National Nutrition Policy

For Ghana

2013–2017

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Contents

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
ARI	Acute Respiratory Infection
BCC	Behaviour Change Communication
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CMAM	Community-Based Management of Acute Malnutrition
CSO	Civil Society Organisation
DHIMS	District Health Information Management System
ENA	Essential Nutrition Actions
EPI	Expanded Programme of Immunisation
FASDEP	Food and Agriculture Sector Development Policy
FBF	Fortified Blended Foods
FDA	Food and Drugs Authority
GDHS	Ghana Demographic and Health Survey
GPRS	Growth and Poverty Reduction Strategy
GSA	Ghana Standards Authority
HSMTDP	Health Sector Medium-Term Development Plan
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
IMCI	Integrated Management of Childhood Illnesses
IMNCI	Integrated Management of New-Born and Childhood Illnesses
IYCF	Infant and Young Child Feeding
MDG	Millennium Development Goal
METASIP	Medium-Term Agriculture Sector Implementation Plan
MICS	Multiple Indicator Cluster Survey
MLGRD	Ministry of Local Government and Rural Development
MHIS	Management of Health Information System
MOFA	Ministry of Food and Agriculture
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NCD	Non-Communicable Disease

NHIS	National Health Insurance Scheme
NNP	National Nutrition Policy
PLHIV	People Living with HIV/AIDS
RHNP	Regenerative Health and Nutrition Programme
RUTF	Ready-to-Use Therapeutic Food
SF&NEP	Supplementary Feeding and Nutrition Education Programme
SBCC	Social and Behaviour Change Communication
TB	Tuberculosis
U.N.	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund
USAID	U.S. Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WIAD	Women in Agricultural Development

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Foreword

Ghana has made moderate improvements in socio-economic development. However, despite an improved health sector, several key outcomes related to poor nutrition remain. Nearly one-third of all children less than five years in Ghana are too short for their age (stunted), approximately one out of ten is either underweight or wasted (do not weigh enough relative to their age or height). Micronutrient deficiencies among women and children are major public health challenges. The consequences of poor nutrition go far beyond the increased risk of illness and death in children and of complications during pregnancy and delivery. Poor nutrition in childhood contributes to irreversible reduced intelligence, low economic productivity later in life and increases the risk of cardiovascular disease in adulthood.

Improving the nutrition of the people of Ghana, especially that of women and children, is not only key to increasing child survival and achieving Ghana's Millennium Development Goals (MDGs), but a critical element for the healthy human capital essential for Ghana's economic growth and development. It is for these reasons that government has developed the National Nutrition Policy (NNP) of Ghana. The goal of the policy is to ensure optimal nutrition and health of all persons living in Ghana, to enhance capacity for sustainable economic growth and development. The NNP shall, after its adoption, be reviewed once every five (5) years and aligned with other government policies.

In developing this NNP, government notes that Ghana has many existing policies that seek to address various issues affecting nutrition. The impact of these policies however have been largely minimal because they are often developed and subsequently implemented on the basis of individual sector mandates, priorities and functions without clear co-ordination and national policy guidance.

Government recognises that nutrition issues are multi-dimensional and are best addressed in a well-co-ordinated manner across many sectors. Therefore, this policy is intended to reposition nutrition as a cross-cutting issue and facilitates its integration and mainstreaming into all national development efforts. It will provide the framework for nutrition-specific and nutrition-sensitive services and interventions in Ghana. It will also guide the implementation of high-impact interventions, and strengthen sectoral capacity for the effective delivery of these interventions. It is also intended to address the increasing problem of obesity and nutrition-related non-communicable diseases by promoting the adoption of optimal nutrition practices, healthy lifestyles, and appropriate dietary habits.

It is the hope of government that all stakeholders will engage fully and effectively in order to achieve the goals of the policy.

Signed

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Minister for Health

Executive Summary

Despite recent improvement in socio-economic development, Ghana still faces many nutritional problems, including undernutrition in children less than 5 years of age, micronutrient deficiencies among women and children, sub-optimal infant and young child feeding (IYCF), and increasing rates of obesity and nutrition-related non-communicable diseases (NCDs). The malnutrition situation in Ghana is further compounded by problems of food security, food safety, poor hygiene and sanitation, and health care. The deleterious effects of malnutrition include increased risk of illness and death especially in children reduction in cognitive capacity, lowered economic productivity potential, and increased risk of diet-related non-communicable diseases in adulthood.

A wide range of nutrition-specific interventions are currently being implemented by the Ministry of health Ghana Health and partners such as focussing on promotion of women's nutrition before, during and after pregnancy, optimal breast-feeding including the context of HIV and AIDS, optimal complementary feeding, control of Vitamin A , anaemia and iodine deficiency disorders; public health interventions such as deworming, promoting hygiene and sanitation, school health and nutrition; malaria control; and growth monitoring and counselling. In addition nutrition-sensitive interventions related to food security, poverty reduction, hygiene and sanitation, social protection, and health and nutrition education are also being implemented by various line ministries. Many of these interventions have nationwide coverage, but their impacts have been largely minimal. A major reason is that the policies were often developed and/or implemented on the basis of single sector mandates, priorities, and key functions, without clear co-ordination and national policy guidance. Specific gaps in the nutrition programming in Ghana that need to be addressed include:

- Insufficient capital investment, which slows down the implementation of nutrition interventions
- Limited scope and coverage of proven nutrition interventions
- Nutrition interventions that are mainly donor-driven and that fail to survive after donor support dries up
- Inadequate human resources
- Insufficient co-ordination
- Lack of overarching policies

The main purpose of the National Nutrition Policy (NNP) is to (a) re-position nutrition as a cross cutting issue, (b) facilitate integration and mainstreaming of nutrition into all national development efforts, (c) provide the framework for nutrition services and interventions in Ghana, and (d) guide the implementation of high-impact interventions, and (e) strengthen sectoral capacity for the effective delivery of these interventions.

The long-term goal of the policy is to ensure optimal nutrition and health of all persons living in Ghana in order to enhance capacity for sustainable economic growth and development. The policy supports four strategic objectives, namely:

1. To promote optimal nutrition as an essential component of health and development among all people living in Ghana
2. To increase access to and create demand for quality and timely interventions, for effective control of priority nutrition problems in Ghana
3. To promote food security, food quality, and food safety at the individual, household, community, and national levels
4. To create an enabling environment for the effective co-ordination, integration, and implementation of nutrition programmes in Ghana

The implementation, monitoring and evaluation of the NNP will be co-ordinated at the national, regional, and district levels. At the national level, the establishment of an inter-ministerial/agency co-ordination mechanism at the highest executive level will ensure cross-sector policy formulation and implementation. The strategic and detailed operational plans necessary for implementing the actions in the policy will be developed by stakeholders.

1 Introduction

The National Nutrition Policy (NNP) provides an overarching policy framework covering all key dimensions of adequate nutrition, and addresses the synergy that links nutrition outcomes with determinants such as food insecurity, food safety, health services and caring practices as well as cross-cutting issues like capacity development. The policy also highlights the need for strong collaboration and co-ordination mechanisms for effective implementation. It is in harmony with the government's development policies, such as the Ghana Vision 2020 and the Ghana Shared Growth and Development Agenda documents, which identifies nutrition and food security as cross-cutting issues for addressing overall human development.

The National Nutrition Policy is expected to serve as the fundamental tool to guide the establishment of priority strategies, principles and priorities for actions in the implementation of nutrition interventions. It also seeks to mobilise support for increased investment across different sectors to address malnutrition and promote healthy dietary lifestyle in Ghana.

It is particularly important considering the magnitude and persistence of malnutrition, the enormous consequences in terms of increased child mortality and reduced economic productivity. The current malnutrition situation calls for urgent actions involving many sectors due to the multifaceted nature of nutrition determinants. The complex nature of the determinants therefore necessitates the adoption of a national nutrition policy to guide and co-ordinate the multisectoral interventions required to effectively fight malnutrition.

1.1 Background to the Policy

The social and economic development of every nation is closely linked to the nutrition of its people. Undernutrition contributes to low intelligence and productivity; increased risk of illness; and, ultimately, higher rates of poverty, slow economic growth, and poor human development. Thus, the current statistics showing that nearly one-third of children in the developing world are either underweight or stunted and more than 30 percent of the developing world's population suffers from micronutrient deficiencies are very disturbing[1].

It was revealed in 2008 that only 36 countries, mostly in sub-Saharan Africa and Asia, accounted for 90 percent of chronic undernutrition among children less than five years worldwide[2]. Yet many evidence-based interventions are known to directly improve nutrition when these interventions are given high priority and implemented at scale. The evidence further indicates that the benefits from interventions for improving nutrition far outweigh their costs. Given that malnutrition is responsible for 3.5 million (35%) child deaths and 20 percent of maternal mortality arising from complications of pregnancy and delivery,

[1] World Bank. 2006. 'Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action'. http://siteresources.worldbank.org/NUTRITION/Resources/281846-1131636806329/NutritionStrategy.pdf.

[2] Black et al. 2008. Maternal and Child Undernutrition: Global and regional exposures and health consequences'. http://www.who.int/nutrition/topics/Lancetseries_Undernutrition1.pdf.

ensuring adequate nutrition for these vulnerable groups will accelerate the achievement of all the Millennium Development Goals (MDGs)[3].

[3] U.N. System Standing Committee on Nutrition. 2010. 'Nutrition Is Central to All Development Endeavours'. http://www.unspecial.org/UNS698/t47.html.

2 Situation Analysis

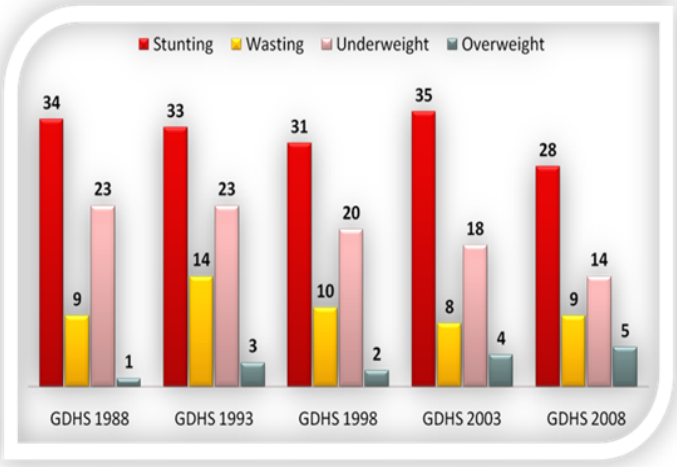
2.1 The Current Nutrition Situation

2.1.1 Undernutrition among Children under Five Years

With Human Development Index ranking of 135 out of 187 Ghana is included in the list of countries having the highest burden of malnutrition in the world[4]. The 2008 *Lancet* series on maternal and childhood undernutrition classified Ghana among the 36 countries in the world with the highest burden of chronic childhood undernutrition[5].

Undernutrition remains a major developmental challenge in Ghana, as shown in figure 1. It is characterised by significant variations in stunting, underweight, and wasting across wealth quintiles and geographic regions and has been recognised in the national health policy and other relevant documentation[6]. The three northern regions (Upper East, Upper West, and Northern) as well as the Central Region have the highest rates of stunting and wasting; these rates are linked closely to food insecurity situation in these areas.

Figure1: Trends in the Nutritional Status of Children under 5 Years during 1988–2008



Source: Ghana Demographic and Health Survey.

The national prevalence of stunting has remained persistently high and has seen very little reduction over the last two decades— having reduced from 34 percent in 1988 to 28 percent in 2008 (**Figure 1**). Childhood stunting still poses a serious public health concern in many regions of the country as long-term reductions are challenged by constraints of food availability, access, and consumption. Indeed the national prevalence of wasting has remained almost the same over the same 20-year period and currently stands at 9 percent. Wasting among young children is a result of failure to receive adequate nutrition in a specific period and is likely a consequence of recent illness or of seasonal variations in food availability. Wasting is more common in the Upper West (14%), Northern (13%), and Central (12%) regions. In these three regions, wasting is a serious public health problem, with rates

[4] UNDP. 2011. *Human Development Report.* New York: Palgrave Macmillan. p. 266.
[5] Black et al. 2008.
[6] Ministry of Health (MOH). 2007. *National Health Policy.* Ghana.

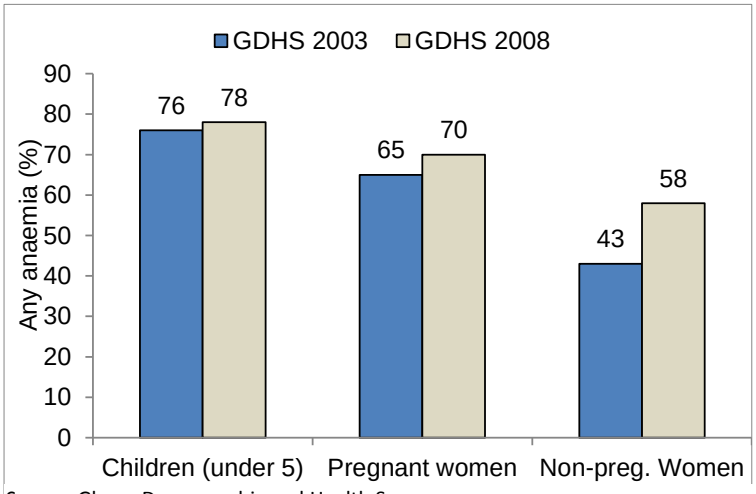
creeping toward the emergency threshold level of 15 percent (as defined by the World Health Organisation [WHO]).

On a positive note, the prevalence of underweight has reduced by about 10 percentage points over the last 20-year period, and the 2008 GDHS reported a prevalence of 13.9 percent. A remarkable decline was indicated in the rate of underweight in children—from 18 percent in 2003 to 14 percent in 2008. There are disparities between regions, with the prevalence of underweight as high as 27 percent in Upper East and as low as 7 percent in Greater Accra. Children in rural areas are more likely to be stunted, wasted, or underweight than those residing in urban settings. Similarly, children in the highest wealth quintile are less likely to be undernourished than those in the lowest.

2.1.2 Micronutrient Deficiency among Women and Children

Across all age groups, micronutrient deficiencies, particularly of vitamin A, iodine, and iron, are also major a concern and continue to undermine the health of women and children. Iron deficiency coupled with the high malaria burden leads to very high prevalence of anaemia, especially among women and children in Ghana. Among women in the reproductive age, 60 percent are anaemic, increasing their risk for complications during pregnancy and delivery. The prevalence of anaemia among pregnant women increased between 2003 and 2008, from 65 percent to 70 percent, while among non-pregnant women, there was a large increase from 43 percent to 58 percent (**Figure 2**). The current anaemia prevalence in children is alarmingly high and stands at 78 percent among children under five. Prevalence as high as 89 percent, 88 percent, and 85 percent are reported in Upper East, Upper West, and Central regions respectively. Northern region follows closely, with anaemia prevalence of 81 percent among young children under less than five years. Over 70 percent of these children also suffer from various forms of vitamin A deficiency. Iodine deficiency disorders are still prevalent and majority of households (70%) do not use adequately iodised salt in meal preparation.

Figure2. Trends in the Prevalence of Anaemia in Children under 5 Years and Women during 2003–2008



Source: Ghana Demographic and Health Survey.

2.1.3 Sub-Optimal Infant and Young Child Feeding

It is known that undernutrition is a direct result of insufficient food intake or repeated infections or a combination of both. The observed outcome of high prevalence of

undernutrition in children may be largely explained by the persistent sub-optimal feeding and frequent infections among young children in the country.

The period from birth to two years of age is critical for optimal growth, health, and development. During this time, the increased nutrient needs for rapid growth and development tend to worsen deficiencies and impair development. A great deal of attention must therefore be paid to the feeding of infants. According to WHO and UNICEF, optimal feeding of infants must include:

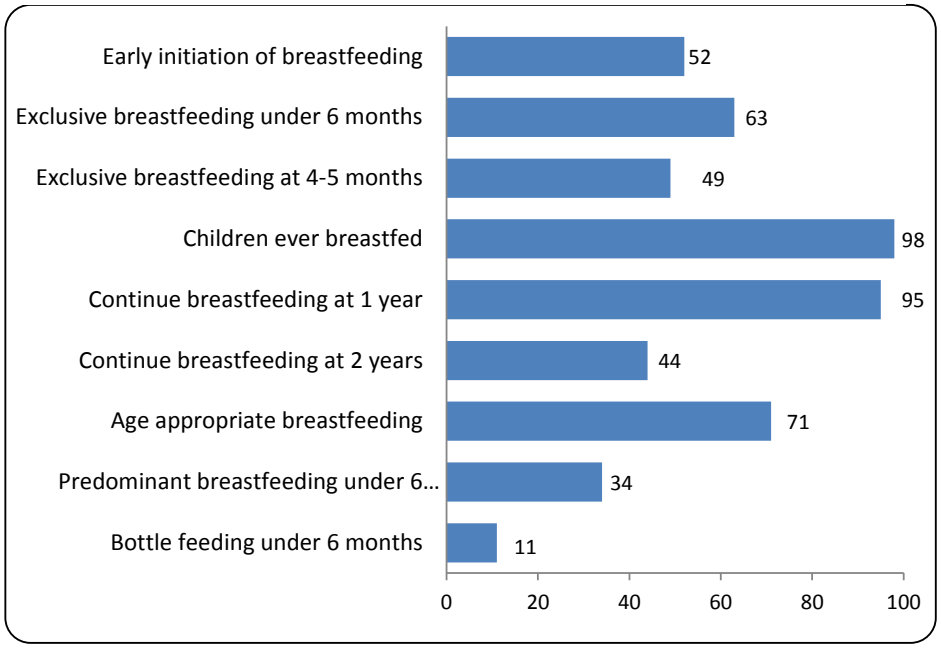
- Initiation of breastfeeding within the first hour of birth
- Exclusive breastfeeding for the first six months of life
- Timely introduction of nutritionally adequate, age-appropriate, and safe complementary foods at 6 months of age
- Continued breastfeeding for up to two years of age or beyond

The Multiple Indicator Cluster Survey (MICS) report of 2011 shows that 46 percent[7] of babies are breastfed for the first time within one hour of birth (Greater Accra with the lowest percentage of 29%; Western region with the highest percentage of 62%), more than 19 percent receive pre-lacteal feed, and 46 percent of infants under 6 months are exclusively breastfed[8]. These figures represent reductions from the 2008 data that showed that more than 60 percent of Ghanaian infants under 6 months are exclusively breastfed[9]. These earlier reported favourable trends were largely due to concentrated efforts at the community level focusing on behaviour change over the last decade. The 2008 GDHS report also indicated that 52 percent of infants were breastfed within one hour of birth, 18 percent received pre-lacteal feed, and 63 percent were breastfed exclusively for the recommended period of 6 months[10] (**Figure 3**). In 2008, 98 percent of children were ever breastfed and 63 percent were breastfed exclusively for the recommended period of 6 months.

Nonetheless, **Figure 4** shows that not the same progress has been achieved for complementary feeding for children 6–23 months, which represents an extremely critical period for growth and development. Beginning at six months the introduction of appropriate quality and quantity of complementary foods is essential. In Ghana, complementary foods are generally cereal-based and mainly prepared using maize, millet or sorghum. According to the 2008 GDHS, less than half of children 6–23 months receive foods from four or more food groups and just about half are fed the minimum recommended meal frequency appropriate for age. In addition to contributing to poor growth, inadequate complementary feeding practices also have implications for iron deficiency.

[7] Ghana Demographic and Health Survey 2008. 52% of infants are breastfed within one hour of birth.
[8] Ghana Statistical Service. 2011. *Ghana Multiple Indicator Cluster Survey with an Enhanced Malaria Module and Biomarker, 2011, Final Report.* Accra, Ghana: Ghana Statistical Service.
[9] Ghana Demographic and Health Survey. 2008.
[10] Ghana Demographic and Health Survey 2008. ,

Figure 4. Breastfeeding Indicators

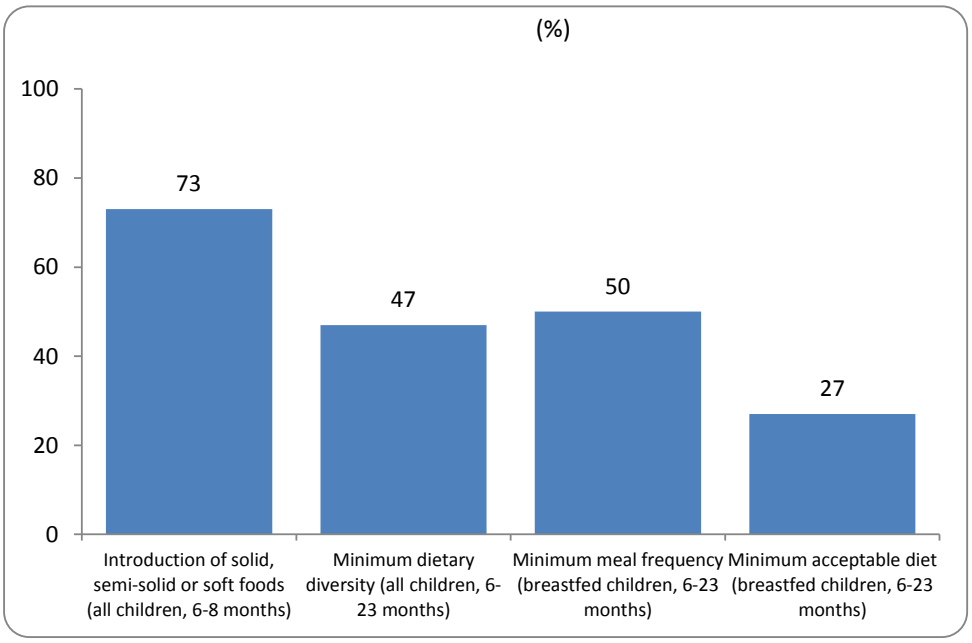


An estimated two-thirds of young children's feeding is widely sub-optimal. According to the 2008 GDHS, less than half (47%) of children 6–23 months received foods from four or more food groups (i.e. achieved more than the minimum dietary diversity) (Figure 4). Further, just half of the sampled children were fed the minimum meal frequency of three times a day. The MICS 2011 shows that 34 percent of infants 6–23

Source: WHO, Infant and Young Child Feeding Practices, Country Profiles – Ghana.

months being breastfed consumed food items from four or more food groups and were fed

Figure3. Complementary Feeding Indicators (%)



the minimum number of times per day. On the whole an estimated two-thirds of young children's feeding was found to be widely sub-optimal.

Source: GDHS. 2008.

Additionally, the World Food Programme (WFP) has reported that about 15 percent of Ghanaian households are either food insecure or at risk of food insecurity[11]. The risk of food insecurity is even greater (45%) in the northern parts of Ghana. Furthermore, the food system is challenged by exposure to microbial and chemical residue contamination. Other factors linked to chronic malnutrition include high levels of household poverty and inadequate sanitation facilities[12]. Malnutrition in children is further complicated by a high burden of infections and infestation, including malaria, diarrhoea, respiratory tract infections, pneumonia, malaria, and intestinal worms.

2.1.4 Overnutrition

Concurrent with undernutrition is an emerging challenge of overnutrition across all demographic groups in Ghana. The 2008 GDHS estimated that 30 percent of Ghanaian women were either overweight or obese. In urban settings, even greater rates (45%) of overweight have been observed. Increased availability and access to low-cost and often imported energy-dense, nutrient-deficient foods may partly explain this growing challenge. The increasing overweight prevalence is paralleled by increasing risk of nutrition-related non-communicable diseases (NCDs), including cardiovascular disease, diabetes mellitus, cancers, and bone and arthritic diseases. The increasing prevalence of these preventable conditions is raising health care expenditures, with implications for economic productivity.

2.2 Impact of Other Related Factors on Nutrition

The major determinants of nutritional status include food security, food safety, health care and caring practices as well as an enabling environment for nutrition programming. The nutritional status of young children is a comprehensive index that reflects the level and pace of household, community and national development, and the determinants are complex and multifaceted. Indeed at the individual level, nutritional status is the result of the combination of knowledge about good nutritional practices together with health status and the consumption of adequate food, both in terms of quantity and quality on a sustainable basis. The nutritional status of very young children will be affected by the frequency of feeding and the amount of time devoted to this aspect of child care. Social norms regarding types of foods and who should consume them knowledge about what are the right foods to consume and in what quantities are also important determinants that affect nutritional status.

2.2.1 Food Security

Although not the only factor, food consumption provides the most direct link between agriculture and nutrition, making the issue of food security at the household, community, and national levels a major contributory factor to nutritional status.

[11] WFP. 2009. 'Comprehensive Food Security and Vulnerability Analysis'. http://documents.wfp.org/stellent/groups/public/documents/ena/wfp201820.pdf. p. 131.
[12] GDHS. 2008.

This means the low productivity in the agriculture sector has major implications for food and nutrition security in the country. According to the Medium-Term Agriculture Sector Implementation Plan (METASIP) 2011–2015, the country continues to experience deficits with regard to rice, maize, sorghum, and millet availability, resulting in the need for food import to make up for the cereal production shortfall. Indeed, further analysis indicates deficits in fish and other important food commodities as well.

The agriculture sector is dominated by small-scale producers accounting for 80 percent of domestic production. Yields of most crops are generally low and have remained almost constant between 2002 and 2008, hovering around 60 percent of the achievable yields. The low agricultural productivity in the country can also be attributed to reliance on rain-fed and low-performing irrigated agriculture; low level of mechanisation in production and processing; and high post-harvest losses as a result of poor management. In addition, factors such as low-level and ineffective agricultural finance, poor extension services resulting from several institutional and structural inefficiencies, inadequate markets and processing facilities affect productivity. Low performance of livestock, poor feeding of livestock, the high cost of feed for poultry, poor livestock housing and husbandry management, overfishing of natural water bodies, an underdeveloped fish value chain and lack of skills in aquaculture are also important contributory factors.

Natural phenomena, especially floods, regularly result in disasters that cause severe food insecurity and disruption of livelihoods. The accompanying land degradation aggravates the impact of these disasters. These adverse weather conditions often exacerbate drought-related crop failures, especially through bush fires that have a disproportionately severe impact on smallholder farm enterprises[13].

The contribution of poverty in the complex relationship between food security and malnutrition cannot be overemphasised. With more than two decades of rapid economic growth and political stability, Ghana has emerged as a leader in sub-Saharan Africa. Yet, despite Ghana's relative prosperity, poverty remains pervasive, primarily in the country's three northern and central regions. These regions now account for approximately 50 percent of the population living under the poverty line and have high prevalence of food insecurity, ranging from 11 percent to 34 percent being food insecure[14].

2.2.2 Food Safety

Co-existing with these myriad of food production problems is the increasing concern about the safety of available food. The major food safety challenges associated with food production in Ghana include chemical residues and microbial contamination of foods; poor harvesting and drying systems for agricultural produce resulting in the production and accumulation of fungal toxins. In addition poor handling and packaging of fresh produce at

[13] Ministry of Food and Agriculture (MOFA). 2009. *Food and Agriculture Sector Development Policy (FASDEP II).* Ghana: MOFA.

[14] Republic of Ghana. 2009. WFP Comprehensive Food Security and Vulnerability Analysis (CFSVA). p. 13.

the farm level for foods destined for the local market[15] also contribute to the prevailing poor safety situation. There are many food safety issues and prominent among these are those that relate to food handling, packaging, processing, and transportation.

Although there has been a multiplicity of food safety programmes, the key actors and institutions that are responsible for ensuring that the quality of food consumed by Ghanaians is safe and contributes to the overall health and nutrition of inhabitants are grappling with many challenges related to poor capacity and enforcement of regulations and laws. Control programmes and actions are not driven by any uniform food safety policy to allow effective co-ordination and evaluation through the value chain. Another concern is the fact that the Ghanaian food value chain is dominated by the informal sector, which plays a major role in food delivery to large segments of the population and involves activities in food production, food trade, food processing, and food distribution and marketing. Ghana does not have a robust and responsive surveillance system that can effectively inform the managers of food safety. The food safety situation analysis also revealed fragmented and poorly co-ordinated institutions in respect to food safety activities, leading to sub-optimal food safety conditions in the country and the calls for efforts to harness their collective skills and strength. It is expected that the new Ghana Food Safety Policy currently being developed will mobilise the needed support and create the environment to ensure that farmers and other business operators in the food chain, legislative, advisory and food control bodies have the requisite input and capacities to assure food quality and safety to the consumer.

2.2.3 Health Care

Child survival and development has improved due to gains in the prevention of a range of communicable diseases primarily as result of advances in science and technology and expanded health services based on the principles of primary health care. Progress in education and socio-economic development has also contributed to these gains. The high level of government commitment to international nutrition conventions and declarations has facilitated the development of nutrition policies and programmes and reflects the fact that most development strategies take cognisance of the need to invest in nutrition and health. Indeed this has contributed to implementation of proven health interventions such as IMNCI, safe motherhood, deworming, infectious disease case management and prevention. Other health interventions include programs that focus preventing and treating common childhood illnesses such as diarrhea, pneumonia and malaria. These coupled with the programs for promoting healthy lifestyle through good nutrition and regular exercise, personal hygiene to reducing infectious diseases that contribute to malnutrition and ensuring that all children are fully immunized.

Over the years however, this has not translated into increased and sustained investment in nutrition programing, and high malnutrition rates persist, especially among women and children.

[15] Ministry of Health (MOH) 2010. *Food Safety in Ghana, a situational analysis.*

Although health sector interventions in Ghana have been expanding and a lot of gains have been made in both preventive and curative sectors, nutrition has not seen a comparable growth. This has affected the scope and scale of nutrition and related preventive health interventions.

The absence of a coherent national nutrition policy that outlines a framework for developing and implementing nutrition interventions at all operational levels, defines institutional roles and responsibilities, and articulates linkages and co-ordination arrangements has contributed to limiting the scope and scale of nutrition and other preventive health interventions. Non availability of a national policy also limits the extent to which pressure can be brought to bear on government to provide resources for implementation in a sustained manner. The dominance of extra-governmental donors in initiating, funding, and implementing nutrition policies and interventions has created some degree of dependence by government and other policy actors on donors, leading to inadequate commitment in terms of funding. Today although available evidence points to the proven efficacy and cost-effectiveness of nutrition solutions and the critical impact that nutrition improvements would have on the achievement of the Millennium Development Goals (MDGs), investment in the country's nutrition remains low. The 2008 *Lancet* Series on Maternal and Child Under-nutrition defined a set of direct nutrition interventions (**Box 1**) that, if implemented at scale, could save millions of lives and contribute to long-term health and development.

Box 1. Some Proven, Effective Nutrition Solutions

☼ **Promotion of optimal breastfeeding**	☼ **Salt iodisation**
☼ **Promotion of appropriate complementary feeding**	☼ **Fortification of staple foods**
☼ **Interventions to improve hygienic practices**	☼ **Multiple micronutrient powder**
☼ **Vitamin A supplementation**	☼ **Prevention of chronic undernutrition***
☼ **De-worming**	☼ **Treatment of severe acute malnutrition* with special foods, such as ready-to-use therapeutic food**
☼ **Iron-folate supplements for pregnant and lactating women**	☼ **Zinc supplementation for diarrhoea management**

* Multiple forms of undernutrition exist, but treatment and prevention require different approaches for each.

Nutrition interventions offer some of the highest development returns on investment, and the 2012 Copenhagen Consensus recently ranked five nutrition interventions in the top most cost-effective development solution including—vitamin A supplementation, zinc and iron supplementation/fortification, salt iodisation, and de-worming—in the top ten most

cost-effective development solutions. Significant improvements in nutrition can result from the incorporation of nutritional considerations into the broader policies of economic growth and development, structural adjustment, food and agricultural production, processing, storage and marketing of food, health care, education, and social development.

Water, Sanitation, and Hygiene (WASH)

Poor access to safe drinking water and sanitation negatively affects proper nutrition and food security. Open defecation, use of contaminated water, improper sanitation facilities, and inappropriate waste disposal often contaminate food production. Unsafe drinking water and poor hygiene frequently lead to increases in diarrhoeal diseases, often rendering nutritional supplements and other nutrition efforts ineffective.

Even when food consumption is sufficient, diarrhoeal disease inhibits nutrient absorption, which can lead to undernutrition outcomes such as underweight and stunting in children. Generally, poor access to safe drinking water and sanitation in many deprived communities, coupled with low awareness of the health benefits of hand-washing to prevent disease transmission, such as diarrhoea, is known to contribute to the prevailing high incidence of morbidity in the country.

Malnutrition and diarrhoeal disease are closely linked and even when it doesn't results death, repeated bouts of early childhood diarrhoea can negatively impact physical and cognitive development.

Ghana continues to struggle with poor sanitation and inadequate access to portable and safe water supply. Less than half of the population in the country has access to potable water, leaving the rest to obtain water from streams and rivers, which are often contaminated with organic and inorganic substances from household and industrial pollutants[16]. Despite this situation, the measures for controlling these problems have been clearly ineffective.

Achieving sustainable increases in food production to alleviate poverty and eradiate hunger requires sound management of critical inputs like water and land, making linkages between agriculture, food security, water management, and safe drinking water programmes essential. These are closely associated with malnutrition.

Socio-Cultural Factors and Caring Practices

Generally, resources required for caregiving include relevant knowledge, skills, and beliefs; a good health and nutrition status of the caregiver; time; economic resources; as well as support from other members of households, the community, and service providers. Beliefs about illness and practices adopted particularly during illness can have adverse implications

[16] Ministry of Health (MOH). 2007. *National Health Policy.* Ghana.

for children's health and nutritional status. However, anecdotal evidence suggests socio-cultural factors related to nutrition outcomes have not been adequately studied in Ghana. This has been the case especially in the design and implementation of nutrition and related social behaviour change communication (SBCC) and other communication efforts aimed at improving knowledge and practices about causes of illness and choices to promote good nutrition well-being.

Some key social factors necessary to achieve desired modification or change in individual behaviour include types of family support networks, intra-household allocation of food and health resources, alternative explanatory models of malnutrition and ill health. Others factors include intra-household gender relations and inequality, which can constrain decision making and bargaining power and negotiation of beliefs and practices and can have deleterious outcomes for child health and nutrition.

It is important to highlight the need to consider the broader social, cultural, and economic factors, including gender issues, in the design of nutrition and related interventions. Routinely assessing existing beliefs and the socio-cultural causes of malnutrition or understanding infant feeding practices unique to certain cultures is invaluable. This can generate insight into socio-cultural determinants of undernutrition and the prevailing feeding practices that can be useful in the planning process before embarking on implementation of large-scale programmes.

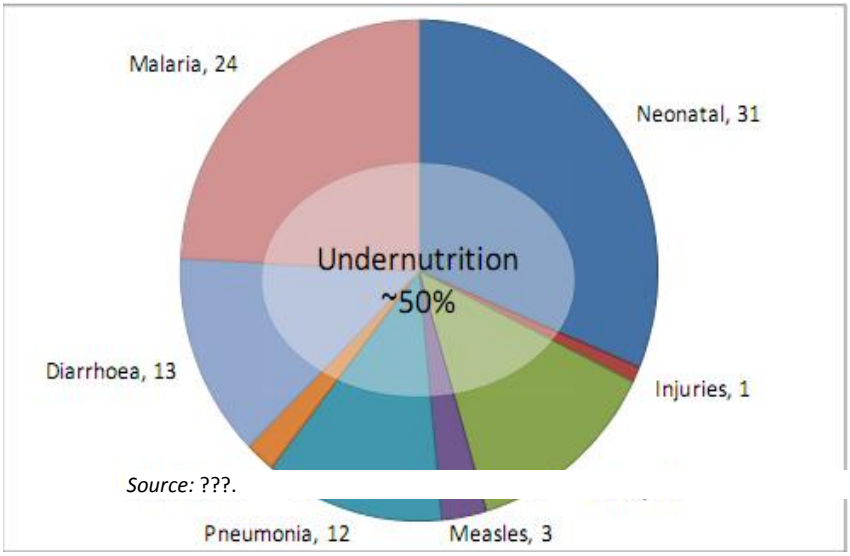
It is expected that the implementation arrangements for the National Nutrition Policy will include efforts to invest in understanding the social context and develop strategies and actions that are sensitive to these socio-cultural norms and scale-up activities that involve men in child care and nutritional interventions. It is also important to collaborate and partner with agencies that have mandates to implement programmes that seek to establish social safety nets, empower vulnerable groups, and implement economic and livelihood programmes to increase women's economic autonomy.

2.3 Consequences of Malnutrition

Undernutrition in children can be life-threatening, resulting in increased risk of illness and death and contributes to lower levels of cognitive development. Indeed poor nutritional status not only undermines health and impair the development of individuals, but also hinders the development of nations, making it both a cause and a consequence of failed development. The World Bank estimates that undernutrition significantly impacts lifetime earning potential and reduces gross domestic product by up to 3 percent annually. If undernutrition remains uncorrected during the critical periods of growth (conception to 2 years of age), it is repeated from one generation to the next in a vicious cycle that significantly increases social and economic costs, and the cognitive and physical damage caused by chronic undernutrition, particularly in the critical period, is largely irreversible.

Undernutrition impairs children's immune function thereby placing them at much greater risk of illness and death. It is noteworthy that the impact of marginal deficiencies on health and socio-economic development is considerably more important than the impact of clinical deficiencies and this is because marginal deficiency covers a larger proportion of the population.

Figure 6. Causes of Death in Children under 5 Years



Source: ???.

Available evidence suggests that undernutrition causes approximately 50 percent of all deaths among under-five children, implying that more child deaths can be avoided by preventing undernutrition than by any other child survival intervention (**Figure 5**). Thus, nutrition interventions targeting children must be prioritised alongside other child survival interventions.

Based on the 2011 Ghana Nutrition PROFILES analysis, every year an estimated 12,000 children die because their weight is too low for their age (underweight) and 97,000 deaths in children under 5 years of age between 2011 and 2020 alone will be the result of stunting if no interventions are put in place.

The most severe micronutrient deficiency among Ghanaian mothers and children is iron deficiency. Anaemia in children negatively affects mental and physical development. Iron deficiency is also particularly serious during pregnancy, as it can contribute to premature delivery and low birth weight. At the macro level, iron deficiency negatively affects the develop-ment of human capital and future

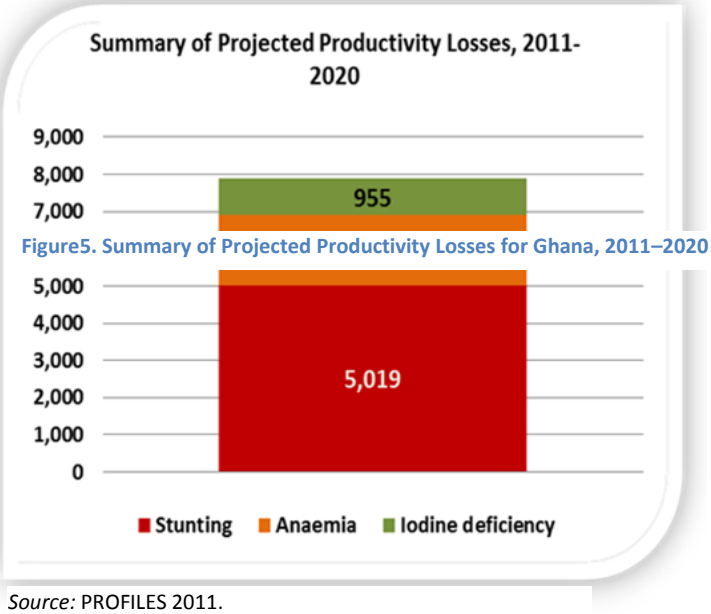


Figure5. Summary of Projected Productivity Losses for Ghana, 2011–2020

Source: PROFILES 2011.

labour forces.

Undernutrition affects Ghana's economic productivity and development in several ways. For instance, three major problems that have a profound impact on worker productivity are stunting due to undernutrition, iron deficiency anaemia, and mental impairment due to iodine deficiency. One of the most significant consequences of adult stunting is reduced physical capacity and productivity. Stunting among children is also associated with decreased ability to learn and reduced school performance, which also contribute to economic productivity losses. Based on the 2011 Ghana Nutrition PROFILES, it is projected that between 2011 and 2020, 5 billion cedis (US$3.5 billion) will be lost in decreased worker productivity due to stunting. Iron deficiency anaemia reduces worker productivity among women and men, especially for those engaged in manual labour, and it is projected that, between 2011 and 2020, 1.9 billion cedis (US$1.3 billion) will be lost in reduced manual labour, including agricultural productivity, as a consequence of high levels of iron deficiency anaemia. Iodine deficiency during early pregnancy can cause a permanent decrease in IQ points for the baby, leading to lost productivity later in life. Between 2011 and 2020, 955 million cedis (US$668 million) will be lost due to mental impairment from iodine deficiency. The total estimated cost of the economic consequences of these three problems is 7.9 billion cedis (US$5.5 billion) (**Figure 6**).

2.4 Current Interventions and Gaps to Be Addressed

In developing a national nutrition policy, it is important to recognise reasons why previous actions over the last 60 years of nutrition programming in Ghana have not sufficiently addressed the problems associated with the nutrition situation described above. The content and scope of nutrition interventions in Ghana should be critically examined to identify possible gaps and challenges in programming in order to better prepare the way forward. Interventions being implemented include the prevention and control of maternal, infant, and childhood undernutrition, including micronutrient deficiency. Additionally, IYCF, school health and nutrition, healthy lifestyles, and food security and safety programmes are currently being implemented and should be integrated and co-ordinated with interventions developed as part of the NNP.

Box 2 shows the nutrition-specific interventions currently being implemented in Ghana. Nearly all of the interventions are being implemented nationwide (with the exception of three that are in selected regions only), and 6 out of the 15 interventions have existed for well over 10 years. Furthermore, nutrition-sensitive interventions, such as actions to increase food security, provide adequate health care, control and treat disease, improve hygiene and sanitation, increase education, and reduce poverty, are supported by relevant sectors and address underlying causes of undernutrition. As we move forward, it is essential that stakeholders at all levels understand and emphasise the two-way relationship between undernutrition and economic growth.

Sustained improvement in the prevailing nutrition situation will require addressing the myriad of challenges identified in nutrition management and co-ordination, governance, programming and planning, resource mobilisation, and monitoring and evaluation to bring the necessary interventions to scale. A combination of priority actions across the health, food, and care spectrum tailored to meet the needs of each target group is critical.

While gains have been made in the implementation of nutrition interventions and related initiatives and resultant malnutrition rates reduction in Ghana, gaps still remain in terms of coverage, scope, and success.

Several gaps need to be addressed in nutrition programming in Ghana[17]. Often, donor agencies have dominated the initiation and implementation of nutrition activities and this has created a degree of donor dependence by government and other policy actors, leading to inadequate commitment to providing funding for the implementation of nutrition interventions.

The result is that many of the interventions have not been able to achieve their set objectives and progress has been slow.

[17] Brantuo et al. 2009. 'Landscape Analysis of Readiness to Accelerate the Reduction of Maternal and Child Undernutrition in Ghana'. http://www.unscn.org/layout/modules/resources/files/scnnews37.pdf.

Box 2. Interventions Currently Being Implemented in Ghana

Intervention	Target group	Contact point	Aim
Iron and folic acid supplementation	Pregnant women	Antenatal contacts	Reduce anaemia
Essential Nutrition Actions (ENA) integrated maternal and child care*	Pregnant women, children 0–59 months, and their mothers	All health contacts	Comprehensive and co-ordinated care for young children and their mothers/caregivers
Baby-Friendly Hospital Initiative	Postpartum women	Selected hospitals nationwide	Promote infant feeding and maternal health
Growth monitoring and promotion	Children under 5 years	Monthly health facility/outreach contacts	Track child growth and provide appropriate care and support
National Child Health Days Campaign	Postpartum women and children 6–59 months	Twice yearly events	Promote child health and nutrition
High dose vitamin A supplementation	Postpartum women and children 6–59 months	Expanded Programme of Immunisation (EPI) and National Child Health Days	Improve vitamin A status of women and children
Flour and vegetable oil fortification	General population	Sales points	Increase intake of micronutrients
Universal salt iodisation	General population	Sales points	Increase intake of iodine
Nutritional care/support for people living with HIV/AIDS (PLHIV) and/or tuberculosis (TB) clients	PLHIV and/or TB clients in selected anti-retroviral therapy (ART) centres	Scheduled hospital visits	Increase access to counselling, food, and support
Nutrition and malaria control for child survival†	Pregnant women, mothers of children 0–59 months	All health contacts in selected districts (community-based)	Increase uptake of nutrition and malaria control services
Community-Based Management of Acute Malnutrition (CMAM)†	Children under 5 years with severe acute malnutrition	Health facility/ outreach visits	Treat and prevent severe acute malnutrition
Supplementary Feeding and Nutrition Education Programme (SF&NEP)	Pregnant and lactating women, children under 5 years with moderate malnutrition in food insecure parts of the country	Community-based in the three northern regions	Treat/prevent moderate malnutrition in food insecure parts of the country
Promotion of regenerative health and nutrition	General population	Television, radio messaging, other contacts	Prevent diet-related diseases, promote good health/nutrition
Nutrition behaviour change communication	General population, with emphasis on pregnant and lactating mothers and children 0–59 months	Television and radio messaging, health facility/outreach contact	Improve nutrition
School feeding programme	Primary school children in selected schools nationwide	School facilities	Improve nutrition and school attendance

***Essential Nutrition Actions (ENA)** include promotion of women's nutritional status and health before, during, and after pregnancy; optimal breastfeeding, including in the context of HIV and AIDS; optimal complementary feeding; optimal feeding of the sick child during and after illness; control of vitamin A deficiency; control of anaemia; control of iodine deficiency disorders; public health interventions, such as de-worming; promoting hygiene and sanitation; school health and nutrition; malaria control; growth monitoring and counselling; nutritional screening; and family planning. Major gaps still exist, including limited national coverage of most of the actions; inadequate resources and capacity; and poor co-ordination, collaboration, and implementation of nutrition and related activities.

† Currently being implemented in selected regions only.

Specific gaps and challenges to be addressed include the following:

- Insufficient capital and recurrent investment slows down the implementation of nutrition interventions.
- Nutrition interventions are mainly donor-driven, and fail to survive after donor support dries up.
- Inadequate human resources make the implementation and/or management of interventions difficult, especially in remote, rural parts of the country.
- Insufficient co-ordination of efforts[18,19] across different sectors makes implementation of interventions cumbersome.
- Lack of overarching policies and sufficiently strong institutional frameworks hamper programme success:
  - Lack of broad stakeholder participation (including a strong role for the private sector), which is essential to build mutually beneficial cross-sectoral synergies
  - Weak linkages between the health and agriculture sectors, including food processing

It is expected that the NNP will help address these gaps as a way forward in addressing the nutrition problems in Ghana.

[18] Ghartey. 2010. 'Nutrition Policy and Programmes in Ghana: The limitation of a single sector approach'. http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/GhanaNutritionPolicyDPMenno.pdf.

[19] Brantuo et al. 2010.

3 Purpose of the National Nutrition Policy

3.1 Rationale

The high prevalence of stunting, wasting, and micronutrient deficiencies in the country, as well as the increasing rates of overweight and obesity (overnutrition), undermine health and development. Women and children under five years remain the most affected. Over the years, many policies and proven nutrition interventions have been implemented, contributing to some improvements albeit marginal. This situation is the result of the fact that the multidimensional nature of the determinants of optimal nutrition requires sustainable investments in a co-ordinated manner. Further, nutrition interventions and services have often not received a high enough priority, demonstrated by low budgetary allocations, which results in major funding gaps at the implementation level and an inability to achieve set objectives.

Ghana needs a nutrition policy that (a) outlines a framework for nutrition interventions by all nutrition stakeholders, (b) defines institutional roles and responsibilities, (c) articulates linkage and co-ordination arrangements, and (d) provides the framework for the development of multi-sector implementation plans for nutrition that will help bring pressure to bear on government to provide resources for implementation and scale-up of nutrition interventions. The current National Health Policy promotes preventive health by placing emphasis on nutrition and lifestyle changes. This nutrition policy will strengthen the links between the various dimensions of nutrition and serve as a coherent framework and strategic document in the broader mandate of ensuring a healthy and productive population for sustainable development.

There is the need for strong policy guidance that would provide the framework for the development, implementation, and co-ordination of nutrition interventions to break the cycle of malnutrition and reverse prevailing trends. Therefore, the purpose of the National Nutrition Policy is to serve as a guiding document for nutrition stakeholders in Ghana. The policy is intended to:

- Educate stakeholders about the importance of investing in nutrition and the investment priorities.
- Provide the framework for nutrition services and interventions.
- Guide the implementation of evidenced-based, high-impact nutrition interventions and promote the adoption of optimal practices, healthy lifestyles, and appropriate dietary habits.
- Reposition nutrition as a cross-cutting issue and facilitate the integration and mainstreaming of nutrition into all national development efforts.
- Facilitate capacity building in key areas, such as management, governance, cross-sector co-ordination, and nutrition technical skills at the clinical and community levels.

- Strengthen sectoral capacity for the effective delivery of nutrition-specific and nutrition-sensitive actions.
- Mobilise resources, support, and partnerships among nutrition stakeholders.
- Facilitate the development, implementation, and enforcement of nutrition legislation.
- Promote and support nutrition research.

3.2 Scope

The nutrition policy is formulated with a broad scope and it is expected to provide a basis for making a strong case for nutrition, mobilising resources, advocating for higher-priority interventions, and developing operational strategies. These in turn facilitates the development of action plans and interventions that are innovative and technically strong, and will establish and maintain the necessary linkages within and across sectors to ensure effective and cost-efficient implementation.

This policy adopts a framework viewing nutritional issues across full lifestyles and generations, taking cognisance of the physiological needs in terms of different population groups at specific stages of life. The nutrition and health needs of individuals through these six stages of the human life cycle are recognised as: (i) pregnancy, (ii) delivery and new-born child, (iii) early and late childhood, (iv) adolescence, (v) adulthood, and (vi) the elderly.

The policy has four main focus areas:

1. Preventing and controlling various forms of nutrition disorders, with a focus on pregnant and lactating women, children 0–2 years, under-five children, school-aged children, people living with HIV, people in emergency situations, and other vulnerable groups as may be defined from time to time.
2. Ensuring access and quality nutrition services to facilitate effective management of nutrition deficiency disorders among under-five5 children, pregnant and lactating women, and PLHIV, TB patients.
3. Addressing underlying factors, such as food security, food safety, water and sanitation.
4. Creating an enabling environment that adequately provides for the delivery of nutrition services and implementation of the nutrition programmes, projects, and interventions.

The national policy seeks to build synergies and contribute to the implementation of existing national and sectoral policies and strategies to effectively address issues of malnutrition and related determinants, such as food insecurity, food safety, health services, and caring practices, as well as cross-cutting issues like capacity development, collaboration, and co-ordination. This is important because of the multifaceted dimensions of the causes of malnutrition, which are highly cross-sectoral in nature. During the formulation of this policy, a large number of relevant legislation, policies, and strategies have been carefully reviewed and considered. Prominent among these are the Imagine Ghana Free of Malnutrition Concept document, the Child Health Policy, the Reproductive and Health Policy, the

Adolescent Health Policy, the Health Promotion Policy, the National Health Policy, national policy on prevention and control of chronic non-communicable diseases in Ghana, the Draft Food Safety Policy, the Food and Agriculture Sector Development Policy (FASDEP II), Medium Term Agriculture Sector Investment Plan (METASIP, the Ghana Shared Growth and Development Agenda, the Growth and Poverty Reduction Strategy (GPRS II 2006–2009), and the Health Sector Medium-Term Development Plan (HSMTDP) 2011–2013. The implementation of the nutrition policy will align with policies and programmes outlined in these documents and build on synergies and comparative advantages of relevant sectors whiles strengthening institutional co-ordination and collaboration.

4 The Policy Framework

4.1 Goal

The goal of the NNP is to ensure optimal nutrition and health of all people living in Ghana, to enhance capacity for sustainable economic growth and development.

4.2 Objectives

This policy has four objectives that set the agenda for nutrition interventions in Ghana:

1. To promote optimal nutrition as an essential component of health and development among all people living in Ghana

2. To increase access to and create demand for quality and timely interventions, for effective management of priority nutrition problems in Ghana

3. To promote food security, food quality, and food safety at the individual, household, community, and national levels

4. To create an enabling environment for the effective co-ordination, integration, and implementation of nutrition programmes in Ghana

4.3. Guiding Principles

The implementation of this policy will be based on the following guiding principles.

1. **Adequate Nutrition Is a Universal Human Right**

The right for all people living in Ghana to have access to safe and nutritious diets shall be observed in accordance with the fundamental basic human right to be free from malnutrition and related disorders.

2. **Effective Inter-Sectoral Partnership and Co-ordination**

Nutrition issues are multidisciplinary in nature, and therefore will be best addressed through well-co-ordinated multi-sectoral approaches.

3. **Nutrition Is a Priority Health and Human Development Issue**

The health and economic development of Ghana is closely linked to the nutrition of Ghanaians.

4. **Gender Considerations and the Needs of All Vulnerable Groups Are Given Special Attention**

Gender equality and equity will be enhanced in all nutrition initiatives to ensure improved nutritional status of women, men, girls, and boys. Efforts shall be devoted to improving women's social status relative to that of men in all aspects of nutrition.

5. **Decentralisation of Resources and Interventions**

Implementation of nutrition activities will yield the expected impact on communities if they are linked to the decentralisation policy of government.

6. **Community Empowerment and Participation Are Essential**

Empowerment of communities with adequate nutritional knowledge, skills, and resources will be key to the successful implementation of this policy.

7. **Evidenced-Based and Effective Interventions Will Be Implemented at Scale**

All nutrition initiatives and interventions will be based on scientifically proven evidence and best practices.

5 Policy Measures

5.1 Promotion of Optimal Nutrition

In Ghana, Sub-optimal nutrition practices occur along the lifecycle. Among young children, inappropriate breastfeeding and complementary feeding practices, as well as infectious diseases are common, and identified as major determinants of childhood morbidity and mortality. Child undernutrition is further worsened by maternal undernutrition, often beginning from early adolescence. Contemporary changes in the food system the social environment, and the consequent dietary and lifestyle practices are contributing to increasing obesity and diet-related NCDs in all vulnerability groups.

Promoting healthy nutritional status among the Ghanaian populace will entail addressing the poor dietary practices and inappropriate choices that lead to malnutrition and nutrition-related disorders, along the life cycle.

Priority shall be given to protecting and promoting the nutritional well-being of infants, young children, adolescents, pregnant and lactating women and the elderly within poor households. This is based on the recognition that the first 1,000 days of a child's life are the most crucial for determining child survival and the potential for growth and development in later life. The health sector will operate to improve access to adequate health care and other basic services, such as family planning, maternal and child health services and social security schemes, in an integrated manner and ensuring a continuum of care.

Policy Objective 1: To promote optimal nutrition as an essential component of health and development among all people living in Ghana

Policy Measure: Promote optimal infant and young child feeding

I. All health facilities and communities shall be equipped to provide support for an enabling environment and help caregivers to practice optimal IYCF.

II. Exclusive breastfeeding for infants (0 to 6 months) shall be recommended to all women seeking antenatal and postpartum services, including PLHIV

III. The initiation of exclusive breastfeeding within 30 minutes of delivery shall be promoted and supported in all maternity facilities for all women, including mothers living with HIV.

IV. All facilities that provide maternity services shall be equipped to support, promote, and protect breastfeeding in line with the Baby-Friendly Hospital Initiative.

V. Optimal breastfeeding practices shall be supported, promoted and protected as a core component of Community-based extension services.

VI. The rights of Working mothers shall be upheld and supported to enable optimal breastfeeding according to the provisions of the ILO maternity protection convention 2000 (No.183)[20] and appropriate State legislations[21].

VII. Health facilities and community-based agencies/agents shall collaborate to support caregivers to provide appropriate complementary foods

VIII. Marketing and distribution of breast milk substitutes shall be regulated in accordance with the breastfeeding promotion regulation 2000 (LI 1667) and the international code of marketing of breastfeeding substitutes.

IX. Vitamin A supplements shall be universally available for routine administration to children aged 6–59 months.

Policy Measure: Promote optimal nutrition among women in the fertile age

I. Comprehensive behavior change communication on diversified diets, healthy food choices, and life-style shall be implemented as an integral component of nutrition services for women and adolescent girls.

II. Antenatal services shall provide support services that enable pregnant women to gain and maintain adequate weight throughout pregnancy

III. Nutrition-sensitive services (including family planning, safe motherhood, and prevention/management of infections) that promote optimal maternal nutritional status shall be implemented in collaboration with relevant state and private institutions.

IV. Support services (including weight management, and dietary counselling) shall be provided to help women maintain optimal body weight

Policy Measure: Prevent and control micronutrient deficiency disorders, with an emphasis on vitamin A deficiency, anaemia, and iodine deficiency disorders

I. Lactating mothers shall receive two doses of vitamin A supplementation within 6 weeks of delivery, at least 24 hours apart.

II. Iron and folic acid supplements shall be provided to pregnant and lactating women within 6 weeks of delivery.

III. Weekly iron supplementation shall be promoted among adolescent girls and women of childbearing age.

IV. Diet diversification shall be a principal approach for the control of micronutrient deficiencies.

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20 Maternity Protection Convention, 2000 (No. 183) is the most up-to-date international labour standard on maternity protection. Convention No. 183 provides for at least 14 weeks of maternity benefit to women whom the instrument applies.

[21] Legislative Instrument 1667 (2000) promotes, protects and supports optimal breastfeeding by regulating the marketing and distribution of breast milk substitutes in Ghana

V. Fortification of appropriate food vehicles, such as salt, flour, and oil, with essential micronutrients according to specified standards shall be promoted.

VI. Prevention and control of infections (including diarrhoea, acute respiratory infections, worm infestations shall be implemented, universally, as an integral part of micronutrient deficiency control across the life cycle

VII. Universal Salt Iodisation (USI) shall be promoted and laws to ensure USI enforced

Policy Measure: Strengthen nutrition support for vulnerable groups, including the aged and people in emergencies

I. In line with the 'Nutrition Cluster Approach', capacity building, information sharing, and commodity supply shall be coordinated to ensure timely and appropriate response to humanitarian and emergency nutrition situations[22].

II. Appropriate infant and young child feeding practices shall be supported during emergency situations. As a consequence, distribution of free breast milk substitutes intended for infants shall not be implemented during emergencies.

III. Communities shall be supported to establish social safety nets, economic and livelihood programmes, and other traditional forms of family support for the nutritionally vulnerable, especially the elderly.

Policy Measure: Promote nutritionally adequate and safe diets and nutrition services in institutions

I. Healthy eating shall be promoted in schools and in communities.

II. Caterers and staff working in public and private food service institutions shall be required to meet basic knowledge and practice standards in order to be permitted to work in that environment.

III. School health and nutrition interventions such as school feeding shall be implemented in all public and private schools.

IV. Yearly de-worming of school-aged children shall be promoted and implemented with universal coverage.

Policy Measure: Promote healthy diets and lifestyle throughout the life cycle.

I. Promotion of diversified diets and healthy food choices shall be an integral component of nutrition services.

II. Physical exercise in the general populace shall be promoted and guided by a national physical activity recommendations

III. Efforts shall be made to collaborate with the education sector to create opportunities for school children to engage in adequate physical activity

[22] ENN. 'IASC Nutrition Cluster: Key Things to Know'. http://fex.ennonline.net/31/iascnutrition.aspx. The 'cluster approach' is a mechanism that addresses identified gaps in emergency response and enhances the quality of humanitarian action.

5.2 Management of Priority Nutrition Problems

The malnutrition-infection cycle has significant impact on health status and contributes to the prevailing high mortality, morbidity and disability among infants, children, women and persons with infectious diseases such as HIV/AIDS, TB and Malaria. A comprehensive nutrition care package will be provided ensuring a continuum of care from treatment to prevention. This will be provided at the different levels of service delivery, integrated with other health services and linked to food security, livelihoods, education among other interventions. Priority nutrition problems that will be addressed include; acute malnutrition among infants and children, nutrition during illness and infections such as HIV/AIDS, TB, Malaria and other infectious diseases and nutrition related non-communicable diseases (NCDs) such as diabetes, hypertension and cardiovascular diseases.

Policy Objective 2: To increase access and create demand for quality and timely interventions, for effective management of priority nutrition problems in Ghana

Policy Measure: Scale-up management of acute malnutrition nationwide

I. Management of acute malnutrition shall be provided at all health service delivery points and communities.

II. Provision shall be made to ensure that infants and children with severe acute malnutrition (SAM) receive required routine medications and therapeutic foods at no cost to the family.

III. Essential therapeutic supplies such as ready-to-use therapeutic foods (RUTF), F-75 and combined mineral and vitamin mix (CMV) shall be part of the National list of Essential Medicines and Supplies.

Policy Measure: Provide adequate nutrition services as part of the treatment and care of HIV/AIDS, TB, Malaria and other infectious disease

I. Nutrition services including assessment, counselling, specialised foods and livelihoods support shall be provided to PLHIV and TB patients

II. Uptake of anti-retroviral therapy (ART) for HIV positive pregnant and lactating women shall be promoted

III. Nutrition shall be an integral part in the management of Malaria, Diarrhoea and Acute Respiratory Infections

Policy Measure: Early case detection and management of overweight/obesity and nutrition-related NCDs

I. Efforts shall be made to collaborate with the NCD program to prevent and control NCDs as stipulated in the "*National Policy on prevention and control of chronic NCDs in Ghana*"

II. Dietary guidelines and recommendations for the management of priority nutrition-related non-communicable diseases shall be developed

III. Management of overweight/obesity and nutrition-related NCDs shall be a key component of nutrition services and programmes.

5.3 Food Security and Safety

The key food security challenges in Ghana are sub-optimal staple food production, huge losses in agricultural produce, weak food commodity value chains, seasonal variability in food availability and prices, and inadequate access to sufficient nutritious food at the household level. In addition, the food system is becoming increasingly characterized by availability of cheap, imported, and commercially-processed calorie-dense foods. A weak regulatory and enforcement regime exposes the population to morbidity and mortality risks associated with consuming contaminated or sub-quality food commodities. Both food insecurity and poor food safety limits public health and productivity potential.

Objective 3: To promote food security, and assure food quality and food safety at the individual, household, community, and national levels

Policy Measure: Promote practices that will ensure availability, access, diversity, proper storage and utilization of variety of foods

I. Efforts shall be made to advocate for and support integration of nutrition into agricultural programmes at national and sub-national levels
II. Advocacy for Agricultural practices that encourage increased and diversified food crop, livestock and fisheries production shall be
III. Collaboration to strengthen households capacity to increase production and consumption of nutrient dense foods shall be an integral part of nutrition security interventions

Policy Measure: Ensure all persons living in Ghana have secure access to adequate amounts of nutritious food, irrespective of their social and vulnerability status.

I. All Persons living in Ghana shall have access to sufficient food resources needed to meet their dietary needs at all times to maintain a healthy lifestyle
II. Consumption of locally produced foods as well as diversified diets shall be promoted among the Ghanaian population
III. Livelihood interventions shall be implemented across multiple public agencies in order to reduce food insecurity among the most vulnerable segments of Ghanaian society

Policy Measure: Modernize and improve crops, livestock, Fisheries, and other food commodities' production to meet local food needs

I. Agricultural production methods will be modernized and continuously improved based on the best available production technologies.
II. The range of food commodities produced from agricultural, livestock and fisheries sub-sectors shall be diversified to meet dietary diversity needs of the Ghanaian population
III. Sustainable food production systems focusing particular attention on soil fertility, agro-biodiversity, irrigation, water management, organic methods, and proper range and livestock management practices, shall be promoted in the agricultural sector with reference to the Food and Agriculture policy

IV. Cultivation and further research related to bio-fortified crops shall be supported and promoted with reference to the Food and Agriculture policy
V. Implementation of integrated support services (including research, extension, transport, and communication systems) shall be promoted and supported towards lowering the cost of food production in Ghana
VI. National and local systems for bulk food storage, processing, and preservation of agricultural commodities shall be promoted and supported in order to reduce postharvest losses and preserve food resources.

Policy Measure: Create the necessary collaborations needed to ensure a secure and safe food system in Ghana

I. Public private partnerships will be promoted and supported to increase investment in crop, livestock, and fisheries production
II. Public-private sector partnerships shall be exploited towards improving food safety practices in the food processing industry
III. Government of Ghana shall collaborate with regional and international agencies in order to strengthen local capacity to maintain a safe food system

Policy Measure: Continuously review, improve, and enforce food safety standards and regulations

I. Existing regulations and standards relating to food production, processing, distribution and handling shall be strictly enforced to protect the population from exposure to unsafe food commodities.
II. Regulatory framework existing across multiple regulatory agencies shall be regularly reviewed, updated and harmonized to ensure comprehensive capacity to protect the food system.
III. The capacity of regulatory agencies shall be strengthened, quantitatively and qualitatively, to enable enforcement of food safety standards and regulations.
IV. Appropriate food labeling standards shall be developed and strictly enforced in accordance with existing legislation and regulatory frameworks
V. An early detection system shall be implemented to detect, and control food-related disease and risks
I. food service industry shall be required to meet basic standards of hygiene and sanitation with reference to existing legislation and regulatory frameworks
VI. food processing facilities shall be required to meet basic food processing standards with reference to existing legislation and regulatory frameworks

Policy Measure: Create demand for safety and quality in the food system

I. All consumers shall be made aware of existing food safety standards and regulations to enable them make optimal choices in food selection
II. Consumers, consumer projection associations, and other relevant civil society actors shall be empowered to demand safe and quality food commodities

5.4 Coordination and Enabling Environment

The availability, accessibility and utilization of quality nutrition services have been hampered by the absence of a strong coordinating mechanism, inadequate support for nutrition, inadequate human resource capacity for effective delivery of nutrition services, unavailability of appropriate tools and equipment, ineffective communication to ensure positive behavior change, and poor knowledge and information management. Nutrition interventions and services have been ad hoc, implemented at low scale and with no effective integration and coordination.

There is need for an enabling environment for effective policy implementation to ensure effective integration of nutrition in other sectoral plans; a functional mechanism for coordination; institutional capacity strengthening dealing with human resource, equipment, tools and supplies; advocacy, communication and social mobilisation, adequate financing of priority interventions, research, monitoring and evaluation.

Strategic objective 4: To create an enabling environment for the effective implementation of nutrition programmes in Ghana.

Policy Measure: Strengthen Integration and coordination of nutrition programmes for cross-sector policy formulation and effective use of resources

I. A well-defined multi-sectoral coordination mechanism for nutrition services and programmes shall be established at national and sub-national levels.
II. Nutrition shall be positioned as a priority issue for national development and integrated into cross-sectoral plans and actions.
III. Agencies responsible for providing services and goods of nutrition significance (including providers of health care, potable water, environmental sanitation and hygiene, and producers/regulators of safe food) shall engage on a common platform towards ensuring adequate population nutrition status

Policy Measure: Strengthen institutional capacity to ensure adequate human resource, supplies, equipment and tools for effective service delivery

I. Quality improvement tools and approaches shall be employed in nutrition service delivery
II. A legal and operational framework and tools to guide the implementation of nutrition programmes and services shall be developed and operationalized
III. Relevant positions for nutrition in key government ministries and institutions shall be created
IV. Pre-service and continuous professional education shall be provided for the effective delivery of nutrition services.

Policy Measure: Strengthen *advocacy*, communication and social mobilisation

I. Sustained advocacy to solicit support of key stakeholders for nutrition shall be pursued
II. Communication to improve social behaviour change for nutrition shall be strengthened.

Policy Measure: Mobilise resources to ensure equitable and sustainable financing of nutrition services.

I. A strategy to mobilise resource from, government, private sector and development partners for nutrition interventions and services shall be developed and implemented
II. Government shall allocate adequate resources for promotion of nutrition

Policy Measure: Establish a monitoring and evaluation system for Nutrition services

I. Nutrition research that is responsive to national needs shall be promoted and supported in collaboration with relevant stakeholders including academia
II. A standardized and efficient monitoring and evaluation system shall be established
III. Household food availability, consumption and related dietary indicators shall be integrated into nutrition monitoring.
IV. National nutrition surveillance system shall be established and integrated into the National health information management system

6 Co-ordination, Human Resource Development, and System Strengthening

6.1 Co-ordination

The National Nutrition Policy will be coordinated at the national, regional, and district levels. To ensure effective and harmonized cross-sector policy formulation and implementation and nutrition response an appropriate multi-sectoral coordination mechanisms that brings together line ministries, the private sector, representatives from bilateral and multilateral agencies, and civil society groups active in nutrition will be identified or formed. In addition to the responsibility of coordinating major policy issues and strategic directions for nutrition and advising the respective implementing sectors, coordination mechanisms will also assist in ensuring that efforts are concerted and that there is an accountability framework that partners can be jointly held responsible for.

At the national level as far as technical nutrition issues are concerned, coordination will be achieved through the formation of various nutrition technical advisory committees operating at the national level. In particular, the proposed Multi-sectoral Technical Committee on Nutrition which will operate as a technical entity providing technical guidance, coordinating activities and overseeing nutrition program operations, as well as serve as clearing house for new polices and interventions. Program direction will be operationalized. The National Nutrition Partners Committee (NaNuPaCC) which regularly brings together nutrition stakeholders provides a platform for strengthening collaboration and coordination of program development and implementation. It remains relevant and critical in providing continuous information sharing on nutrition intervention and services in the country and will thus be strengthened.

At the regional and district levels coordination will be done through the existing structures of the decentralized government and technical committee of the relevant line Ministries, Department and Agencies (MDAs). At these operational levels, the formation and operation of Regional/District Coordination Committees to coordinate nutrition activities will be explored. Within districts, the District Coordination Committees will strengthen and work with Sub-district and community structures in all nutrition activities.

6.2 Systems Strengthening

Government is to ensure an adequate institutional and implementation framework and to mobilise sufficient resources in order to achieve the objectives of the National Nutrition Policy. Existing institutional coordinating mechanisms at national and sub-national levels will be strengthened and broadened to support the NNP and related strategies and programmes.

The focus will be to develop a framework for strengthening nutrition programming at all levels of implementation especially at the community and along the continuum of care for scaled-up, quality, sustainable and improved outcomes. This includes strengthening community groups, organizations and networks and supporting collaboration with other actors and systems, especially health, food security, social care and protection systems. This

will facilitate effective nutrition advocacy, creation of demand for equity and efficiency in service provision and engagement in governance.

Key components for integrating and strengthening the systems for implementation include focusing on:

- Enabling environments and advocacy – engagement and advocacy for improving the policy, legal and governance environments, and affecting the social determinants of nutrition
- Community networks, linkages and partnerships – to enable effective service delivery, maximizing resources and impacts, and collaborative working
- Resources and capacity building – including human resources with appropriate personal, technical & organizational capacities, financing (including operational and core funding) and material resources (infrastructure, information and essential commodities, tools and other products and technologies)
- Organizational and leadership strengthening- including management, accountability and leadership for organizations and community systems
- Monitoring & evaluation and planning -including M&E systems, situation assessment, evidence building and research, planning and knowledge management.

The government will commit financial resources through its Medium Term Expenditure Framework (MTEF) to meet the goals of the NNP. Policy implementation will consider government budget allocation and staffing constraints, and will be appropriately phased within this context. In collaboration with sectoral line ministries and the supporting institutional structures, identified priority areas will be allocated sufficient funding in the planning process. Advocacy will be strengthened to ensure that budgetary allocations give particular attention to monitoring and evaluation mechanisms to ensure the efficient and effective implementation of this policy.

6.3 Human and Infrastructural Development

Generally, the implementation of nutrition programs in the country has been affected by capacity problems including insufficient trained staff to provide support on technical aspects of nutrition or on management and capacity building. Management problems, related to limited capacity to implement what is planned and budgeted for has been a major barrier to progress and have held back improvements in nutrition. This makes it critical that the capacity of the sectors through which many community nutrition programs are implemented is built. Improving nutrition will also require enhancing nutrition governance and management at all levels and across all sectors.

The policy implementation thus requires the building of the capacities of regional and district planners, line ministries, programme managers/coordinators and frontline field staff, including technical officers (nutrition/community health), extension officers, health practitioners and other service providers to develop nutrition sensitive programmes across sectors, and manage cross-sector activities which address the range of actions necessary to eliminate malnutrition, monitor and evaluate actions. There is also a need to increase the number of technical staff with the knowledge and understanding of nutrition to guide actions and handle the many facets of nutrition. It is also important to address the issue of

poor understanding of the causes of malnutrition; and increase knowledge of the nutrition situation and solutions, to improve coordination of actions and interventions for effective and efficient results and to mobilise support of all stakeholders and the general public.

A long term capacity development plan coherent with sectoral human resource policies that involves both program-oriented in-service training, short courses on priority strategic orientations, on-the-job mentoring and access to job aids will be developed to strengthen capacity for effective policy review and program implementation. Teaching of nutrition in pre-service public health and other concerned educational institutions will also be reviewed and strengthened in a systematic manner.

Additionally institutional capacity needs to be up-graded in line with sectoral reforms to build consensus on the causes of malnutrition and the seriousness of the problem and give greater visibility for nutrition. This will take cognizance of the need for regular supply and maintenance of basic logistics and equipment to facilitate effective and efficient service delivery.

6.4 Monitoring, Evaluation and Review of the National Nutrition Policy

6.4.1 Monitoring and Evaluation (M&E)

Effective and efficient implementation depends on accurately tracking progress and performance, evaluate impact, and ensure accountability at all operational levels. In more recent times the use of results-based financing mechanisms by major donors and increasing in-country demand for data has created further demand for timely and reliable data for decision-making. This notwithstanding it evident that there are major gaps in data availability and quality and nutrition sector in the country faces challenges in producing data of sufficient quality to permit the regular tracking of progress.

The existing monitoring and evaluation system including the sector review processes are key events to assess progress and performance and they will be strengthened and streamlined to ensure effective monitoring and evaluation mechanisms that will be integrated into the strategic framework. The primary aim is to have a strong M&E system in place that comprises all programs addressing malnutrition in the country and generate the requisite information needed for monitoring progress and assessing impact.

The national M&E framework and plan will address all components of the policy framework and lay the foundation for regular reviews during the implementation of the national plan. The system will monitor programme implementation and performance against a set of predetermined indicators. In addition, the monitoring and evaluation system will carefully monitor and track actual nutrition conditions at national and sub-national levels.

Effort will be made to link the NNP monitoring and evaluation system with other existing monitoring and information systems. This may include, for example, those associated with progress of the MDGs and existing monitoring and evaluation activities of sector ministries. Line ministries will be supported in their own efforts to monitor their contributions toward attaining nutrition goals and objectives through their own sectoral plans and technical programmes. The use of participatory monitoring and evaluation approaches will be applied

as appropriate. These activities will help identify particularly successful and effective initiatives, and will guide the strategic re-phasing of programmes over time.

Nutrition surveillance at the household and community levels will be major component of service delivery to identify vulnerable groups for timely support and control. Systemic issues related to inadequate capacity and data gaps that include the range of input, process, output, outcome and impact indicators will be addressed as part of the overall capacity strengthening to support the policy implementation.

6.4.2 Review of the National Nutrition Policy

The National Nutrition Policy shall, after its adoption, be reviewed once every five (5) years and in line with other government policies. During the period of review, the prevailing NNP shall be the policy of the state.

7 Conclusion

This National Nutrition Policy recognises that the nutrition issues facing this country are many and that each one of them is cross-cutting, with multiple dimensions, and can be best addressed in a well-co-ordinated manner. Therefore, the policy will help facilitate the integration and mainstreaming of nutrition into all national development efforts, provide the framework for the implementation of high-impact interventions, and strengthen sectoral capacity for the effective delivery of these interventions.

The need for sustained investment in nutrition to improve several key development outcomes in the country including child survival, educational achievements, and economic productivity will drive the advocacy and consensus building actions to support implementation.

The next step is for all stakeholders to develop the strategic and detailed operational plans necessary for implementing the actions in the policy.