GHANA HEALTH SERVICE

OBUASI MUNICIPAL HEALTH DIRECTORATE

NUTRITION ORIENTED ACTIVITIES REPORT

YEAR: 2022

Compiled by:
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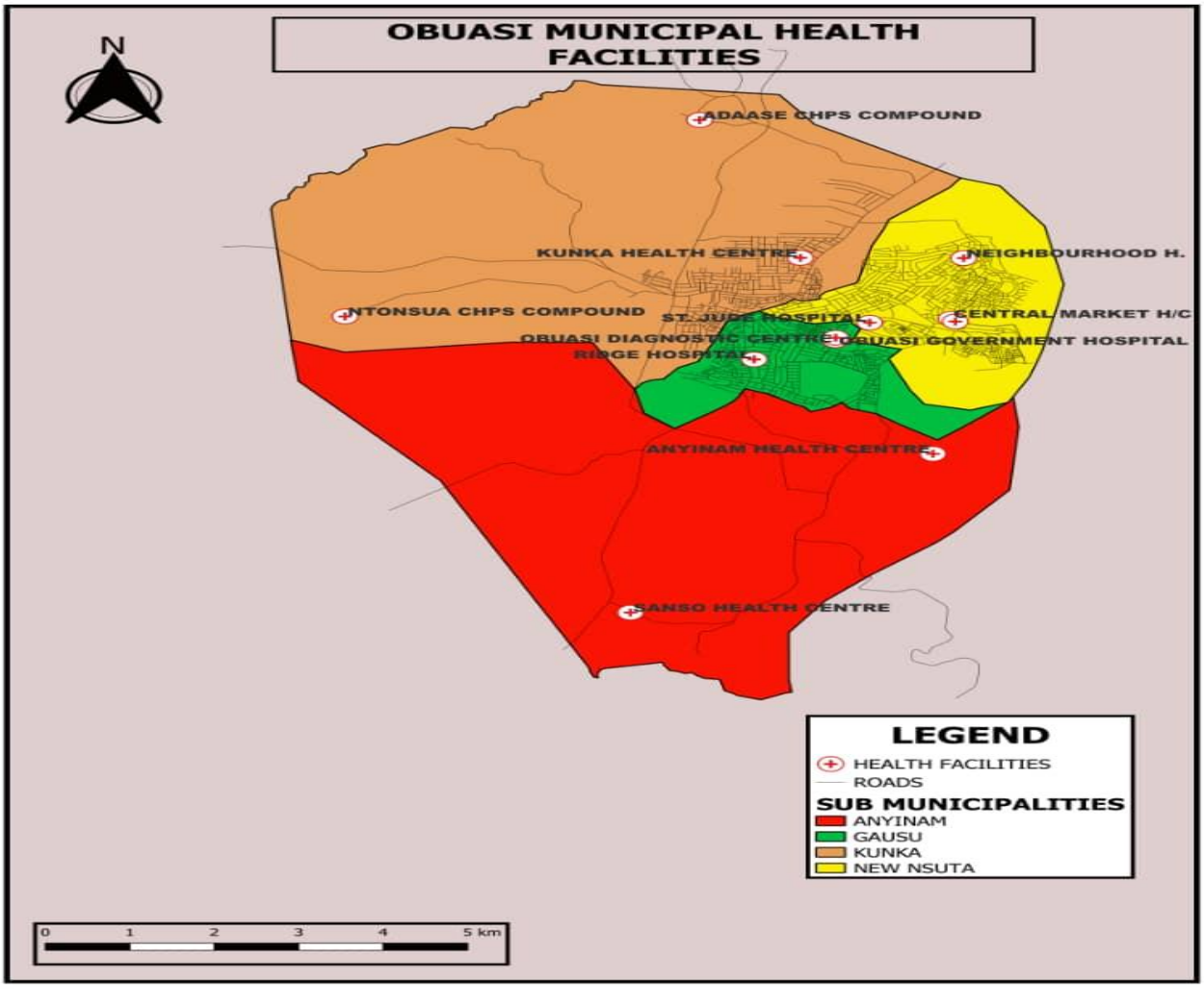
MUNICIPAL PROFILE

1.1: GEOGRAPHICAL LOCATION

The Obuasi Municipal Assembly, formerly known as Adansi West District Assembly came into being by virtue of the Executive Instrument No. (E.I. 15) of 15th December 2003 and Legislative Instrument (L.I. 1795) of 17th March 2004.

It is located in the Southern part of the Ashanti Region of Ghana within 64km drive from Kumasi, the regional capital. It is bounded on the south by Upper Denkyira District of the Central Region, East by Adansi South, West by Amansie Central, and North by Adansi North.

Obuasi Municipal map showing the various sub-municipals



1.2: POPULATION SIZE AND GROWTH RATE

According to Ghana Statistical Service and projections from the 2010 Population and Housing Census, the population for the Municipality in 2021 was 104297. The current

The annual growth rate in the Municipality is about 2.4% showing a decline of 0.3% as a result of the downsizing of AngloGold Ashanti Obuasi Mines.

Below is the population distribution by sub municipalities;

Organisation unit name	Population 3-59 months	Population 6-11 months	Population 6-59 months	Population of Children 12-23 Months	Population 12-59 months	Population of Children 24-59 Months	Population < 1 year	Population < 5 years	Population 5-9 years	Population 10-14 years	Population < 15 years	Population 10-19 years	Population 15-19 years	WIFA Population - Women in fertility age group	Population female	Population male	TOTAL POP
Anyinam	4089	426	3514	539	3088	1772	852	3940	2705	2513	9584	4771	2258	5111	10911	10385	21297
Gausu	5725	596	4920	754	4323	2481	1193	5516	3787	3518	13418	6679	3161	7156	15277	14540	29817
Kunka	4498	469	3866	593	3397	1949	937	4334	2975	2764	10542	5248	2483	5623	12003	11424	23427
New Nsuta	6134	639	5271	808	4632	2658	1278	5910	4057	3770	14376	7156	3386	7667	16368	15579	31946
Obuasi	**20446**	**2130**	**17570**	**2694**	**15441**	**8860**	**4260**	**19700**	**13524**	**12566**	**47919**	**23853**	**11288**	**25557**	**54559**	**51928**	**106487**

Sub-district population distribution over three-year period

Sub-municipality	2019	2020	2021
Municipal	189,741	109,141	117894
New Nsuta	55,404	31,869	65,550
Gausu	44,020	25,321	20,159
Anyinam	36,999	21,282	15,459
Kunka	35,103	20,191	16,727

Children 0 – 11 months (4.0%) for EPI and Expected Pregnancies (ANC)

SUB-MUNICIPALITY	2019	2020	2021
Municipal	**4,916**	**4366**	**4716**
New Nsuta	1,435	2427	2622
Gausu	1,141	746	806
Anyinam	959	572	618
Kunka	909	619	669

WIFA (24.0%) of the total population for Family Planning

Sub Municipality	2019	2020	2021
District	**54,073**	**8038**	**28,295**
New Nsuta	15,789	2324	15,723
Gausu	12,545	1446	4,838
Anyinam	10,544	1551	3,710
Konka	10,004	1552	4,014

HEALTH SERVICE DELIVERY

The Municipality has been demarcated into four (4) sub-Municipalities. This is to facilitate the delivery of health services. There are four (4) hospitals, two (3) health centres, two (2) clinics, one(1) maternity home and two (2) Community-based Health and Planning Services (CHPS) compounds

At the moment, there are 34 major communities in the municipality with 36 outreach points.

Table 1.4: Names of health facilities

Sub-municipality	Health Facility	Location
Gausu	Government hospital Ridge Hospital Obuasi Diagnostic Centre	Mangoase Guasu Extention Ramia

New Nsuta	Central Market Health Centre Neighbourhood Hospital St. Jude Hospital The Queens Maternity Home	New Estate Abompe New site Bedieso New Estate
Anyinam	Anyinam Clinic Sanso Health Centre	Anyinam Sanso
Kunka	Kunka Health Centre Adaase CHPS compound Ntonsua CHPS compound	Kunka Adaase Ntonsua

A critical look at positions of these facilities, it is evident that almost all the communities have relatively high access to health services. There are few communities that seem to have problems due to the seemingly bad nature of their roads namely Ntonsua, Mimiriwa I and II, etc.

The inhabitants seek health services through the following network of health facilities and Community Based Health Agents:

Types of health facility

FACILITY	**NUMBER**
Hospitals	4
Health Centres	3
Private Maternity Homes Private Clinics Public clinic	1 1 1
Diagnostics Centres	1
Functional CHPS compounds	2
Trained TBAs	1
CBSVs	7

Table: Health Facilities by ownership

Ownership	Number
Government	7
Mission (CHAG)	0
Quasi-Government	0
Private	5
Total	12

Also prevalent in the municipality are Community Pharmacies, Traditional Healers, Herbalists and Homeopathic practitioners.

SCHOOLS

There are 58 registered public schools in the Municipality consisting of pre-schools, Basic schools, Junior high schools, senior high/technical school, and two tertiary institutions.

ADMINISTRATIVE STRUCTURE [POLITICAL]

The Municipal Chief Executive is the political head with the Municipal Coordinating Director as administrative head and advisor to the Municipal Chief Executive. Among the ex-officio members of the Assembly are various heads of decentralized departments representing the various national sector ministries.There are also Assembly members who help in organizing or mobilizing people for development in the various communities.

DEPARTMENTS IN THE MUNICIPALITY

Some of the decentralized departments in the Municipality are; Ghana Education Service [GES], Social Welfare, Community Development, National Commission for Civic Education, Ghana Health Service, Internal Revenue Service, Fire Service, Ministry Of Food and Agriculture [MOFA], Judicial Service, Forestry Department, Stool Lands, Ghana Police Service, Feeder Road, National Health Insurance Authority etc.

COMMUNICATION AND UTILITIES

The Municipality is noted for its perennial water shortages. The main source of water supply in the Municipal capital is pipe born water. However, surrounded communities depend heavily on harvested rainwater, boreholes, hand-dug wells and streams. Access to potable water is therefore irregular and seasonal in nature. During the dry season, rivers and streams dry up and water supply becomes a challenge. Sanitary facilities for both liquid and solid wastes disposal are also inadequate in most parts of the Municipality.
The Municipality has a bad road network, which reduces socio-economic activities. The feeder roads into various parts of the Municipality are not tarred and many are in a deplorable state. Many branch roads to the rural communities become un-motorable during the rainy seasons. The bulk of transportation is provided by the private sector. It is fairly easy to travel from the Municipal capital, Obuasi to other parts of the region and beyond.

Cellular phones are the main means of Telecommunication. All the major towns in the Municipality have been connected to the national electricity grid. Over 90% of the population, therefore, enjoys electric power.

SOCIO-ECONOMIC ACTIVITIES

There are four major occupations in the Municipality, namely;

a. Agriculture
b. Mining
c. Commerce
d. Civil / Public Service

Most people are engaged in trading and illegal mining. The abundant rainfall makes cocoa cultivation attractive and the Municipality is one of the main producers. Plantain, cassava and cocoyam are produced both in small scale and commercial quantities. Other economic activities include illegal mining, lumbering and sawmilling.

Brief overview of major concerns at the beginning of the year

At the beginning of the year, there were some major concerns for the district which were identified.

1 Maternal Health Indicators are among the lowest in the Region.
2 Low vitamin A coverage particularly for 12-59 months
3 Low acceptance of the GIFT programme in some schools
4 High anaemia at 36 weeks of pregnancy

Key Priorities for 2022

The main priorities for year 2022 were:

1. Ensure improvement in maternal health Indicators; ANC, SD, PNC
2. To undertake GIFT related sensitizations across all 4 sub-districts to improve uptake.
3. To undertake 2 mass Vitamin A supplementations in the year, 2022 which will result in increased in Vitamin A coverage by 30 percent.

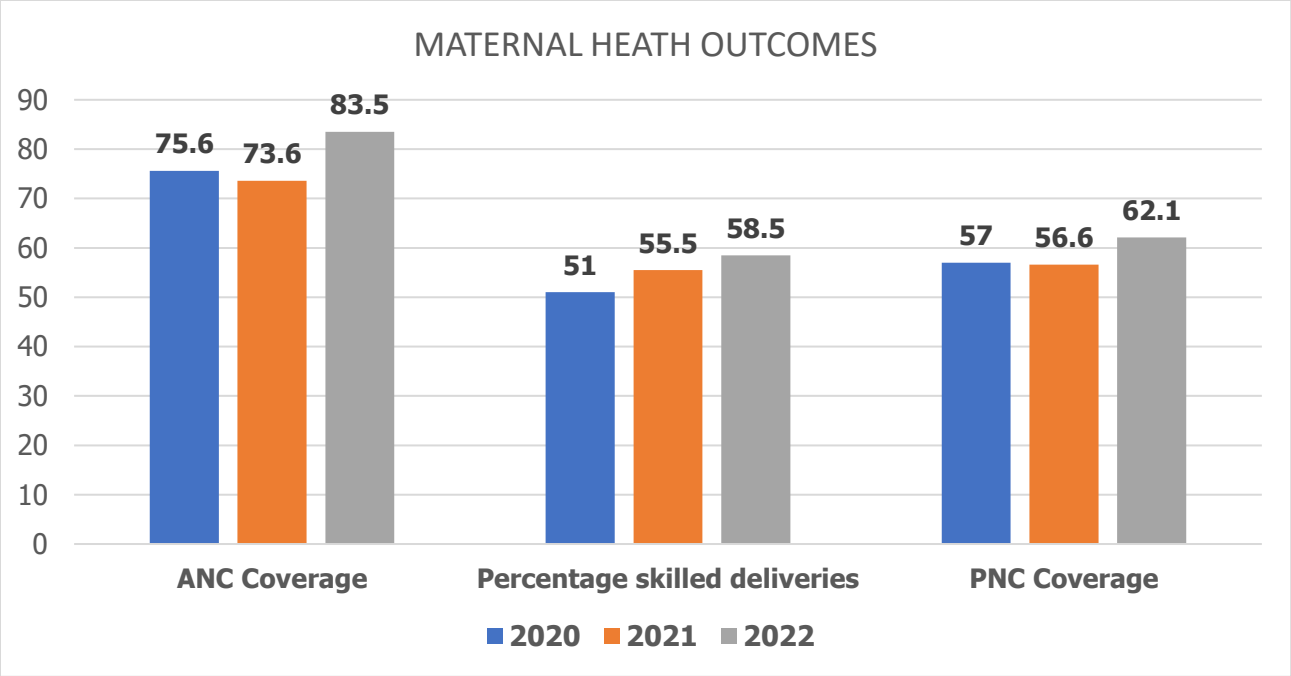
Maternal and New-born Child

In 2022 Obuasi municipal provided antenatal care for 3,556 pregnant women who registered at the various ANCs centres in the various health facilities. This represented 83.5% of total expected deliveries which is an increase from the previous year, 2021 coverage of 73.6%. Even though the ANC coverage is high and this can be attributed to strategic location of health facilities in the various sub-district, high education on maternal and child health and the importance of seeking heath care during pregnancy. The municipal is well equipped with the adequate number of midwives and other health staffs which health augment the achievement. Teenage pregnancy which has been one of the highest in the region and the nation over the years, further increased in percentages from 9.7% in 2021 to 10.5% in 2022. This high rate of teenage pregnancy is a big worry and it has been discussed management meeting as well as with the SHEP coordinator on ways to handle the situation. Plans were also advanced to train school base health teachers on adolescent health and teenage pregnancy. Number of pregnant women receiving 2 or more doses

of Tetanus diphtheria (TD2+) also increase slightly from 63.5% in 2021 to 65.7% in 2022. The number of skilled deliveries (trained health professional) increased from 55.5% in 2021 to 58.5% in 2022 out of expected deliveries, this is below the national target of 60%. Attendance at Post Natal Care (PNC) is still quite low in the district. It increased from 56.6% in 2021 to 62.1% in 2022 of the expected pregnancy. Anaemia in pregnancy at 36 weeks is at it lowest in the region , despite the interventions that are currently running eg. Iron folic acid supplementation and mandatory regular check-ups The Health Directorate has planned a series of activities aimed at helping improve all maternal health indicators.

Maternal and New-born Child Indicators 2019 – 2021

Indicators	**2020**	**2021**	**2022**
ANC registrants	3109	3071	3556
ANC attendance	17544	18974	20870
Mothers making 4th ANC visit	3492	3788	3551
Number of PNC registrants	2081	2304	2567
Total Deliveries	2095	2314	2492
Total number of babies, all deliveries	2157	2364	2563
Total Still Birth	43	38	36
Fresh still births	17	11	14
Macerated still births	26	27	22
Number of women given IFA3 at Antenatal care	0	37	0
Number of women given IFA6 at Antenatal care	0	21	0
Anaemic at registration	31.5	36.8	31.3
Anaemic at 36 weeks	30.2	34.6	33.6



MATERNAL HEALTH INDCATORS

Growth Monitoring and Vitamin A Supplementation

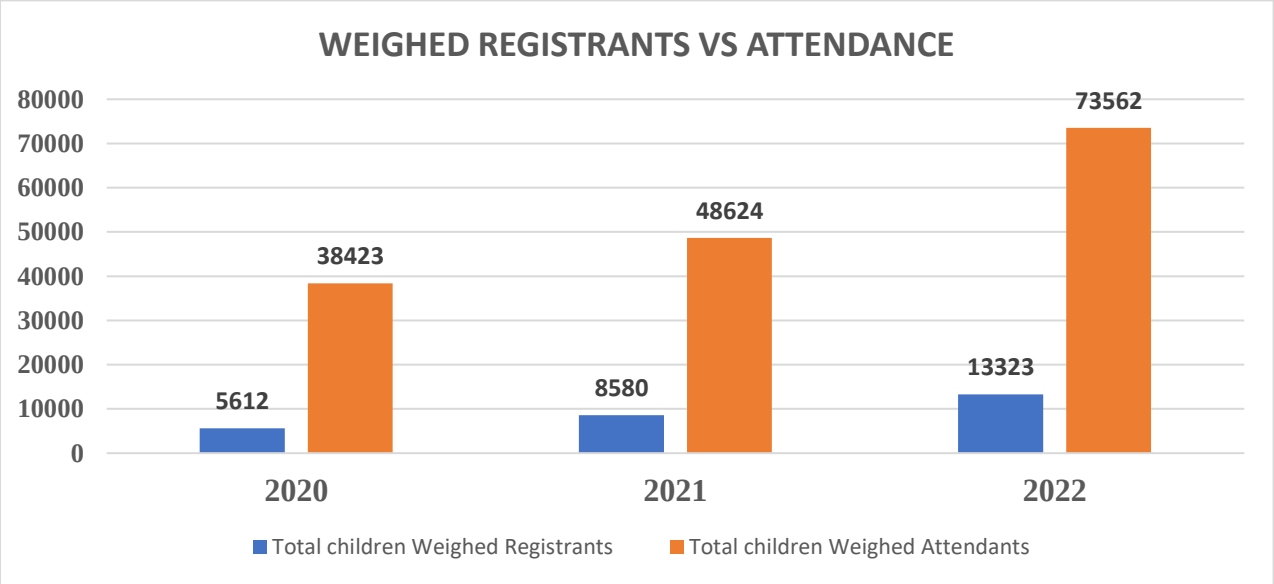
Growth monitoring of children 0-59 month was done monthly at all the outreach and static points. For the year 2022, a total of 13323 children (0-59 months) were registered against a target of 12724 representing 104.70% coverage. All indicators for the age groups increased for 2022.

The table below shows the various indicators and their corresponding figures for 2020-2022

INDICATORS	**2020**	**2021**	**2022**
Total children weighed (Attendance)0-11 months	21076	26826	37870
Total children weighed (Attendance)12-23 months	12134	15365	23668
Total children weighed (Attendance)24-59 months	5213	6433	12024
Total children Weighed Attendants	38423	48624	73562
Total children weighed (Registrants)0-11 months	3047	4326	6024
Total children weighed (Registrant)12-23 months	1595	2881	4524
Total children weighed (Registrant)24-59 months	970	1373	2775
Total children Weighed Registrants	5612	8580	13323

CWC Coverage 0-59 months	29.6	44.5	67.6
Total number of children dosed Vitamin A (6 – 59 Months)	7475	11108	32410
Routine Vitamin A coverage (6-11months)	127.8	160	325.4
Routine Vitamin A coverage (12-59 months)	32.7	51.4	165
Total number of deliveries with birth weight < 2.5kg	173	211	345
Live births (Total)	2085	2313	2508

The figure below shows attendance and children registered



INDICATORS	2020	2021	2022
Total children 0-59 months measured for Stunting	645	12407	23895
Total Moderate Stunting 0-59months	42	318	222
Total stunting 0-59months	55	338	222
Percentage Stunting 0-59 months	8.5	2.7	0.93
Percentage Moderate Stunting 0-59 months	6.5	2.6	0.93
Percentage Severe Stunting 0-59 months	2	0.16	

Prevalence of children stunting was 8.5% in 2020, decreased to 2.7% in 2021 and has further decreased to 0.93%. This reduction can be attributed to training of community health nurses and other heath workers, and the procurement of logistics for nutrition activities from early 2021. There has been increase in case search for nutrition cases and treatment for cases found. Collaboration has been done with Holistic Nutrition to treat malnourished OPC clients.

Vitamin A Supplementation for Children under five years

Vitamin A supplementation for children less than five years of age is carried out as part of the routine outreach and static CWC service provision. The total number of children dosed decreased from 11108 in 2021 to 32410 in 2021. Vitamin A supplementation for age 12-59 months increase from 51.7% in 2021 to 165% in 2022. This increase can be attributed to two rounds of nOPV national vaccination campaign done in 2022 and vitamin A supplementation was

Routine Vitamin A Supplementation for under five children, 2019 – 2021

INDICATORS	**2020**	**2021**	**2022**
Routine Vitamin A coverage (6-11months)	127.8	160	325.4
Routine Vitamin A coverage (12-59 months)	32.7	51.4	165
Vitamin A supplementation 6-11 months	2620	3337	6930
Vitamin A supplementation >=12 months	4855	7771	25480
Total Number of Vitamin A dosed	7475	11108	32410

CMAM AND GIFTS

INDICATORS	**2020**	**2021**	**2022**
CMAM Cure rate OPC	0	100	81.3
CMAM Defaulter rate (OPC)	0	0	42.2
CMAM Non –recovery rate (OPC)	0	0	10.9
IFA (GIFTS)	245	10 881	11 856

Out patient for CMAM was dormant in the municipality 2020 until 2021 when region realised the gap and trained many health workers on CMAM and other nutrition activities. The cure rate

for 2021 was 100 percent and decreased to 81.3 percent in 2022. This was due higher defaulter and non-recovery rate in the 2022 year.

For GIFTS, a total of 11,856 out of school adolescent were reached for GIFTS supplementation.

Innovations

Service integration has been the key innovative strategy adopted by the Amansie Central District for achieving set objectives in the year. Amidst COVID 19 related activities, service providers are charged to make nutrition services such as IFA supplementation, Vitamin A supplementation and nutrition counseling integral of service delivery.

Commodities

Description	Quantities on hand
Vitamin A 100000 IU	200
Vitamin A 200000 IU	500
IFA tablets	400

Other activities carried on.

National carried out a food security and nutrition framework survey.

The survey was carried out in 17 communities in 17 household of the respective communities the municipality.

Training on Infant and Young child Feeding programme

Topics Covered During the Training

1. How breastfeeding works, Assessing a breastfeed, Positioning a baby at the breast, including common breastfeeding difficulties, Causes and Management of Sore/Cracked Nipples among others.
2. Introducing child growth assessment, Measuring length, height, and weight and recording on the Growth parameters table, plotting points for growth indicators, Interpreting points and trends for growth in dictators.
3. Listening and learning with exercises and discussions**,** building confidence and giving support,
4. Importance of complementary feeding, Key Complementary Feeding Practices, and Introduction to the 3As to Counselling

5. Feeding Techniques, Investigating causes of malnutrition and counsel mother whose child has a problem of undernutrition
6. KOKO Plus orientation, the nutritional benefits of koko plus to the child in introducing complimentary feeding.

Methodology

- Lectures
- Demonstrations
- Role plays
- Reading
- Group discussions
- Video play
- Assignments/Exercises
- Practice

Issues raised

1. Inadequate staff in the district due to study leave. A lot of the CHNs are on study leave and this leaves an inadequate number to attend to client during multiple outreaches.
2. Inadequate counselling flip charts and for one on one counselling as well as education.
3. Lack of fund for public education at the radio stations and CIC
4. Inadequate funds to go for outreaches

Conclusion

About Sixty health workers mainly community health nurses were trained on infant and young child feeding practices for three days. Various topics in nutrition were discussed and thought by the facilitators. More than 70 SBCC materials were distributed to various health facilities and CHPS zones through their various in charges. The training was made easy and simple to understand as participants enthusiastic in participating throughout the training session. The effort made to add prerecorded video on height measurement, weight and length measurements help the participant

Recommendation

1. We recommended that, these types of training should made more often to help refresh health personnel minds and reawaken the importance of nutrition and health.

Food Demonstrations

Four food demonstrations were done with the Ghana Nutrition Project.

They were done at St. Jude, Sanso community, Central Market health Centre and Gausu RCH in the Obuasi Government Hospital. The mothers were educated and demonstrated on how to prepare a nutritious meal from local products. The mothers were also introduced to the alternative of using Koko plus with the home-made meal.

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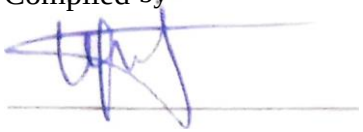

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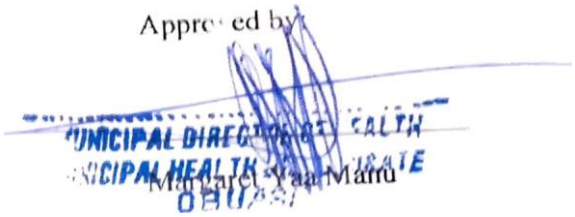

Margaret Yaa Maru
Director of Health Services
Obuasi Municipal

Pictures:

A mother feeding her child with koko plus

Community nurses demonstrating how to take baby's weight using the electronic Seca scale 2

Community health nurses (Sara and Kofi) demonstration how to take height measurement using a doll.

Community Health Nurses (Evelyn and Edward) demonstrating how to take length measurements using the infantometer

Participants seated at the urban council attentively listening to the lectures ongoing