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# **USAID Advancing Nutrition Ghana Final Report**

Fiscal Years 2020–2023



## About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

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Cover photo: A health worker at the Choggu child welfare clinic administering Vitamin A supplement to a child. Photo credit: William Anim-Dankwa/USAID Advancing Nutrition

## USAID Advancing Nutrition

JSI Research & Training Institute, Inc.

2733 Crystal Drive

4<sup>th</sup> Floor

Arlington, VA 22202

Phone: 703-528-7474

Email: [info@advancingnutrition.org](mailto:info@advancingnutrition.org)

Web: [advancingnutrition.org](http://advancingnutrition.org)

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# Acknowledgments

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We duly acknowledge the long-standing work of the United Nations Children's Fund (UNICEF) and other United Nations agencies that have improved nutrition for women and children by promoting resources on infant and young child feeding; community management of acute malnutrition; micronutrient supplementation; and water, sanitation, and hygiene. We built on their successes and utilized their work for our interventions.

We also wish to show appreciation for the contributions and support received from other USAID cooperating agencies and Feed the Future implementing partners, including the USAID Global Health Supply Chain-Procurement and Supply Management; Resilience in Northern Ghana Systems Strengthening Activity; and USAID Monitoring, Evaluation, and Learning Platform.

We acknowledge the community leadership, volunteers, groups, and other cadres in the respective communities for their openness and interest in collaborating and leading their neighbors and households through the various program efforts to adopt the promoted nutrition and health behaviors.

Finally, we thank all those who have led and worked as project team members, both in Ghana and in the United States, for their worthy contributions to the project that produced the results and successes we proudly share in this report.

# Acronyms and Abbreviations

|          |                                                    |
|----------|----------------------------------------------------|
| ANC      | antenatal care                                     |
| APC      | anemia prevention and control                      |
| C-IYCF   | community infant and young child feeding           |
| CMAM     | community management of acute malnutrition         |
| COVID-19 | coronavirus disease of 2019                        |
| CSO      | civil society organization                         |
| CSPG     | Cross-Sectoral Planning Group                      |
| CWC      | child welfare clinic                               |
| DHIMS    | District Health Information Management System      |
| DNCC     | District Nutrition Coordinating Committee          |
| DNO      | District Nutrition Officer                         |
| DPCU     | District Planning and Coordinating Unit            |
| DTDS     | digital tracking and decision support              |
| ECD      | early childhood development                        |
| FNS      | food and nutrition security                        |
| FSTNS    | food systems transformation and nutrition security |
| FY       | fiscal year                                        |
| GMP      | growth monitoring and promotion                    |
| GSS      | Ghana Statistical Service                          |
| Hb       | hemoglobin                                         |
| IYCF     | infant and young child feeding                     |
| JSI      | JSI Research & Training Institute, Inc.            |
| MCHN     | maternal and child health and nutrition            |
| MCHRB    | maternal and child health record book              |
| MICS     | Multiple Indicator Cluster Survey                  |
| MMDA     | Metropolitan, Municipal, and District Assembly     |
| MSN      | multi-sectoral nutrition                           |
| MSNP     | multi-sectoral nutrition planning                  |
| MTDP     | medium-term development plan                       |
| MTMSG    | mother-to-mother support group                     |
| NaNuPaCC | National Nutrition Partners Coordination Committee |
| NDPC     | National Development Planning Commission           |
| QI       | quality improvement                                |



|        |                                           |
|--------|-------------------------------------------|
| RCC    | Regional Coordinating Council             |
| RCEL   | responsive care and early learning        |
| RING   | Resiliency in Northern Ghana              |
| SBCC   | social and behavior change communication  |
| SUN    | Scaling Up Nutrition                      |
| ToR    | terms of reference                        |
| UNICEF | United Nations Children’s Fund            |
| USAID  | U.S. Agency for International Development |
| VSLA   | village savings and loans association     |
| WASH   | water, sanitation, and hygiene            |

# Executive Summary

## Background and Objectives

Malnutrition remains a major public health issue in Ghana, with nearly 18 percent of children under five being stunted, 12 percent being underweight, and six percent being wasted (GSS and ICF 2023). Among the key factors that have hindered progress in addressing the malnutrition situation over the years is the lack of collaboration and coordination among the various sectors and actors in planning for nutrition and rolling out multi-sectoral interventions. To help address these issues and others, USAID Advancing Nutrition Ghana set out to provide technical support to advance the Government of Ghana's efforts to improve planning and delivery of services that promote household resilience and early childhood growth and development through the achievement of the following objectives:

- **Objective 1:** Strengthened multi-sectoral planning, financing, and coordination of food and nutrition security (FNS)
- **Objective 2:** Strengthened quality and reach of nutrition service delivery
- **Objective 3:** Strengthened community structures and behaviors for improved household nutrition and resilience.

Although we initially implemented the program in 17 districts in northern Ghana (USAID's Feed the Future zone of influence), we expanded our scope in fiscal year 2023 to cover all 55 districts in the five regions of the north.

## Major Accomplishments

### At a Glance



Supported to establish **District Nutrition Coordination Committees** in 17 districts to lead nutrition planning and implementation.



Reached **399,059** pregnant women and children under five with nutrition services



Supported to develop **planning guidelines** for food and nutrition security.



Reached **108,663** community members with key messages on nutrition and water, sanitation, and hygiene



Supported **17** districts to plan and budget for food and nutrition security in their **medium-term development plans**



Strengthened **340** village savings and loans associations (VSLAs) and mother-to-mother support groups (MTMSGs)



Trained **5,774** health workers in nutrition service delivery



Supported **10,193** VSLA members to save more than **GHS 3.1m** and invest in the nutrition of their families.



## Objective 1

Working with the Government of Ghana and international development partners, USAID Advancing Nutrition made significant strides in strengthening multi-sectoral nutrition (MSN) governance at both national and district levels. We revamped the Cross-Sectoral Planning Group (CSPG) and the National Nutrition Partners Coordination Committee (NaNuPaCC) and supported the establishment of District Nutrition Coordination Committees (DNCCs) across 17 districts. While the CSPG convenes stakeholders from both the nutrition-specific<sup>1</sup> and nutrition-sensitive<sup>2</sup> sectors and donors, NaNuPaCC is the main platform for coordinating among health sector nutrition-specific actors in the country. Like the CSPG, the DNCCs bring together nutrition-specific and -sensitive actors at the district level to plan for nutrition and coordinate their efforts.

The project enhanced the integration of FNS into national and district medium-term development plans (MTDPs) by supporting the development of planning guidelines for FNS and building capacity of nutrition stakeholders in 17 districts to apply the guidelines in preparing their 2022–2025 MTDPs. This led to significant improvements in the integration of FNS, with the 2022–2025 MTDPs having more issues, objectives, and activities related to FNS than the 2018–2021 MTDPs. In addition to getting more FNS actions into the MTDPs, USAID Advancing Nutrition influenced the 17 districts to increase their FNS budget from an average of GHS 9 million in the 2018–2021 MTDPs to GHS 29 million in the 2022–2025 MTDPs.

## Objective 2

To improve the quality and reach of nutrition services, USAID Advancing Nutrition worked closely with the Ghana Health Service to train 5,774 health workers (3,380 females, 2,394 males) in infant and young child feeding (IYCF), anemia prevention and control (APC), community management of acute malnutrition (CMAM), responsive care and early learning (RCEL), quality improvement, and more. We helped the Ghana Health Service reach 262,832 children under five (132,004 females, 130,828 males) and 136,227 pregnant women with nutrition services through outreach and home visits. We also supplied 322,359 maternal and child health record books (MCHRBs) and other nutrition registers and service delivery tools, and trained health workers on their correct usage to improve the quality of nutrition data. While the activity was too short to see significant changes at the outcome level, the Ghana Health Service reported some improvements in nutrition service delivery, particularly hemoglobin (Hb) testing during antenatal care (ANC), nutrition counseling, and utilization of the MCHRBs. For instance, in the initial 17 districts, the percentage of pregnant women tested for anemia during registration and at 36 weeks increased from 84 percent and 36 percent in 2021 to 92 percent and 45 percent in 2022, respectively.

Also, in four districts, we demonstrated the feasibility of integrating RCEL with IYCF counseling services to promote holistic, nurturing care for children from birth to age two. After training health workers to provide integrated RCEL and IYCF services, we saw significant improvements in IYCF and responsive care. Children (6–23 months) who achieved minimum dietary diversity increased from 29 percent at baseline to 72 percent at endline, and those who achieved minimum acceptable diet increased from 26 percent to 54 percent. Caregiver-child interactions that were responsive to the child's cues also increased from 15 percent at baseline to 61 percent.

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<sup>1</sup> Nutrition-specific interventions address the immediate determinants of fetal and child nutrition and development. These include vitamin A and zinc supplementation, exclusive breastfeeding, dietary diversity promotion, and food fortification (Ruel and Alderman 2013).

<sup>2</sup> Nutrition-sensitive interventions, on the other hand, are aimed at influencing the underlying determinants of nutrition. For example, water, sanitation, and hygiene; child protection; schooling; early child development; maternal mental health; agriculture and food security; health and family planning services; social safety nets; and women's empowerment (Ibid).

### Objective 3

As a key strategy for improving household nutrition and resilience, USAID Advancing Nutrition worked with the Government of Ghana to strengthen the capacity of 240 village savings and loans associations (VSLAs) and 100 mother-to-mother support groups (MTMSGs) to effectively combine savings and loans with activities that promote positive nutrition behaviors. This activity included providing the groups with training, logistics, and monitoring support in VSLA operations, providing training and social and behavior change communication (SBCC) materials on community infant and young child feeding, and supporting VSLAs and MTMSGs to conduct food and cooking demonstrations and community durbars. In 17 months,<sup>3</sup> the 340 VSLAs/MTMSGs, with a total membership of 10,193 (9,267 females, 926 males), saved more than GHS 3.1 million and invested part of their savings and loans in the nutrition, education, and health care needs of their families. The project also reached 108,663 community members (27,014 males, 81,649 females) with key messages on nutrition and water, sanitation, and hygiene through cooking demonstrations, community durbars, and other SBCC activities.

### Challenges

The COVID-19 pandemic affected the project at the initial stages, as we could not have in-person engagements with relevant stakeholders until the government relaxed its measures to allow for in-person engagements that adhered to national COVID-19 protocols. Aside from this, there were no major challenges to program implementation. This was due to our strong relations with our government partners, helping us to navigate through conflicting schedules and government bureaucracy to get activities implemented as planned.

### The Way Forward

To consolidate the gains made in advancing the MSN agenda, it is crucial to sustain the momentum. The Ghana Health Service and National Development Planning Commission (NDPC) must continue to work with other government ministries, departments, and agencies and the international development partners to keep the CSPG and NaNuPaCC functional through regular engagements, using them strictly for the purpose for which they were created. The NDPC should be encouraged to push ahead with its plans to expand the FNS guidelines to cover all aspects of food systems transformation and nutrition security and work to ensure that the guidelines are available and accessible to all regions/districts and used in the next planning cycle. With the right tools, training, and coordination among sectors, FNS can be successfully integrated into district development plans and budgets. The improved integration of FNS into district MTDPs is not an end in itself, but a means to increasing investments in nutrition locally. It is important therefore for USAID and other development partners to support civil society organizations and the DNCCs/district planning and coordinating units to monitor the implementation of FNS activities included in the MTDPs to ensure that funds budgeted for FNS are indeed allocated, released, and expended on high-impact nutrition-specific and nutrition-sensitive interventions.

Integrating RCEL with IYCF is feasible and will help ensure more holistic, nurturing care for children for improved early childhood development. The Ghana Health Service will need support to adapt the integrated service package to the needs of the country and scale up the use of the package across the country. The Ghana Health Service will also have to intensify supervision to help ensure that trained health workers are retained at their posts and use the knowledge appropriately. At the same time, it is important that the Ghana Health Service vigorously engage with the government and its development partners to make essential commodities available at the facilities for the management of severe acute malnutrition. It is unproductive and demotivating to health workers to invest in a case search without the accompanying investments to intervene appropriately.

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<sup>3</sup> May 2022–September 2023.

Also, integrating VSLA with nutrition activities so far proves to be a viable way of improving household nutrition and resilience, as women improve their knowledge on nutrition and generate financial resources to help them transfer the knowledge into action. It is important that the district assemblies and development partners continue to support VSLAs and MTMSGs to strengthen their capacity in this regard.

# Overview

## 1. Project Duration

3½ years

## 2. Starting Date

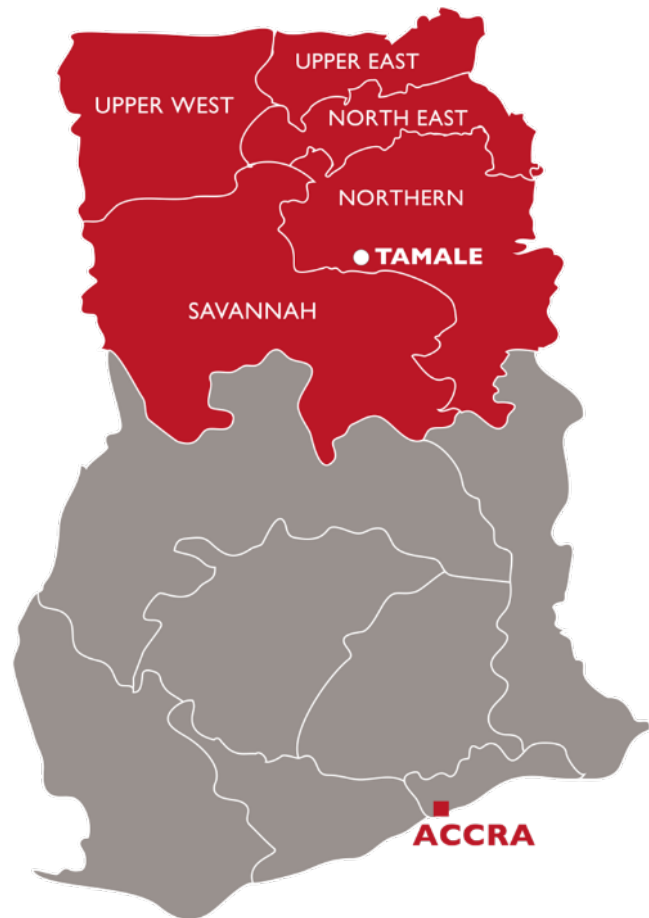
June 2020

## 3. Geographic Focus

55 districts, 5 regions (attached as Annex I)

## 4. Project Objectives

- **Objective 1:** Strengthened multi-sectoral planning, financing, and coordination of food and nutrition security (FNS)
- **Objective 2:** Strengthened quality and reach of nutrition service delivery
- **Objective 3:** Strengthened community structures and behaviors for improved household nutrition and resilience.



# Background

## Country Context

According to the 2022 Demographic and Health Survey, nearly 18 percent of children under five in Ghana are experiencing stunting, 12 percent are underweight, and 6 percent are wasted (GSS and ICF 2023). The former Northern Region of Ghana (which included the North East Region) has the highest rate of stunting. One in three children (29 percent) in the region suffer from stunting and experience the highest level of wasting (moderate and severe), at 9 percent. Close to one in every 10 children (7 percent) were estimated to be experiencing wasting in 2017.

Anemia declined by nearly half, from 66 percent to 36 percent and 41 percent to 22 percent in children and women, respectively, between 2014 and 2017 (GSS and ICF 2023), but it remains a major nutrition problem. In the Northern Belt, 53.2 percent of children under five, 27.6 percent of women of reproductive age, and 43.5 percent of pregnant women were found to be anemic in 2017 (University of Ghana et al. 2017).

According to the 2018 Multiple Indicator Cluster Survey (MICS), rates of early initiation of breastfeeding were 57.8 percent in the Northern Region, 55.8 percent in the Upper East Region, and 62.2 percent in the Upper West Region (GSS 2018). The 2018 MICS showed that the minimum diet diversity for children ages 6–23 months was at 20.8 percent in the Northern Region, 20.8 percent in the Upper East Region, and 13.9 percent in the Upper West Region (GSS 2018).

The 2018 MICS further indicates that children in these regions were also less frequently on track developmentally by age three compared to the national level (68 percent), with 54 percent of three-to-five-year-olds on track in the Northern Region, 51 percent in the Upper East, and 57 percent in the Upper West Region. An assessment of multidimensional poverty in Ghana also found that 73 percent of children lack three or more core domains of wellbeing, including health; nutrition; learning and development; child protection; water, sanitation, and hygiene (WASH); and information (NDPC 2020b).

Among the key factors that have hindered progress in addressing the malnutrition situation over the years have been inadequate planning and budgeting for multi-sectoral FNS actions, the lack of collaboration and coordination among the sectors and actors in planning for nutrition and rolling out multi-sectoral interventions, and limited capacity of health care and health care providers (knowledge, skills, and resources).

## Project Goal and Objectives

To address this situation, USAID Ghana solicited the support of USAID Advancing Nutrition to help the Government of Ghana improve FNS, household resilience, and early childhood development (ECD). Specifically, USAID Advancing Nutrition Ghana sought to achieve the following objectives:

- **Objective 1:** Strengthened multi-sectoral planning, financing, and coordination of FNS.
- **Objective 2:** Strengthened quality and reach of nutrition service delivery.
- **Objective 3:** Strengthened community structures and behaviors for improved household nutrition and resilience.

# Accomplishments

## Objective 1: Strengthened Multi-Sectoral Planning, Financing, and Coordination of FNS

USAID Advancing Nutrition made significant contributions toward advancing the multi-sectoral nutrition (MSN) agenda, particularly in the area of coordination, planning, and budgeting at national and subnational levels. Beginning at a time when there was low appreciation of MSN and weak coordination among various sectors at the district level, USAID Advancing Nutrition ignited interest in MSN by increasing knowledge and understanding among the various sectors on the immediate and underlying determinants of malnutrition and the roles of each sector in addressing these issues. Building on this interest, the project facilitated the formation of District Nutrition Coordinating Committees (DNCCs) across 17 districts in northern Ghana, bringing together nutrition-specific and nutrition-sensitive actors to plan and coordinate their efforts at addressing malnutrition. We also worked with the National Development Planning Commission (NDPC), Ghana Health Service, United Nations Children's Fund (UNICEF) and other development partners to improve MSN governance and coordination at the national level by revamping the structures for coordination, mainly the Scaling Up Nutrition (SUN) Cross-Sectoral Planning Group (CSPG) for multisectoral coordination and the National Nutrition Partners Coordination Committee (NaNuPaCC) for nutrition-specific coordination

The project's biggest gains, however, were in the area of multi-sectoral nutrition planning (MSNP). We supported the NDPC in developing guidelines for mainstreaming FNS into district medium-term development plans (MTDPs) and built the capacity of key actors across the 16 regions of Ghana on the use of the guidelines. Working with the DNCCs, USAID Advancing Nutrition supported the 17 districts in developing their 2022–2025 MTDPs and applying the FNS planning guidelines to formulate and incorporate into the plans multi-sectoral strategies or programs to address malnutrition in order to improve FNS. A comparative review of the 2018–2021 and 2022–2025 MTDPs of the 17 districts showed significant improvements in the integration of FNS, with the number of FNS issues increasing from an average of 17 to 21, FNS objectives increasing from an average of 14 to 18, and FNS activities increasing from an average of 48 to 141. The project also made noteworthy gains in improving budgeting for FNS at the subnational level by supporting the 17 districts in conducting budget and expenditure analyses of nutrition and resilience from 2018 to 2020. We assisted the DNCCs in using the findings to engage their respective districts during the planning processes, leading to increases in FNS budgets in the 17 districts from an average of GHS 9 million in the 2018–2021 MTDPs to GHS 29 million in the 2022–2025 MTDPs.

The improved integration and prioritization of FNS in the MTDPs is an important step toward ensuring sustainable domestic ownership and financing of nutrition.

Below, we discuss further the key accomplishments related to Objective One under various thematic areas.

### Increasing Knowledge, Understanding and Buy-in for Multi-Sectoral Planning and Coordination

For FNS to be integrated into district development plans, it was imperative for the nutrition-specific and nutrition-sensitive departments to have a working understanding of MSN to facilitate a change in mindset and, ultimately, a shift from working in silos to working collaboratively toward addressing malnutrition. It also required putting in place some institutional arrangements to enable a multi-sectoral approach to the planning and implementation of nutrition programs. As a first step, therefore, USAID Advancing Nutrition worked to improve regional and district officials and assembly members' knowledge and understanding of MSN through orientations, learning events, training, and other engagements, with a



total of 1,023 participants (797 males, 226 females). We oriented them on the immediate and underlying causes of malnutrition, driving home the message that multiple sectors have a role to play in responding to malnutrition, as demonstrated in UNICEF’s conceptual framework. This helped to spark interest in MSN at the subnational level and positioned both health and non-health officials to work together to advocate for and support efforts at strengthening MSN planning and coordination.

According to some district officials, the orientations have helped improve coordination among nutrition stakeholders and access to information at the subnational level.

**“At first, when we needed information from the health directorate, they would ask us to fill a form. Now because of the DNCC, I just walk in or call and they will give me the information needed.”**

**Issah Awabu, environmental health officer, Bawku Municipal Assembly**

### **Strengthening Country Coordination Structures for Nutrition and Resilience**

Both the CSPG and NaNuPaCC had existed since 2011 and were initiated by the government and its development partners to improve coordination among the various sectors and partners that have a role to play in addressing malnutrition. However, for several years both of these structures had been inactive, with some believing that the CSPG came to replace NaNuPaCC (Zakariah-Akoto and Aryeetey 2020). To strengthen the country’s response to malnutrition, USAID Advancing Nutrition worked with the NDPC, the Ghana Health Service, UNICEF, and other development partners to revitalize these coordination structures and bring better clarity to their mandates. The CSPG, coordinated by the NDPC as part of the SUN movement, is the bigger MSN coordination platform. It convenes working groups including government (health and non-health sectors), United Nations agencies, the business sector, bilateral development partners, academia, and civil society. It is concerned mainly with policy, strategic planning, and monitoring and evaluation. On the other hand, the Ghana Health Service convened NaNuPaCC as a platform to strengthen collaboration and coordination in the development and implementation of programs by health sector nutrition-specific actors in the country. We helped the



Members of NaNuPaCC in a group photo at the end of a quarterly meeting in February 2023. Photo: Clement Boateng/USAID Advancing Nutrition

Ghana Health Service develop an updated terms of reference (ToR) clearly outlining the membership and functions of the committee, among other terms.

The revival of these coordination mechanisms helped to strengthen nutrition governance and coordination at the country level. The NDPC mobilized the CSPG to develop the policy matrix and results framework of the food systems transformation and nutrition security (FSTNS) component of Ghana's Medium-Term National Development Policy Framework (2022–2025). The CSPG also contributed to the development of Ghana's commitment statements for the Nutrition for Growth summit and the Food Systems Transformation summit. The NaNuPaCC has had a number of quarterly meetings to review the country's nutrition performance, through which key actions have been agreed to be taken by the Ghana Health Service and its partners to address areas where progress remains slow, such as anemia in pregnancy and stunting.

### **Strengthening MSN Coordination at the Subnational Level**

Like the CSPG, USAID Advancing Nutrition facilitated the formation of DNCCs across 17 districts. We worked with Regional Coordinating Councils (RCCs) of the Upper East, Upper West, Northern, and North East regions. The committees were inaugurated in March 2021 and tasked to champion and facilitate planning and budgeting for nutrition activities; ensure collaboration, coordination, and synergy; and mobilize resources to support nutrition activities, among other tasks. With an average of 13 members, the DNCCs comprised representatives from relevant technical departments of the assembly (health, education, agriculture, gender, social welfare, community development, and environmental health); civil society; the private sector; and academia.

To help ensure the DNCCs had the capacity to perform their role as required, we conducted training in advocacy and negotiation, resource mobilization, team building, and the MTDP process for 198 DNCC members (155 males, 43 females). We supported them in convening quarterly coordination meetings to plan and review their MSN activities. We also worked with the RCCs to use the quarterly meetings to conduct supportive supervision for the DNCCs, assessing their functionality and providing support where needed. The DNCCs became the main vehicle through which we supported the districts in planning for FNS during the 2022–2025 MTDP preparation process, as highlighted in other sections of this report.



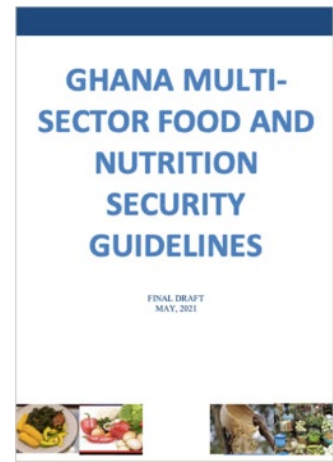
Inauguration of the Garu (left) and Sissala East DNCCs in March 2021. Photos: Mohammed Nurudeen/USAID Advancing Nutrition

To sustain the DNCCs and the MSN agenda at the subnational level, the 17 districts took steps to integrate the DNCCs into the District Planning and Coordinating Units (DPCUs). The DPCUs, which comprise the various departments of the assembly, are mandated to provide leadership in the planning, coordination, implementation, and evaluation of development projects and programs in the districts and are required to hold quarterly meetings to advance this course. District officials said that integrating DNCCs into DPCUs would help keep the DNCCs functional and put nutrition high on the agenda of

the districts, as they would be meeting alongside the DPCU to discuss nutrition and other development issues periodically. Besides, most members of the DNCC were also part of the DPCU, which made it easier to integrate the two bodies and make their work more functional.

### Strengthening Capacity in FNS Planning

To help build capacity in MSNP, USAID Advancing Nutrition assisted the NDPC in developing the Ghana Multi-Sector Food and Nutrition Security Guidelines, which provide steps and tools to guide the planning, implementation, monitoring, and evaluation of effective FNS interventions. The guidelines, developed through a consultative process at both the national and subnational levels and modeled on the NDPC’s MTDP process (figure 1), show how to integrate FNS at various stages of the planning process, including situational analysis; prioritize development issues; form goals, objectives, and strategies; identify implementable activities; and form monitoring and evaluation indicators.



Source: NDPC/USAID Advancing Nutrition

Figure 1. Steps for the 2022–2025 District Medium-Term Development Planning



Source: Guidelines for the Preparation of Sector and District Medium-Term Development Plans, NDPC, October 2020.

At the situational analysis stage, for instance, metropolitan, municipal, and district assemblies (MMDAs) are required to analyze the current situation with FNS as it relates to health and nutrition; food production; WASH; and other issues. This helps them identify and prioritize key FNS issues, from which they can form FNS objectives guided by national policies and map out FNS activities.

The project worked with the NDPC to train 63 officers (49 males, 14 females) from Ghana’s 16 regions on the FNS planning guidelines. Through the trainings, officers gained a better understanding of the role of each sector in addressing malnutrition and how to better integrate FNS into development plans. The development of the guidelines has been recognized as a major milestone in driving the MSN agenda in



Ghana, and the NDPC has indicated its intention to expand the scope of the guidelines to cover planning for FSTNS.

### **Integrating FNS into District MTDPs**

Working with the DNCCs, USAID Advancing Nutrition helped the 17 districts apply the FNS guidelines to plan for FNS as part of the development of their MTDPs. The MTDPs are developed every four years with guidance from the NDPC and serve as the framework for determining which activities are

**“I can say without doubt that the planning guidelines and the capacity building given to the regions and districts in FNS planning was the game-changer.”**

**Ibrahim Yakubu, regional economic planning officer, Upper East Region**

prioritized and investments made to accelerate development in those districts. They are therefore an important entry point for helping ensure that local governments formulate multi-sectoral interventions to improve FNS and allocate funds toward implementing these activities. We supported the 17 districts in holding three-day FNS planning sessions during which DNCC and plan preparation team members came together to analyze the FNS situation in their respective districts. Guided by their respective FNS situations, they prioritized a number of FNS issues to tackle in the next four years and formulated objectives, strategies, and activities for inclusion in the MTDP. They also formulated performance indicators to enable them to track and evaluate FNS performance.

In addition, we helped the districts to validate community needs and conduct public hearings to present their draft plans to citizens and other district stakeholders for feedback. This is one mechanism for ensuring popular participation in the planning process, which will promote inclusiveness and broad ownership of the plan (NDPC 2020a).



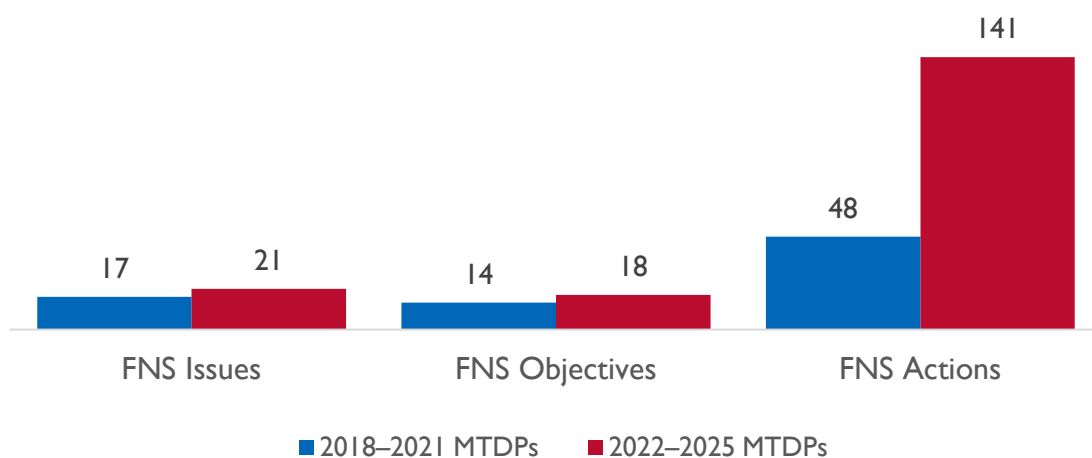
The Nanton (left) and Yendi DNCC and plan preparation team members planning for FNS during the preparation of the 2022–2025 MTDPs. Photos: Mohammed Nurudeen/USAID Advancing Nutrition

In March 2022, when many districts had completed their MTDPs, we worked with the NDPC and the RCCs to review the 2022–2025 and 2018–2021 MTDPs to ascertain whether there had been changes in the integration of FNS and the allocation of funding for FNS. Using an assessment checklist, we also evaluated the extent to which the 2022–2025 MTDPs demonstrated multi-sectoral collaboration to achieve FNS. Additionally, using key informant interviews, we explored the factors that influenced the integration of FNS issues, objectives, and actions into the 2022–2025 MTDPs.

The study revealed significant improvements in the integration of FNS issues, objectives, and actions in the 2022–2025 MTDPs relative to 2018–2021 for most districts. For instance, the 2022–2025 MTDPs

contained, on average, 141 FNS actions, compared with 48 in the 2018–2021 MTDPs, as shown in figure 1. Regional and district officials indicated that the technical and financial support provided by USAID Advancing Nutrition, NDPC, and RCCs was the main reason for the increase in FNS integration in the MTDPs. This support included helping districts form DNCCs, developing FNS planning guidelines, training key stakeholders on the use and application of the FNS planning guidelines, supporting the districts in the conduct of FNS situational analyses, and facilitating joint sector planning sessions on FNS.

**Figure 2. Average Number of FNS Issues, Objectives, and Actions Compared**



### **Influencing District Budgeting for Nutrition and Resilience**

While working with the districts to integrate more FNS actions into the MTDPs, USAID Advancing Nutrition also took steps to influence the budgeting process to ensure that more funds are dedicated to FNS. Working with our partner, Results for Development, we supported the DNCCs in conducting budget and expenditure analyses of nutrition and resilience from 2018 to 2020, estimating the percentage of funds allocated, released, and spent on nutrition and resilience. We used a non-systematic research approach to collect the FNS activities’ financial data from the district composite and departmental budgets and accounts records. The analysis showed a low level of investment in nutrition and resilience activities during the period. It also showed that most expenditures went toward nutrition-sensitive activities and interventions, including the promotion of WASH practices. Based on these findings, we worked with the DNCCs to advocate for more funding for FNS, and this yielded positive results, as the amounts budgeted for FNS in the MTDPs increased from an average of GHS 9 million in the 2018–2021 MTDPs to GHS 29 million in the 2022–2025 MTDPs (table 1), with nine districts recording an increase of at least five percent in the budget for FNS.

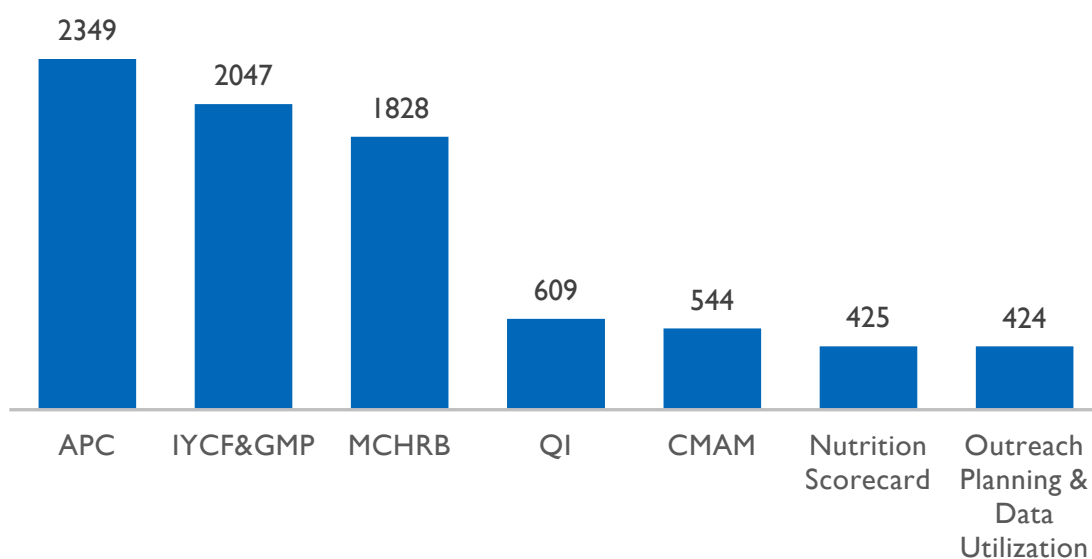
**Table 1. Total Budgets for FNS in the MTDPs Compared**

| Budgetary Allocations for FNS Actions | MTDP                     |                           |
|---------------------------------------|--------------------------|---------------------------|
|                                       | 2018–2021                | 2022–2025                 |
| Minimum                               | 114,930.00               | 96,8271.90                |
| Maximum                               | 45,795,000.00            | 177,486,225.00            |
| Mean (standard deviation)             | 9,041,530.00 (±1,000.20) | 29,227,231.48 (±5,000.00) |

## Objective 2: Strengthened Quality and Reach of Nutrition Service Delivery

USAID Advancing Nutrition forged a successful partnership with the Ghana Health Service to strengthen the country’s health system to support the delivery of quality maternal and child health and nutrition (MCHN) services to more pregnant women, lactating mothers, and children under five, especially in the 55 districts of northern Ghana. We supported the Ghana Health Service to train 5,774 health workers (3,380 females, 2,394 males), equipping them with key skills and competencies to improve the quality of nutrition services including anemia prevention and control (APC), growth monitoring and promotion (GMP), infant and young child feeding (IYCF), and community management of acute malnutrition (CMAM), as shown in figure 3. We also trained them on quality improvement (QI) and on the use of Ghana’s nutrition scorecard,<sup>4</sup> thereby building their capacity to use performance data from the nutrition scorecard and apply QI approaches to address gaps in nutrition service delivery.

**Figure 3. Health Workers Trained on Nutrition Service Delivery**



<sup>4</sup> An online performance management and accountability tool of the GHS that uses data from DHIMS to generate information on the performance of selected nutrition indicators.



To complement the training, we supported the Ghana Health Service in conducting supportive supervision, ensuring that health workers who received training were assessed and provided with on-the-job coaching and mentoring support to address gaps in performance.

Also, to help ensure that services reach those in need, USAID Advancing Nutrition supported 452 health facilities in the 17 initial districts with fuel to conduct monthly outreach and home visits to deliver essential health and nutrition services, such as GMP, vitamin A supplementation, immunization, and nutrition counseling. Using this support, health workers created 973 new outreach points and reached 262,832 children under five (132,004 females, 130,828 males) and 136,227 pregnant women with nutrition services between November 2021 and August 2023 (DHIMS n.d.). In addition, the project supported the Ghana Health Service in improving nutrition and health data capturing and reporting by supplying 322,359 maternal and child health record books (MCHRBs) and other nutrition registers and service delivery tools, such as the child health and nutrition register, ANC register, IYCF and CMAM registers, and bin cards<sup>5</sup>.

While the period of activity was too short to see significant changes at the outcome level, data from the District Health Information Management System (DHIMS) and from supportive supervision showed improvements in nutrition service delivery, particularly Hb testing during ANC, nutrition counseling, and use of the MCHRB. For instance, the percentage of pregnant women tested for anemia during registration increased from 84 percent in 2021 to 92 percent in 2022 in 17 of the districts. And those tested at 36 weeks of pregnancy increased from 36 percent in 2021 to 45 percent in 2022. In these same districts, the average percentage of pregnant women anemic at registration was 43.7 percent in 2021 and 46.5 percent in 2022, while the average percentage of pregnant women anemic at 36 weeks was 42.4 percent in 2021 and 41.7 percent in 2022.

Below, we discuss further the key accomplishments related to Objective Two under various thematic areas.

### **Strengthening Health Worker Capacity in Nutrition Service Delivery**

One of the core components of a functioning health system is well-trained health staff. USAID Advancing Nutrition supported the Ghana Health Service to train 2,349 frontline health workers (899 males, 1450 females) in APC and 2,047 frontline health workers (905 males, 1142 females) in IYCF and GMP, as well as responsive care and early learning (RCEL), across the 55 districts. This was critical to help ensure the provision of services that promote optimal feeding for infants and young children and contribute toward APC in northern Ghana. While the APC module is a more comprehensive package for tackling anemia, the IYCF module focuses more on appropriate breastfeeding and complementary feeding practices to prevent and control all forms of malnutrition, including anemia in children under two years. We also trained 544 health workers (275 females, 269 males) in the 17 initial program districts in CMAM, enabling them to screen and identify children with severe acute malnutrition. In addition to the training, we supported the Ghana Health Service in conducting supportive supervision, ensuring that health workers who received training were assessed and provided with on-the-job coaching and mentoring support to address gaps in performance.

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<sup>5</sup> Used to record quantities of supplies in store.



Top left to right: training facilitators demonstrating proper length measurement of children and master trainers guiding regional-level trainers on the MCHRB during a training of trainers' workshop. Bottom left to right: health workers practicing proper weight measurement and a health worker assessing a baby using a mid-upper arm circumference (MUAC) tape to identify his nutrition status. Photos: GHS/USAID Advancing Nutrition.

Reports from supportive supervision and data from DHIMS showed improvements in the quality of nutrition services such as Hb testing at antenatal care (ANC) and nutrition counseling in the 17 initial program districts. For instance, testing for anemia in pregnancy at registration and at 36 weeks increased from 84 percent and 36 percent in 2021 to 92 percent and 45 percent in 2022, respectively (DHIMS n.d.). In those 17 districts, the average percentage of pregnant women anemic at registration was 43.7 percent in 2021 and 46.5 percent in 2022, while the average percentage of pregnant women anemic at 36 weeks was 42.4 percent in 2021 and 41.7 percent in 2022. So, while more pregnant women were found to be anemic at registration in 2022 compared with 2021, the reduction in anemia prevalence in pregnant women at 36 weeks was more significant in 2022 than 2021. Increased Hb testing, counseling and other APC interventions by the Government and its development partners could have contributed to the identification of more cases of anemia in pregnancy at registration and a significant reduction by 36 weeks.

Also, there was an increase in the identification of children with severe acute malnutrition from 48 percent in 2021 to 52 percent in 2022 across the 17 districts (DHIMS n.d.). However, the erratic supply of commodities for the management of severe acute malnutrition cases, including ready-to-use therapeutic food, demoralized health workers, eventually reducing active case search.



A health worker at a health center in Yendi providing nutrition counseling services to a lactating mother. Photo: Clement Boateng/USAID Advancing Nutrition.

“The number of children at risk of malnutrition identified and provided counseling increased from 94 in 2021 to 191 in 2022 midyear. This is significant because those at-risk children could have gone undetected and that would have led those children into malnutrition and its consequences.”

Eugene Osei Yeboah,  
district director of health  
services, Tempene

## Strengthening Outreach and Home Visits

Outreach is one activity that is critical to expanding coverage of health and nutrition services to reach more women and children. However, due to logistical constraints (including the lack of motorbikes, fuel, and health commodities), health workers in Ghana are mostly unable to conduct outreach as regularly as needed. To strengthen outreach services, USAID Advancing Nutrition trained 424 health workers (101 males, 223 females) in outreach planning and supported 452 health facilities across 17 districts with fuel to conduct outreach and home visits to deliver essential MCHN services, especially to pregnant and lactating women and children below age five. Services rendered during outreach included GMP, vitamin A supplementation, immunization, and nutrition and family planning counseling. Through the fuel support, health workers in the 452 health facilities were able to conduct their scheduled monthly outreach and home visits and created an additional 973 outreach points to bring service delivery closer to those in need, particularly those in hard-to-reach areas. Through outreach and static child welfare and ANC services, the Ghana Health Service reached a total of 262,832 children under five (132,004 females, 130,828 males) and 136,227 pregnant women with nutrition services between November 2021 and August 2023 (DHIMS n.d.).

## Building Capacity in QI and Nutrition Scorecard

USAID Advancing Nutrition supported the Ghana Health Service in building the capacity of health workers to use data from the country’s nutrition scorecard and to apply the QI approach to address gaps in nutrition service delivery. The nutrition scorecard is an online performance management and accountability tool that uses data from DHIMS to generate information on the performance of selected nutrition indicators at regional, district, and facility levels. We trained 609 health workers (352 males, 257 females) on QI and 425 (286 males, 139 females) on the nutrition scorecard. They comprised nutrition officers, community health nurses, enrolled nurses, midwives, and physician assistants. We supported them in constituting QI teams in 221 health facilities and assisted QI coaches in conducting periodic visits to the teams to take part in their meetings and provide technical support. Each team identified a gap based on the performance data and implemented a number of change ideas to achieve their intended result. On a quarterly basis, we supported the Ghana Health Service to bring together QI

teams in their respective districts to conduct a learning session during which they shared progress updates on their respective QI activities, lessons learned, and enhanced their knowledge of the QI process.



Left: Mr. Abdulai Murtala, a staff of the GHS, training health workers in the Gushegu District on the use of the nutrition scorecard. Photo: Clement Boateng/USAID Advancing Nutrition. Right: Participants doing a practical session during the nutrition scorecard training in Yendi. Photo: Abdul-Malik Abukari/USAID Advancing Nutrition.

Through the QI initiative, many health facilities increased patronage of CWCs, ANC, and family planning services. For instance, the Katigri Community-Based Health Planning and Services compound in the Mamprugu–Moagduri District increased its ANC coverage from 48 percent in March 2022 to 95 percent in July 2022 by increasing the frequency of outreach and home visits. The Yagaba Health Center in the same district also improved the completion of nutrition bin cards from 39 percent in March 2022 to 97 percent in July 2022. Also, in the Mamprugu-Moagduri and Mion districts, new registrants at the CWC increased from 6,124 and 18,725 in 2021 to 8,825 and 22,009 in 2022, respectively.

### **Strengthening Quality and Use of Nutrition Data**

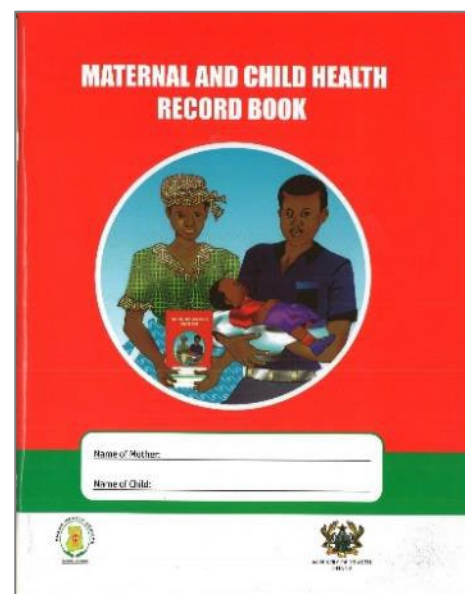
The project also supported the Ghana Health Service in improving the quality and utilization of nutrition and health data through the supply of data capturing tools, training, and supervision. We supplied 189,920 MCHRBS and 132,439 copies of other nutrition registers and data capturing and service delivery tools, such as the child health and nutrition register, ANC register, IYCF and CMAM registers, and bin cards, as shown in table 2.



**Table 2. Nutrition Registers and Other Data Capturing Tools Supplied to 55 Districts**

| No.          | Register                                                                                                           | Total Quantity Supplied |
|--------------|--------------------------------------------------------------------------------------------------------------------|-------------------------|
| 1            | MCHRB                                                                                                              | 189,920                 |
| 2            | CMAM OPC cards                                                                                                     | 37,600                  |
| 3            | CMAM ratio cards                                                                                                   | 37,600                  |
| 4            | ANC register                                                                                                       | 5,110                   |
| 5            | Child health and nutrition register                                                                                | 4,510                   |
| 6            | IYCF register for children                                                                                         | 3,220                   |
| 7            | IYCF register for pregnant women                                                                                   | 3,220                   |
| 8            | Bin cards                                                                                                          | 20,400                  |
| 9            | Other materials: delivery register, CMAM register, IYCF counselling cards, IYCF and MCHRB training materials, etc. | 20,779                  |
| <b>Total</b> |                                                                                                                    | <b>322,359</b>          |

We also supported the Ghana Health Service in training 424 health workers (101 males, 223 females) on outreach planning and data utilization and 1,797 health workers (661 males, 1,136 females) on the use of the MCHRB. In addition, we funded supervisory visits to selected health facilities, during which health officials from regional and district levels assessed how well health workers recorded service data into the registers and provided coaching support as needed. Reports from joint supportive supervision visits showed some improvements in the use of MCHRBs. Health workers were noted to have improved in the plotting and interpretation of the growth curves and appropriately provided nutrition counseling services to caregivers based on that interpretation. Also, more pregnant women and caregivers were now able to access MCHRBs. The MCHRB is an important record of health, growth, and development of children up to five years of age and their mothers (Ghana Health Service 2018). The effective use of MCHRBs helps mothers and caregivers track services provided to them during pregnancy, delivery, postnatal care, and child growth and development checks.



Source: GHS

## Providing essential equipment for nutrition service delivery

Like training, the availability of equipment and other supplies are equally crucial if health workers are to provide quality services. A rapid assessment of the availability of essential nutrition equipment revealed huge gaps in the supply of some basic equipment needed for the effective delivery of MCHN services in the 55 districts. For instance, while the 55 districts needed 22,717 Hb meters and 2,129,560 test strips, only 767 devices and 18,801 strips were available as at April 2023. To increase the availability of essential logistics needed for MCHN service delivery, USAID Advancing Nutrition procured a set of nutrition equipment for distribution to the 55 districts. They comprised mother and child solar scales, hanging scales, Hb meters and test strips, and mid-upper arm circumference (MUAC) measuring tapes, as shown in table 3. In November 2023, we handed over the equipment to regional health directorates of the five regions for onward delivery to the various districts. It is our expectation that the equipment will be made available to the facilities where they are most needed and the GHS will ensure that they are used appropriately by health workers to deliver quality services, especially to pregnant women, caregivers, and children under five.

**Table 3. Nutrition Equipment Supplied to 55 Districts**

| No. | Equipment                     | Total Quantity Supplied |
|-----|-------------------------------|-------------------------|
| 1   | Hanging scales                | 825                     |
| 2   | Hb meters                     | 1,375                   |
| 3   | Hb test strips                | 4,125                   |
| 4   | MUAC tapes                    | 4,125                   |
| 5   | Mother and child solar scales | 175                     |

## Strengthening Health Worker Capacity in Nutrition Commodity Supply Chain Management

Delivering health and nutrition services requires having essential health and nutrition commodities at the right place and at the right time. Logistics and supply chain management systems are therefore critical, but they can only work if well-trained, efficient staff monitor stock levels, place orders, and provide products to clients. USAID Advancing Nutrition collaborated with the USAID Global Health Supply Chain-Procurement and Supply Management project and the Ghana Health Service to train 420 health workers (290 males, 130 females) in 17 districts in logistics and nutrition commodity management. The health workers were trained in managing nutrition and health commodities and using job aids to perform logistics management procedures, complete bin cards, and use the Ghana Integrated Logistics Management Information System. Through their supportive supervision visits, health officials reported some improvements in nutrition commodity management, although essential nutrition commodities have been in short supply. For instance, at many of the facilities, health workers arranged their stock per the standards and took inventory with bin cards.



## **Strengthening Performance Accountability in Health and Nutrition Service Delivery**

USAID Advancing Nutrition supported the Ghana Health Service in conducting midyear and annual regional and district health performance review meetings. These were used mainly to review the performance of the service in achieving various indicators and to strategize going forward. The review meetings helped bring to the fore some of the nutrition challenges or performance gaps that require attention from the government and its development partners. For instance, in most of the districts, anemia in pregnancy was highlighted as a major challenge and participants agreed on the need to intensify efforts at tackling anemia. Other challenges reported included lack of vitamin A supplements and low immunization coverage.

## **Objective 3: Strengthened Community Structures and Behaviors for Improved Household Nutrition and Resilience**

To improve household nutrition and resilience, USAID Advancing Nutrition worked with the Government of Ghana to strengthen community structures that can serve as viable platforms for enhancing access to financial resources as well as information and education on nutrition to promote positive nutrition behaviors among community members. The project identified 240 village savings and loans associations (VSLAs) and 100 mother-to-mother support groups (MTMSGs) in 17 districts and built their capacity in VSLA operations through training, provision of VSLA toolkits, and regular monitoring support. We also trained them in community infant and young child feeding (C-IYCF) and provided them with social and behavior change communication (SBCC) materials on C-IYCF to aid group discussions on feeding topics. In addition, USAID Advancing Nutrition supported the 340 VSLAs and MTMSGs to conduct food and cooking demonstrations, as well as community durbars for nutrition information dissemination, reaching 108,663 community members (27,014 males, 81,649 females) with key messages on nutrition and WASH.

Through these efforts, the 340 groups, from 340 communities, essentially became VSLAs and MTMSGs at the same time as they integrated savings and loans activities with nutrition-related activities, making it possible for group members to improve their finances while increasing their knowledge and understanding on recommended nutrition practices. Between May 2022 and August 2023, the 340 VSLAs/MTMSGs (with a total membership of 10,193 [9,267 females, 926 males]) saved GHS 3.1 million, increasing access to financial resources for the members (who are largely women). VSLA/MTMSG members who were interviewed said they invested their savings and loans mostly in farming and trading, and in the nutrition, education, and health care needs of their families. With increased financial independence and investments in family nutrition and health care needs, VSLA/MTMSG members can contribute to ECD and build resilient households and communities.

Below, we discuss further the key accomplishments related to Objective Three under various thematic areas.

### **Strengthening Capacity of VSLAs and MTMSGs in VSLA Operations**

Working with VSLA officers from the Community Development and Social Welfare Department, USAID Advancing Nutrition identified and built the capacity of 100 MTMSGs from 100 communities in five districts<sup>6</sup> in the Upper West Region to set up VSLAs. We trained them in VSLA operations, financial literacy, and group dynamics and provided them with VSLA toolkits that included boxes, record books, and stamps. In all, the project supported 2,736 MTMSG members (45 males, 2,691 females) to set up VSLAs. However, while the recommended number of members for a VSLA was 25–30, some MTMSGs

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<sup>6</sup> Daffiama-Bussie-Issa, Wa East, Sissala East, Sissala West, and Nadowli-Kaleo.

had up to 80 members. As a result, members of the 100 MTMSGs took the initiative to form two or more VSLAs, even though USAID Advancing Nutrition’s logistics support could only benefit one of the groups in each community.

In the North East, Northern, and Upper East Regions, 240 existing VSLAs were also identified in 240 communities in 12 districts<sup>7</sup> and provided refresher training and toolkits to strengthen their operations. The groups had a total membership of 6,133 (644 males and 5,489 females). In addition to providing trainings and logistical support, USAID Advancing Nutrition funded monthly monitoring visits by VSLA officers to all 340 VSLAs—i.e., the 100 new VSLAs and the 240 existing VSLAs—making it possible for them to provide technical support and help ensure that the groups were functioning as required. From May 2022 to August 2023, the 340 VSLAs saved GHS 3,190,716.34, the majority of which was either loaned or shared out to members to support their businesses and the upkeep of their homes.



VSLA groups in the Sissala East (left) and Sagnarigu (right) districts carrying out their savings and loans activities at one of their weekly meetings. Photos: Clement Boateng/USAID Advancing Nutrition

### **Strengthening Capacity of VSLAs and MTMSGs to Promote the Adoption of Positive Nutrition Behaviors**

Behaviors are central to the immediate and underlying causes of malnutrition. Social and behavior change plays an important role in achieving and sustaining improved nutrition outcomes. To strengthen the capacity of VSLAs and MTMSGs to promote positive nutrition behaviors, USAID Advancing Nutrition worked with health authorities in the 17 districts to train VSLA and MTMSG leaders and selected community health officers and volunteers in C-IYCF, women’s nutrition, dietary diversity, and family planning. In four<sup>8</sup> of the 17 districts, group leaders and community health officers and volunteers were also trained in RCEL. The project distributed to the groups counseling cards with key messages on IYCF and RCEL. The training and counseling cards equipped the VSLA/MTMSG leaders and community health officers and volunteers with the knowledge and tools to facilitate discussions and share key messages on IYCF and RCEL during meetings.

USAID Advancing Nutrition also worked with the 17 districts to support the VSLAs/MTMSGs in conducting food and cooking demonstrations and community durbars, reaching 100,397 community members (23,910 males; 76,487 females) with key messages on nutrition, family planning, and WASH to bring about improved behaviors to



A group member facilitating discussions on IYCF at a VSLA/MTMSG meeting. Photo: Clement

<sup>7</sup> Nanton, Gushegu, Sagnarigu, Mion, Yendi, Karaga, Mamprugu-Moagduri, East Mamprusi, Bawku West, Bawku, Garu and Tempene.

<sup>8</sup> Mamprugu-Moagduri, Sagnarigu, Gushegu, and Wa East Districts.



prevent malnutrition. We used the food and cooking demonstrations to promote and improve the knowledge of caregivers on dietary diversity, food fortification, and the consumption of four-star diets,



District multi-sectoral team members facilitating cooking demonstrations and durbars in some communities, involving VSLAs/MTMSGs, community leaders, and young people. Photos: USAID Advancing Nutrition Ghana/GHS

especially iron-rich foods to help in APC. District officers, mainly from the health, agriculture, environmental, and social welfare departments, came together to support the VSLA/MTMSGs in organizing these activities.

At first, the project helped the groups purchase ingredients for the demonstrations. However, in the course of implementation, we transferred the responsibility for purchasing ingredients to the VSLAs/MTMSGs as part of ensuring ownership and sustainability of these community-level nutrition activities. The VSLA/MTMSG members accepted this responsibility, took ownership of the process, and showed great enthusiasm in mobilizing the resources needed for the food and cooking demonstrations.

**“I no longer depend solely on my husband for money to do most of the things I learn from our meetings and the cooking demonstration. I use part of my profits to buy the necessary ingredients to prepare nutritious food for my child, myself, and the family. Sometimes, when business is slow, I also take the loan to support the family's feeding,”**

**Alimatu Abu, Achonanga VSLA/MTMSG, Sissala West District**

## Intensifying Community Knowledge on Stunting

To further influence behavior change at the community level, USAID Advancing Nutrition screened videos<sup>9</sup> on stunting prevention across 462 communities, reaching 8,266 community members (3,084 males, 5,142 females). We targeted mainly community leaders, getting them to understand stunting; its impact on children, families, and the nation; and their role as advocates in the prevention of malnutrition and stunting. As a result, community leaders were able to incorporate the sharing of key messages on nutrition into their routine interactions with community members. We gathered from some communities that this SBCC effort helped dispel some long-held beliefs and myths related to malnutrition. For instance, community members in Nahadakui in the Sissala East District explained that they used to believe that if the parents of a child under two years had sex, the child was likely to become stunted. They said the education on stunting opened their eyes to the possible causes of stunting, which are not related to sex.

# Core-Funded Activity Accomplishments

## ECD Situational Analysis

USAID Advancing Nutrition conducted a situational analysis in Ghana to identify opportunities to promote optimal physical, cognitive, and psychosocial development in early childhood in the health and social welfare sectors. We summarized the study findings in a detailed report with five key recommendations:

1. strengthen counseling and support services in RCEL, and safety and security
2. strengthen workforce ECD competencies through pre- and in-service training
3. strengthen services for and support of children with disabilities and their families
4. provide clearer tools and processes to aid in routine identification, support, and referral of caregiver mental health issues
5. strengthen supervision and monitoring systems to include all components of nurturing care and ECD.

The report was developed with inputs from two stakeholder meetings in Ghana, one organized by Ghana Health Service with external partners and the second with the Ministry of Gender, Children, and Social Protection. The report has also been disseminated through the [Nurturing Care website](#).

## Testing the RCEL Addendum

USAID Advancing Nutrition developed the [RCEL Addendum](#) to integrate two components of nurturing care—responsive care and early learning—with nutrition and health care. In line with the Government of Ghana’s priority of promoting holistic nurturing care to improve ECD, we tested the feasibility, acceptability, and effectiveness of integrating the RCEL Addendum into existing health and nutrition services in Ghana using a mixed-methods approach. We conducted the study in four districts<sup>10</sup> across three regions in northern Ghana (Northern, North East, and Upper West) from March 2022 to March 2023.

Beginning with a baseline data collection, we assessed RCEL practices of selected caregivers using indicators for measuring RCEL activities. We pre-tested and adapted the RCEL Addendum package (i.e.,

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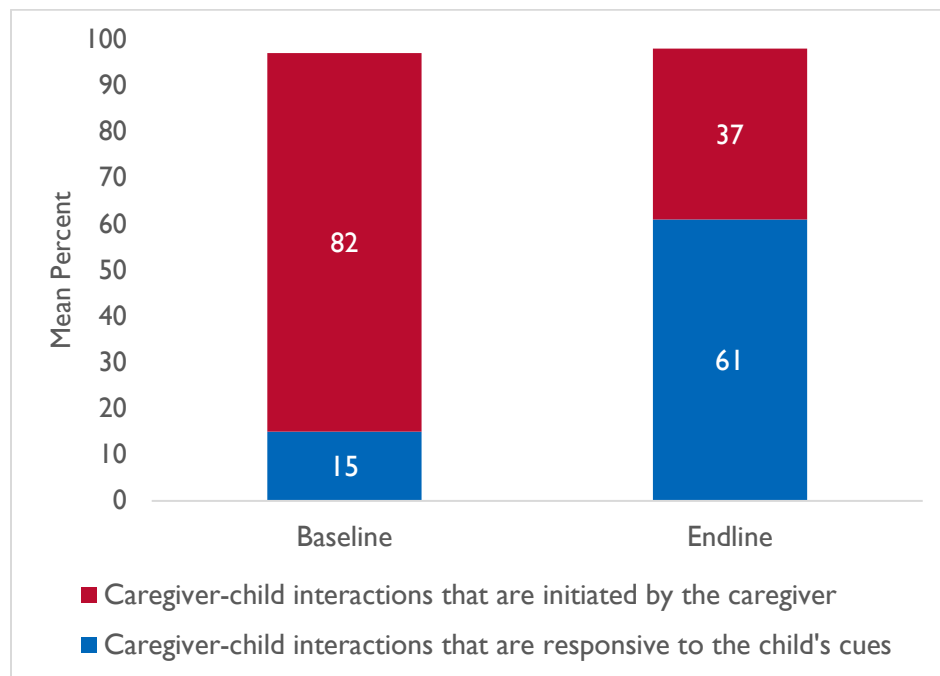
<sup>9</sup> The videos were developed under the USAID Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) project.

<sup>10</sup> Wa East, Gushegu, Sagnarigu, and Mamprugu-Moagduri.

counseling cards and training materials) to the Ghana context and trained 141 health workers to offer tailored counseling at CWCs using the package. We also trained 244 community health volunteers, equipping them with knowledge to facilitate group discussions on RCEL and IYCF during VSLA meetings, particularly targeting caregivers of children up to three years. To further support the uptake of the RCEL Addendum content, we conducted orientations for health facility in-charges<sup>11</sup> and VSLA facilitators across the study districts and conducted supportive supervision and monitoring visits with the Ghana Health Service to reinforce competencies of trained health workers and strengthen the quality of the intervention. The project also leveraged the research to develop and train health workers on a workflow chart that integrates growth and development services at CWCs.

In March 2023, we conducted an endline assessment and found significant improvements in responsive care, early learning, and complementary feeding practices in the four districts. Caregiver-child interactions that were responsive to the child increased from 15 percent to 61 percent, as those initiated by the caregiver reduced significantly from 82 percent to 37 percent<sup>12</sup> (figure 2). The percentage of children who participated in four or more engagement activities with any adult improved from 15 percent to 65 percent. Also, minimum dietary diversity improved from 29 percent to 72 percent, and minimum acceptable diet improved from 26 percent to 54 percent. We also saw reductions in parenting stress as the percentage of caregivers reporting high parenting stress decreased from 27 percent to 12 percent.

**Figure 2. Responsive Care Practices**



Given the importance of providing more holistic care to support optimal childhood development, these findings provide important evidence on how to strengthen the delivery of nurturing care in Ghana for all children to thrive and achieve their full potential. The significant improvements in IYCF practices suggest that caregivers were able to improve RCEL practices without sacrificing IYCF practices and that integration did not negatively affect nutrition interventions through these same delivery points.

<sup>11</sup> Health workers who are responsible for leading and supervising all other staff at the facility.

<sup>12</sup> As caregivers become more responsive to the cues of their children, we expect that interactions initiated by them should then reduce.



However, the results also showed inadequate supervision for children, an issue that requires additional attention.



A grandmother playing with her granddaughter in the Sagnarigu District. Photo: Bishnu Prasad Ghmire/USAID Advancing Nutrition Ghana

USAID Advancing Nutrition disseminated the findings of the RCEL implementation research to key stakeholders at various engagements and conferences, including a national stakeholder dissemination meeting held in Accra in September 2023; the fourth Maternal, Child Health and Nutrition Conference, which also took place in Accra in October 2023; and regional and national closeout learning events of the project. In addition, we developed a manuscript on the Ghana results and submitted it for publication in the journal, *Public Health Nutrition*, as part of the USAID Advancing Nutrition collection.

Also, having successfully demonstrated the feasibility of integrating RCEL with IYCF services, we supported the Ghana Health Service in taking steps toward scaling up the program across the country. We worked with the Ghana Health Service to revise and update the package based on learnings from the research and trained 105 facilitators at national, regional, and district levels on the revised package. We also integrated the RCEL content into a combined growth assessment and IYCF training for health workers in 38 districts in the Northern, Savannah, Upper East, Upper West and North East regions, as highlighted under Objective 2. Additionally, we worked with Global Health Media to develop training videos that capture essential responsive care practices and counseling. The videos, which were shot in the Sagnarigu Municipality, will serve as a resource for building the capacity of health workers to provide integrated RCEL and IYCF services.

## **Sustainable Financing for Nutrition Project**

To increase country-level financing for nutrition in Ghana, this activity aimed to strengthen the capacity of government and local partners at the national and subnational levels to develop sustainable financing strategies based on evidence and data. Working with Results for Development and the NDPC, one of our consortium partners, we conducted a desk review of the financing landscape for nutrition in Ghana and complemented the review with in-depth consultations with key government counterparts and donors. USAID Advancing Nutrition also conducted a national stakeholder's workshop on sustainable

financing for Ghana, aiming to agree on the approach and processes for developing a financing framework for nutrition. The workshop identified a “bottom-up approach” for creating the framework and key innovative financing options, including establishing a board-managed fund for nutrition. This was followed by two district-level workshops that brought together local government stakeholders from different sectors in 17 USAID focus districts to use advocacy planning to discuss financing opportunities and define financing options in these districts.

We developed the first draft of a financing framework in collaboration with government stakeholders, including officials from the NDPC, DNCCs from 17 districts, focal persons from the World Bank, and the SUN 3.0 task team. We conducted a stakeholder validation workshop to finalize the financing framework after it had been reviewed by the USAID Mission Ghana. The framework is pending the NDPC’s approval before dissemination.

## Ground Truthing the GMP Service Delivery Process and Workflows

USAID Advancing Nutrition seeks to improve the coverage and quality of nutrition services. Digital tools can play an important role in that effort. After developing a draft guidance package to facilitate the development of country-specific digital tracking and decision support (DTDS) tools for the delivery and supervision of GMP services in fiscal year (FY) 2021, USAID Advancing Nutrition validated the package through in-depth interviews with health workers in Ghana and Nepal and consultations with global experts in FY22. We held a two-part global consultation in August–September 2022, getting feedback on the guidance package from more than 25 people. In addition, we hired a health informatics specialist to review components of the guidance package. In FY23, we finalized [A Guidance Package for Developing Digital Tracking and Decision-Support Tools for Growth Monitoring and Promotion Services](#).

After the Nutrition Section of the Family Welfare Division of the Nepal Ministry of Health and Population expressed interest in developing a digital tool for GMP and in using the USAID Advancing Nutrition Guidance Package to do so, we supported a workshop in April 2023 to begin adapting the guidance package for development of DTDS tools in Nepal. To further disseminate the tool, we published a LinkedIn [article](#) and conducted a [webinar](#) in August 2023 on how the guidance package has been used so far, ways in which similar guidance packages (digital adaptation kits) have been used by the World Health Organization, and experiences with similar digital tools in Burkina Faso, Ethiopia, Ghana, India, Malawi, Nepal, Zambia, and Zimbabwe. After 616 people registered for the webinar, 213 people attended from 55 countries. We will present the guidance package at the [Global Digital Health Forum](#) in December 2023.

## Landscape Analysis of Nutrition-Related Pre-Service Training

This year, we finalized a report from a landscape analysis of nutrition-related pre-service education that we conducted in five countries, [Frontline Nutrition Services: Roles, Responsibilities, and Pre-Service Training](#). Key findings from Ghana and the four other countries (Bangladesh, Democratic Republic of Congo, the Kyrgyz Republic, and Malawi) were shared during the global call-to-action event described below. In addition, on June 6, 2023, the project held a [global virtual event](#) to disseminate the [Tool and Guide for Reviewing the Nutrition Content of Pre-Service Training Curricula](#), which was updated based on experiences using an earlier version of the tool during the landscape analysis. Speakers from Ghana, the Kyrgyz Republic, and Malawi shared their experiences with developing, reviewing, and revising curricula. A total of 192 people from 54 countries participated. Finally, to raise awareness about the importance of reviewing and revising the nutrition content of pre-service training and to further disseminate our tool, we published an [article](#) on LinkedIn.



## Call to Action to Strengthen Nutrition Content of Pre-Service Training

In FY23, we held a virtual meeting with stakeholders from Bangladesh, the Democratic Republic of Congo, Ghana, the Kyrgyz Republic, Malawi, and Mozambique to share experiences and identify opportunities to strengthen the nutrition content in the pre-service education curriculum of frontline health workers. We had more than 20 participants from Ghana, representing sectors such as the USAID Mission, government, education, nongovernmental organizations/implementing partners, and professional associations. During country-specific breakout room discussions, participants discussed the challenges each country is facing updating the nutrition content of pre-service education, the opportunities that exist, and recommendations to national and global actors to improve nutrition integration into pre-service education of frontline health workers. By the end of the meeting, participants from across the six countries prioritized five recommendations. Next, we held focus groups with participants from five of the six countries, including participants from Ghana. The goal of the focus group discussions was to discuss the recommendations from the virtual meeting with a smaller subset of participants to operationalize the recommendations.

Finally, we wrote a brief describing the five recommendations and issued a call to action to ministries of health and education, universities and training institutions, professional associations, donors, implementing partners, and international organizations describing ways to better integrate nutrition into pre-service education. The brief will be disseminated at both a global and country level, including within Ghana.

## Key Learning and Other Evidence

As part of implementing the project, we conducted a number of studies to enhance learning and understanding of the MSN situation in Ghana and generate evidence to back advocacy for strengthening MSN financing and coordination. Among other findings, the study revealed weak coordination of nutrition and low stakeholder participation at both national and subnational levels. Additionally, there was poor knowledge of MSN programming and a lack of capacity to plan and implement MSN programs at the district level.

These findings informed our work in the past three to four years. We partnered with the NDPC, Ghana Health Service, UNICEF, and other key stakeholders to revitalize the CSPG and NaNuPaCC and set up DNCCs at the district level. Through collaboration with NDPC, we developed FNS planning guidelines as well as trained and coached stakeholders in the regions and districts to improve integration of nutrition in the 2022–2025 MTDPs. With the right tools and guidelines, and appropriate knowledge and skills provided, nutrition can be treated as a development agenda and included in the development plans of other countries.

Another key study was the expenditure analysis of nutrition and resilience, which showed a low level of investment in nutrition and resilience. Working with the DNCCs, we were able to make a case for more funding for nutrition, leading to an increased budget for nutrition in the 2022–2025 MTDPs.

USAID Advancing Nutrition also conducted a landscape analysis of anemia programming in northern Ghana, examining the status, determinants, and drivers of anemia in the four implementing regions. We found that some districts recorded up to 65 percent anemia in pregnancy at registration and 61 percent for pregnancies at 36 weeks. This was due to short supply of equipment and supplies for diagnosing and managing anemia at facilities caused by limited government funding. Government will have to increase funding for APC and the health sector.

In addition, under the RCEL implementation research, we were able to generate evidence on the feasibility of integrating RCEL with IYCF counseling services. Our pilot intervention showed that RCEL

and IYCF integration is feasible and will help ensure more holistic, nurturing care for improved early childhood growth and development.

We have since disseminated and made available the reports of these and other studies to stakeholders at both national and subnational levels through learning events and other engagements, and also posted them on the USAID Advancing Nutrition Ghana [website](#).

## Challenges

During the early days of the project, the COVID-19 pandemic challenged our ability to have in-person engagements with relevant stakeholders, including meetings and training. The pandemic adversely affected the speedy kickoff of field-level activities, because we had to rely largely on virtual engagements. When the government of Ghana eventually approved regulated public gatherings and conferences, we adhered to national COVID-19 protocols during in-person training and meetings. Protocols included wearing masks, using hand sanitizer, maintaining social distancing, and washing hands with soap under running water.

Conflicting activity schedules between the project and its partners affected project timelines. For instance, at one point we had to suspend health worker training and supervision because of the seasonal malaria chemoprevention exercise of the Ghana Health Service. Despite this, we maintained effective and respectful communication with stakeholders to understand their schedules so we could adapt our timelines and activity implementation schedules.

## The Way Forward

While implementing this project, we have learned key lessons and applied best practices that have yielded positive results as highlighted above. We are confident that, guided by these lessons and applying the best practices, USAID and its partners can continue to make progress in strengthening MSN planning and coordination, strengthening the quality and reach of nutrition services, and strengthening community structures and behaviors for improved household nutrition and resilience. We present below some of the key lessons and recommendations to help sustain momentum and consolidate gains.

### Lessons Learned

- For MMDAs to effectively plan and budget for FNS, timing is key. USAID Advancing Nutrition's efforts aligned with the timelines for preparing the 2022–2025 MTDPs, creating the opportunity for the project to influence the planning process.
- Developing the right tools and guidelines and building capacity of key actors on the use of the tools is critical if districts are to effectively plan for nutrition. The development of the FNS planning guidelines and the training and coaching of the regions and districts on their use is considered a game changer, as it led to an improved integration of nutrition into the 2022–2025 MTDPs based on our review of MTDPs.
- Having functional MSN committees is essential for promoting MSNP and coordination. Setting up the DNCCs was pivotal in effectively planning for and mainstreaming nutrition into the district development plans and budgets in the 17 districts. Together with the plan preparation teams, the DNCCs became the platform through which various sectors at the district level came together to jointly plan and implement their nutrition interventions. With the right capacity and evidence, the DNCCs can exert influence to help ensure that FNS interventions are adequately planned and budgeted for in the MTDPs.

- With adequate training and logistical and technical support, VSLAs and MTMSGs can effectively combine savings and loans with activities that can promote positive nutrition behaviors, as demonstrated through this project. They are willing to mobilize resources to conduct food and cooking demonstrations when they appreciate the relevance of these activities. Such an integrated approach can positively affect household income, nutrition, and resilience. In forming VSLAs, however, MTMSGs are likely to divide into multiple, smaller groups under VSLA protocols. It is therefore important to work to ensure that all members of existing MTMSGs receive support in starting VSLAs and that their MTMSG activities are maintained.
- Based on implementation research findings, integrating RCEL with IYCF is feasible and will help ensure more holistic, nurturing care for children for improved ECD. It is important therefore to invest in training, supervision, and service delivery resources to put health workers in the position to provide these integrated services.
- The timing of relevant assessments to inform program design is essential to successfully implementing a project. For instance, the timing of the project's scoping exercise, landscape analysis, and project design were intentionally aligned to the planning cycle of the Government of Ghana, allowing key stakeholders to contribute to project design and implementation processes. This timing also allowed the project to design and review work plans to be responsive to the needs of target communities. This led to more effective collaboration, support, and buy-in of project activities and deliverables from relevant stakeholders.
- Constant and transparent communication with partners and stakeholders in all project aspects leads to better project uptake and smooth implementation. Throughout the design and implementation of the project, we maintained fluid communication with both national and subnational government entities, providing relevant updates to and working with our partners. Beyond the inception meetings held in all 17 districts and 4 RCCs at the start of the project, we continuously engaged key stakeholders at project scope expansion meetings, learning events, and annual activity implementation kickoff meetings, among other events.
- Working closely with key power players helped ensure their leadership and buy-in in implementing certain key deliverables. This sustained their involvement and eventual uptake and use of the deliverables. For instance, we worked with the NDPC to develop the Multisectoral Nutrition Planning Guidelines, which became the game changer in getting FNS integrated into the MTDPs of 17 districts.
- The prompt payment system for vendors and participants won the trust of our partners, especially the Ghana Health Service. Participants' per-diems and travel and transports were paid directly and quickly to them using the MoMo platform.
- Deployment of Kobo Collect to conduct pre- and post-tests during training made analysis of participants' results less cumbersome. Assessment results were usually presented before the participants left the training grounds. This provided an opportunity for training facilitators to provide further guidance on the areas that were not well understood by trainees.
- Working with the Ghana Health Service at national, regional, and district levels to conduct training of trainers' workshops, select facilitators, and roll out training at the district level made a significant difference in helping ensure the success and quality of the training.

## Best Practices and Recommendations

### We recommend that the **MMDAs and District Health Directorates:**

- Complete the integration of DNCC members into the DPCU and make nutrition a key part of the agenda for each DPCU meeting. As it stands now, apart from District Nutrition Officer (DNO), Women in Agricultural Development Officer, Gender Desk Officer, and School Health Education Programme Coordinator, all other departments represented in the DNCC are part of the DPCU. As the law permits, districts can incorporate a few more stakeholders into their DPCUs. It will be beneficial, therefore, to include at least the DNOs as this will help to bring nutrition issues to the fore.
- Apply knowledge and lessons from the integration of FNS in the current plans to the next MTDP development process to improve and sustain FNS integration.
- Continue to provide monitoring support to the 340 VSLA and MTMSG groups until they fully mature as both VSLAs and MTMSGs and become independent. The districts should also continue to support the VSLAs/MTMSGs to institutionalize food/cooking demonstrations so they become a routine activity for the groups.

### We recommend that the **NDPC:**

- Continue with plans to expand the FNS planning guidelines to cover all aspects of FSTNS, ensuring that the guidelines are available and accessible to all regions and districts and used in the next planning cycle to scale up FNS integration across the country.
- Keep the SUN CSPG active by organizing quarterly meetings to take updates from the SUN networks, discuss progress in implementing the FSTNS component of the national medium-term policy development framework, etc.

### We recommend that the **Ghana Health Service:**

- Continue with processes to upscale the integration of RCEL into IYCF by cascading the training to all districts and making integrated service delivery resources available, like the counseling cards and flow chart.
- Intensify supervision of health workers to help ensure that they use knowledge from the training to improve nutrition service delivery, that health workers are held accountable, and that those who perform well are rewarded.
- Work with the country's health sector nutrition-specific partners to keep NaNuPaCC functional by organizing quarterly meetings as stipulated in the ToR and rotating the host institution, while the Ghana Health Service remains the convenor.

### We recommend that **USAID and other development partners:**

- Support the NDPC in updating the FNS guidelines, launch them, and make them accessible to all district assemblies.
- Support CSOs in working with the DNCC/DPCUs to monitor the implementation of FNS activities included in the MTDPs to help ensure that funds are released and expended as budgeted.

- Extend logistical and technical support to the additional VSLAs<sup>13</sup> that were formed by MTMSG members in the 340 communities, as well as other communities in the zone of influence. Such self-driven and motivated groups are more likely to be stronger with a little push.
- Partner with the government to provide essential commodities for the management of severe acute malnutrition. It is unproductive and demotivating to health workers to invest in case search without the accompanying investments to intervene appropriately.

## Sustainability

With the improved integration of nutrition into the MTDPs, there is a greater chance that nutrition will receive some attention in those districts. As recommended, however, it is crucial for development partners and the government to continue to work together to ensure that the nutrition activities in the MTDPs feature in the district annual plans and budgets and that funding is released and spent on implementing these activities. The FNS planning guidelines, if updated and made accessible to all districts, will also help ensure that FNS is integrated in future plans. The NDPC and the Ghana Health Service have demonstrated some commitment toward strengthening MSNP and coordination through the CSPG and NaNuPaCC. Both institutions led the revival of these coordination structures and have been in the lead in convening coordination meetings. Beyond the NDPC and Ghana Health Service, the country's MSN partners have also been enthused about the revitalization of these committees and demonstrated interest in funding their activities.

The training and tools provided to health workers put them in the position to continue to deliver quality nutrition services to women and children, but supervision will remain critical. While it may not be possible for health workers to continue to conduct outreach services at the current scale, it is important for the Ghana Health Service to work to ensure that the limited resources available are released and used to conduct regular outreach and home visits within the scale permitted. Also, the Ghana Health Service has shown great interest in rolling out the integrated service package that combines RCEL with IYCF, having supported the pilot intervention and partnered with the project to train key regional officials and trainers across the country. With support from USAID and other donors, the Ghana Health Service could push through with these plans to improve ECD. At the community level, we believe in the sustainability of most of the VSLAs/MTMSGs, considering the abundance of evidence on the viability and resilience of these groups. To achieve this, however, there is the need to continue to provide some monitoring support to the groups and keep them energized through activities like cooking demonstrations.

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<sup>13</sup> A list of the additional groups that need support is available.



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## **Annex I. Performance Indicators**

The performance table highlights achievements for the fiscal years, showcasing the impact of the intervention. While challenges were encountered with specific indicators tied to government processes and plans, most project output indicators were met and exceeded, demonstrating increased project recognition and stakeholder capabilities. The table underscores the program's positive influence in enhancing MSNP, capacity building, data-driven decision-making, and commitment among stakeholders in 17 districts.

## Life of Project Performance Indicators

| Indicator                                                                                                                                                                                                                     | FY21   |             |               | FY22   |             |               | FY23              |             |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------|--------|-------------|---------------|-------------------|-------------|---------------|
|                                                                                                                                                                                                                               | Target | Achievement | % Achievement | Target | Achievement | % Achievement | Target            | Achievement | % Achievement |
| Number of organizations supported in planning, assessment, or design of nutrition programs or strategies<br>Source: USAID Advancing Nutrition Global Project Management Plan (PMP) Indicator, Intermediate Result (IR) 2.4.35 | 38     | 63          | 166%          | 39     | 87          | 223%          | 55                | 57          | 104%          |
| <i>PO1.3: Number of beneficiary districts with functioning multi-sector coordination platforms (Source: Adapted from SUN MEAL Indicator 1.2)</i>                                                                              | 17     | 17          | 100%          | 17     | 17          | 100%          | N/A <sup>14</sup> | N/A         | N/A           |

<sup>14</sup> Not applicable (the indicator was not applicable for that programme year).

| Indicator                                                                                                                                                                                                                      | FY21   |             |               | FY22   |             |               | FY23   |             |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------|--------|-------------|---------------|--------|-------------|---------------|
|                                                                                                                                                                                                                                | Target | Achievement | % Achievement | Target | Achievement | % Achievement | Target | Achievement | % Achievement |
| SOI.1: Number of evidence sharing events hosted by USAID Advancing Nutrition, by type (webinar, workshop, expert consultations, etc.) (USAID Advancing Nutrition Global PMP Indicator IR 3.3.45)                               | 6      | 14          | 233%          | 50     | 54          | 108%          | 45     | 91          | 202%          |
| OPI.1.6a: Number of participants at evidence-sharing events hosted or supported by USAID Advancing Nutrition, by type (webinar, workshop, expert consultation etc.) (USAID Advancing Nutrition Global PMP Indicator IR 3.3.56) | 264    | 1,191       | 412%          | 2,650  | 2,777       | 105%          | 2,500  | 4,231       | 169%          |
| OPI.1.5a: Number of beneficiary districts that produce updated MTDPs that integrate                                                                                                                                            | 17     | 17          | 100%          | N/A    | N/A         | N/A           | N/A    | N/A         | N/A           |

| Indicator                                                                                                      | FY21   |             |               | FY22   |             |               | FY23   |             |               |
|----------------------------------------------------------------------------------------------------------------|--------|-------------|---------------|--------|-------------|---------------|--------|-------------|---------------|
|                                                                                                                | Target | Achievement | % Achievement | Target | Achievement | % Achievement | Target | Achievement | % Achievement |
| MSN collaboration (Source: RING Indicator#55)                                                                  |        |             |               |        |             |               |        |             |               |
| SO1.2a: Narrative of districts that use data to influence nutrition policy, program, and/or procedural changes | 14     | 17          | 121%          | N/A    | N/A         | N/A           | N/A    | N/A         | N/A           |
| Number of District Nutrition Coordination Committees (DNCCs) established or revitalized                        | 17     | 17          | 100%          | N/A    | N/A         | N/A           | N/A    | N/A         | N/A           |
| PO2.1: Number of complete financial analyses and performance reviews supported by USAID Advancing Nutrition    | 34     | 17          | 50%           | N/A    | N/A         | N/A           | N/A    | N/A         | N/A           |



| Indicator                                                                                                                                                      | FY21   |             |               | FY22   |             |               | FY23   |             |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------|--------|-------------|---------------|--------|-------------|---------------|
|                                                                                                                                                                | Target | Achievement | % Achievement | Target | Achievement | % Achievement | Target | Achievement | % Achievement |
| PO2.2: Number of districts that include nutrition-specific and/or nutrition-sensitive activities within their MTDP budgets                                     | 17     | 17          | 100%          | N/A    | N/A         | N/A           | N/A    | N/A         | N/A           |
| Average percentage point change in score between pre- and post-tests of participant trainings Source: USAID Advancing Nutrition Global PMP Indicator IR 2.1.60 | 10%    | 12.44%      | 124%          | 20%    | 35.60%      | 178%          | 20%    | 27.1%       | 136%          |
| Average percentage post-test score compared with 80% benchmark score (custom)                                                                                  | 70%    | 86.54%      | 124%          | 80%    | 66.30%      | 83%           | 80%    | 79.88%      | 100%          |
| Proportion of training participants who improved from pre- to post-test results Source: USAID                                                                  | 60%    | 63.0%       | 105%          | 70%    | 94.20%      | 135%          | 80%    | 87.96%      | 110%          |

| Indicator                                                                                                                                                                                                           | FY21   |             |               | FY22    |             |               | FY23    |             |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------|---------|-------------|---------------|---------|-------------|---------------|
|                                                                                                                                                                                                                     | Target | Achievement | % Achievement | Target  | Achievement | % Achievement | Target  | Achievement | % Achievement |
| Advancing Nutrition Global PMP Indicator IR 2.1.61b                                                                                                                                                                 |        |             |               |         |             |               |         |             |               |
| Proportion of training participants scoring ≥ 80% on the post-test result Source: USAID Advancing Nutrition Global PMP Indicator IR 2.1.62b                                                                         | 60%    | 75.0%       | 125%          | 70%     | 35.20%      | 50%           | 70%     | 58.47%      | 84%           |
| Number of children under five (0–59 months) reached with nutrition-specific interventions through U.S. Government-supported programs Source: USAID Multi-Sectoral Nutrition Strategy (MSNS) M&L Plan IR 1.3; HL.9-1 | N/A    | N/A         | N/A           | 152,975 | 211,312     | 138%          | 221,878 | 173,447     | 78%           |

| Indicator                                                                                                                                                                                | FY21   |             |               | FY22   |             |               | FY23    |             |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------|--------|-------------|---------------|---------|-------------|---------------|
|                                                                                                                                                                                          | Target | Achievement | % Achievement | Target | Achievement | % Achievement | Target  | Achievement | % Achievement |
| Number of children under two (0–23 months) reached with community-level nutrition interventions through U.S. Government-supported programs<br>Source: USAID MSNS M&L Plan IR 1.9; HL.9-2 | N/A    | N/A         | N/A           | 75,238 | 185,993     | 247%          | 195,293 | 155,206     | 79%           |
| Number of pregnant women reached with nutrition-specific interventions through U.S. Government-supported programs<br>Source: USAID MSNS M&L Plan IR 1.8; HL.9-3                          | N/A    | N/A         | N/A           | 23,590 | 68,983      | 292%          | 112,254 | 64,025      | 57%           |

| Indicator                                                                                                                                                                                                               | FY21   |             |               | FY22   |             |               | FY23   |             |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------|--------|-------------|---------------|--------|-------------|---------------|
|                                                                                                                                                                                                                         | Target | Achievement | % Achievement | Target | Achievement | % Achievement | Target | Achievement | % Achievement |
| Number of individuals receiving nutrition-related professional training through U.S. Government-supported programs<br>Source: USAID Advancing Nutrition Global PMP Indicator 2.1.25; USAID MSNS M&L Plan IR 2.3; HL.9-4 | 34     | 34          | 100%          | 1,391  | 2,434       | 175%          | 3,479  | 3,781       | 109%          |
| Number of people trained in child health and nutrition through USAID Advancing Nutrition<br>Source: USAID Advancing Nutrition Global PMP Indicator IR 2.1.59                                                            | N/A    | N/A         | N/A           | 2,450  | 2,434       | 99%           | 1,360  | 3,781       | 278%          |
| Number of community-level structures (MTMSGs, VSLAs, care groups) and members reached with nutrition                                                                                                                    | N/A    | N/A         | N/A           | 510    | 340         | 67%           | 340    | 340         | 100%          |

| Indicator                                                                                                                                                                         | FY21   |             |               | FY22   |             |               | FY23   |             |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------|--------|-------------|---------------|--------|-------------|---------------|
|                                                                                                                                                                                   | Target | Achievement | % Achievement | Target | Achievement | % Achievement | Target | Achievement | % Achievement |
| intervention key information                                                                                                                                                      |        |             |               |        |             |               |        |             |               |
| Number of individuals participating in U.S. Government-assisted, group-based savings, micro-finance, or lending programs (Feed the Future indicator#, Economic Growth (EG).4.2-7) | N/A    | N/A         | N/A           | 10,200 | 9,612       | 94%           | 10,200 | 10,193      | 100%          |

## Annex 2: Environmental Mitigation and Monitoring Report

This environmental mitigation and monitoring report summarizes key strategies and environmental management and mitigation measures implemented to adhere to relevant protocols and standards as outlined in the USAID Advancing Nutrition environmental mitigation and monitoring plan.

In FY23, USAID Advancing Nutrition implemented 39 activities that support the mandate of this 3.5-year activity in Ghana. The FY23 work plan includes multiple input modalities, including technical assistance; capacity strengthening; Collaborating, Learning, and Adapting; monitoring and evaluation; and knowledge management. During the reporting period, 35 activities required in-person gathering and exchanges. As part of these activities, paper and non-paper goods (e.g., individual-serving water bottles, cups, and food containers) were used during training, meetings, workshops, interviews, and other in-person gatherings.

To help ensure the safety of staff, consultants, clients, and partners and continuity of our activities, we applied COVID-19 precautions in our planning and implementation. This included limiting the number of attendees at in-person meetings and events, conducting meetings and training virtually whenever possible, ensuring appropriate social distancing and mask-wearing at in-person gatherings, as well as providing food and drinks in single-use containers.

USAID Advancing Nutrition staff, local firms, and consultants not only planned and budgeted for the procurement of face masks, hand sanitizers, and other goods related to COVID-19 protocols, but also ensured that these materials were disposed of properly to mitigate situations that presented a potential hazard to personal and environmental health. This was also done for any in-person events organized by USAID Advancing Nutrition staff or local consultants/firms that required the application of COVID-19 safety measures and the country's standard operating procedures. We also ensured appropriate disposal of face masks, tissue, gloves, or other personal protective equipment the project funded and provided to participants. The minimal amount of waste generated through the implementation of project-funded activities was properly managed and discarded in an effort to mitigate any potential negative environmental impact, while adhering to local regulations and customs in Ghana. The USAID Advancing Nutrition environmental compliance guidance, including best waste management practices, was applied.



| Mitigation Measure Categories                       | Mitigation Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outstanding Issues Relating to Required Conditions | Remarks                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>I. Education, Technical Assistance, Training</p> | <p>In line with the design and strategies of project activities, a number of in-person training, meetings, and workshop sessions were conducted. The activities formed part of strategies to enhance stakeholder capacity in nutrition planning and implementation and to sharpen the skills of health workers to effectively counsel pregnant women, lactating mothers, and caregivers of children under five on IYCF, APC, QI, and MCHRBs within the context of COVID-19.</p> <p>The project ensured strict adherence to and observance of COVID-19 protocols and directives by all participants involved in project activities. In in-person trainings, meetings, and workshops, participants used COVID-19 prevention materials, including masks, hand sanitizer, and handwashing stations, procured and distributed by the project. We ensured proper disposal of used masks, tissues, and gloves.</p> <p>All community mobilization and engagement activities were conducted in a well-spaced seating arrangement in compliance with COVID-19 protocols and standard requirements. Venues and centers used for in-person meetings and training worked with project staff to ensure proper disposal of single-use food consumption items such as plates, cups, napkins, utensils, and water bags and bottles when coffee/tea break or meals were provided to participants of in-person events.</p> | <p>N/A</p>                                         | <p>In addition to complying with country standard operating procedures for COVID-19 regulations and protocols, the project ensured strict adherence to recommended environmental compliance and waste management and mitigation practices as outlined in the USAID Advancing Nutrition EMMP.</p> |
| <p>2. Research and Development</p>                  | <p>N/A.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                                                                                                                                                                                                                                                                  |

| Mitigation Measure Categories       | Mitigation Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Outstanding Issues Relating to Required Conditions | Remarks                              |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------|
| 3. Public Health Commodities        | Public health-related commodities have been ordered and will be delivered in November. The items include Hb meters and test strips, hanging scales, and mother and child scales.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | Requires guidance on the way forward |
| 4. Small-Scale Construction         | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                      |
| 5. Small-Scale Water and Sanitation | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                      |
| 6. Nutrition                        | The project did not procure any nutrition commodities. However, the project supported community groups (VSLAs/MTMSGs) to conduct food and cooking demonstrations using locally available and accessible iron-rich foods: beans, legume seeds, cowpea, eggs, liver, fish, meat, and green leafy vegetables. Similar to waste mitigation measures and management practices described under the training category above, we ensured that participants at these events wore face masks and regularly washed and sanitized their hands. Project-funded single-use cups/plates during the food utilization sessions were also properly disposed of. |                                                    |                                      |
| 7. Vector Control                   | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                      |
| 8. Emergency Response               | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                      |

## Annex 3. List of Project Districts

| No.                      | Name of District     | District Capital |
|--------------------------|----------------------|------------------|
| <b>Upper West Region</b> |                      |                  |
| 1                        | Nadowli-Kaleo        | Nadowli          |
| 2                        | Wa East              | Funsi            |
| 3                        | Daffiama-Bussie-Issa | Issa             |
| 4                        | Sissala West         | Gwollu           |
| 5                        | Sissala East         | Tumu             |
| 6                        | Wa                   | Wa               |
| 7                        | Jirapa               | Jirapa           |
| 8                        | Lawra                | Lawra            |
| 9                        | Lambussie            | Lambussie        |
| 10                       | Nandom               | Nandom           |
| 11                       | Wa West              | Wechiaw          |
| <b>Upper East Region</b> |                      |                  |
| 1                        | Tempene              | Tempene          |
| 2                        | Garu                 | Garu             |
| 3                        | Bawku                | Bawku            |
| 4                        | Bawku West           | Zebilla          |
| 5                        | Bolgatanga           | Bolgatanga       |
| 6                        | Kassena Nankana      | Navrongo         |
| 7                        | Binduri              | Binduri          |
| 8                        | Bolgatanga East      | Zuarungu         |

| No.                      | Name of District      | District Capital |
|--------------------------|-----------------------|------------------|
| 9                        | Bongo                 | Bongo            |
| 10                       | Builsa North          | Sandema          |
| 11                       | Builsa South          | Fumbisi          |
| 12                       | Kassena Nankana West  | Paga             |
| 13                       | Nabdam                | Nangodi          |
| 14                       | Pusiga                | Pusiga           |
| 15                       | Talensi               | Tongo            |
| <b>North East Region</b> |                       |                  |
| 1                        | East Mamprusi         | Gambaga          |
| 2                        | Mamprugu–Moagduri     | Yagaba           |
| 3                        | Chereponi             | Chereponi        |
| 4                        | West Mamprusi         | Walewale         |
| 5                        | Yunyoo-Nasuan         | Yunyoo           |
| 6                        | Bunkpurugu-Nakpanduri | Bunkpurugu       |
| <b>Northern Region</b>   |                       |                  |
| 1                        | Sagnarigu             | Sagnarigu        |
| 2                        | Gushegu               | Gushegu          |
| 3                        | Mion                  | Sang             |
| 4                        | Yendi                 | Yendi            |
| 5                        | Karaga                | Karaga           |
| 6                        | Nanton                | Nanton           |
| 7                        | Tamale                | Tamale           |

| No.             | Name of District | District Capital |
|-----------------|------------------|------------------|
| 8               | Savelugu         | Savelugu         |
| 41.             | Saboba           | Saboba           |
| 42.             | Nanumba North    | Bimbilla         |
| 43.             | Nanumba South    | Wulensi          |
| 44.             | Tatale           | Tatale           |
| 45.             | Zabzugu          | Zabzugu          |
| 46.             | Tolon            | Tolon            |
| 47.             | Kpandai          | Kpandai          |
| 48.             | Kumbungu         | Kumbungu         |
| <b>Savannah</b> |                  |                  |
| 49.             | Bole             | Bole             |
| 50.             | Central Gonja    | Damongo          |
| 51.             | Sawla-Tuna-Kalba | Sawla            |
| 52.             | East Gonja       | Salaga           |
| 53.             | North Gonja      | Daboya           |
| 54.             | North East Gonja | Kpalbe           |
| 55.             | West Gonja       | Buipe            |



## Annex 4. Media Clippings and Links



### HEALTH

#### Ghana's nutrition improved – Dr Kuma Aboagye

October 19, 2023/GNA

By Eunice Hilda A. Mensah/Praise Adoghe

Accra, Oct. 19, GNA – Dr Patrick Kuma Aboagye, the Director-General, Ghana Health Service (GHS), says nutrition in Ghana has improved.

However, a lot still needed to be done to advance food and nutrition.

With the support of the USAID, he said strides had been made in reducing stunting, underweight and anaemia in children and that there had been an improvement in early initiation of breastfeeding and exclusive breastfeeding rates.

While celebrating the progress achieved, Dr Aboagye said the Service acknowledged that a considerable portion of the population still faced slow and unequal progress, experiencing ongoing nutritional deprivation.

He made the remarks at a USAID "Advance Nutrition National Learning Event" held in Accra on the theme: "Deepening the Multi-Sectoral Nutrition Agenda – The USAID Advancing Nutrition Story".

The GHS Director-General, said in certain regions, rural areas, and poor urban areas, the pace of reducing malnutrition, particularly anemia and stunting, had been slow and uneven.

The challenge was compounded by the emerging problem of over-nutrition, he said, indicating that the country was grappling with multiple facets of malnutrition, including issues such as poor child growth, micronutrient deficiencies, and adult overweight and obesity.

Source: Ghana News Agency

Link: <https://gna.org.gh/2023/10/ghanas-nutrition-improved-dr-kuma-aboagye>

# US to support Ghana achieve nutrition, health objectives — Malave

Gilbert Mawuli Agbey / Sep - 23 - 2023 , 09:16



Maureen Malave, speaking at the event

**The United States (US) is committed to supporting the government to achieve its nutrition and health objectives to build a more resilient, productive and inclusive society.**

Source: Graphic Online

Link: <https://www.graphic.com.gh/news/general-news/us-to-support-ghana-achieve-nutrition-health-objectives-malave.html>

## USAID supports GHS with maternal record books

Doreen Andoh / Jul - 04 - 2022 , 09:20



Dr Patrick Kuma-Aboagye — Director-General of the GHS

The United States has supported the Ghana Health Service (GHS) to print 139,000 copies of the country's current and only Maternal and Child Health Record Book.

It offered support through the Advancing Nutrition Ghana Project of the United States Agency for International Development (USAID), one of the USA Government's flagship interventions, to help the country in the effort to address malnutrition.

Source: Graphic Online

Link: <https://www.graphic.com.gh/news/general-news/usaids-supports-ghs-with-maternal-record-books.html>

## Other Media Links

Northern Regional Minister praises USAID Advancing Nutrition for improving nutrition outcomes (Ghana News Agency [GNA])

<https://gna.org.gh/2023/09/northern-regional-minister-lauds-usaid-advancing-nutrition-project-for-improving-nutrition-outcomes/>

USAID makes strides in improving nutrition in Ghana (Ghana Business News)

<https://www.ghanabusinessnews.com/2023/09/21/usaid-makes-strides-in-improving-nutrition-in-ghana/>

USAID nutrition project ends in upper west (Daily Graphic)

<https://www.graphic.com.gh/news/general-news/usaid-nutrition-project-ends-in-upper-west.html>

USAID project to address malnutrition in northern Ghana ends (AI radio online)

<https://www.ai.radioonline.com/64860/usaid-project-to-address-malnutrition-in-northern-ghana-ends/index.html>

Ghana records increased cases of malnutrition and obesity — GHS (Daily Graphic)

<https://www.graphic.com.gh/news/general-news/ghana-news-nation-records-increased-cases-of-malnutrition-obesity-ghs.html>

High rates of anemia persist in Ghana – GHS director-general (TV3 news)

<https://3news.com/high-rates-of-anaemia-still-persist-in-children-ghs-director-general/>

Advancing Nutrition: USAID supports more than 300,000 pregnant women and children in the north (Joy News Video)

<https://www.youtube.com/watch?v=eln6bSTWPuM>

Chief calls for retention of skilled staff as project ends (GNA)

<https://gna.org.gh/2023/09/chief-calls-for-retention-of-skilled-staff-as-project-ends/>

Increasing rate of stunting among children in Northern Ghana – USAID (News Ghana)

<https://newsghana.com.gh/increasing-rate-of-stunting-among-children-in-northern-ghana-usaid/>

New studies: More investment and coordination needed to advance progress in ending childhood malnutrition in Ghana (Modern Ghana)

<https://www.modernghana.com/news/1089837/new-studies-more-investment-and-coordination-need.html>

NDPC holds stakeholders' engagement to improve food nutrition systems (News Ghana)

<https://newsghana.com.gh/ndpc-holds-stakeholders-engagement-to-improve-food-nutrition-systems/>

Ghana urged to adopt policy to address malnutrition (GNA)

<https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Ghana-urged-to-adopt-policy-to-address-malnutrition-1216534>

NDPC calls for more investment and coordination to end childhood malnutrition (News Ghana)

<https://newsghana.com.gh/ndpc-calls-for-more-investment-and-coordination-to-end-childhood-malnutrition/>



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## **USAID ADVANCING NUTRITION**

Implemented by:  
JSI Research & Training Institute, Inc.  
2733 Crystal Drive  
4<sup>th</sup> Floor  
Arlington, VA 22202

Phone: 703-528-7474  
Email: [info@advancingnutrition.org](mailto:info@advancingnutrition.org)  
Web: [advancingnutrition.org](http://advancingnutrition.org)

NOVEMBER 2023

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

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