

INTRODUCTION

The Nutrition Unit of the Kwahu West Municipal Health Directorate seeks to improve the nutritional status of the populace of the municipality. It aims at improving the nutritional status and preventing nutritional related conditions of especially priority groups in public health and this includes children under 5, pregnant women, lactating mothers, adolescent and the elderly.

The unit is focused on increasing the rate of initiation of breastfeeding within the first 30 minutes of delivery, exclusive breastfeeding for the first six months of life, continued breastfeeding for 24 months and timely introduction of complementary feeding.

OBJECTIVES

- To improve the nutritional status of children under five
- To monitor and promote growth in preventing underweight and malnutrition.
- To increase vitamin A supplementation and promote the consumption of vitamin A rich foods.
- To promote good nutrition among children of school going age and adolescent.
- To reduce the prevalence of nutritional deficiencies such as anemia, vitamin A deficiency, iodine deficiency among pregnant women and children under 5.

PROMOTION OF NUTRITION EDUCATION

Nutrition education, promotion and counseling services were carried out at all health centers, CHPS and hospitals in the municipality. Topics delivered and discussed were:

- Nutrition during pregnancy and lactation
- Prevention of diet related diseases such as, hypertension, diabetes.
- Importance of consuming vitamin A rich foods and vitamin A supplementation.
- Importance of early initiation of complementary feeding and consumption of four star diet
- Importance of exclusive breast feeding for the first six months and continued breastfeeding for 24 months
- Importance of consumption of iodated salt.
- Prevention and management of micronutrient deficiencies in pregnancies and childhood
- Importance of growth monitoring and promotion
- Infant feeding practices and care

VITAMIN A SUPPLEMENTATION

Vitamin A plays a critical role in maintaining healthy vision, neurological function, healthy skin and more. Vitamin A deficiency affects children and pregnant women and can cause vision impairment. Vitamin A can be found in food sources such as carrot, orange etc.

Supplementing the diet of children with Vitamin A has become necessary since it's not always gotten from diet. Children between the ages of 6-59 months are given the vitamin A capsules six monthly to five years.

Table 8: Vitamin A Supplementation by Sub-Municipals (6-59 Months)

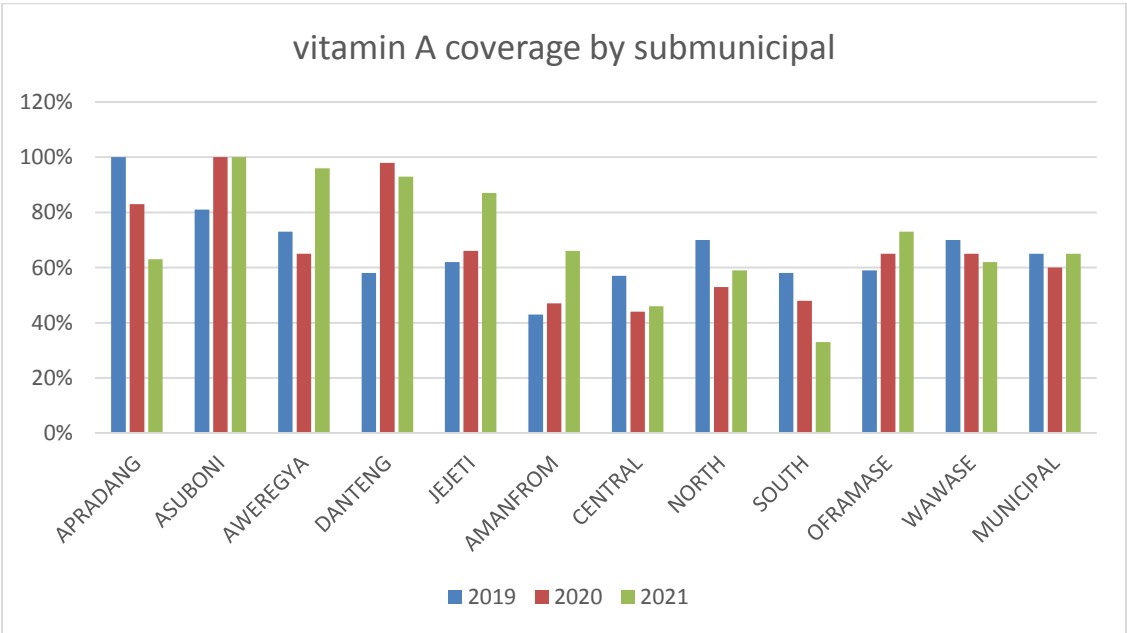
Sub-Municipals	2019	2020	2021
Apradang	959	821	640
Asuboni	1110	1400	1716
Aweregya	934	851	1295
Danteng	1091	1257	1227
Jejeti	599	655	890
Nkawkaw Amanfrom	1184	1326	1939
Nkawkaw Central	2593	2046	2205
Nkawkaw North	2837	2228	2540
Nkawkaw South	806	693	489
Oframase	755	858	996
Wawase	844	805	739
Total	13,712	12,940	14676

Table 9: Vitamin A Coverage by Sub-Municipal (6-59 Months)

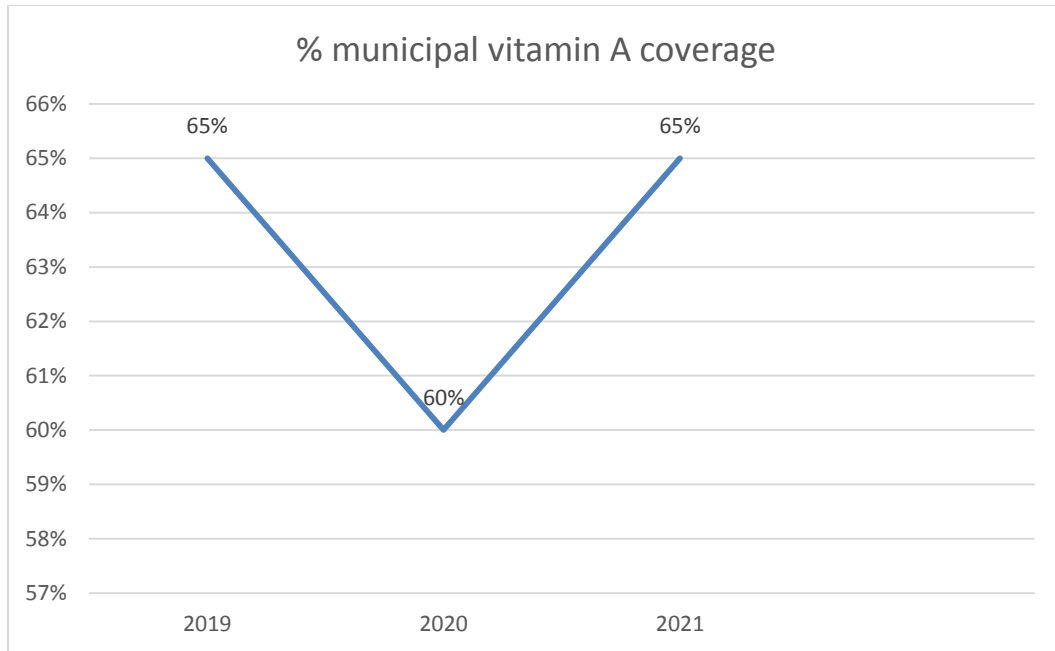
Sub-Municipals	2019	2020	2021
Apradang	100%	83%	63%
Asuboni	81%	100%	100%
Aweregya	73%	65%	96%
Danteng	58%	98%	93%
Jejeti	62%	66%	87%
Nkawkaw Amanfrom	43%	47%	66%

Nkawkaw Central	57%	44%	46%
Nkawkaw North	70%	53%	59%
Nkawkaw South	58%	48%	33%
Oframase	59%	65%	73%
Wawase	70%	65%	62%
MUNICIPAL	65%	60%	65%

Submunicipal Percentage of vitamin coverage (6-59 months)

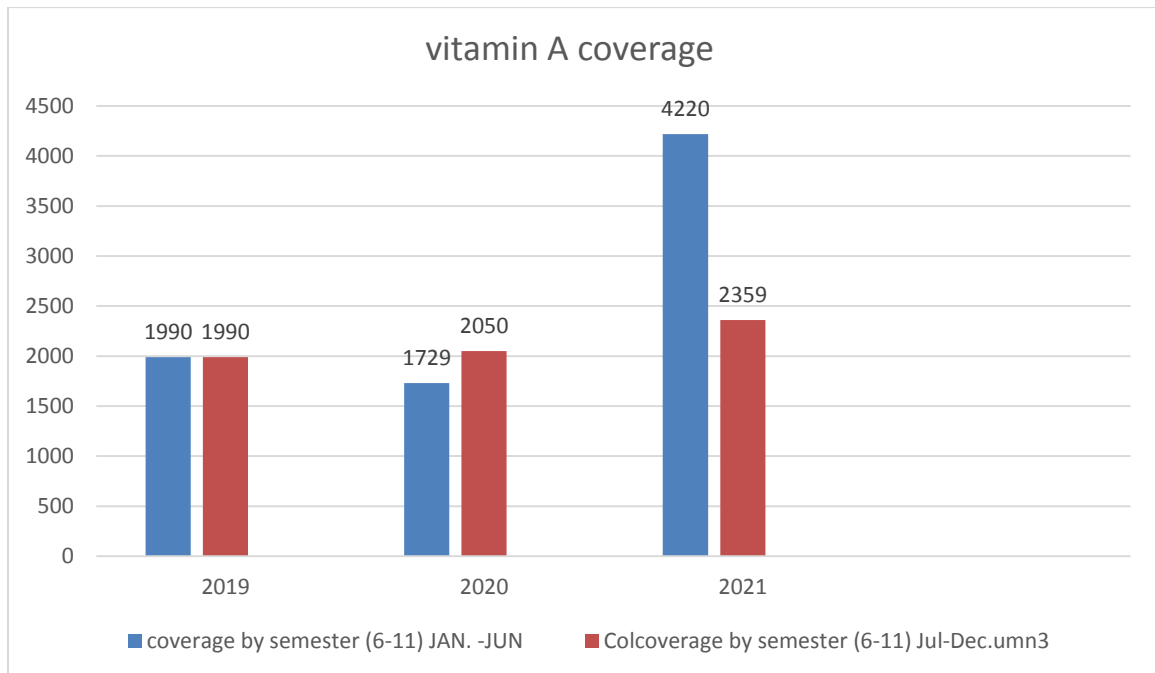


Municipal Percentage Coverage of Vitamin A Supplementation (6-59 Months)



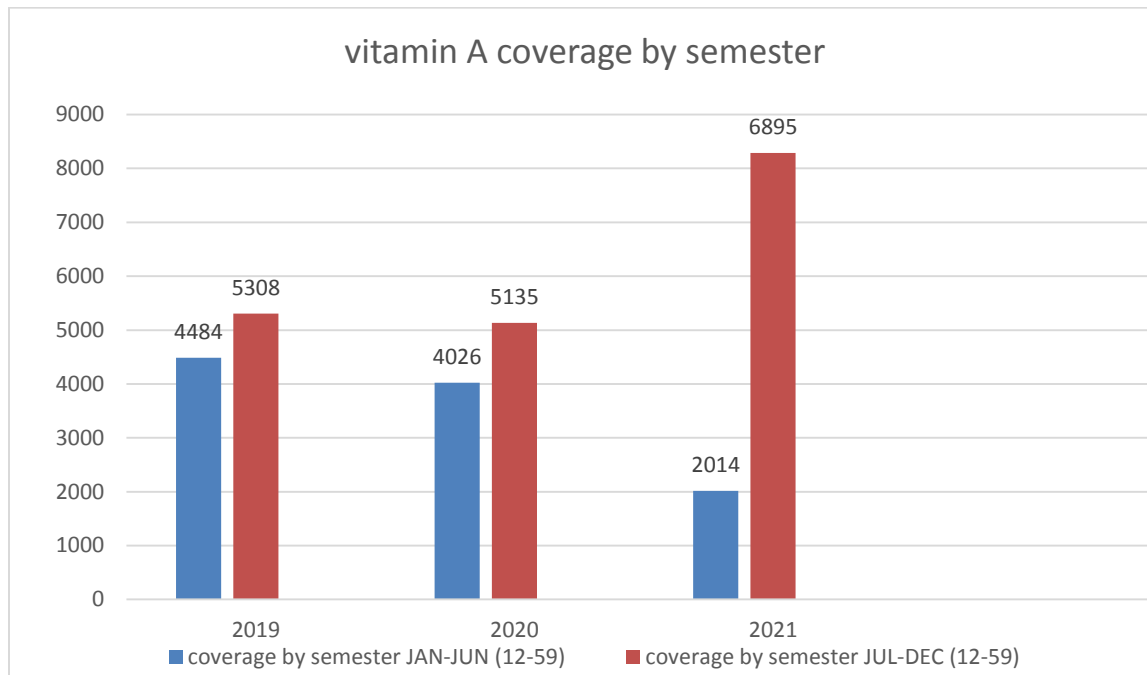
Vitamin A supplementation for children 6 – 59 months reduced from **65%** in 2019 to **60%** in 2020, and an increase in the coverage to **65%** in 2021.

Graph 5: Municipal Vitamin A coverage by semester (6-11 months)



The increase in vitamin A coverage in the 1st and 2nd Semester comparing it to the first semester in 2021 can be attributed to the mop conducted in the 3rd and 4th quarter.

Graph 6: Municipal Vitamin A coverage by semester (12-59 months)



Over the two year period, coverage can be seen to be reducing, with a slight increase in the 2nd semester and this can be attributed to the mop up conducted in the 3rd and 4th quarters. Health education on the importance of vitamin A supplementation will be intensified.

ANEMIA IN PREGNANCY

During pregnancy, the body produces more blood to support the growth of your baby. If you're not getting enough iron or certain other nutrients, your body might not be able to produce the amount of red blood cells it needs to make this additional blood.

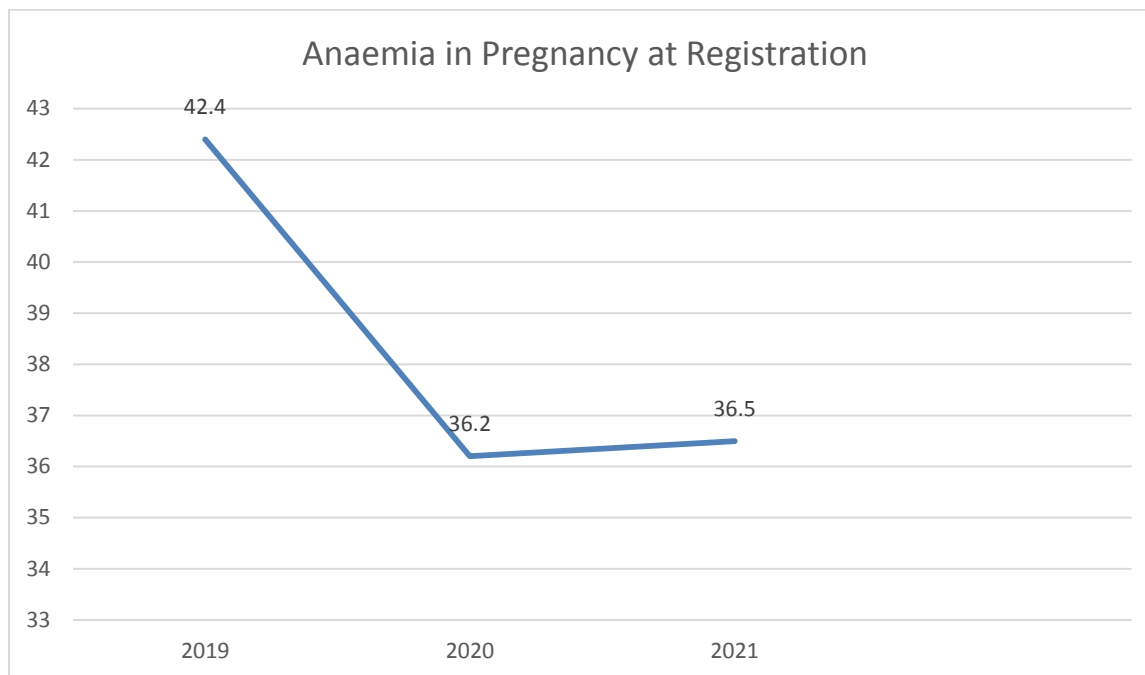
Anemia can leave you feeling tired and weak. If it is severe but goes untreated, it can increase your risk of serious complications like preterm delivery and the death of the pregnant woman. During the year under review, a nutrition clinic was instituted to identify pregnant women with low hemoglobin level and counsel them on adequate nutrition. These women are monitored and followed up till delivery to ensure they deliver safe.

Table 16: Hemoglobin checked in pregnancy at registration and 36 weeks

Year	ANC registrants	ANC attendance	Number HB checked at registration	HB < 11g/dl at registration	HB checked at 36 weeks	HB < 11g/dl at 36 weeks

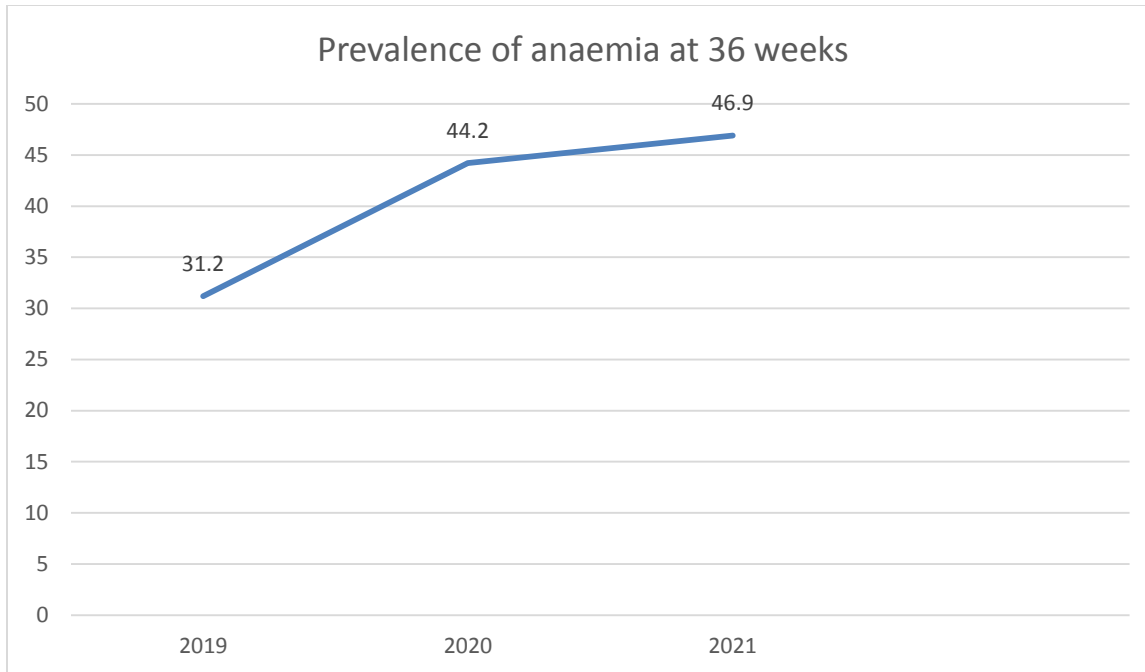
2019	4243	22385	4081 (96%)	1731	1284	401
2020	4405	24178	4333 (98%)	1571	1899	841
2021	4302	25862	4259 (99%)	1555	1938	909

Graph 8: Prevalence of Anemia in Pregnancy at Registration



Anemia in pregnancy at registration has decreased from **42.4% in 2019 to 36% in 2020** but with a slight increase from 2020 to 2021 from **36.2% to 36.5%**. Health education on healthy eating, ITN use, IPT is ongoing and will be intensified to reduce the rate of anemia further.

Graph 9: Prevalence of Anemia in Pregnancy at 36 Weeks

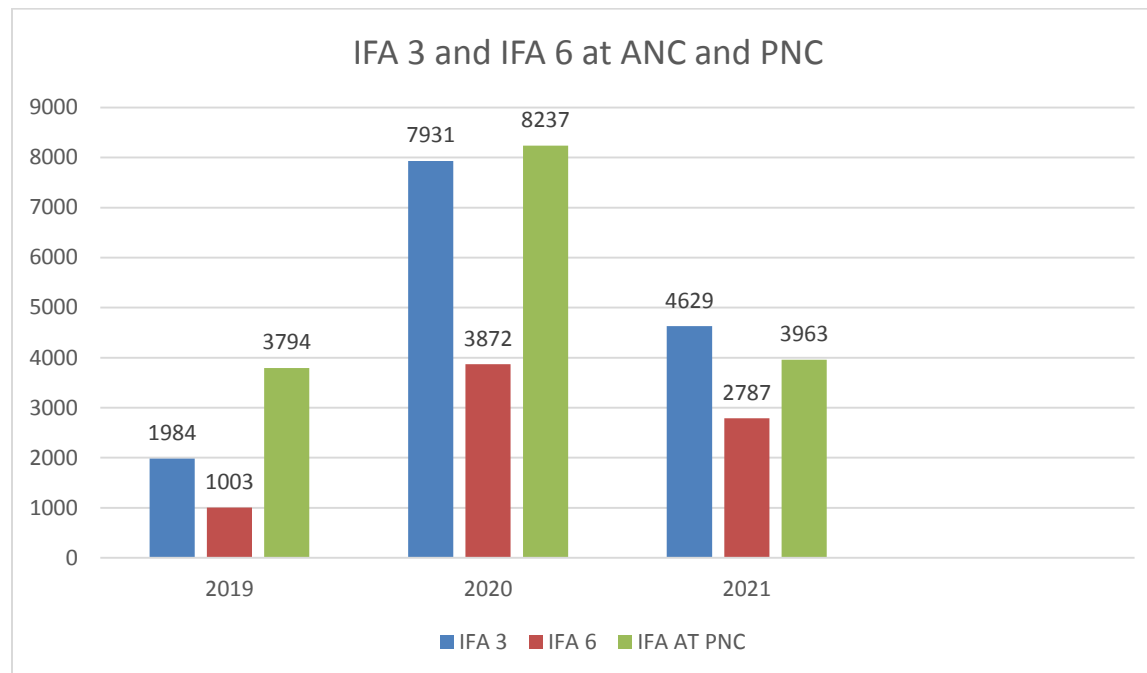


Anemia in pregnancy at 36 weeks increased from **31.20% (401) in 2019 to 46.90 % (841) in 2021**. Pregnant women will therefore be counseled on the need to eat iron rich foods throughout the period of pregnancy, sleep under ITNs and practice good hygiene.

Table 17 Iron Folic Acid Supplementation and Counseling at ANC and PNC

Year	IFA 3 AT ANC	IFA 6 AT ANC	1FA AT PNC
2019	1984	1003	3794
2020	7931	3872	8237
2021	4629	2787	3963

Graph 11: Three- year coverage of IFA 3 and IFA 6 at ANC



GIRLS IRON FOLATE TABLET SUPPLEMENTATION (GIFTS)

The Girls Iron–Folate Tablet Supplementation (GIFTS) program is a public health intervention designed to provide adolescent girls with weekly iron and folic acid tablets free of charge to adolescent aged 10-19 years aimed at contributing to the reduction in anemia among adolescent girls and menstruating women. Iron and folic acid (IFA) supplementation has been shown to be cost effective intervention for addressing anemia. Starting IFA supplementation for adolescent girls and continuing into adulthood improves girls iron status and reduces their susceptibility to anemia, Contribute to improved educational performance of adolescent girls, contribute to making girls and women energetic and healthier and contribute to improved pregnancy outcomes The GIFTS program aims to provide once weekly Iron and Folic acid to adolescent girls. The program is targeted at three groups and these are

1. All adolescent girls aged 10-19 years in junior high, senior high, technical vocational and training institutions.

2. Out-of-school adolescent girl 10-19 years.
3. Menstruating women 20 years and above.

The GIFTS program was introduced in the year 2019 to correct anemia and improve nutritional well-being of adolescent girls.

Table 18: Out-of-School Iron Folate supplementation among adolescent girls 10 -19 years

Year	Total adolescent screened	Total adolescent anemic	Total registered and dosed
2019	780	0	780
2020	302	0	302
2021	472	0	472

ACHIEVEMENTS

- To reduce the prevalence of anemia among pregnant women and also reduce maternal deaths associated with anemia, a nutrition clinic has been established at the Holy Family Hospital every Tuesdays.
- A clinic for the elderly has also been established to care and support the elderly. Dietary counseling and health screening are part of the package. This is done in the last Friday of every month.