Comprehensive Africa Agriculture Development Programme (CAADP)

West Africa Regional CAADP Nutrition Program Development Workshop

Nutrition Country Paper – Ghana

English Version

DRAFT

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This synthesis has been elaborated for a CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, held in Dakar, Senegal, from the 9th to the 12th November 2011. The purpose of this Nutrition Country Paper is to present key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. This work document has been initiated and updated by the workshop work team of the country, composed of focal points from different sectors; with the assistance of the technical piloting committee. It will be regularly updated and completed.

Key policy documents to be consulted

Medium Term National Development Policy Framework (NDPF) 2010-2013
Better Ghana Shared Growth and Development Agenda (GSGDA) 2010-2013
Ghana Food and Agriculture Sector Development Policy (FASDEP II) 2009-2015
Medium-Term Agriculture Sector Investment Plan (METASIP) 2009-2015

Other key documents: Please refer to the workshop material

General sources used to produce this document

Sources	Information	Internet link when available
FAO	Nutrition Country Profiles	http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm
	FAO Country profiles	http://www.fao.org/countries/
	FAO STAT country profiles	http://faostat.fao.org/site/666/default.aspx
UNICEF	Nutrition Country Profiles	http://www.childinfo.org/profiles_974.htm
	MICS: Multiple Indicators Cluster Surveys	http://www.childinfo.org/mics_available.html
OCDE / CILLS	Food Security Country Profiles for 9 African Countries : Burkina Faso, Cape Verde, Chad, Gambia, Guinea-Bissau, Mali, Mauritania, Niger, Senegal	http://www.oecd.org/document/6/0,3746,en_38233741_38246823_41638790_1_1_1_1,00.html
DHS	DHS Indicators	http://www.measuredhs.com/Where-We-Work/Country-List.cfm
OMS	Nutrition Landscape information system	http://apps.who.int/nutrition/landscape/report.aspx
CAADP	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	http://www.nepad-caadp.net/library-country-status-updates.php
REACH	REACH multi-sectoral review of existing data on the nutrition situation, programmes and policies	*When available (Mauritania, Sierra Leone)*
SUN	Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN)	http://www.scalingupnutrition.org/wp-content/uploads/2011/09/compendiurm-of-country-fiches-ROME-VERSION.pdf http://www.scalingupnutrition.org/events/a-year-of-progress/
WFP	Food security reports	http://www.wfp.org/food-security/reports/search

I. Context – food and nutrition situation

General Indicators		*Source*
Population below international poverty line of US$1.25 per day	30%	UNICEF 2011
Under-five mortality rate (per 1,000 live births)	69	UNICEF 2011
Infant mortality rate (per 1,000 live births)	47	UNICEF 2011
Primary cause of under-five deaths – Rate of death due to malaria	Malaria 33%	WHO 2008
Primary school net enrolment or attendance ratio	71%	UNESCO 2009
Primary school net enrolment -ratio of females/males	76%f / 76% m	UNESCO 2009
Agro-nutrition indicators		*Source*
Cultivable land area	28%	FAO 2003
Assess to improved drinking water in rural areas	74%	UNICEF 2008
Food Availability		
Average dietary energy requirement (ADER)	2118 kcal/person/day	FAOSTAT 2007
Dietary energy supply (DES)	2690 kcal/person/day	FAO 2005-2007
Total protein share in DES (Animal protein)	9% (%)	FAO 2005-2007
Fat share in DES	12%	FAO 2005-2007
Food diversification index	28%	FAO 2005-2007

Geography, population, and human development

Ghana is bordered by West Africa's Gulf of Guinea to the South, Cote D'Ivoire to the West, Togo to the East, and Burkina Faso to the North. The 537-kilometer coastline is mostly a low, sandy shore backed by plains and scrub and intersected by several rivers and streams, most of which are navigable only by canoe. A tropical rain forest belt extends northward from the shore, near the Côte d'Ivoire frontier, where most of the country's goods for export are produced. Children <15 years of age account for 39% of the total population and 45% of the population is urban (FAO 2009), and Ghana ranks 130 out of 169 in the Human Development Index (UNDP, 2010). Life expectancy at birth is 57 years. With more than 35,000 refugees and asylum-seekers on its territory at the end of 2007, Ghana hosts the largest refugee population in West Africa. Most of the refugees come from Liberia and Togo (UNHCR, 2007).

Economic development

GDP has grown 4 - 8% annually over the past decade and is expected to continue in coming years; Ghana is considered to be a success story in the making. Agricultural growth has been the major driver of poverty reduction, especially in the South, and this sector is the largest source of employment for Ghanaians (dominated by smallholder farmers producing food and cash crops). Agriculture accounts for more than one-third of GDP and about 55% of formal employment. Ghana's primary cash crop is cocoa, which typically provides about 1/3 of all export revenues. Other products include timber, coconuts (and palm products), shea nuts, and coffee.

Ghana has a relatively diverse and rich natural resource base. Minerals-- gold, diamonds, manganese ore, and bauxite--are exported. As a result of a major oil discovery in 2007, Ghana is likely to be the 3rd largest producer of oil in West Africa. Timber and marine resources are important but declining resources. Ghana's industrial base is relatively advanced compared to many other African countries. However, additional scope exists for value-added processing of agricultural products, textiles, apparel, steel (using scrap), tires, flour milling, cocoa processing, beverages, tobacco, simple consumer goods, and car, truck, and bus assembly. Industry, including mining, manufacturing, construction, and electricity, accounts for about 30% of GDP.

Focus : Causes and symptoms of malnutrition in Ghana

- **Poor Infant Feeding Practices**
  - Two-thirds of all newborns do not receive breast milk within one hour of birth.
  - 63% of infants under six months are not exclusively breastfed.
  - During the important transition period to a mix of breast milk and solid (6-9 months), over one-quarter are not fed appropriately with both breast milk and other foods.
- **High Disease Burden**
  - Undernutrition increases the likelihood of falling sick, the severity of disease, and they are more likely to die from illness than well-nourished children.
- **Limited Access to Nutritious Food**
  - Fewer than 10% of households are food insecure, i.e. lacking access to calories, and many more lack access to diverse diets year round..

Source : http://siteresources.worldbank.org/NUTRITION/Resources/281846-1271963823772/Ghana.pdf

Agro-Nutrition Indicators (continued)		*Source*
Nutritional Anthropometry (WHO Child Growth Standards)		
Prevalence of stunting in children < 5 years of age	28%	DHS 2008
Prevalence of wasting in children < 5 years of age	9%	DHS 2008
Prevalence of underweight children < 5 years of age	14%	DHS 2008
% Women (15-49 years) with a BMI < 18.5 kg/m²	9%	DHS 2008

Food security (food availability, access, utilization, and coping mechanisms)

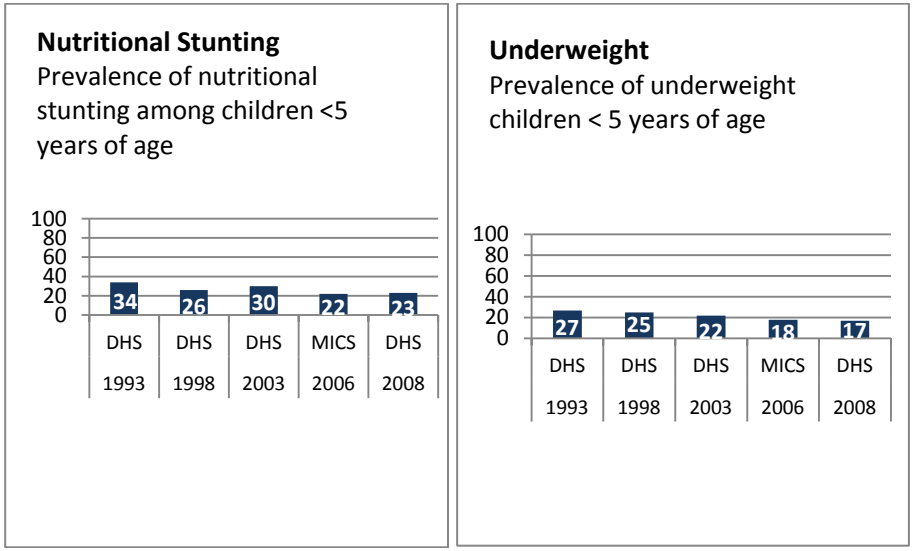
Major food crops in Ghana are Cassava, Maize, and Yams. Overall crop production for 2011 is unfavorable (compared with 2010 levels) and cereal crop production is uncertain. Although Ghana as a whole is experiencing the lowest inflation rate (8.4%) since July 1992, attributed to declining food prices, Northern regions have seen a sharp rise (48%) in the price of grains. Consequently, access to food is deteriorating in the North. Although <10% of households in Ghana are food insecure, in the North up to 35% of the population is estimated to be food insecure (FAO, 2011). While both men and women are vulnerable to poverty, a concentration of women in Ghana is engaged in more vulnerable agricultural activities: Food crop farming, unpaid work, and the informal or self-employed sector. Food cropping is the domain of women; an increase in the incidence of poverty among food crop farmers is likely to increase women's vulnerability to poverty relative to men. Ghana's food security is threatened by recurrent droughts and flooding in the North (where poverty rates are twice as high as in the South), during the dry and rainy seasons. Inadequate supplies of potable water are also serious issues facing the population.

Agro-nutrition indicators (continued)		*Source*
Infant feeding by age		
Children (0-6 months) who are exclusively breastfed	63%	MICS 2005-09
Children (6-9 months) who are breastfed with complementary food	75%	MICS 2005-09
Children (9-11 months) who are using a bottle with a nipple	11%	DHS 2008
Children (20-23 months) who are still breastfeeding	44%	MICS 2005-09
Coverage rates for micronutrient supplements		
% Households consuming adequately iodized salt (≥ 15ppm)	32%	DHS 2008
Vitamin A supplementation coverage rate (6-59 months)	56%	SMART 2010
Vitamin A supplementation coverage rate (≤2 months postpartum)	60%	DHS 2008
Prevalence of anemia among pre-school children	78%	DHS 2008
Prevalence of anemia among pregnant women	42%	DHS 2008
Iron supplementation coverage among women	55%	FAO 2003

Nutritional status

Anthropometric indicators for malnutrition have progressively decreased over the past two decades. The prevalence of stunting in Ghana among children <5 years of age was reported to be 28% in 2008 (DHS) with 10% being severely stunted. These rates are higher than reported by the MICS in 2006 (22%), the adoption the growth standards released by the WHO in 2006 may provide a partial explanation[i]. If the numbers of the DHS 2008 are compared based on the previously used standard population (NCHS/WHO) a decline of 7% can be seen as compared to data from DHS 2003. Similarly underweight among Ghanaian children <5 of age has decreased from 22% to 17% (DHS 2008 based on NCHS/WHO). According to the new growth standards the rate of underweight in this age group is 14%.

The highest levels of severe and moderate stunting are found in children between 18 and 23 months, with nearly 40% being stunted, while younger children <6 months are much less likely to be stunted (4%). To the contrary, older children are less often wasted and the most vulnerable to becoming wasted are children between 6 and 8 months; 29% in this age group are moderately or severely wasted. Aside from the majority of Ghanaian women within the normal weight range (BMI 18.5-24.9), 9% are considered to be underweight and 30% are overweight (DHS, 2008). While the mean BMI has not changed dramatically compared to DHS data from 2003, only 25% of women were obese at that time. This trend can also be seen in children. In 2008 the DHS reported a 5% rate of overweight young children with the highest rate among children 9-11 months old.



Source: UNICEF Nutrition Profile v.2, October 2011

Indicators - WHO Standards (source DHS 2008)	Gender			Residence			Wealth Quintile					
	Male	Female	Ratio m / f	Urban	Rural	Ratio u / r	1 + poor	2	3	4	5 + rich	Ratio + r / + p
Stunting Prevalence in children <5 years old	30	26	1.2	21	32	0.7	35	34	28	21	14	0.4
Underweight Prevalence in children <5years old	15	12	1.3	11	16	0.7	19	17	13	8	9	0.5

Source: DHS 2008, In : UNICEF Nutrition Profile v.2, October 2011

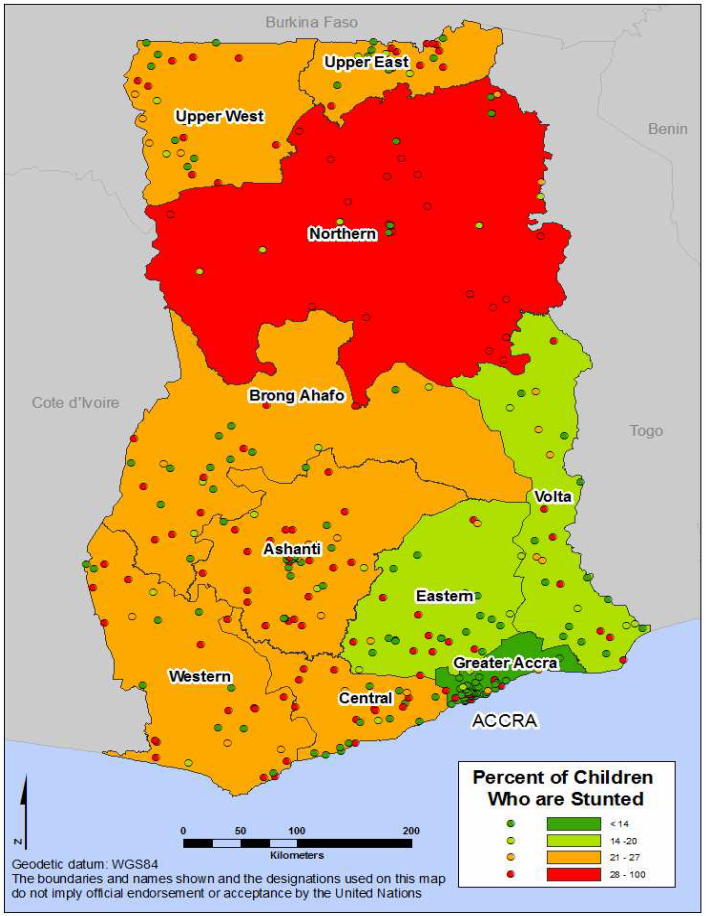
Infant feeding

Among mothers who received assistance at the time of delivery, 56% breastfed their newborns within the first hour after delivery while only 33% of mothers without assistance initiated breastfeeding early. Over the past 5 years, breastfeeding within 1 hour of birth has increased from 46 -52% while a 97-98% 'ever breastfed' rate has remained stable. Although the median breastfeeding duration is long (20 months, DHS 2008), the length of the exclusive breastfeeding period is short (3 months, DHS, 2008). Nearly 1/5 of children <6 months of age received complementary solid foods or water. Overall the mean exclusive breastfeeding rate for children <6 months has increased 10% (DHS 2008) and almost all children < 6 months of age (96%) are breastfed at least 6 times per day. Among children 6-23 months of age, 31.2% were fed in accordance with established Infant and Young Child Feeding (IYCF) Practices (PAHO/WHO, 2003; WHO, 2005)[ii]

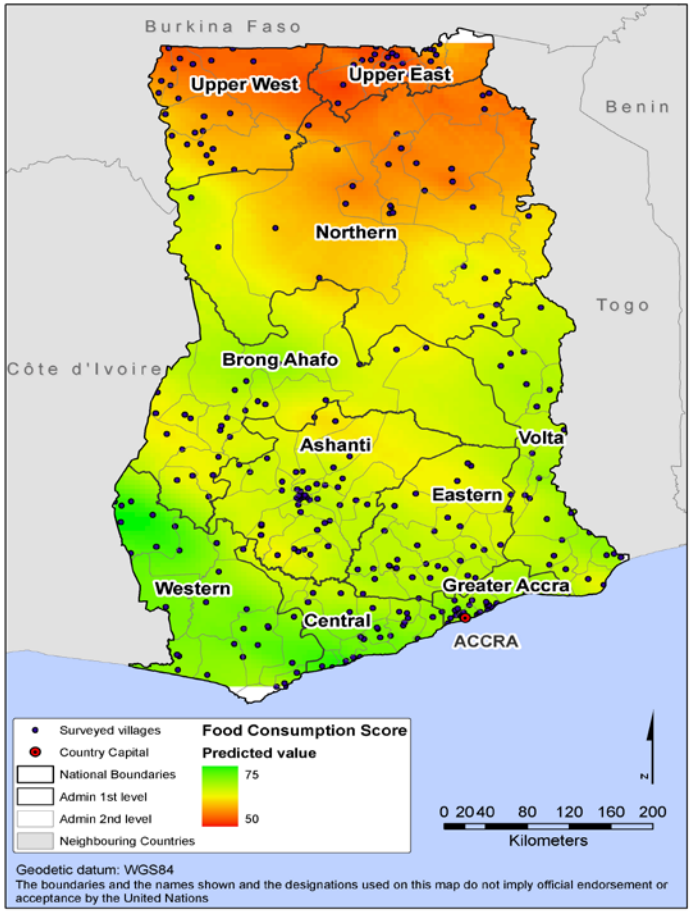
Micronutrients

The majority of women (55%) reported having taken iron supplements during pregnancy yet 42% suffered from anemia (DHS 2008). Among children between 6-59 months of age, 78% of children were found to be anemic, peaking at 88% in the 9-17 month age groups (GDHS 2008). Children in rural areas were found to be more anemic than children living in urban areas, with rates of 84% and 68%, respectively. The causes of anemia are three-fold: inadequate dietary intake of iron; malaria; and intestinal worm infestation (GHS, 2003). In 2008 (DHS) 60% of postpartum women received Vitamin A supplementation within 2 months of delivery. Vitamin A supplementation coverage among children 6-59 months of age appears to have improved markedly between 2008 and 2010 with rates of 24% (UNICEF 2008) and 56% (SMART 2010), respectively. Proper iodization and use of iodized salt remain a challenge in Ghana. Figures show that 51% of households consume iodized salt, but only 32% of households used adequately iodized salt (UNICEF 2011).

Chronic Malnutrition by District



Food Consumption (proxy measure for food security)



Source: Ghana, Comprehensive Food Security and Vulnerability Analysis (CFSVA) 2009

http://documents.wfp.org/stellent/groups/public/documents/ena/wfp201820.pdf

II. Current nutrition policy framework and implementation mechanisms for improving food security and nutrition in Ghana

Specific strategies and programs currently in place in the food and agriculture sector to improve nutrition

Strategy / Program	***Reference period***	***Objectives and main components***	***Budget****	***Stakeholders***	***Key points*** *(Impact,, best practice, lessons learned,...)*	***Integration of nutrition component***
STRATEGIC FRAMEWORK						
Ghana Vision 2020 (The First Step)	1996-2000	Long-term vision, developed in the 1990's, continues to be the prevailing vision to-date: Ghana is committed to become a middle-income country by the year 2020.		Blue print authored by the National Development Planning Commission (NDPC)		
National Development Policy Framework (NDPF), Volume 1 Long-term Development Objective Medium-term Plan	1996-2000 1997-2000	Reduce poverty, increase employment opportunities and average incomes, and reduce inequities in order to improve the general welfare and the material well-being of all Ghanaians. Development themes: 1-Human development; 2-Economic Growth/Rural development; 3-Urban development; 4-An enabling environment.			Objectives for the nutrition focus area: 1-Achieve and maintain nutritional well-being among all socio-economic groups in all regions of Ghana; 2-Eradicate child malnutrition; 3-Increase agricultural productivity to achieve and maintain food security and adequate access to nutritious food by all households.	
Growth and Poverty Reduction Strategy (GPRS II) GPRS I (2003-2005)	2006-2009	Stemming from GPRS I (policy framework directed towards attainment of the MDGs), the GPRS II central goal is to accelerate the growth of the economy so that Ghana can achieve middle-income status within a Measurable planning period. Priorities include: 1-Continued macroeconomic stability; 2-Accelerated private sector-led growth; 3-Vigorous human resource development; 4-Good governance and civic responsibility.	US$8.06 Billion [iii]	Partners for the Key focus area of Health: MOES, GES, MOFEP, MMDAs, CHASS, Private Sector, NGOs, MMYE, NSC, GFA, GAAA, MOH, GHS, Nurses and Midwife Council, GMA, PPAG, MOE, GSH, NHIS, MLGRD, Min. of Information, MOWAC, MOFA, WIAD, and many others	GPRS II entails high levels of public spending to promote structural transformation of Ghana's economy. Ghana is making strong progress towards achieving its 2015 MDGs in the following key general / nutrition indicators: 1-Extreme poverty and hunger; 2-Universal primary education; 3-Under-five mortality; 4-Maternal mortality; 5-HIV/AIDS & Malaria; 6-Environmental sustainability. The Social Policy Framework calls for the development of 1-volunteerism; 2-Database on the vulnerable and excluded groups; 3-Institutional strengthening, linkages, and coordination. Large fiscal and balance of payment deficits remained.	

Better Ghana Shared Growth and Development Agenda (GSGDA) Medium Term National Development Policy Framework (NDPF)	2010-2013	Advance the long-term NDPF objectives in the medium term. Focus area in health, addressing the issue of high IMR and MMR: 1-Intensify and implement high impact yielding strategies for malnutrition for children <5 yrs. and maternal malnutrition; 2-Improve health care for pregnant women, including deliveries; 3-Promote the expansion of community-based health service delivery; 4-Continued advocacy for district assemblies and DHMTs to dedicate a percentage of their resources for MNC.		MOH, GHS, NHIS, MMDAs, MLGRD, Nurses and midwives council, GMA, PPAG, MOE, GES, MOWAC	Addresses: 1-Relationships, roles, and responsibilities of key planning agencies; 2-Communication for planning, implementation, M&E; 3-Stakeholder consultation and participation; 4-Establishing conditions for plan stability and national ownership; 5-Developing capacity of key planning agencies.	
AGRICULTURE						
Millennium Challenge Corporation Compact	2006-2011	Focuses on accelerating growth and poverty reduction through agricultural and rural development. The compact has three main components: 1-Enhancing the profitability of commercial agriculture among small farmers; 2-Reducing transportation costs through improvements in infrastructure; and, 3-Expanding basic community services and strengthening rural institutions supporting agriculture and agri-business	$547 M		Eligible for a second compact due to: 1-Successful completion of first compact: 2-Continued good policy performance; 3-Development of proposals that have significant potential to promote economic growth (including private sector engagement, gender integration) and reduce poverty; 4-Availability of funding.	
Ghana Food and Agriculture Sector Development Policy (FASDEP II)	2009-2015	Objectives are to improve food security, increase income, improve market access, and ensure that investments in the sector will be scientifically based and environmentally sustainable regarding the allocation of at least 10% of annual government expenditure to the agricultural sector, targeting the poor appropriately and working towards gender equity. ***Nutrition-related Objective***: By 2015, 50% reduction in stunting and underweight in children, and Vitamin A, iron, and iodine deficiencies in children and women of reproductive age. ***Investment areas related to nutrition***: 1-Enhance nutrition through research education, and advocacy on choice of foods, and handling for food quality and safety; 2-Promote consumption of micronutrient-rich foods; 3-Promote fortification of foods during processing to increase their nutritional value.		Ministry of Health and Ministry of Agriculture	1-Emphasis on the sustainable utilization of all resources and commercialization of activities with market-driven growth; 2- Increase productivity of the commodity value chain. Needs to pursue greater engagement of the private sector / collaboration with other partners. ***Suggestions for Improvement***: 1-Spell out the institutional linkages, roles, and areas of collaboration of the Ministry of Health and Ministry of Agriculture to ensure their overlap in planning and coordinating nutrition-related activities; 2- Review the Ghana Nutrition Program to ensure that all pertinent nutrition issues are being addressed and then Extract, adjust, and include in METASIP.	

Medium-Term Agriculture Sector Investment Plan (METASIP) CAADP (FASDEP I -2002)	2009-2015	Designed to implement FASDEP II with the objective: Modernized agriculture culminating in a structurally transformed economy and evident in food security, employment opportunities and reduced poverty. Main Components: 1-Food security and emergency preparedness; 2-Increased Growth & Reduced Income Variability; 3-Competitiveness in Domestic and international markets; 4-Management of land & environment; 5-Science and technology applied in food and agriculture		Ag Sector Working Group, USAID, IFAD, GTZ, EU, JICA, WFP, World Bank, and many other multi- and bi-lateral organizations, and NGOs	-Support GoG by a multiple development partners for: 1-High impact value chain investments, institutional strengthening, and community engagement; 2-Short-term TA, internships, scholarships to Ghanaians; 3-Removing main policy and investment constraints to agriculture; 4-Indentifying best investments and actions to encourage private sector investment.	
FOOD SECURITY						
Feed The Future	2011-2015 Implement ation Plan	Objective; Improve the livelihood and nutritional status of households in Ghana. Intermediate Results (IRs): 1-Increased competitiveness of major food value chains; 2-Improved resilience of vulnerable communities and households; 3-Improved nutritional status of women and children. Main components for IR 3: 1-Promote positive nutrition behaviors; 2-Improve clinical and community-based services to prevent and treat undernutrition; and, 3-Improve access to therapeutic and supplemental foods. IR3 includes reducing food borne diseases which interfere with nutrient absorption.	US$1.07 B over 5 years GoG: US$1.07M (METASIP) USG: US$35 M for FY2010	GoG, (METASIP / FASDEP II), USG through USAID/Ghana, World Bank, AGRA, multilaterals, business sector, key civil society institutions to leverage public and private investment	-Closely aligned with Ghana's CAADP approach and its CIP (METASIP) -For IR3: 1-Technical support (evidence-based international standards) for existing GoG nutrition programs; 2-Target intervention venues according to epidemiology, existing program focus, and interest/capacity of local partner organizations; and, 3-Lead indicators included prevalence of anemia, diarrheal disease, diet diversity, and % wasting.	
Comprehensive Food Security and Vulnerability Analysis (CFSVA)		Provides much needed baseline information on the food security, health and nutrition situation in the entire country at sub-national and agro-ecological level in both, rural and urban areas. Main focus: 1-Assess levels of household (HH) food insecurity; 2-Identify main livelihoods and analyze their contribution to food security and regional, agro-ecological, rural and urban levels and HH capacity to withstand future shocks; 3-Assess HH and communities' dependence on markets and the impact of increasing food prices; 4-Assess the prevalence, distribution, and underlying causes of malnutrition.		WFP, GSS, MoFA, MoH, UNICEF, WHO, PLAN International, CARE International	Supports implementation of GPRS II, the UNDAF and other development frameworks that aim to achieve the over0arching Millennium Development Goals (MDG).	

NUTRITION						
National Plan of Action on Nutrition (NPAN)	1995-2000	Set out to achieve the following objectives: 1-Improve household food security; 2-Strengthen preventive measures against nutrition related diseases; 3-Increase adoption of appropriate breastfeeding and complementary feeding practices; 4-Enhance participatory approaches in interventions in food/nutrition projects; 5-Improve national capacity to deliver food and nutrition education and services through capacity building; and, 5-sensitization of policy makers to nutrition related issues.				
Imagine Ghana Free of Malnutrition Strategy	2007-2011	Replaces the NPAN. A number of programs emanating from the NPAN are currently being implemented, and will be integrated into the Imagine Ghana Free of Malnutrition Strategy.			Personal initiative of Director General of Health Services	
Ghana Nutrition Advantage Project	2001-2004	Objectives: 1-Promote greater investment in strategies that link agriculture and nutrition, and that are informed by the use of gender analysis; 2-Create a policy dialogue and gather new and existing evidence to promote greater investment in linked strategies by international development and donor agencies; 3-Strengthen advocacy and gender analysis capacity of agriculture, nutrition and gender specialists.		USAID Rockefeller Foundation	Built upon results of a previous ICRW-IFPRI project that collected empirical data on why the agriculture and nutrition communities are not working more closely together to reduce malnutrition and identified factors that either contributed to or inhibited cross-sectoral collaborations.	
Resilience and Reduction of Undernutrition Program		Increase the resilience of at least 40,000 food insecure households with women of reproductive age and children <2 years. Main components: 1-Improved access to diverse and quality food; 2-Improve child feeding behaviors (incl. training material development and IYCF approaches); 3-Expanding community-based treatment of acute undernutrition; 4-Expanded accessibility of safe, quality, weaning foods				
National Nutrition Policy (NNP) and Nutrition Advocacy document (NA)	In process, scheduled finalization at end of 2011	Objectives of NNP: 1-Strengthen strategic and management capacity of the Nutrition Department 2-Provide the legal and institutional framework Objective of NA: 1-Advocate for nutrition as a priority on a sustainable basis for national development				

HEALTH & SOCIAL PROTECTION						
Health Sector Medium Term Development Plan (HSMTDP)	2010-2013	Creating Wealth for Health				
National Health Insurance System (NHIS)	2004-	Ensures quality access to health care by all at affordable or no cost			The NHIS premium still appears to be unaffordable to a large share of households	
National Social Protection Strategy (NSPS)	2007-	Vision: Creating an all inclusive and socially empowered society through the provision of sustainable mechanisms for the protection of persons living in situations of extreme poverty and related vulnerability and exclusion.		SSNIT, School Feeding Programs, Capacitation Grant (primary education), NHIS, Social Welfare programs, supplementary feeding programs, National Youth Employment Program, Integrated Agriculture Support Program, microfinance, and emergency management schemes.	Inspired by the GPRS I experiences and GPRS II national targets by 2015 that required: 1-Socially protective cushions to protect vulnerable and elderly persons from lifecycle risks (sickness, unemployment, disability, and disaster); and, 2-An umbrella concept covering a wider range of programs, stakeholders, and social instruments. Linked to LEAP, complementary services, and emergency response.	
Livelihood Empowerment Against Poverty (LEAP) project	2008-	Social cash transfer program that provides cash and health insurance to extremely poor households with a monthly cash transfer across Ghana to alleviate short-term poverty and encourage long-term human capital development.	US$11 M per year	DSW, MESW, MOH, FAO, Save the Children, UNICEF, Carolina Population Center (UNC)	LEAP currently operates at a very small-scale and due to financial constraints and struggles to increase its coverage.	

Institutional execution framework linked to food security and nutrition

Key Points:

Main entities for food security and nutrition execution polices

The following groups were established to support the implementation of the strategic Plans: (i) The National Intra- Agency Poverty Monitoring Groups (NIPMG) chaired by representatives of MDAs (ii) GPRS Dissemination Committee; and (iii) The PSIA Technical and Advisory Committees. Five NIPMG based on the GPRS I thematic areas have been established at the national level. These groups are inter-sectoral and include both governmental and non-governmental representatives selected for their expertise in a specific thematic area.

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Adherence to global / regional initiatives linked to nutrition

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Focus: main information systems linked with food security and nutrition

- Ghana Statistical Service (GSS) collaborates with the National Development Planning Commission (NDPC) to gather, analyze, and disseminate information to the President, the Parliament, an civil society for line-ministries. The NDPC publishes an Annual Progress Report for public review; A web forum is designed to provide information, voice opinions, and provide feed-back http://www.ghmeforum.org/newghmeforum/
- Cross-sectoral Planning Groups (SCPGs) analyze and provide feed-back to the NDPC after a consultative process with MDAs, technical think-tanks, and CSO's. Regional and District Monitoring Groups also provide feed-back to the NDPC.
- Nutrition monitoring sentinel sites located all over northern Ghana track and disseminate food insecurity levels throughout the year.

III. Analysis of current and future country nutritional actions (Focus on CAADP investment plan)

Identify key issues and major developments in recent years in various fields, in conjunction with nutrition

Institutional Framework and funding

National Nutrition Partners Coordinating Committee (NaNuPACC)- High level GoG officials committed to improving nutrition and food security, as reflected in the GSGDA and MTNDP (2010-2013); nutrition and food security are identified as critical cross-cutting issues. Ghana is an early riser SUN country, and the GHS is currently leading the SUN initiative in Ghana (planned to launch in November 2011). A National Planning Committee, coordinated by the National Development Planning Commission (NDPC) is in place; membership includes: MOH, GHS, MoFA, Education, SCOs, and a host of development partners. The Multisectoral Technical Advisory Committee (MTAC) is chaired by the nutrition department. At the regional level, technical support to districts is provided in health and agriculture. District Assemblies (Das) ensure implementation through the District Advisory Committee (DAC)

Consideration of nutritional goals into programs / activities related to agriculture and food and main population groups targeted (focus on the agricultural sectors to develop, if possible)

Ciivil society and gender considerations have facilitated attainment of nutritional goals, especially in the decision-making processes that occur at the community and district levels. For example, economic gains by women in agriculture and value-added income generation are frequently used to improve the nutritional status of their children. Among policy-makers, imited understanding / sensitivities of health, nutrition, and agriculture linkages has been a key constraint. Tracking evidence for linking agriculture, food security, and nutrition, by using program outcomes for advocacy purposes, would strengthen a consideration of nutritional goals.

Main technical and financial partners (TFP) and coordination mechanisms

AU/NEPAD- The African Union/New Partnership for African Development created the CAADP initiative to accelerate economic growth and development of African countries. CAADP is an agriculture-led economic growth and development scheme which seeks to eliminate hunger, diminish food and nutrition insecurity, reduce poverty, and facilitate the expansion of exports. As a program of the African Union, it emanates from and is fully owned and led by African Governments.

FAO:

USAID- The USAID Feed the Future Initiative entails a whole-of-government approach to address food security. We are supporting the Ghana Government's own commitment to food security and building on a common purpose shared among civil society, the private sector, and development partners. We are committed to a focused and high-impact approach to transform the major rice, maize, and soya value chains – with particular emphasis on the north.

Millennium Challenge Corporation- In 2006, Ghana signed a 5-year, $547 million anti-poverty compact with the United States' Millennium Challenge Corporation. The compact focuses on accelerating growth and poverty reduction through agricultural and rural development. The compact has three main components: enhancing the profitability of commercial agriculture among small farmers; reducing transportation costs through improvements in transportation infrastructure, and expanding basic community services and strengthening rural institutions supporting agriculture and agri-business. The compact will contribute to improving the lives of one million Ghanaians.

WFP: WFP provides complementary fortified foods, community-level income generation activities (including food fortification), and it has established food security and nutrition monitoring sentinel sites located all over northern Ghana to monitor food insecurity levels throughout the year. WFP's "Purchase for Progress" (P4P) initiative builds on the successes of the local procurement program, by connecting smallholder low-income farmers to markets, thereby enabling them to earn more money.

WHO:

Catholic Relief Services (CRS): Specifically targets girls in poor performing areas, such as the Upper East and Upper West, and has succeeded in narrowing the gap between girls' and boys' enrolment rates in these areas

Analysis of the nutrition component of the CAADP Investment Plan

Section 2.3.2 – "Nutrition Trends" and component 1.2 "Support to Improved Nutrition":

The plan recognizes stunting, wasting and underweight as major problems in the country. It also makes reference to the GDHS 2008 in discussing the nutrition problems. Micronutrient malnutrition has been termed in the plan as a "silent killer" attributed partly to the consumption of inadequate amounts of iron, iodine and vitamin A especially for women and children.

However there is less reference to diet –related /non-communicable diseases. Target populations are women of reproductive age and children. However other vulnerable groups such as those infected and affected by HIV/AIDS and Tuberculosis are not mentioned in the plan.

Monitoring and evaluation mechanisms

The GoG has adopted a bottom-up approach to M&E. The national M&E institutional arrangements seek to strengthen and give greater responsibility to the Policy, Planning, Monitoring and Evaluation Directorates (PPMEDs), the Regional Planning Coordinating Units (RPCUs) and the District Planning Coordinating Units (DPCUs) which are the statutory institutions with direct responsibilities for policy planning and M&E at the sector, regional and district levels respectively.

M&E Institutional Arrangements: To deepen the M&E institutional arrangements, Regional poverty monitoring groups have been established as well. M&E Communication Strategy: A comprehensive communication strategy was developed at the end of the third quarter of 2003, to inform and educate all stakeholders about the GPRS and the APRs findings. In addition, the interaction with civil society organizations (CSOs) has been improved to enhance the mechanism of effective representation in the M&E process. Monitoring the GPRS Indicators: The Annual Progress Report (APR) has provided the key platform for the monitoring and evaluation of progress towards the achievement of GPRS targets as well as the outcomes and impacts of government policies. Successions of APRs have been prepared and widely disseminated. The recommendations from these reports have influenced the respective annual national budgets and the formulation of GPRS II.

Among the lessons drawn from the implementation of the current M&E system are the severe institutional and technical capacity constraints and the fragmented set of uncoordinated information, both at the national and sub-national levels that confront the development of an effective and efficient M&E system. The two key institutions, the National Development Planning Commission (NDPC) and the Ghana Statistical Service (GSS), continue to depend on the existing systems of MDAs, who are the primary sources, of information. These systems, which have been in place over different time spans, reflect a variety of approaches to sector specific monitoring and varying degrees of success. Another level of contribution lies with the regional and district level institutions, embodied in the District Assemblies.

The Food Security Monitoring System detects changes and trends in food security and vulnerability, while the CFSVA determines which populations or regions of the country are most vulnerable to poor health outcomes.

CAADP : At national level, PPMED MOFA in collaboration with WIAD and Ghana Health Service should be in charge of designing, implementing, and maintaining the M&E and learning process related to strengthening the nutrition component of the NAFSIP. MOFA PPMED and Statistics Research and Information Directorate (SRID) together with the Ghana Statistical Service will lead in the collection and collation of data across all the institutions

Indicators to measure nutrition activities performance identified in the plan are percentage of decrease in levels of underweight and stunting. (Refer to Chapter four – "Results Framework"). The target is to have underweight and stunting reduced by 50%. However indicators to measure performance of activities targeted at reducing levels of micronutrient malnutrition are not indicated in the plan.

Managerial and technical capacities at the institutional level

Currently managerial and technical capacities are constrained by collaboration with the agricultural sector. Specifically the nutrition and agricultural sectors plan separately, informational exchanges need to be improved, and collaboration is further constrained by inadequately trained staff proficient at fostering synergistic relationships between nutrition and agriculture.

Focus on public / private partnerships

Some of Ghana's stated goals are to accelerate economic growth, improve the quality of life for all Ghanaians, and reduce poverty through macroeconomic stability, higher private investment, broad-based social and rural development, as well as direct poverty-alleviation efforts. These plans are fully supported by the international donor community. Key economic challenges include: overcoming infrastructure bottlenecks, especially in energy and water; poor management of natural resources; improving human resource capacity and development; establishing a business and investment climate that encourages and allows private sector-led growth, and privatizing remaining state-owned enterprises, several of which are significant budget liabilities.

CAADP : Public-private partnerships to address food and nutrition security are discussed in the NAFSIP; it proposes that the interests of the private sector in the implementation of the plan will be represented by:

1. Farmer Based Organizations, through the Ghana National Association of Farmers and Fishermen representing 5 Associations (GNAFF, Peasant Farmers, FONG, APFOG, Award Winners), whose membership cuts across the 10 regions of Ghana.

2. Private sector enterprises , through the Private enterprises Foundation (PEF) and its 6 associations and their members – Federation of Agricultural Growers and Exporters, Association of Bankers, Ghana Employers Association, Chamber of Commerce, Chamber of Mines and Association of Ghana Industries.

3. Civil Society , through the Food Security and Advocacy Network (FOODSPAN), representing 40 organizations across the country including NGOs and think tanks and the Ghana Agricultural Workers Union which has membership across the 10 regions of Ghana.

4. Traditional Rulers: Through the National House of Chiefs representing all the 10 regions of Ghana and also through the Regional House of Chiefs each representing the traditional authorities in each political region of Ghana.
Detailed institutional roles will be defined to leverage skills and build on synergies and agreements will subsequently be established such as SWAp MoU to manage partnerships.

Sustainability of actions

Definitions

Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. "Hidden hunger" is a lack of essential micronutrients in diets.
Direct nutrition interventions and nutrition-sensitive strategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. *Source : FAO*
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body's tissues. Without iron, the body can't produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level) . *Source : SUN Progress report 2011*
Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
Stunting (Chronic malnutrition)	Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.
Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
Wasting	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. *Source : SUN Progress report 2011*

Acronyms

ASARECA	Association for Strengthening Agricultural Research in Eastern and Central Africa
AUC	African Union Commission
BMI	Body Mass Index
CAADP	Comprehensive Africa Agriculture Development Program
CILSS	West Africa Regional Food Security Network
CIP	Country Investment Plan
COMESA	Common Market for Eastern and Southern Africa
CORAF	Conference of African and French Leaders of Agricultural Research Institutes
DHS	Demographic and Health Survey
EAC	East African Community
ECOWAS	Economic Community of West African States
FAFS	Framework for African Food Security
FAO	Food and Agriculture Organization
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
JAG	Joint Action Group
MICS	Multiple Indicator Cluster Survey
NAFSIP	National Agriculture and Food Security Investment Planning
NCD	Non-communicable Disease
NCHS	National Center for Health Statistics, Centers for Disease Control & Prevention
NEPAD	New Partnership for Africa's Development
NPCA	National Planning and Coordinating Agency
PRS	Poverty Reduction Strategy
REACH	Renewed Efforts Against Child Hunger
REC	Regional Economic Community
SGD	Strategic Guidelines Development
SUN	Scaling-Up Nutrition
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

[i] Anthropometric indicators - Reference Standards for Underweight, Stunting and Wasting. New international Child Growth Standards for infants and young children were released by WHO in 2006, replacing the older NCHS/WHO reference population. During this transition period, the UNICEF Country Profile provides underweight, stunting and wasting data based on both the 2006 WHO reference population and the older NCHS/WHO reference population, when available. Data for stunting and underweight rates in the trends chart contained in this NCP were developed using the NSCH reference and for this reason 2010 data is not reflected in the chart but rather in the text. Estimates for the 2006 WHO reference population generally change in the following manner: stunting is greater throughout childhood; underweight rates are higher during the first half of infancy and lower thereafter; and, wasting rates are higher during infancy.

[ii] Breastfed children are considered fed in accordance with the minimum IYCF standards if they consume at least three food groups and receive foods other than breast milk at least twice per day in the case of children age 6-8 months and at least three times per day in the case of children age 9-23 months. Non-breastfed children are considered to be fed in accordance with the minimum IYCF standards if they consume milk or milk products, are fed four food groups (including milk products), and are fed at least four times per day. (DHS, 2008)

[iii] The estimated total resources required to finance the GPRS II is US$ 8.06 billion (2006- 2009). These costs consist primarily of investment and service costs and exclude wages, salaries and administrative expenses associated with project and program implementation. The budgeted expenditures for investments and services over the same period amount to US$6.27 billion, indicating an overall funding gap of $1.79 billion, which is expected to be filled by external inflows and resources from the capital market. ***Source: Growth and Poverty Reduction Strategy 2006-2009, Republic of Ghana National Development Planning Commission, Nov. 2005.***