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**MAMPRUGU MOAGDURI DISTRICT
DISTRICT NUTRITION COORDINATING COMMITTEE**

FIRST QUARTER MEETING 17TH MARCH, 2022

MINUTES

USAID ADVANCING NUTRITION GHANA

Expanded District Nutrition Coordination Committee (DNCCs) Review Meeting

Venue: MMD Conference Hall.

Date: 17th March, 2022

Activity	Time	Responsibility
Arrival and registration	9:30 am	DPO
Opening prayer	9:30am -9:45am	Volunteer
Introductions		All
Welcome remarks		DCD
Remarks by USAID Rep.	9:45am-10:00am-	Regional Coordinator
Remarks by RCC/GHS	10:00am -10:15am	REPO
Session 1: Review and Presentation by Departments		
Presentation on USAID AN implementation update.	10:15am -10:30am	Regional Coordinator
Departmental presentations on food and nutrition security activities for the year 2021 and plans for 2022.	10:30am-11:30am	Nutrition, Agric, and Environmental Health.
Snack break	11:30am -11:45am	All
Departmental updates on food and nutrition security activities for the year 2021 and plans for 2022 Continue	11:45am-1:15pm	Education, Community Development, DA, etc.
Lunch break	1:45pm -2:00pm	All
Session 2: DNCC meeting and Supportive Supervision		
Administration of the supportive Supervision Checklist and feedback	2:00pm -4:00pm	REPO
Closing remarks	4:00pm -4:15pm	DCD
Prayer and Departure	4:15pm-4:30pm	All

Facilitator: DPO

NO	ACTION	BY
1	The meeting started with an opening prayer from a volunteer at exactly 9:45 am	IMAM
2	Welcome remarks	DCD

	<p>The DCD welcomes the participants into the district on behalf of the Hon. District chief executive. He also thanks God for granting everyone with travelling mercies. He added that nutrition is a crucial aspect of human life that affects human development in general. By this, he charged everyone to pay keen interest in nutrition activities especially women and children. He also expressed his appreciation to USAID Advancing Nutrition for their swift intervention in the district and financial support in other activities. He charged everyone to contribute meaningfully to the success of the meeting.</p>	
3	<p>Remarks by USAID Rep. USAID Advancing Nutrition is a USAID’s flagship multi-sectoral nutrition project that seeks to improve the nutritional status and health of vulnerable populations and around the globe. The five-year project began in October 2018 and the headquarters is in Washington DC. With expertise across sectors and context, JSI Research and Training Institute, Inc. and its diverse group of partners help strengthen nutrition outcomes in development and humanitarian response settings. We bring together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition.</p> <p>USAID Advancing Nutrition will strengthen the capacity of Cross-Sectoral Planning Groups (CSPGs), and District Nutrition Coordination Committees (DNCCs), in collaboration with the Regional Coordination Council (RCC) to conduct training on the Medium-Term Development Plan (MTDP) process, resource mobilization, advocacy, and negotiation, among other topics related to nutrition governance. Additionally, the RCCs will be supported to undertake supervisory visits to the districts to engage the DNCCs in identifying gaps and barriers to effective planning and coordination of nutrition, as well as possible solutions for addressing them. All the target districts will also be supported through the Ghana Health Services (GHS) and other government</p>	USAID Rep.

	stakeholders to expand coverage and quality of nutrition services to the target population.	
4	<p>PRESENTATION FROM PLANNING DEPARTMENT</p> <p>The National Development Policy Frameworks</p> <p>Coordinated Programmes of Economic and Social Development Policies and Medium Term National Development Policy.</p> <p>This consist of three different, yet interconnected levels.</p> <ul style="list-style-type: none"> ❖ The National level ❖ The Regional level ❖ The District level <p>MMDA Level</p> <p>MMDAs are planning authorities at the district level as prescribed by section 82 of Act 938.</p> <p>In relation to planning functions, MMDAs are required to prepare District Medium-Term Development Plans and Settlement Structure Plans in the manner prescribed by the Commission and Land Use and Spatial Planning Authority.</p> <p>VISION OF THE DISTRICT</p> <p>The Vision of Mamprugu Moagduri District Assembly is to develop the District to the status of a World Class Municipality with a healthy, well informed and law-abiding citizenry.</p> <p>Location and Size</p> <p>The district is located within longitudes 0°35'W and 1°45'W and Latitude 9°55'N and 10°35'N . It shares boundaries with six districts as follows; North Gonja District in the Savanna Region to the South, Kunbungu District in the Northern Region also to the south, Sisala East in the Upper West Region to the North-West, Wa East in the Upper West Region to the South-West, Builsa South in the Upper East Region to the North and</p>	DPO

<p>West Mamprusi District to the East. It has a total land size of 2,121.31 sq kilometers.</p> <p>The location of the district positioned it to benefit from essential service centers in the Five Northern Regions. This does not only provide relief for the woefully inadequate socioeconomic infrastructure in the district but also provides options for the inhabitants of the district to access some essential services which may be lacking in the district but can be found in either the surrounding districts or the regional capitals of the five regions.</p> <p>Health Security</p> <p>Deadly infectious diseases, unsafe food, malnutrition, and lack of access to basic healthcare are the major sources of health insecurity. Health insecurity is a major development concern in the district. Majority of the inhabitants of the district do not have access to basic health care. Both health facilities and some key health professionals are woefully inadequate. This makes disease control and prevention very difficult. With a projected population of about 55,000 people, the Mamprugu Moagduri district has no hospital to take care of the health needs of the people. The district has been delivering health services through CHPS compounds and health centres which provide very limited health services. The need for the construction of a district hospital in the district capital, Yagaba is something that cannot be over emphasized.</p> <p>Food Security</p> <p>Hunger and famine constitute food insecurity. Availability of food for household consumption is therefore a critical determinant of food security in the district. The gradual depletion of the forest in the district through chain saw activities and the manifestation of climate change led to distortion in the rain fall pattern which can lead to low Agricultural productivity and calls for urgent steps to avert the impact of climate change especially on the poor peasant farmers who are usually the hardest hit.</p>	
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Health

Policy decisions under the health sector was informed by a number of key development issues including inadequate access to quality healthcare as a result of absence of critical health staff and inadequate health infrastructure including absence of satellite office for the National Health Insurance Authority to provide health insurance registration and its allied services

The District has no District Hospital but has a number of health facilities which is averagely inadequate to meet the health needs of the people. The distribution of health facilities in the District is as follows; Five (5) health centers, Seven (7) CHPS with compounds and six (8) CHPS without compounds.

The staff strength of workers in the District is not encouraging. The mix is inappropriate as critical staff like a Doctor, Physician Assistants, Midwives, Pharmacy Technicians, Laboratory Technicians midwives and staff nurses are woefully inadequate. However, the general health infrastructure status in the district still remain undesirably.

Access to Health Services

Increase in access to healthcare delivery is one of the key policy objectives that the Assembly adopted from the Human Resource Development thematic pillar of the Agenda for Jobs. There has been a remarkable increase in access to health care in the District. However, geographical access to health care delivery still remain a challenge especially at Tantala, Yikpabongo, and Soo CHPS zone as inhabitants of these communities have to travel beyond 5km to access healthcare at the said facilities. The situation becomes worst during rainy season as some communities are cut off by flood.

Food and Nutrition

Malnutrition is one of the leading causes of morbidity and mortality in most developing countries including Ghana. Under nutrition during a child's formative ages (0-24 months) reduces a person's immune system thereby making him susceptible to other diseases and illnesses. It impairs the development of a child's cognitive abilities, educational performance and

	<p>eventually reduces his productivity as a working adult. The Ghana Cost of Hunger Study (AUC, 2016) estimates the annual cost of child under-nutrition and its socio-economic impacts on health, education and productivity at GH¢4.6 billion or 6.4 percent of GDP. The percentage of children with underweight growth rate has seen a remarkable decline from 5.6% in 2017 to 1.7% in 2018, 1.3% in 2019 and 1.3 in 2020. This is as a result of targeted health education and counseling of care givers.</p> <p>The planner indicated that, the Nutrition officer would present on key nutrition issues namely: wasting, stunting, and underweight.</p> <p>The Planner then took the audience to the progress of implementation of nutrition activities in the annual action plan on departmental basis i.e agric, health, social welfare, education, and environment.</p>	
5	<p>PRESENTATION FROM HEALTH DEPARTMENT</p> <p>Girl Iron Folic Acid Tablet Supplementation (GIFTS)</p> <p>Training Objectives</p> <ul style="list-style-type: none"> • Explain the purpose of the IFA Supplementation for adolescents and women • Implement and supervise the IFA supplementation programme • Create awareness about the programme • Partners(GHS/GES) would know their role in the IFA supplementation program • Use tools and job aids for counselling on nutrition, iron-rich diets, importance of iron and folic acid supplementation, and other anaemia prevention measures • Keep accurate records, track and report on programme coverage, and monitor compliance. <p>GIFTS</p> <p>Goals of GIFTS</p>	DNO

The GIFTS Programme aims to provide once weekly Iron and Folic Acid in a combined tablet to In-school and Out-of-School adolescent girls on a fixed week.

- The Girls' Iron-Folate Tablet Supplementation (GIFTS) Programme is a public health intervention designed to provide adolescent girls with weekly iron and folic acid tablets free of charge to help prevent anaemia.
- Anaemia has been a public health problem in Ghana for several years. It is common among children, adolescent girls and women of childbearing age.
- Four out of ten women, and seven out of ten children below five (5) years are currently affected. Among women, those within the adolescent group are most affected with almost 5 out of 10 adolescents aged 15 to 19 years (48 per cent) being anaemic.
- Iron and Folic Acid (IFA) supplementation has been shown to be a cost-effective intervention for addressing anaemia. In Ghana, IFA supplementation has focused on pregnant women. Starting IFA supplementation for adolescent girls and continuing into adulthood improves girls' iron status and reduces their susceptibility to anaemia. It is recommended by the World Health Organisation (WHO).
- Anemia affects women and children throughout the lifecycle.
- In both adolescent boys and girls,
- anemia limits concentration in daily tasks, may contribute to high school dropout, and reduces physical fitness and work productivity.
- Periodic blood loss through menstruation for the adolescent girl imposes additional need for iron and other essential nutrients, and can contribute to anemia.

- Anemic girls have lower pre-pregnancy iron stores, and the pregnancy period is too short to build iron stores for the growing fetus and mother.
- In women, especially during pregnancy, anemia is associated with premature births, low birth weight babies, death of mother or baby during or soon after delivery.

Objectives of IFA Supplementation for menstruating adolescents and adult women

- To reduce anemia levels among adolescent girls in the implementing regions
- To provide IFA supplements to adolescents girls 10-19 years in and out -of -school.

ANAEMIA

Anaemia is a condition whereby there is a reduction in red blood cells or a reduction in haemoglobin in the blood. Haemoglobin is the substance in blood that transports oxygen from the lungs to all parts of the body.

SIGNS OF ANAEMIA

- Low hemoglobin (Hb) levels
- Pallor (Pale palms, nail beds and conjunctiva)
- Fast breathing

SYMPTOMS OF ANAEMIA

- Easy fatigability (feeling tired easily)
- Dizziness
- Light headedness

What preventive actions can we undertake to prevent Anaemia?

- Eat foods rich in iron with every meal. Foods like liver, fish and other seafood, meat of all kinds, eggs are good sources of iron.
- Other important sources of iron dark green leafy vegetables [Amaranthus ("Aleefu"), Cocoyam leaves ("kontomire"), cassava leaves] and legumes (e.g. Groundnut, beans, cowpea, soya beans, and Bambara beans). Melon seeds ('agushi', 'neri'/'werewere') and sesame seeds also contain iron.
- Eat fruits with meals daily
- Prevent malaria by sleeping under an insecticide-treated net daily throughout the night
- Prevent worm infestation and other infections by
 - Washing their hands frequently with soap under running water
 - Keep a clean environment
- Take recommended Iron Folic Acid tablets

Steps to be followed in Implementing GIFTS at school level

1. Create awareness about GIFTS to all pupils and students
2. Inform parents/guardians and members of Parent Teacher Association (PTA) about GIFTS
3. Train all teachers in the school
4. Obtain consent of parents
5. Estimate IFA requirements
6. Screen for severe anaemia among adolescent girls
7. Identify non-eligible students
8. Administer IFA supplements
9. Record and Report
10. Monitor and review

Role of Class teacher/ School Nurse/SHEP

- Supervise students to take IFA tablets every Wednesday after the mid-day meal.
- **Female teachers of reproductive age are encouraged to take IFA in the presence of students.**
- Ensure a student who misses a dose takes the IFA tablet in the course of the week (if student is available)
- Provide nutrition and health education to students (preferably on the day designated for IFA administration). This could be integrated into a lesson being taught.
- Record the weekly administration of IFA supplements in the GIFTS class register (see page 23)
- Summarize records of the IFA administration in the GIFTS class registers at the end of the term, and forward to the school based health coordinator or assistant

Role of CHO/CHN or Nutrition officers at CHPS Zone

- Prepare requisition and pick up IFA tablets and other supplies required for out-of-school GIFTS in their catchment area.
- Create awareness on GIFTS Programme through health talks at health facilities, outreaches and in the communities
- Identify eligible adolescent girls, screen for pallor (palm, nail bed and conjunctiva) and refer for further investigations if indicated, register beneficiary girls in facility register

The District Nutrition Officer

- Estimate IFA tablet requirements for the population of adolescent girls (10-19 years) within the catchment area
- Train health staff and teachers to implement the GIFTS programme
- Receive and collate commodity estimates from circuits/CHPS zones/Facilities and submit to the District Director of Health Services for distribution.

- Fainting
- Palpitations

Causes of Anemia

- Deficiency of vitamins e.g. folic acid, vitamin B12
- Parasitic infections e.g. malaria
- Low intake of iron-rich foods (e.g. liver, fish, meat, eggs)

- Hookworm infestation
- Bilharzia/Schistosomiasis

Why adolescents are vulnerable to anaemia?

- During adolescence, there is rapid growth and increase of blood volume and muscle mass. These changes in the body increase nutrient requirements particularly iron and folic acid, both of which are required for blood formation.
- When food intake is not adequate to meet these requirements, deficiencies of these nutrients occur and may lead to anaemia. Anaemia can occur in both adolescent boys and girls.
- The onset of menstruation, furthermore, imposes additional nutrient requirements on adolescent girls to compensate for menstrual blood loss. As a result, anaemia levels tend to be relatively far greater and persistent in adolescent girls with more far-reaching consequences.

Effect of anemia

- Reduced vitality
- Reduced attention span, and poor memory
- Poor learning performance
- Reduced resistance to infections
- Decreased physical fitness, athletic performance and work productivity
- Compromised growth and development

	<ul style="list-style-type: none"> ▪ Prepare requisition and collect IFA tablets and other logistics from Regional Medical Stores ▪ Receive and collate termly reports for in-school and monthly reports for out-of-school GIFTS and submit to the District Director of Health Services and Regional Nutrition Officer ▪ Copies of the reports should be shared with the District SHEP Coordinator and Director of Education ▪ Supervise and monitor GIFTS programme implementation in the district ▪ Collaborate with District SHEP Coordinator to monitor and supervise schools implementing the GIFTS programme ▪ Integrate orientation on GIFTS Programme into all meetings and training programmes ▪ 	
6	<p>Session 2: DNCC meeting and Supportive Supervision</p> <p>The second session of the meeting was basically an assessment of the DNCC.</p> <p>The DNCC scored 79% which showed an improvement over the previous score of 59% in the fourth quarter of 2021.</p>	USAID Advancing Nutrition & DNCC
7	<p>RECOMMENDATIONS</p> <ul style="list-style-type: none"> • The DNCC should expand their partnership in order to gain financial and material support for nutrition activities. • Reports on and minutes of DNCC activities and meetings should be kept in file. • The DA should fulfil its part by making a significant allocation towards nutrition related activities 	
8	<p>CLOSING REMARKS</p> <p>On behalf of the DCD, the DPO offered thanks to the USAID Advancing Nutrition Coordinator and his team for the collaboration and support</p>	DCD

	to the district. he encouraged DNCC team members to take action on nutrition activities so that next assessment, the performance of the team can sour. He prayed to God to grant our partners travelling mercies to RCC – Nalerigu.	
	Closing prayer The meeting ended at exactly 3:25 with a closing a prayer.	SWO



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Madi Zakari

MMD DNCC SECRETARY