in school-age children is instrumental in addressing the prevalence of obesity, which is increasing globally. These behaviors are the leading preventative measures to prevent childhood obesity and to prevent the development of non-communicable diseases throughout childhood and into adulthood. Interventions to establish healthy eating and active lifestyles are urgently required as the percentage of school-age children and adolescents who are either overweight or obese has been significantly increasing globally.

School-age children and adolescents have been traditionally considered a lower risk group for malnutrition with the majority of nutrition interventions focused on pregnant women and children under 5 years of age. However, there is global evidence that demonstrates the effectiveness of obesity prevention interventions targeted to adolescents with adolescents. Ghana Health Service with collaboration with Ghana Education Service has adopted this strategy in order to improve school-aged adolescent nutrition. Ho West district is part of the district that has been oriented. Currently, seventeen (17) schools are piloting the program.

Table 2: School-Aged Adolescent Nutrition (SAN), 2021

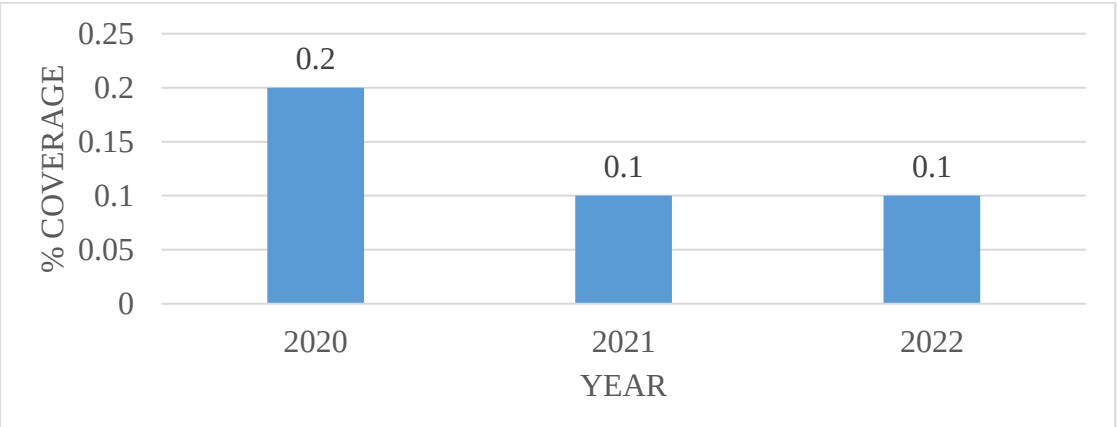
INDICATOR	Number of fruits days organized in a term	Number of Egg days organized in a term	Number of health inspection days conducted in a term	Number of Health Education held in the school in a term	Number general cleaning sessions held in a term	Number of Physical activity sessions held in a term	Number of food vendors, cooks and canteen staff selling fruits	Number of food vendors, cooks and canteen staff who
17 SCHOOLS	130	108	70	37	105	132	16	23
	Number of Nutrition Education held in the term	Does the school have a garden? (Yes / No)	Standard School canteen	Number of school activities conducted involving parents/ community				
	62	16	0	40				

10.0 NON-COMMUNICABLE DISEASES

Major causes of death in Ghana have shifted from predominantly communicable diseases to a combination of communicable and chronic non-communicable diseases.

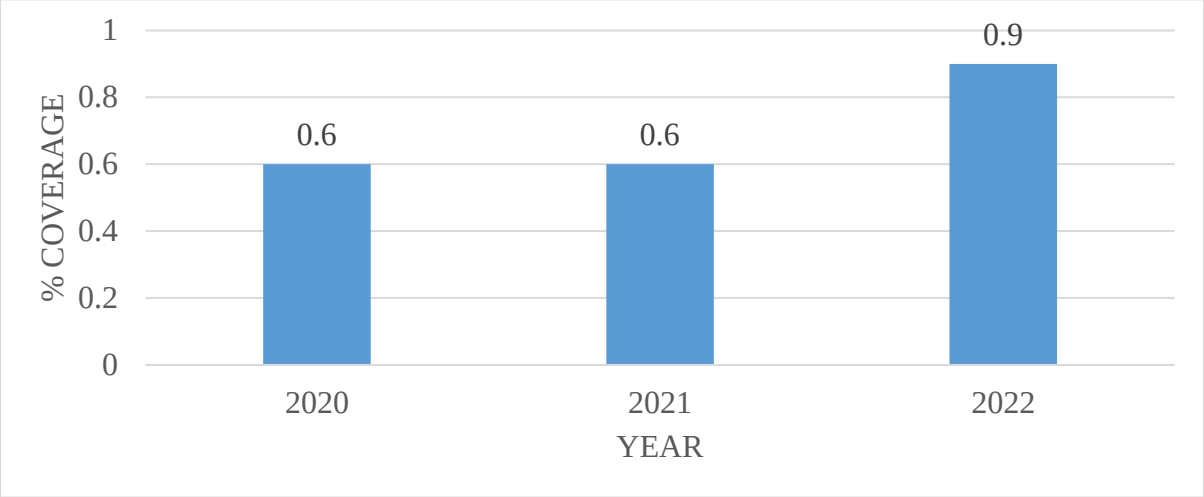
The period under review has increase in non-communicable disease registered at OPD in the district. Eventually, the health facilities at the district have started building capacity equipment wise to detect diabetic cases it hence the rising trend of cases in the district.

Fig 14: New OPD Diabetes cases in Ho West, 2020-2022



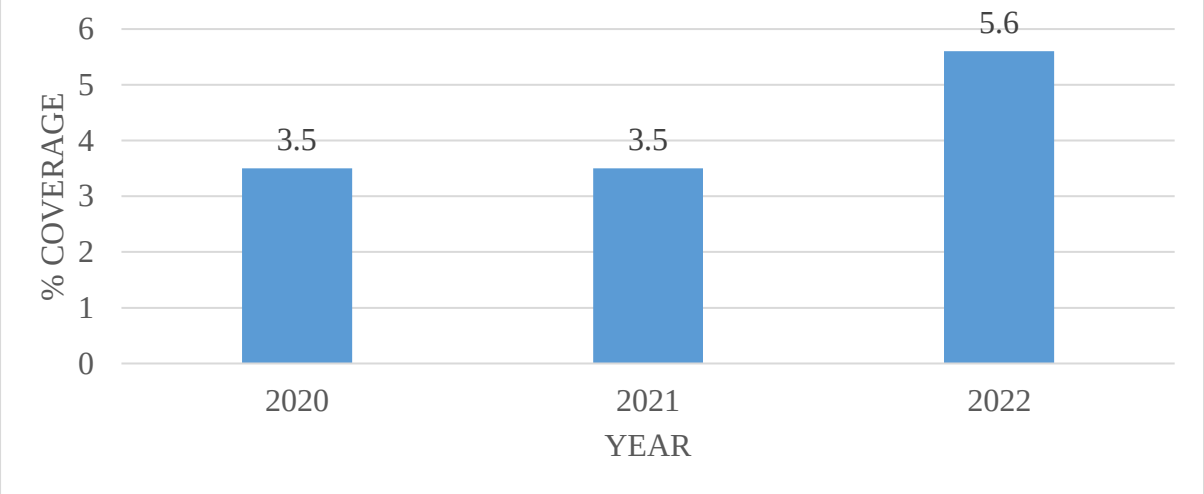
New cases of diabetes detected at the OPD has decreased between 2020 and 2021. In 2020, of all cases reporting to OPD diabetes decreased from 0.2% to 0.1% this can be attributed to health education that were carried out in 2021. These cases are been manage by health centres

Fig 15: New OPD Hypertension cases in Ho West, 2020-2022



The figure above shows the new hypertension cases for the three years under review. It increased from 0.6% to 0.9% in 2021 for all cases reporting to OPD. The increased can be associated to the increased in Physician Assistant in the district

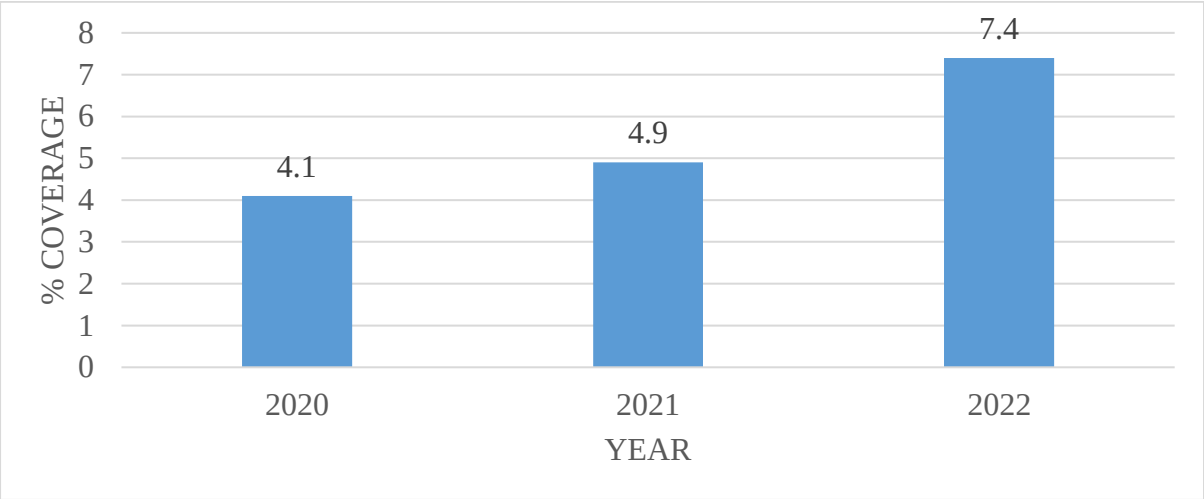
Fig 16: New OPD reported cases of Anaemia among children 0-59 months 2020-2022



Anaemia among children 0-59 months reported at OPD in the year under review has increased from 3.5% in 2021 to 5.6% in 2022. This is unacceptable because childhood anaemia is associated with serious consequences including growth retardation, impaired motor and cognitive development. The district has intensified prevention of malaria which is one of the causes of anaemia, also, education and counselling has been intensified especially feeding then

adequate diet with include iron rich foods. The district is currently implementing introduction of Micronutrient Powder in to complementary food for children 6-59.

Fig 16: New OPD reported cases of Anaemia 2020-2022



Even though other non-communicable diseases were decreasing during the year under review, new cases of anaemia reporting at the OPD continue to increase in 2020-2022. Between 2020 new anaemia cases reporting comprises of 4.1% of all OPD cases and 4.9% in 2021. It subsequently, increased to 7.4% in 2022. The district will continue to educate the public on the importance of consuming dark green leafy vegetable, consumption of fruit rich in Vitamin C, which will make the plant form of the iron available for the both to use. Animal product that are rich in iron such as anchovies, egg, and liver. Also, educate the on-prevention malaria and helminths.

BABY FRIENDLY HEALTH FACILITY INITIATIVE ASSESSMENT

The district was supported by Ghana Health Service (Nutrition Department) and Volta Regional Health Directorate (Nutrition Department) to assess six (6) health facilities namely Kpedze Polyclinic, Dzologbogame Health Centre, Tsito Health Centre, Vane Health Centre, Akome CHPS compound and St. Francis Clinic.

KEY INDICATOR ASSESSED

STEP 1. Written breastfeeding policy that is routinely communicated to all health care staff.

STEP 2. Train all health care staff in skills necessary to implement the policy.

STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.

STEP 4. Help mothers initiate breastfeeding within a half-hour of birth.

STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

STEP 6. Give newborn infants no food or drink other than breast milk, unless medically indicated.

STEP 7. Practice rooming-in - allow mothers and infants to remain together – 24 hours a day.

STEP 8. Encourage breastfeeding on demand.

STEP 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants

STEP 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Mother-friendly care

HIV and infant feeding

Follow up Questionnaire

Also, infant feeding records were reviewed during the assessment as well

SCORING

☐ Step 1: "Yes" for all items

☐ Step 2: "Yes" for all items

☐ Step 3: 70%

☐ Step 4: At least 80% on 3 items and 70% on 2

☐ Step 5: At least 80% on 3 items and 50% on 2

☐ Step 6: 80%

☐ Step 7: 80%

☐ Step 8: 80% for both items

☐ Step 9: 80% for both items

☐ Step 10: 80% for both items

☐ Code compliance: "Yes" and 80%

☐ Mother-friendly care: 70% for 1 item and 50% for the other

☐ HIV and infant feeding: 70% for 1 item and 50% for the other

FOLLOW UP QUESTIONNAIRE

☐ Q 1: The facility sent follow-up questionnaires to babies all approximately the same ages

☐ Q 2: At least 80% "Yes"

☐ Q 3: At least 80% received nothing other than breast milk besides vitamins, minerals supplements or medicine

☐ Q 4: At least 80% babies who are breastfed have not drunk anything from a bottle with a nipple/teat

☐ Q 5: At least 80% of mothers who had problems with feeding got the help needed from the facility, a community clinic or a support group.

SUMMARY RESULT BY FACILITIES

KPEDZE POLYCLINIC

It was noted from the assessment that out of the six (6) clinical staff who are involve in mother and infant care only one (1) representing 16.7% has been trained in some breastfeeding support and promotion with three (3) hours practical.

After the assessments it realized that so the facility best seven (7) out of thirteen (13) key indicators. The indicators passed were Step 3, 6, 7, 8 and 9 others are Code compliance and mother-friendly care. Also, on the follow up questionnaire, the facility passed Q 1,2,4 and 5.

The followings were the achievements, improvements required, and improvements suggested;

Achievement

Even do only one staff was given 20 hours training with 3 hours practical experience when she came back, she trained the other colleagues on the job.

Improvements Required

1. Unit specific policy on breastfeeding should be developed and disseminated to all staff.
2. Babies should be delivered into the abdomen of their mothers and skin to skin should be ensured and observed not less than one hour.
3. Staff should educate mothers on hand expression of breast milk and its storage and HIV transmission from mother to baby.
4. Education should be intensified on exclusive breastfeeding and its benefits.

Improvements suggested

1. District health directorate should ensure capacity building for staff on breastfeeding to meet 20 hours and 3 hours practical experience.
2. Nutrition unit of DD should support facilities to develop and disseminate unit specific policies on breastfeeding.

TSITO HEALTH CENTRE

During the review of the data, it was noted that, out of four (4) clinical staff who are involved in mother and infant care only two of them has been trained in some breastfeeding support and promotion representing 50% trained. The assessment also show that, out of the thirteen (13) key indicators assessed the facility passed eight (8) and failed five (5). The indicators passed Step 3, step 6, step 7, 8, 9, 10, code compliance and mother friendly care. The steps failed

were, Step 1, 2, 4, 5 and HIV and infant feeding. On the follow-up questionnaires the facility passed all the five (5) indicators

Achievement

1. Except indicator 4.4, the facility passed the other indicate this is Step 4.
2. The facility achieved 100% for all the indicators of F1 to F5.

Improvements Required

1. Staff should allow mothers to hold their babies one hour or more to achieve the benefits associated with it.
2. Mothers should be educated or counselled on how to express breast milk by hand and taught how to store it.
3. Mothers should be educated on mother to child transmission of HIV and importance of testing for HIV during pregnancy.

Improvements Suggested

1. The District Health Directorate should plan for capacity building in breastfeeding for the clinical staff involved in breastfeeding
2. District Health Directorate should support facilities to develop unit specific breastfeeding policies and ensure that they are disseminated to all staff.
3. The facility should be supported to maintain this achievement.

VANE HEALTH CENTRE

Data review at during the assessment shows that the only clinical staff who is involve in mother and infant care were not trained in any breastfeeding support and promotion. The main assessment shows that out of the eighteen (13) indicators the facility passed eight (8) of them. The indicators passed where step three, 6, 7, 8, 9, and 10. Others are code compliance, and mother-friendly care. The facility also passed all the five (5) follow-up questionnaires.

Achievements

1. Staff were at adhering to LI 1660.
2. The facility has passed all the follow up questions.

Improvements Required

1. Mothers must be taught how to express breast milk by hand and store it as well
2. Stop sure educate mothers on mother to child transmission on HIV and cancel them on importance of testing for HIV during pregnancy.

Improvements Suggested

1. Nutrition Unit at the district health directors to support the facility to develop unit specific breastfeeding policies translated into local languages and ensure it is disseminated among the staff.
2. Districts have directories should plan a capacity building for clinical staff on breastfeeding
3. Staff should intensify education and counseling on exclusive breastfeeding and avoidance of the use of bottle feeding.

DZOLOGBOGAME HEALTH CENTRE

Out of the three (3) clinical staff at the facility who are involve in caring for mother and infants have not been trained in breastfeeding support or promotion. It was also revealed that it indicates were passed out of the 13 indicators assessed on. Indicators passed were Step 3, 6, 7, 8, 9 and 10 others were code compliance and mother- friendly care. The facility also passed four (4) out of the five (5) follow up indicators.

Achievement

1. Staff are providing comprehensive mother-friendly care even though not trained in it
2. Mothers are supported when they have challenges on breastfeeding

Improvements Required

1. Mothers should be educated that HIV virus can be transmitted from the mother to the baby.
2. Staff should educate mothers on hand expression of breast milk.
3. Staff should ensure mothers hold their babies one hour or more after delivery.

Improvements Suggested

1. In service training should be hard for clinical Staffs on breastfeeding by the district health directorate.

2. Stuff must intensify education and counseling on importance of exclusive breastfeeding.

AKOME CHPS COMPOUND

Data reviewed at the facility shows that out of the two clinical Staffs who are involved in care for mothers and infants have not been trained in any breastfeeding support and promotion. It was also noted after the assessment that out of the thirteen (13) key indicators assessed the facility passed seven (7) of them. The indicators passed were step 6, 7, 9 and 10 others were compliance and mother-friendly care. Subsequently, the facility also passed four (4) indicators out of the five (5) follow up indicators.

Achievements

1. Even do staff would have not been trained in mother friendly care they are practicing it correctly.
2. Mothers are educated on where and when to seek help if the need arises.

Improvements Required

1. Staff should educate mothers on how to hand express breast milk install them.
2. Mothers should be allowed to hold their babies one hour or more after delivery.
3. During breastfeeding emphasis should be placed on feeding on demand.
4. More education should be given on exclusive breastfeeding and its importance.

Improvements Suggested

The District Health Directorate should plan for capacity building for clinical staff on breastfeeding

ST. FRANCIS CLINIC

The facility has been assessed on thirteen (13) key indicators, five (5) follow-up questionnaire. During the assessment, data was also reviewed as well and achievements were noted. Improvements which were required were identified and Improvement suggested were noted.

The finding from the assessment showed that, seven (7) indicators were passed out of the thirteen (13) assessed on. However, the facility passed four (4) out of five (5) follow-up questionnaire. But data review showed that out of the three (3) clinical staff who are involve in mother and infant care were all not trained in breastfeeding support and promotion.

Achievements

1. The only facility that passed 4.3 among all the facility assessed.
2. The facility passed four (4) out of five (5) follow-up questionnaires.

Improvements Required

1. Staff should ensure that mothers hold their babies one hour or more in order to achieve the benefits that comes with it.
2. Mothers should be educated and counseled on how to hand expressed breast milk and store them while they were at home.
3. Staff should educate mothers on mother to child transmission of HIV.
4. The facility might intensify education and counseling on benefits of exclusive breastfeeding

Improvements Suggested

1. Districts have direct threats should ensure breastfeeding policies are developed per unit in local languages and disseminated to staff.
2. The district nutrition unit should collaborate with in-service training unit to train all clinical staff in breastfeeding

Challenges

- High anaemia level among pregnant women
- Poor data quality from facilities
- Lack of transport to visit service providing point
- Inadequate glucometer for detection of diabetic cases
- Only six (6) out of twenty-eight (28) who provide mother and infant care has been assessed on Baby Friendly Health Facility Initiative
- Most clinical staff involve in mother and infant care have not been trained in breastfeeding support and promotion.

Way Forward

- To intensify education on consumption of iron-rich foods eg. Green leafy vegetables, liver of a meat
- To emphasis on the need for taking Vitamin C rich fruits e.g oranges, pineapples
- To use the already community structures to intensify education on iron/folic supplementation.
- To carry out food demonstration in at least 2 community in facility area.

- Intensify school supplementation of Vitamin A
- Ensure proper documentation at all facilities
- Intensify Vitamin A supplementation during home visits
- Provide monthly feedback.
- Carryout data audit through the facility.
- Carry out Nutrition Survey to determine the true level of malnutrition in the district
- To carry out BFHI assessment in the rest twenty-two (22) health facility in the district and lobby for external assessment for designation as Baby Friendly.
- Carry out supervision on school feeding