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NUTRITION LINKS

Background

Routine rural services for Ghanaian communities exist in these sectors

- Child and maternal health clinics
- Agriculture extension
- Schools
- Micro-credit group meetings

Diverse sectors influence the well-being of vulnerable groups

• Health

Preventive & curative services

• Agriculture

Production of food for home consumption In-kind/market sales → diversify diet Risks (exposure, physical demand, time allocation)

• Education

School feeding program

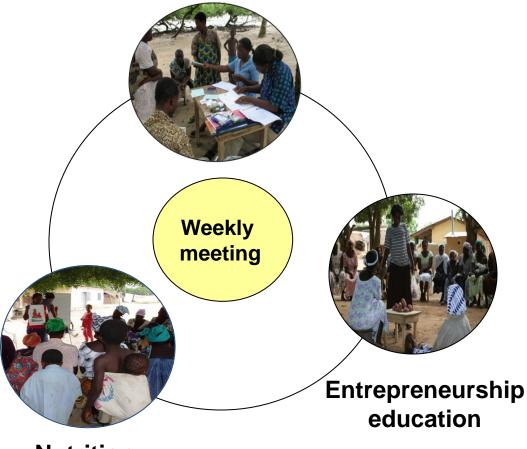
School-based curriculum (direct [health], indirect [literacy])

• Finance

Micro-credit (women's self-efficacy, support, income, education)

ENAM intervention

Microcredit loans & savings



Project results

- Reduction in food insecurity
- Improved use of ASF/diets
- Improved nutrition knowledge
- Improved child nutritional indicators
 - + 0.28 SD weight-for-age
 - + 0.19 SD height-for-age
 - + 0.36 SD BMI-for-age

Nutrition education

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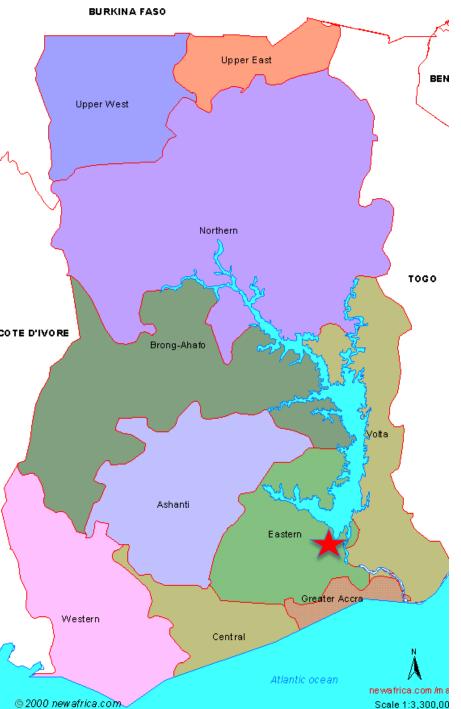
Collaborating researchers

Aboud FA, Aidam B, Aryeetey R Clark S, Colecraft EK, Gyorkos T, Macdonald C

Institutional partners

Ghana: University of Ghana, World Vision Ghana, Heifer Ghana, Freedom
from Hunger Ghana, Population Council Ghana, Ghana Health
Services, Ministry of Food and Agriculture, Ghana Educational
Services, Upper Manya Krobo District Assembly, rural banks

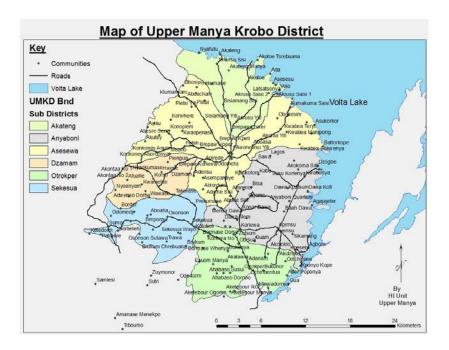
Canada/USA: McGill University, World Vision Canada, Nutrition Centre of Expertise/World Vision International



Nutrition Links project site

Upper Manya Krobo district, Eastern Region

- Rural, under-served district
- High prevalence child malnutrition
- High dropout of females ~ grade 4





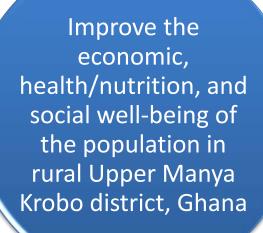
Integrated training of district staff & communities



Nutrition Links activities

Longitudinal data system for better planning





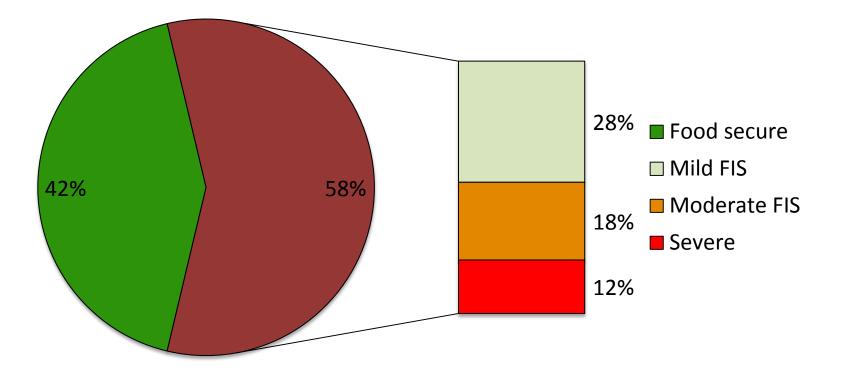


Integrated interventions: (i) young children (ii) early adolescents



Baseline survey 2013-14: 1076 households with infants

Food security status among rural Ghanaian households with infants

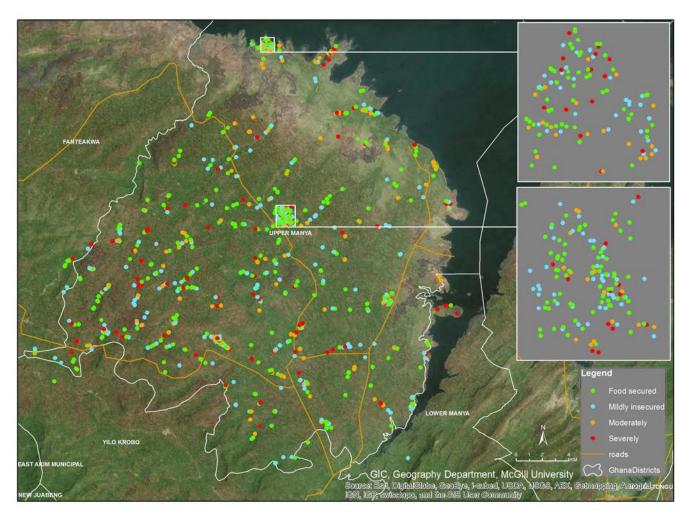


District

Food insecurity is dispersed throughout the district but tends to occur less frequently and be less severe in the district capital town of Asesewa (p=0.06).



Density of color reflects prevalence of food insecurity

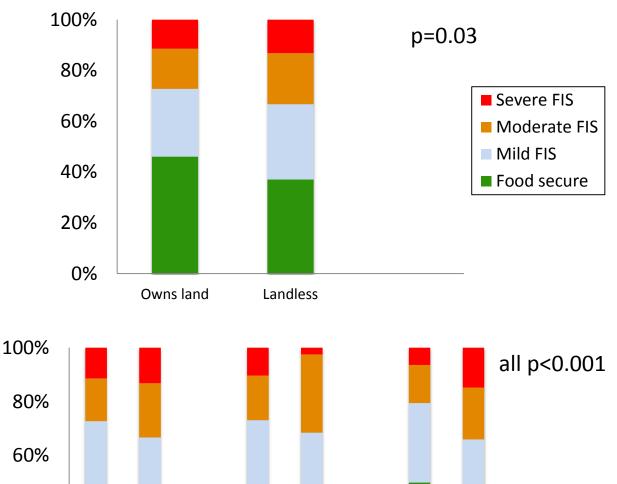


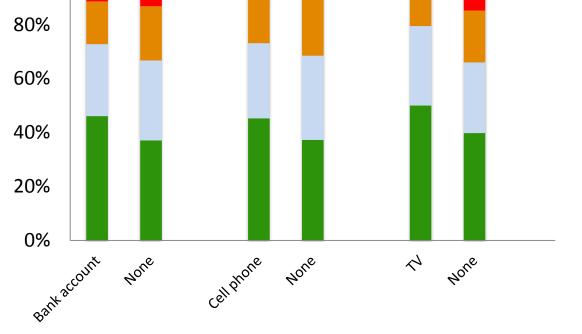
Baseline survey 2013-14: 1076 households with infants

	Characteristics	Yes (%)	No (%)
Assets	Land ownership	57	43
	Bank account	39	61
	Mobile phone	84	16
	TV	31	69
Caregiver	Married	26	74
	Education, none	21	79
Child	Qualified birth attendant	59	41
	Use of nets	84	16
	Diarrhea last 7 d	28	72
	Fever last 7 d	20	80
	Cough last 7 d	24	76
	Diet diversity met	12	88
	Anemia	56	44

Household assets

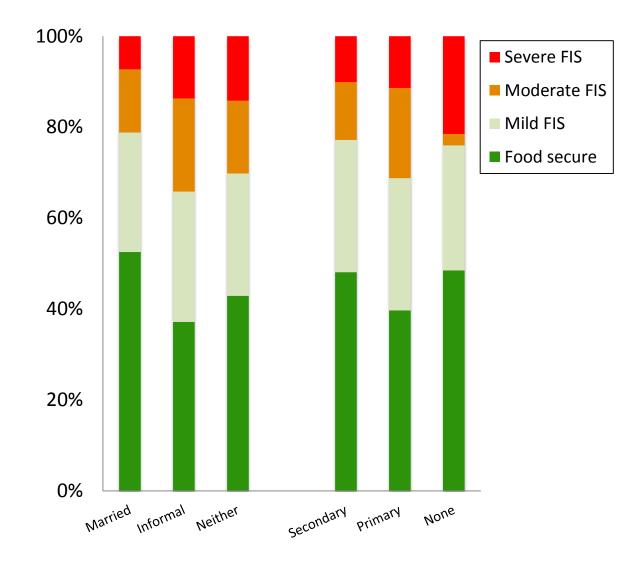
Food insecure households reported fewer assets.



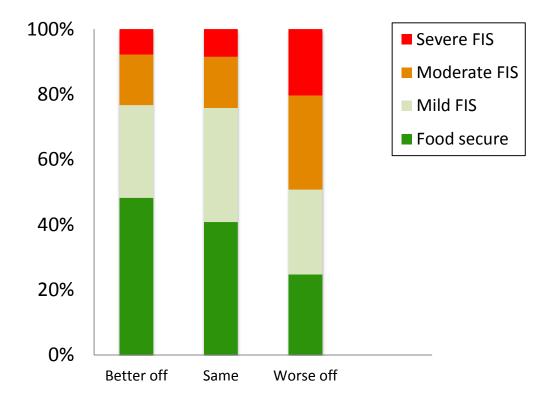


Caregiver characteristics

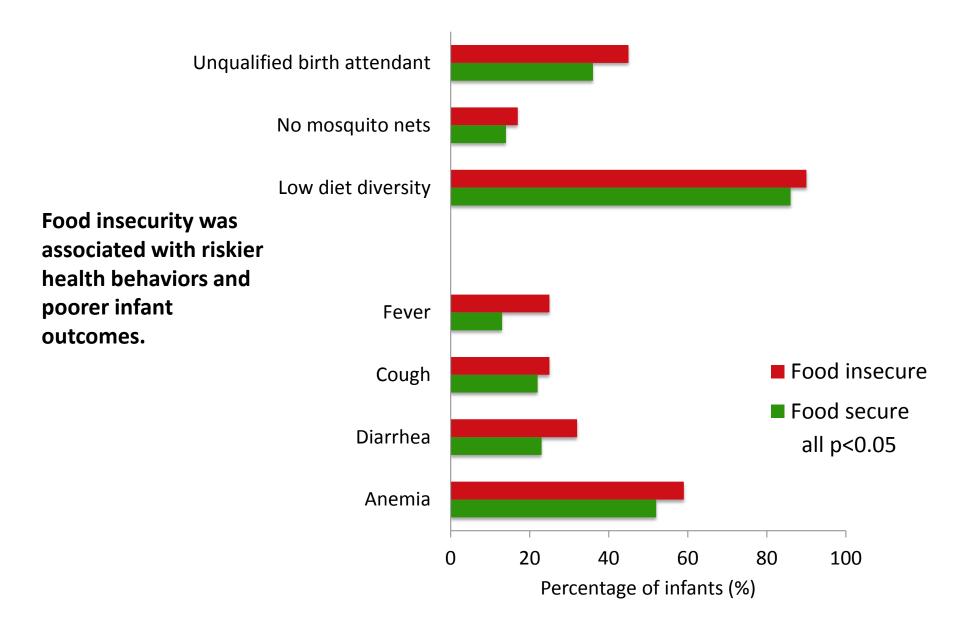
Food insecurity was more common among households with unmarried caregivers and those with low/no education (p=0.001).



Caregivers' self-assessment within their community



Child health indicators



Next step ...

Improved and diversified incomes are needed to improve lives and households' ability to withstand fluctuations in economic demands.

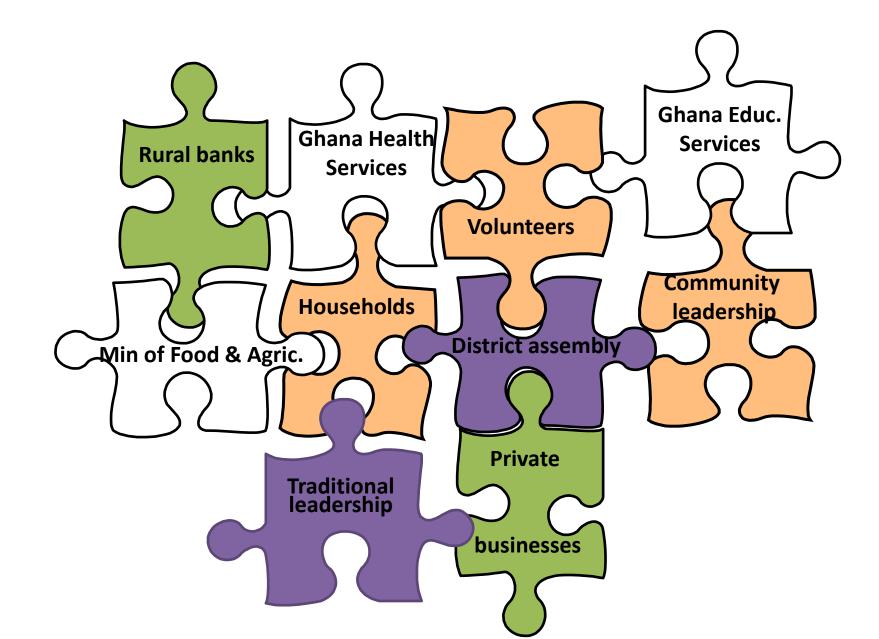
Improved conditions for women can help improve the household's situation.

More formal education and delayed age of first pregnancy can help.

Improved rural health services are needed.

Expanded agriculture and financial services for rural women are needed.

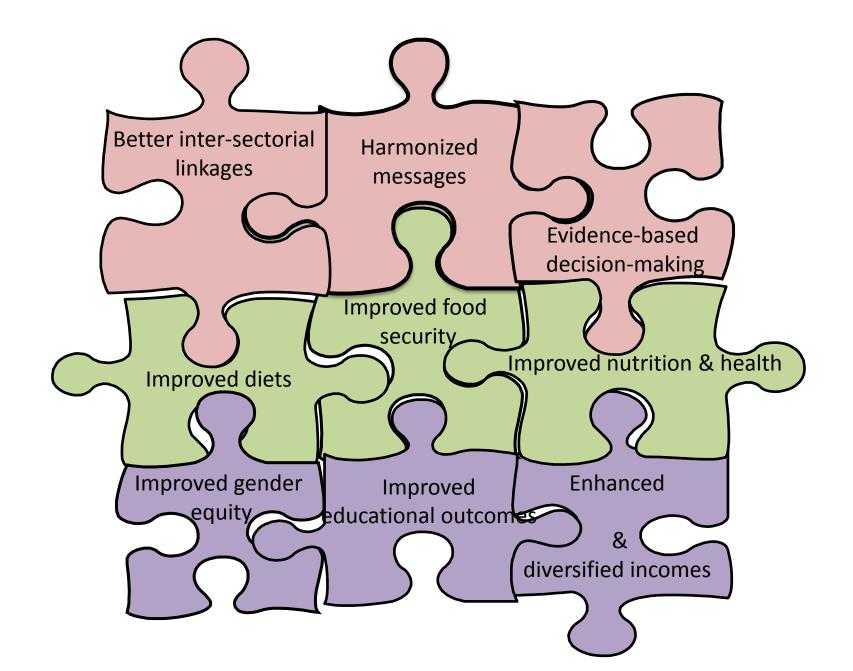
Project activities: Harmonization of activities, training, and programs of stakeholders



Project objectives: Increase capacity in related areas among all stakeholders



Project expected outcomes by 2018



Improve the economic, health/nutrition, and social wellbeing of the population in rural Upper Manya Krobo district, Ghana



Foreign Affairs, Trade and Development Canada Affaires étrangères, Commerce et Développement Canada







Canada

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