JOMORO MUNICIPAL HEALTH DIRECTORATE
NUTRITION ORIENTED INTERVENTIONS PROGRESS REPORT
2020

INTRODUCTION

Jomoro Municipal which is located in the South-Western part of the Western Region and inaugurated in 1988 shares boundaries with Suaman District, Wassa Amenfi West, the Gulf of Guinea, the Ellembelle District and the Republic of La Cote D' Ivoire on the North, South, East and West, respectively. The municipal has a size of 1,344sq.km and this constitutes 5.6% of the total land area of Western Region. The Municipal has a total population of 203,720. Males contribute 49% (99,823 and females also contribute 51% (102,897) respectively

The indigenes are predominately Nzemas and Aowins. However, other minority settlers notably, Fantes, Ewes and Ashantis, are also located in the municipality. The major occupations of the people in the municipal are farming, fishing and petty trading. Fishing is the primary occupation of the Fantes and Ewes, whose movement corresponds to the strength of the fishing period.

MUNICIPAL HEALTH ADMINISTRATION

Health administration structure

The municipal has Municipal Health committee, which serves as advisory board and the municipal Health Management Team (MHMT) plan, monitor supervise and ensure that all health activities planned are implemented. The head of Municipal Health Management Team is the Municipal Director of Health Service.

The Jomoro Municipal has six sub-municipals namely-;

1) Half Assini- sub municipal
2) Beyin- sub municipal
3) Tikobo 1 sub municipal
4) Elubo sub municipal
5) Newtown sub municipal
6) Samenye sub municipal

VISION STATEMENT

A Healthy population with Universal Access to affordable and quality Health Services

MISSION STATEMENT

To provide and prudently manage comprehensive and accessible quality health services with emphasis on partnership in accordance with approved national policies by well oriented and motivated work force.

MANDATE

Reduce inequalities in access to health care; improve coverages, quality and use of health services through periodic monitoring, supervision and evaluation of activities

CORE FUNCTIONS OF THE JOMORO MUNICIPAL HEALTH DIRECTORATE

1) Ensure affordable and accessible clinical and public health care services at all levels through collaboration with other stakeholders and partners in health delivery(CHAG, private and quasi -government etc)
2) Provide protocols and standard guidelines to all implementing health facilities
3) Conduct IE &C and Behavioral Change communication to improve and promote the health of the people in the
4) Institute measures for an enhanced disease surveillance system, disease prevention and control
5) Mobilize community members for health programmes
6) Ensure food and Nutrition Security
7) Ensure efficiency and career advancement of health workers through in service trainings workshops and continuous education
8) Promote the efficient and the effective use of available resources
9) Promote research for the improved service delivery

HEALTH FACILIITES

The municipal had forty facilities reporting on services delivered within their catchment areas comprising twenty eight functional CHPS, two CHAG facility, two private clinics, seven public health centres and one public hospital. These services are rendered in public; community- donated.

Table 1 shows the Distribution of health facilities in the Municipal by TYPE in the Sub-municipals

NO	SUB-MUNICIPAL	TYPE OF FACILITY				
		HOSPITAL	HEALTH CENTRE	CLINIC	CHPS	TOTAL
1	Beyin		2	1	3	**6**
2	Elubo		1	2	6	**9**
3	Newtown		1		5	**6**
4	Half Assini	1			7	**8**
5	Tikobo 1		1	2	3	**6**
6	Samenye		2	1	4	**7**
TOTAL		**1**	**7**	**6**	**28**	**41**

Table 2 shows Distribution of Health facilities and Ownership

NO	SUB-MUNICIPAL	OWNERSHIP			
		PUBLIC	PRIVATE	CHAG	TOTAL
1	Beyin	5	0	1	**6**
2	Elubo	7	2	0	**9**
3	Newtown	6	0	0	**6**
4	Half Assini	8	0	0	**8**
5	Tikobo 1	4	1	1	**6**
6	Samenye	6	0	1	**7**
TOTAL		**36**	**3**	**3**	**41**

NUTRITION ORIENTED PROGRAMMES

Introduction

Nutrition is a key to human survival. The nutrition unit seeks to improve survival through nutrition education and services to communities. In face of the double burden of diseases, nutrition has become a long term strategy adopted by the health sector to curb this menace. Over the years though the essence of nutrition has been emphasized, behaviour of the public has not changed since they respond promptly to curative medicine as compared to preventive aspect that involves nutrition.

Nutrition aims at preventing nutrition related problems in society. In an attempt to follow the progress of nutrition in the Jomoro Municipality, a series of indicators have been selected as methods of measurement and interpretation of nutrition indices based on cut- of points.

NUTRITION INTERVENTIONS PROGRAMME

1. **GIFTS - Stands for Girls Iron Folic Acid Tablet Supplementation**:

This intervention aims to reduce the high prevalence of anaemia among adolescent girls in Ghana as a whole. It targets adolescent girls both in- School (JHS-SHS) and out-of-school. The adolescent girls in schools are given Folic Acid tablet once weekly in the schools by teachers and out- of-school adolescents are also given by health workers.

2. SMART School:

It's also a nutrition intervention in schools where good and able smaller groups are formed from the students to educate their peers on nutrition issues/programmes or topics. Health workers and teachers are tasked to build the capacity of the groups formed to also educate their peers

3. Nutrition Friendly Schools:

This aims to improve the health and nutrition status of the school children. It's an intervention designed to make sure that:

i) Foods sold in school canteens are nutritious safe and hygienic.

ii) Food vendors in schools are licensed or certified

iii) All students consume a fruit at least weekly (fruit days)

iv) School inspection days

LIST OF NUTRITION ORIENTED INTERVENTIONS AND TOOLS IN HEALTH FACILITIES

INTERVENTIONS	BEYIN SUB-MUN.	ELUBO SUB-MUN.	NEWTOWN SUB-MUN.	HALF ASSINI SUB-MUN.	SAMENYE SUB-MUN.	TIKOBO NO.1 SUB-MUN.
Vitamin A protocol		✓		✓		✓
CMAM protocol	✓		✓			
IYCF strategy document		✓		✓		
Guideline for HIV & Infant Feeding	✓	✓		✓		✓
Guidelines for ENA's (booklet)				✓		
Available and Functioning weighing scales				✓		
Measuring Boards (Infantometer)				✓		
MUAC Tapes	✓				✓	
Stock of Child Growth Records				✓		
Vitamin A capsules						
Iron and Folic Acid Tablets		✓		✓		✓
Food Supplementation and Fortification		✓		✓		
Iron-folate supplementation for pregnant women			✓	✓		
Behaviour change communication for Infant and Young Child Feeding		✓		✓	✓	
Community based management of Severe Acute Malnutrition	✓					✓
RUTF				✓		
GIFTS		✓				

KEY NOTES

✓ = Availability of Tools

CMAM= Community based Management of Acute Malnutrition

IYCF= Infant and Young Child Feeding

ENA= Essential Nutrition Actions

MUAC =Mid Upper Arm Circumference

RUTF= Ready to use Therapeutic Food

GIFTS= Girls Iron Folic Acid Tablet Supplementation

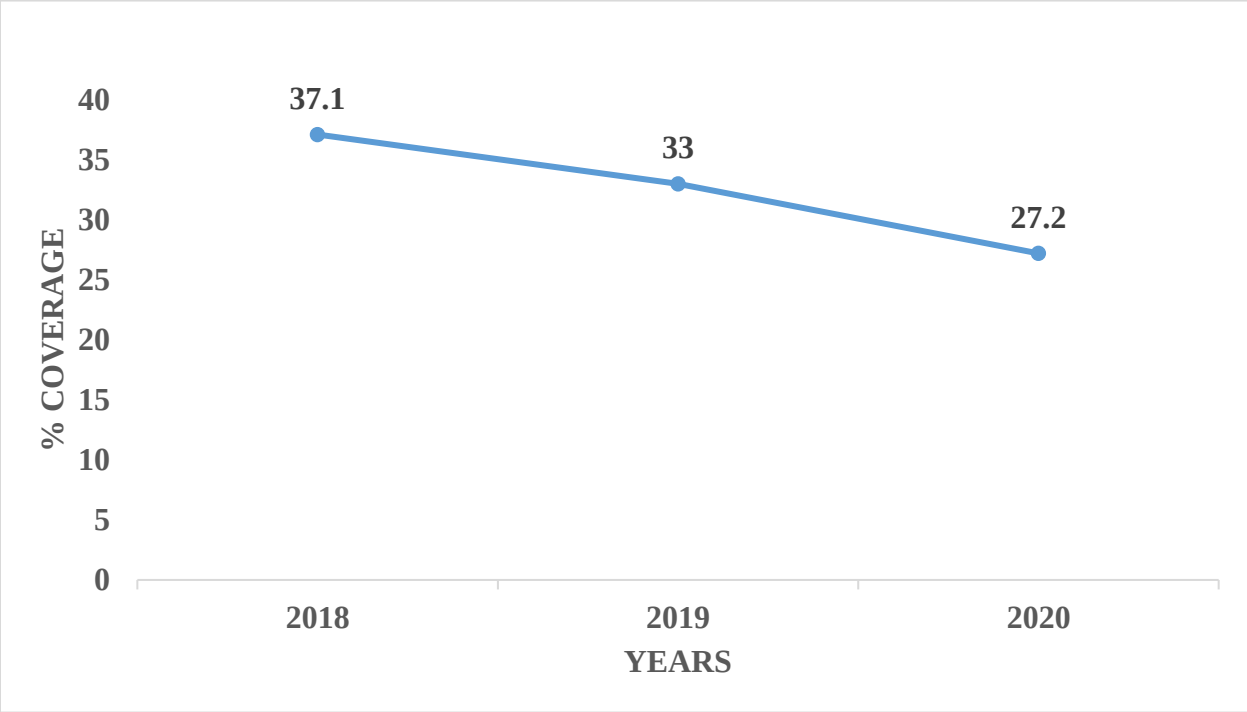
GROWTH MONITORING AND PROMOTION

REGISTRANTS (2018-2020)

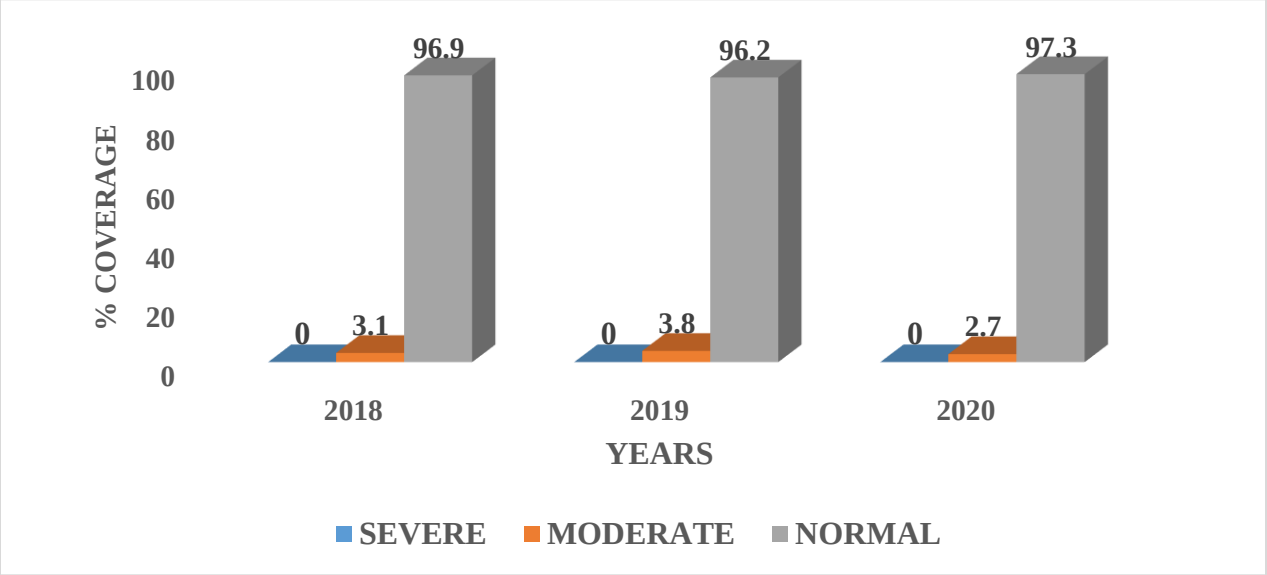
YEARS	TARGET	ACTUAL	% COVERAGE	% UNDERWEIGHT		% NORMAL
				SEVERE	MODERATE	
2018	38,087	12,082	31.7	0	3.1	96.9
2019	38,962	12,865	33	0	3.8	96.2
2020	39,853	10,855	27.2	0	2.7	97.3

The above table indicates trends of children registered at Child Welfare Clinic (CWC) and their nutritional status at registration in 2018, 2019 and 2020 respectively. CWC registrants decreased from 31.7% in 2018, 33% in 2019 to 27.2% in 2020. The decrease in coverage was as a result of poor data capturing by staff in that most of the children were not captured as registrants particularly when they migrate from 0-11 months to 12-23 months and from 12-23 months to 24-59 months. This means that most staff captured children only once in their lifetime as registrants.

TREND OF REGISTRANTS AT CWC (2018-2020)



NUTRITIONAL STATUS OF CWC REGISTRANTS



Although, the coverage in CWC registrants saw a decrease in 2020 under review but the nutritional status of children registered slightly improved with 3.1% in 2018, 3.8% in 2019 moderately underweight as compared to 2.7% in 2020.

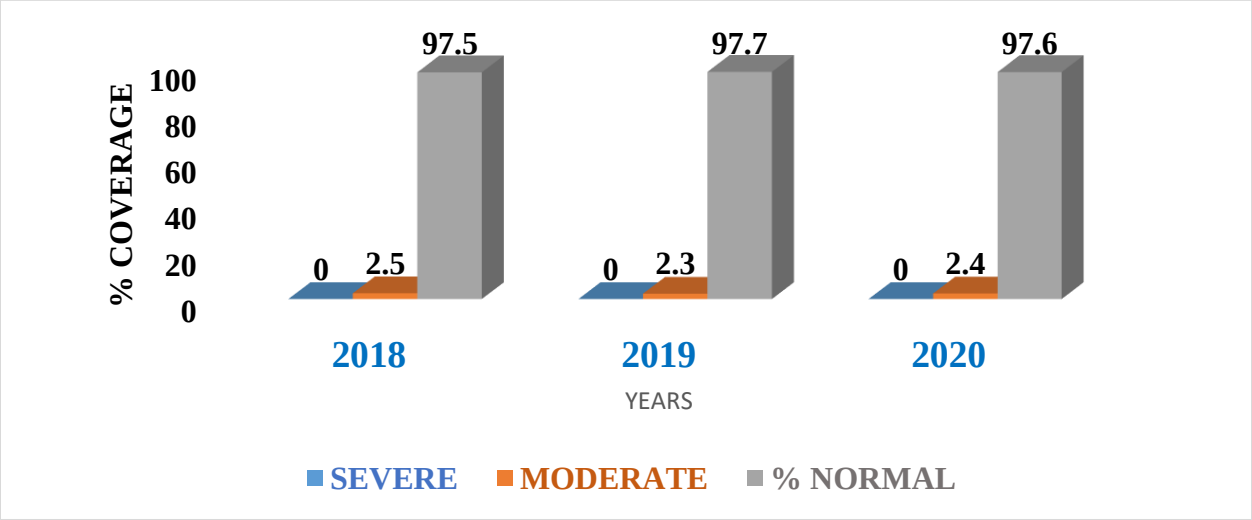
Also, 96.9% in 2018, 96.2% in 2019 respectively had their weight for age (WFA) being normal as compared to 97.3% in 2020.

GROWTH MONITORING –ATTENDANCE (2018-2020)

YEARS	ACTUAL	% UNDERWEIGHT		% NORMAL
		SEVERE	MODERATE	
2018	89,037	0	2.5	97.5
2019	98,734	0	2.3	97.7
2020	82,748	0	2.4	97.6

The table above shows the trend of CWC attendants and their nutritional status compared from 2018-2020. Although, 89,037 and 98,734 attendance were made in 2018 and 2019 respectively which is higher than 82,748 attendance in 2020. There was a slight decrease in the nutritional status of attendants in 2020 with 2.5% in 2018, 2.3% in 2019 and 2.4% in 2020 moderately underweight

TREND OF NUTRITIONAL STATUS OF CWC ATTENDANTS

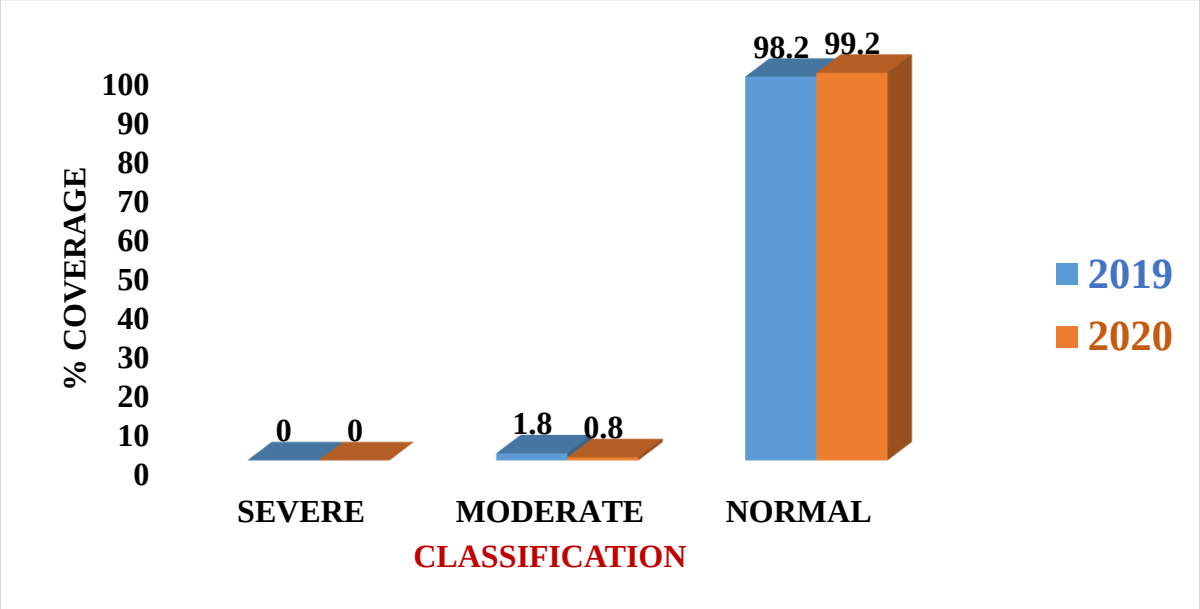


LENGTH / HEIGHT FOR AGE (STUNTING) ASSESSMENT (2020)

YEARS	TOTAL CHILDREN MEASURED	STUNTING		% NORMAL
		% SEVERE	% MODERATE	
2019	7,251	0	1.8	98.2
2020	6,671	0	0.8	99.2

The table above shows the total number of children who were assessed for stunting (L/HFA) from January to December 2020. During the year 2020 under review, a total number of 7,251 children were measured with none of them being severely stunted, 0.8% moderately stunted and 99.2% being normal.

LENGTH / HEIGHT FOR AGE (STUNTING) ASSESSMENT (2019-2020)

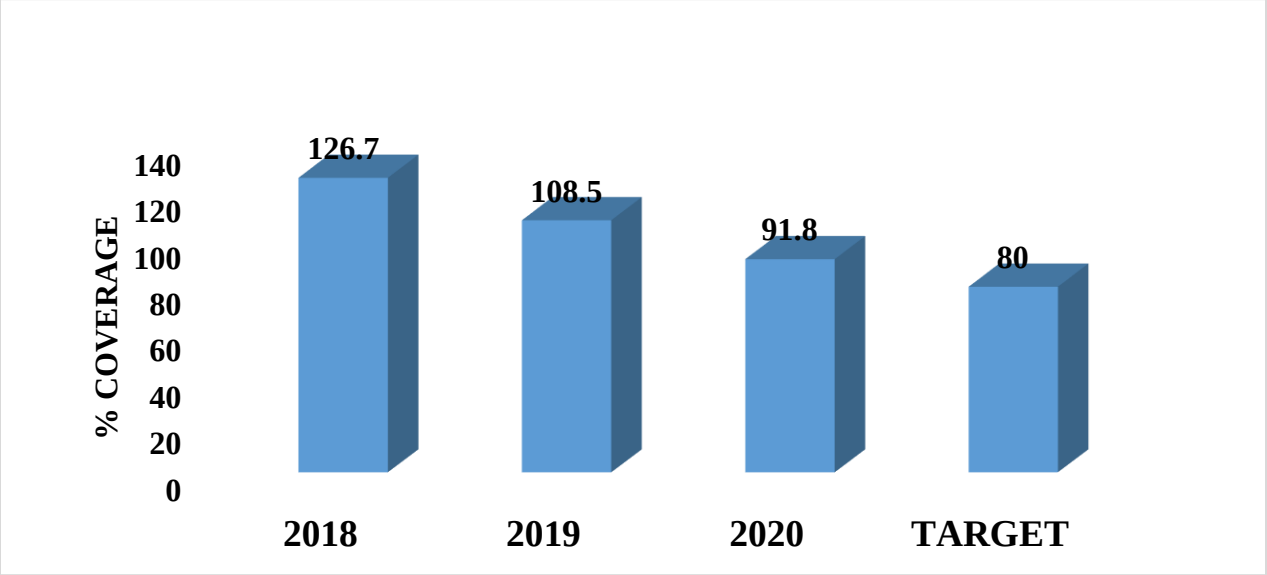


VITAMIN A SUPPLEMENTATION - 6-11 MONTHS (2018-2020)

YEARS	TARGET	ACTUAL	%COVERAGE
2018	3,809	4,825	126.7
2019	3,897	4,230	108.5
2020	3,926	3,604	91.8

Vitamin A Supplementation (VAS) among children 6-11 months also saw a decrease in coverage from 126.7% in 2018, 108.5% in 2019 to 91.8% in 2020. The cause of the decrease in coverage was as a result of shortages of vitamin A capsules in the district and region as a whole.

TREND OF VITAMIN A SUPPLEMENTATION (VAS) AMONG CHILDREN 6-11 MTHS (2018-2020)

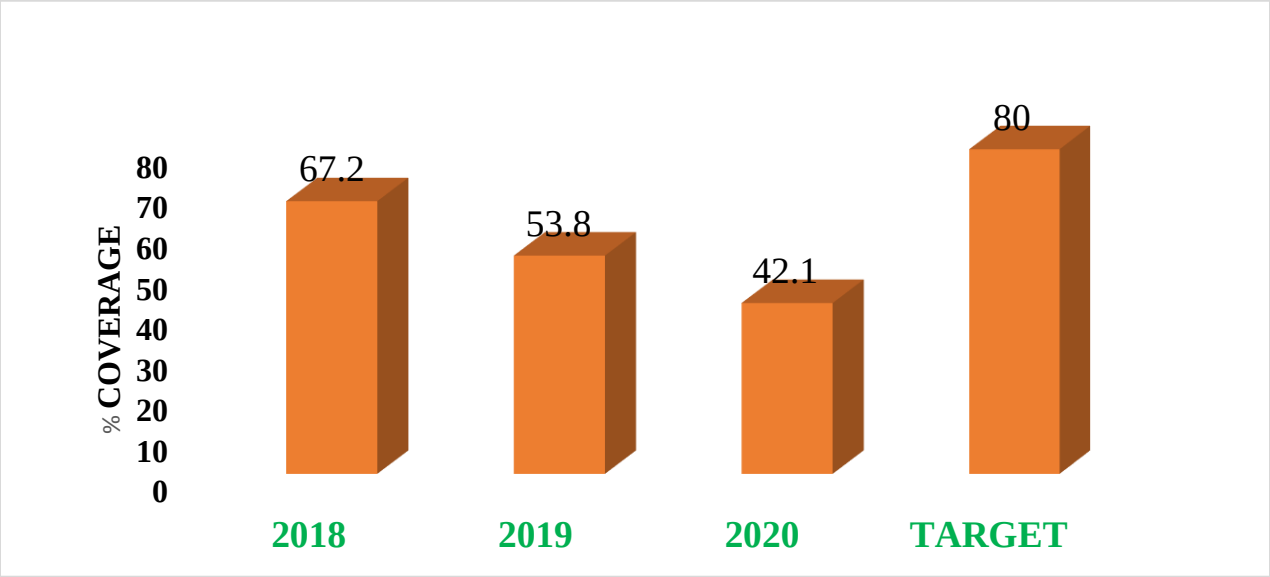


VITAMIN A SUPPLEMENTATION 12-59 MONTHS (2018-2020)

YEARS	TARGET	ACTUAL	% COVERAGE
2018	30,470	20,476	67.2
2019	31,170	16,759	53.8
2020	31,883	13,427	42.1

During the year 2020 under review, Vitamin A Supplementation (VAS) among children 12-59 months also saw a decrease in coverage from 67.2% in 2018, 53.8% in 2019 to 42.1% in 2020. The cause of the reduction in coverage was also as a result of shortages of Vitamin A capsules (200,000 IU) in the district and region.

TREND OF VITAMIN A SUPPLEMENTATION (VAS) AMONG CHILDREN 12-59 MTHS (2018-2020)



EXCLUSIVE BREASTFEEDING (EBF) AT MONTH THREE (3)

YEARS	# OF MOTHERS ASSESSED	# PRACTICING EBF	% PRACTICING EBF
2018	6,444	4,542	70.5
2019	8,714	6,901	79.2
2020	6,423	4,980	77.5

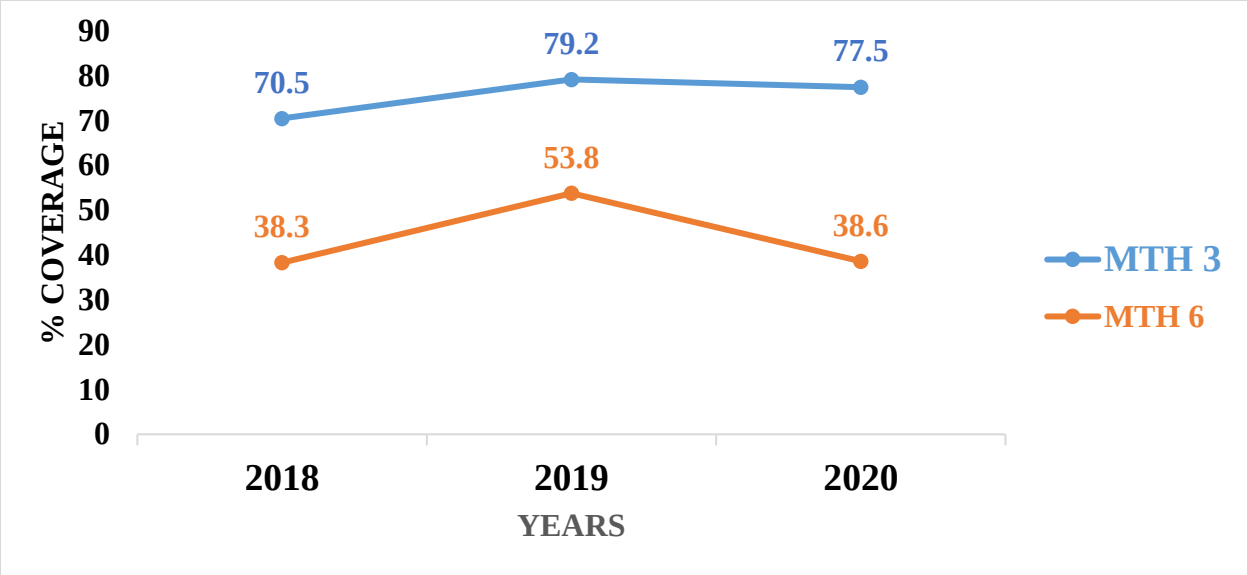
EXCLUSIVE BREASTFEEDING (EBF) AT MONTH SIX (6)

YEARS	# OF MOTHERS ASSESSED	# PRACTICING EBF	% PRACTICING EBF
2018	6,358	2,436	38.3
2019	9,627	5,180	53.8
2020	7,551	2,912	38.6

Out of 6,423 children who were assessed at CWC in 2020, 77.5% were exclusively breastfed at month three whilst out of 7,551 children who were assessed at CWC same year, 38.6% were exclusively breastfed at month six.

During the year 2020 under review, exclusive breastfeeding at month three decreased from 79.2% to 77.5% and 53.8% to 38.6% at month six.

TREND OF EXCLUSIVE BREASTFEEDING (EBF) AT MONTH 3 & MONTH 6 RESPECTIVELY AT CWC



CHALLENGES AT THE END OF THE YEAR 2020

- Low coverage for growth monitoring and promotion registration
- Low vitamin A coverage among children 12-59 months
- Data inconsistency
- Shortage of CMAM commodities (RUTF, F-75, F-100 and BP-100)

WAY FORWARD FOR THE YEAR 2021

- To coach staff how to correctly capture CWC registrants
- To encourage staff to organise mop- ups to increase VAS coverage
- To embark on at least quarterly data validation
- To request for CMAM commodities (RUTF, F-75, F-100 and BP-100)