MUNICIPAL HEALTH DIRECTORATE ANNUAL REPORT
2022 TANO -NORTH MUNICIPAL NUTRITION UNIT

GHANA HEALTH SERVICE

Your Health • Our Concern

1.0 INTRODUCTION

An adequate, well balance diet combine with regular physical activity is a corner stone of good health. Nutrition is essential in maintaining optimal health and quality of life and is essential for achieving the Sustainable Development Goals (SDGs).

1.1 OBJECTIVES

- To Increase access to screening and early detection for N.C.Ds among health staff and the general populace from 474 to 1,500 by the end of 2022

- To sustain 95% coverage of infant and young child nutrition (timely initiation, exclusive breastfeeding, appropriate complementary feeding,) by the end of 2022

- To monitor and analyse the trend of key nutrion indicators in DHIMS half yearly and act on it promptly.
- To maintain 80% coverage of routine vitamin A Coverage especially for children 12-59months in the first semester and second semester of 2022
- To intensify health and Nutrition Education in the municipality
- To intensify Monitoring and supervision on nutrition intervention program in school
- To improve data quality and documentation on nutrition reports
- To improve the health status of preschool pupils in the municipality through medical screening.

1.2 ACTIVITIES CARRIED OUT

The following activities were carried out during the year under review

- Infant and young child feeding practices
- Micro nutrient Deficiency control
- Growth monitoring and promotion
- Medical Staff screening
- Medical screening for pre-schools.
- Data quality and documentation on nutrition reports
- Supportive monitoring and supervision

1.3 TARGETS AND ACHIEVEMNTS FOR THE YEAR

Below were some of the priority areas and its status of implementation at the end of the year.

Table 1.1

OBJECTIVES (TARGERTS)	ACHIEVEMENTS
To improve infant and young child nutrition (timely initiation, exclusive breastfeeding, appropriate complementary feeding,) in the municipality by the end of the year 2022	• Coverage of 98.8% , 98%, 94% respectively as at December 2022 • Celebrated CHPW and breastfeeding week to heighten awareness creation on infant and young child nutrition. • 69 health staff oriented on the new MCHRB, infant and young child feeding practices. • Food demonstration carried by all health facilities quarterly

To monitor and analyze the trend of key nutrition indicators in DHIMS	Conducted two within the year
To maintain 80% coverage of routine vitamin A Coverage especially for children 12-59months in both semesters of 2022	Coverage of 90% as at first semester and 82% as at second semester 2022
To intensify health and nutrition education in the municipality	Conducted 9 breastfeeding, Diabetes and Hypertension and still on going.
To intensify monitoring and supervision on nutrition intervention activity	Conducted five within the year on food demonstration(kokoplus use)
To improve data quality and documentation on nutrition reports	Conducted 12 data validation on nutrition reports.
To improve the health status of preschool pupils in the municipality.	Conducted screening for pre-schools pupils in five-selected school in the municipality.

3.0 GROWTH MONITERING AND PROMOTION

Growth Monitoring and Promotion is a preventive service that's provides nutritional and other interventions that measures and chart the weight of children and uses this information to

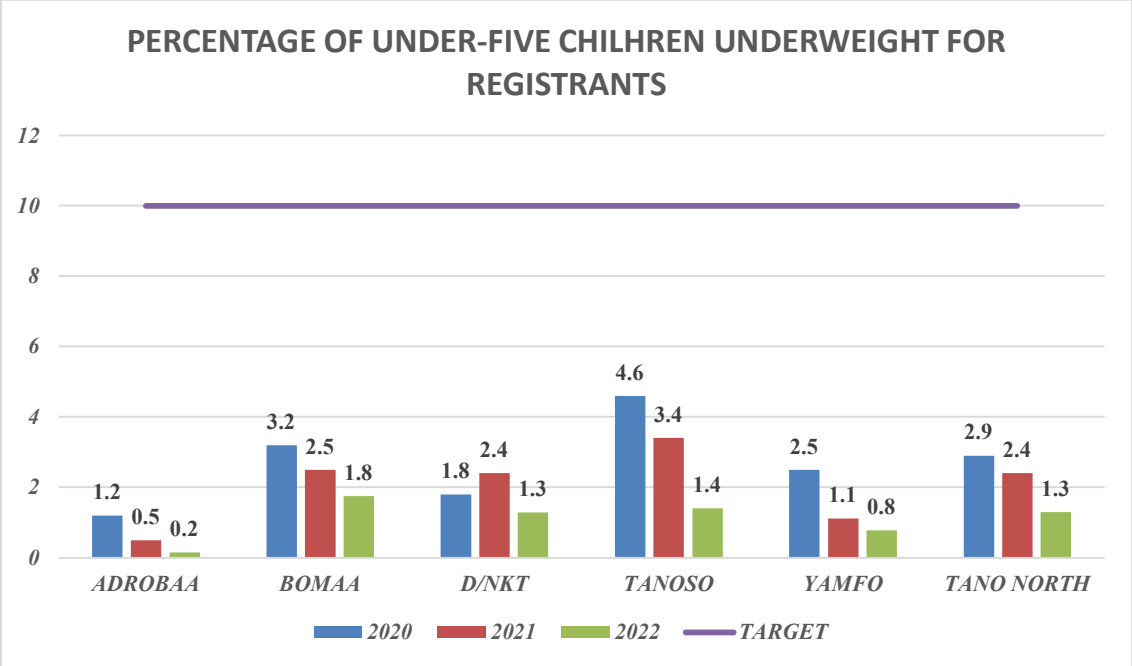
counsel parents/caregivers so that they can take action to improve child's growth and development.

Provided below in the Graphs and Tables Shows the total number of children monitored for their weight and those identified to deviating from the normal standard deviation by sub municipal and facility performance.

There has been a decrease in trend of underweight and stunting due to periodic on the job coaching on the correct interpretation of the z-sores ,training on the effective use of MCHRB to health workers, quarterly food demonstration sessions equipping/empowering mothers on appropriate complementary feeding techniques.

Celebration of Child Health Promotion Week and breastfeeding week yearly has also heighten awareness on the need for good nutrion in the first 1000days.

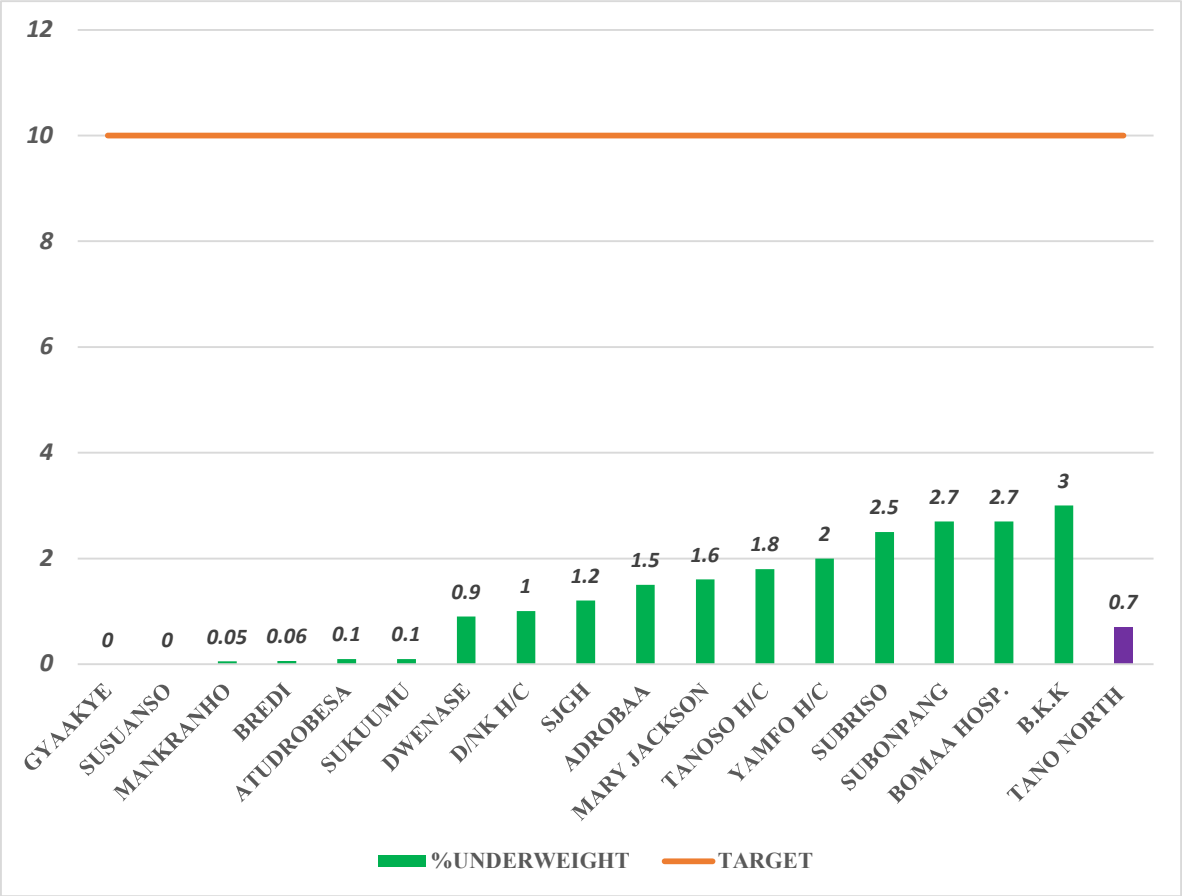
GRAPH: PERCENTAGE OF UNDER-FIVE CHILHREN UNDERWEIGHT FOR REGISTRANTS.



PROPORTION OF UNDER-FIVE CHILDREN UNDERWEIGHT FOR ATTENDANCE

	TOTAL CHILDREN WEIGHED (ATTENDANCE)			% WITH W/A <-2SD		
SUB-MUNICIPAL	**2020**	**2021**	**2022**	**2020**	**2021**	**2022**
ADROBAA	11270	10792	13187	1.0	3.8	0.02
BOMAA	10625	14070	17256	1.8	1.9	0.9
D/NKWANTA	17714	22853	24750	1.2	2.1	0.9
TANOSO	10428	11828	12516	2.3	1.7	0.6
YAMFO	9161	11805	10190	0.5	0.1	1.2
TANO-NORTH	**59198**	**71348**	**2546**	**1.4**	**2.0**	**0.7**

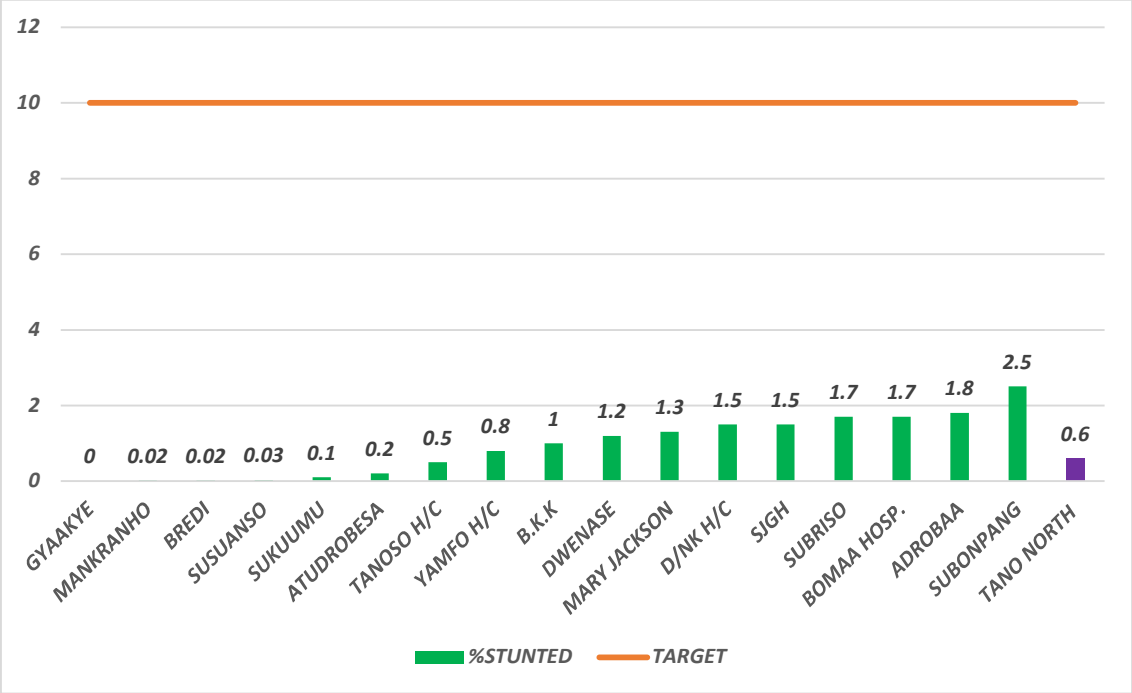
GRAPH: PERCENTAGE SHOWING FACILITY PERFORMACE OF UNDERWEIGHT (ATTENDANCE) 2022



PROPORTION OF UNDER-FIVE CHILDREN STUNTED 2020-2022

	TOTAL CHILDREN MEASURED(ATTENDANCE)			% WITH L/A <-2SD		
SUB-MUNICIPAL	**2020**	**2021**	**2022**	**2020**	**2021**	**2022**
ADROBAA	6401	7755	6521	1.1	0.5	0.6
BOMAA	5589	9700	8275	2.9	1.7	1.3
D/NKWANTA	7091	11465	15666	1.5	0.5	0.3
TANOSO	8733	7097	5184	2.0	2.4	**1.0**
YAMFO	6770	7846	4841	0.1	0.03	0.8
TANO-NORTH	**34554**	**43863**	**40487**	**1.5**	1.0	0.6

FACILTY PERFOEMANCE FOR STUNTING AMONG UNDER FIVE 2022



4.0 INFANT AND YOUNG CHILD FEEDING

Infant and young child feeding focuses on nutritional needs and feeding practices in children less than two years of age since it's the most critical period for child nutrition after which sub-optimal growth is hard to reverse hence a key area to improve child survival and promote healthy growth and development.

As WHO and UNICEF recommend, early initiation of breastfeeding within an 1hour of birth, exclusive breastfeeding for the first six month and introduction of nutritionally adequate and safe complementary foods at 6 months together with continued breastfeeding up to 2 years of age or beyond for improved chid growth and survival.

From tables below, all the indicators regarding infant and young child feeding (early initiation, exclusive breastfeeding, timely complementary feeding and breastfeeding beyond 12 months) are above the national targets.

This is because skilled delivery has increased making mothers to be supervised to initiate breastfeeding within an hour of birth at the various facilities, training of health staff on

kokoplus use and effective utilization of the MCHRB and food demonstration carried by all facilities quarterly.

Though there is increased in all the indicators regarding infant and young child nutrition, there is the need to effectively intensify our education to mothers and caregivers to ensure optimal growth continuously in the municipality.

PRPORTION PRACTISING EARLY INITIATION OF BREASTFEEDING WITHIN AN HOUR OF BIRTH

SUB-MINCIPAL	TOTAL LIVE BIRTHS			% PACTISING EXBF WTHIN AN 1 HR OF BITTH		
	2020	2021	2022	2020	2021	2022
ADROBAA	133	129	122	98%	100%	100%

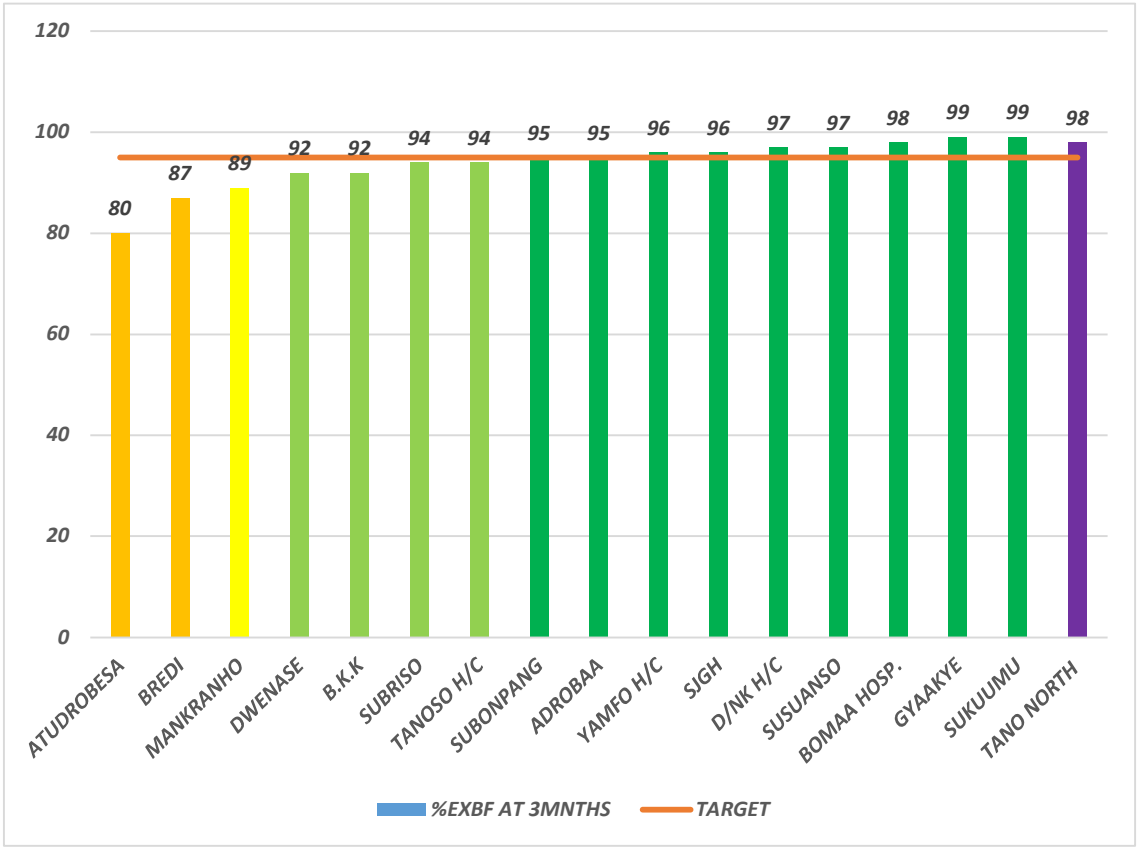
BOMAA	182	267	348	99%	98.1%	100%
D/NKWANTA	1645	1635	1654	85%	98.5%	98%
TANOSO	365	338	315	99%	100%	100%
YAMFO	234	322	340	97%	100%	100%
TANO-NORTH	2557	2687	2779	**90%**	**99.3%**	**98.8%**

BREASTFEEDING STATUS AT THREE MONTHS

SUB-MINCIPAL	**TOTAL MOTHERS ASSED**			**% PRACTISING EXBF AT 3 MONTHS**		
	2020	**2021**	**2022**	**2020**	**2021**	**2022**
ADROBAA	463	491	480	92%	84%	99%

BOMAA	687	7771	780	90%	91%	98%
D/NKWANTA	1211	1332	1377	95%	88%	98%
TANOSO	643	715	588	94%	93%	98%
YAMFO	855	1241	900	95%	84%	99%
TANO-NORTH	**3859**	**4550**	4125	**94%**	**88%**	**98%**

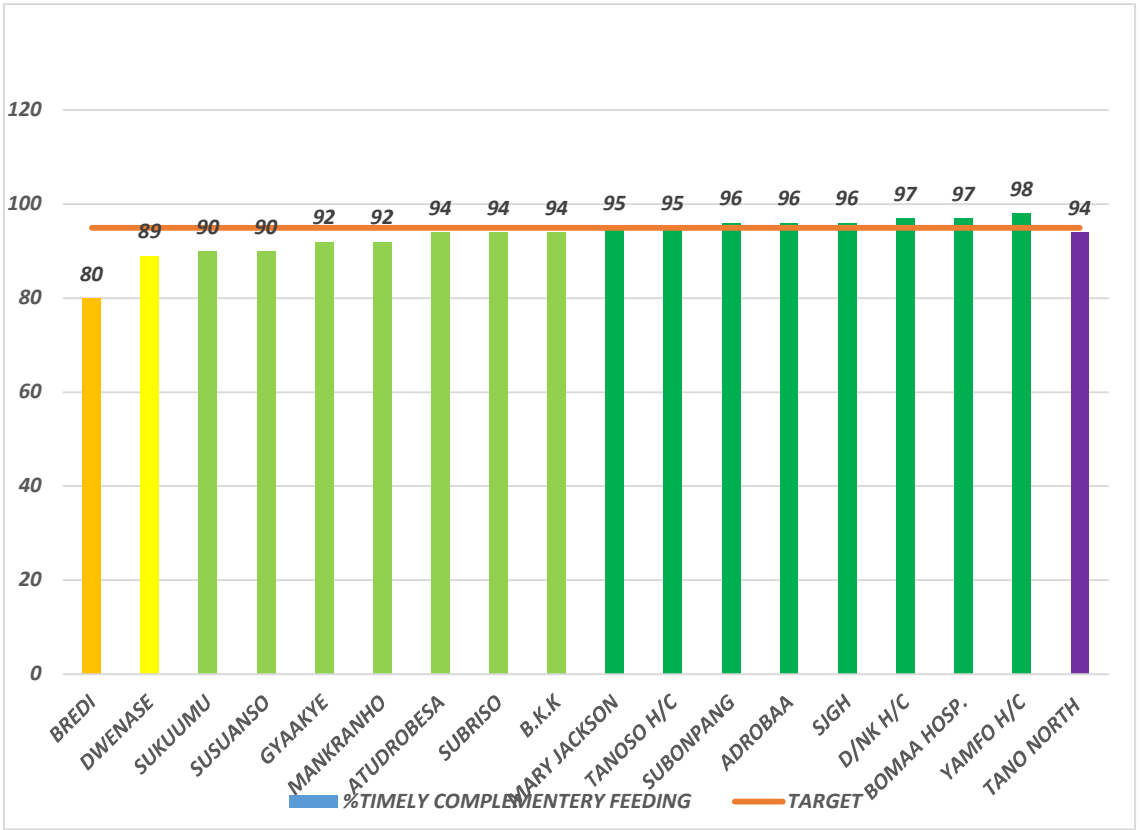
GRAPH SHOWING FACILITY PERFORMANCE ON BF STATUS AT 3M0NTHS



INITIATION OF TIMELY COMPLEMENTARY FEEDING AT SIX MONTH

SUB-MUNICIPAL	**TOTAL MOTHERS ASSED**			**% PRACTISING TIMELY COM. FEEDING AT 6 MONTHS**		
	2020	**2021**	**2022**	**2020**	**2021**	**2022**
ADROBAA	638	554	464	95	92	97
BOMAA	808	805	744	99	96	95
D/NKWANTA	1332	1477	1410	92	94	93
TANOSO	695	3253	624	98	95	95
YAMFO	844	1098	902	99	93	93
TANO-NORTH	**4317**	**4702**	**4144**	**96**	94	94

FACILTY PERFORMANCE ON TIMELY INITIATION OF COMPLEMENTARY FEEDING AT SIX MONTHS



BREASTFEEDING STATUS AT 12 M0NTHS

	TOTAL CHILDREN ASSED			% PRACTISING BF AT 12 MONTHS		
SUB-MINCIPAL	**2020**	**2021**	**2022**	**2020**	**2021**	**2022**
ADROBAA	2578	2606	2645	94	93	99
BOMAA	2118	2880	2671	91	95	98
D/NKWANTA	3208	4113	4535	93	91	97
TANOSO	2714	3253	2511	81	91	97
YAMFO	2714	2589	2028	95	95	99
TANO-NORTH	**13032**	**15441**	**14390**	**91**	93	98

5.0MICRO NUTRIENTS DEFICIENCY CONTROL

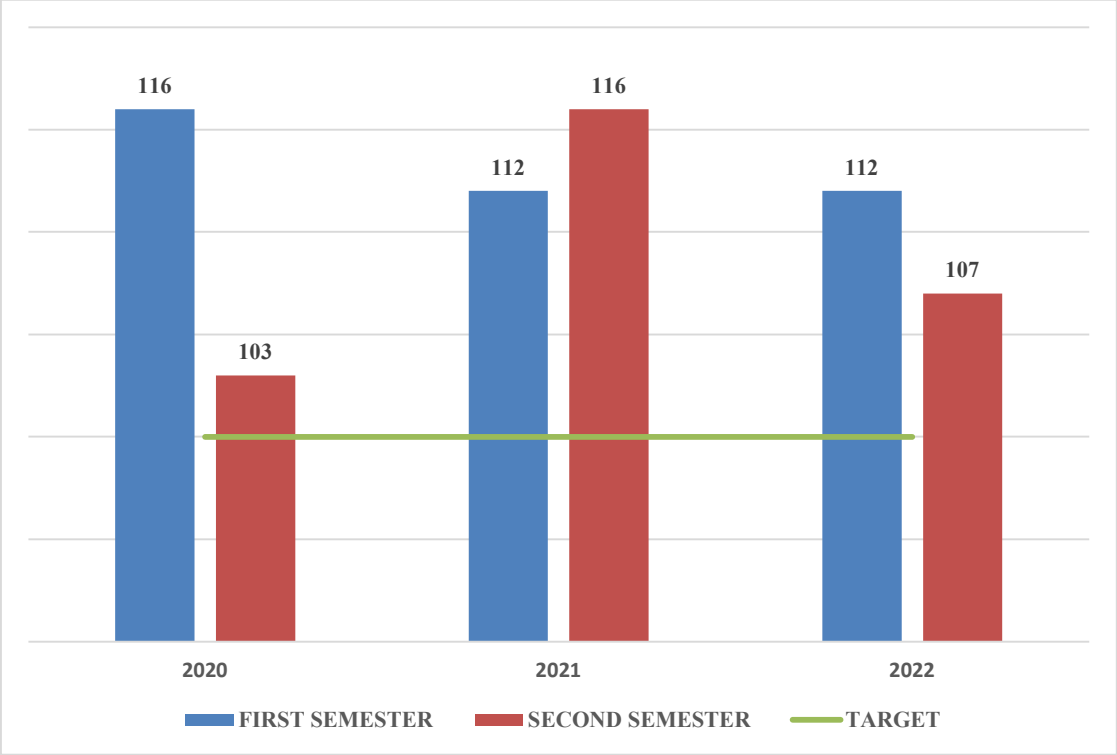
5.1.1ROUTINE VITAMIN A SUPPLIMENTATION

As part of the steps to reduce deaths and improve growth among children, starting from 6 months every child is supposed to receive a dose of vitamin A at 6 months' interval until he/ she is 5 years old (59months). This is achieved through routine vitamin A supplementation among children (6 – 59) months as shown the table below from 2020-2022.

Per the graphs below, coverage has been encouraging because the delivery platforms were identified to dose children. Such included, mop-up during child health promotion week, school health services, home visit to doses missed children, C.W.C'S. ec.t.

MUNICIPAL TREND FOR FIRST AND SECOND SEMESTER

ON ROUTINE VITAMIN A SUPPLEMENTATION (6-11 MONTHS)



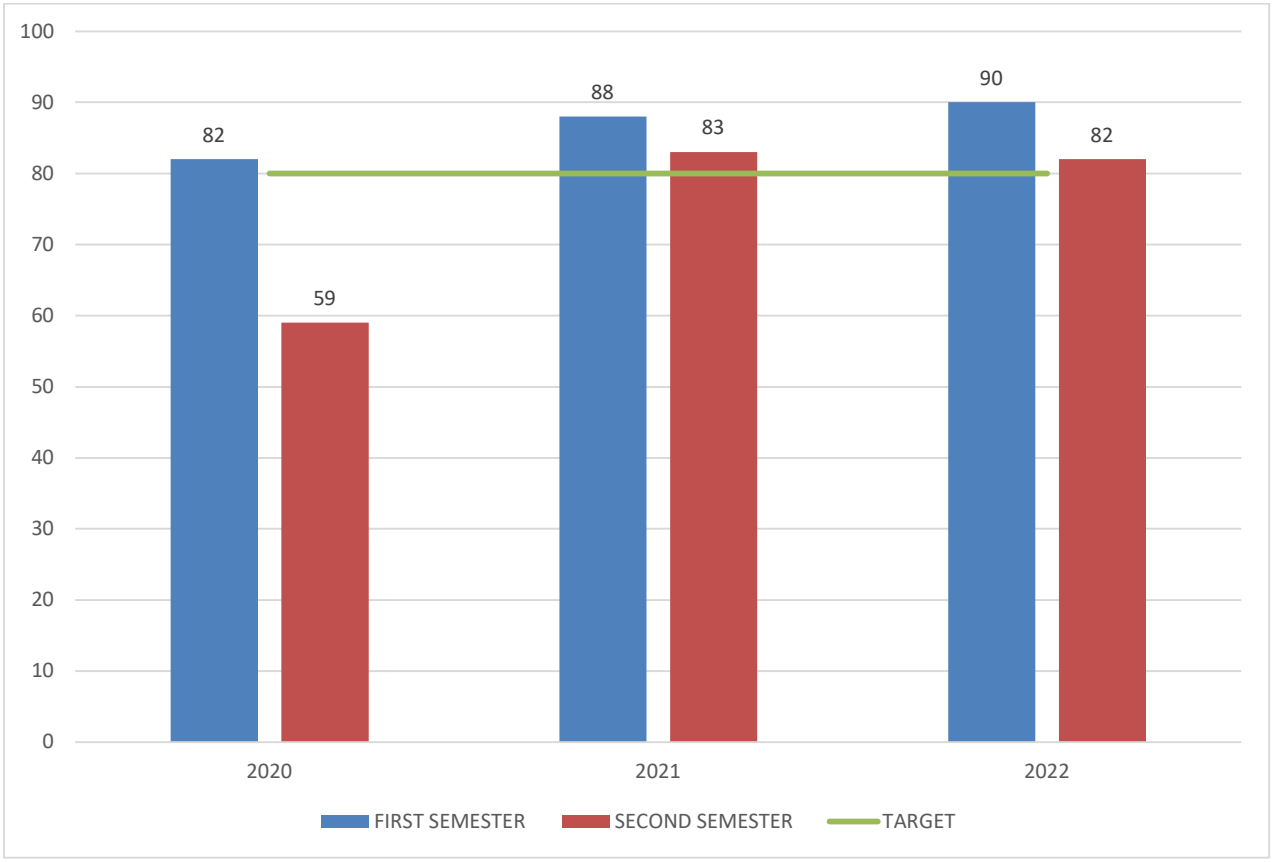
SUB-MUNICIPAL PERFORMANCE FOR FIRST AND SECOND FOR RAUTINE VITAMIN SUPPLEMENTATION (6-11MONTHS) 2022

SUB-MUN.	6-11MONTHS (FIRST SEMESTER)			6-11MONTHS (SECOND SEMESTER)		
	TARGET POP.	NUM. DOSED	COV.	TAREGET POP.	NUM. DOSED	COV.
ADROBA	210	245	116%	210	224	107%

BOMAA	324	369	114%	324	381	114%
D/NKT	583	749	128%	583	680	117%
TANOSO	325	308	95%	325	316	97%
YAMFO H/C	458	461	101%	458	451	98%
TANO NORTH	**1911**	**2132**	**112%**	**1911**	**2052**	**102%**

MUNICIPAL TREND FOR FIRST AND SECOND SEMESTER

ON ROUTINE VITAMIN A SUPPLEMENTATION (12-59 MONTHS)



SUB-MUNICIPAL PERFORMANCE FOR FIRST AND SECOND VITAMIN A SUPPLLEMENTATION 12-59 MONTHS 2022

SUB-MUN.	12-59MONTHS (FIRST SEMESTER)			12-59MONTHS (SECOND SEMESTER)		
	TARGET POP.	NUM. DOSED	COV.	TAREGET POP.	NUM. DOSED	COV.
ADROBA	1683	1712	102%	1683	1506	89%
BOMAA	2,600	2369	91%	2600	1843	71%
D/NKT	4,741	4550	96%	4741	3912	83%
TANOSO	2,599	2387	92%	2599	2557	98%
YAMFO H/C	3671	2737	75%	3671	2763	75%

TANO-NORTH	15292	13,755	**90%**	15292	12581	**82%**

6.0 SCREENING ACTIVITIES

I. MEDICAL SCREENING FOR SCHOOLS

School screening is an initiative by government to screen all preschool pupil and pre tertiary students to improve their health status .By this, there was a memorandum of understanding between Ghana education and Ghana health service to formalise the annual school health screening exercise.

This is to ensure the Country; Region and District compile hearth records of students an pupil to help in decision-making. It will also help to seek early intervention to improve the health status upon screening outcomes.

In Tano-North municipality, screening was done for only five selected schools in the municipality. These are: Yamfo R/C B, Afrisipakrom R/C, African Faith Basic, Buokrokruwa R/C and Nkwantabisa M/A ,

6.1.1 MEDICAL SCREENING FOR PRESCHOOL

The table below shows a summary of enrolment per school, number of students screened and referred. It can clearly be seen that, from the table, Yamfo R/C "B" had the highest number of enrolment and students screened, followed by Afriscipa R/C, African Faith, Buokrokrowa R/C 'B' and being the least.

The coverage of Pupil's screened stood at 88%. A total number of 101 representing 12% was referred for further investigation and appropriate intervention following the outcome of the screening.

DATE	NAME OF SCHOOL	ENROLLMENT	NUMBER OF PUPIL'S SCREENED	NUMBER REFFERED
24/10/2022	Yamfo R/C B	229	198	14
25/10/2022	Afrisipakrom R/C	203	164	33
26/10/2022	African Faith Basic	137	156	23
27/10/2022	Buokrokruwa R/C	179	149	21
28/10/2022	Nkwantabisa M/A	103	84	8
TOTAL		**851**	**751(88%)**	**101(12%)**

II. MEDICAL SCREENING FOR STAFF

The Annual Medical Screening is a mandatory screening conducted to help reduce the risk of Non-Communicable Diseases (NCDs) among health staff for early detection, diagnosis and management and prompt referral when necessary within the municipality.

In view of this, the Tano North Municipal Health Directorate scheduled October 1st to November 30th, 2022 to screen all staff within the municipality.

SUMMARY OF SCREENING OUTCOMES

3.1 Demographic Information

3.1.1 Age Categories of Staff

Four hundred and Five hundred and twenty five (525) staff within the municipality had their mandatory medical screening done. Majority (55%) of the staff were in the age category 20-29 and the least range was 1.9% within the age of 50 and above. See table 1 below for detailed information.

Table 1. Age Groups of Staff

AGE (YRS)	FREQUENCY	PERCENT
20-29	289	55%
30-39	202	38%
40-49	23	4%
50+	10	1.9%
TOTAL	**525**	**100**

The Distribution of Staff Screened By Sex

Out of the total number of 525 screened, females holds the higher value representing (74%) whilst the remainder being males. (fig.1)

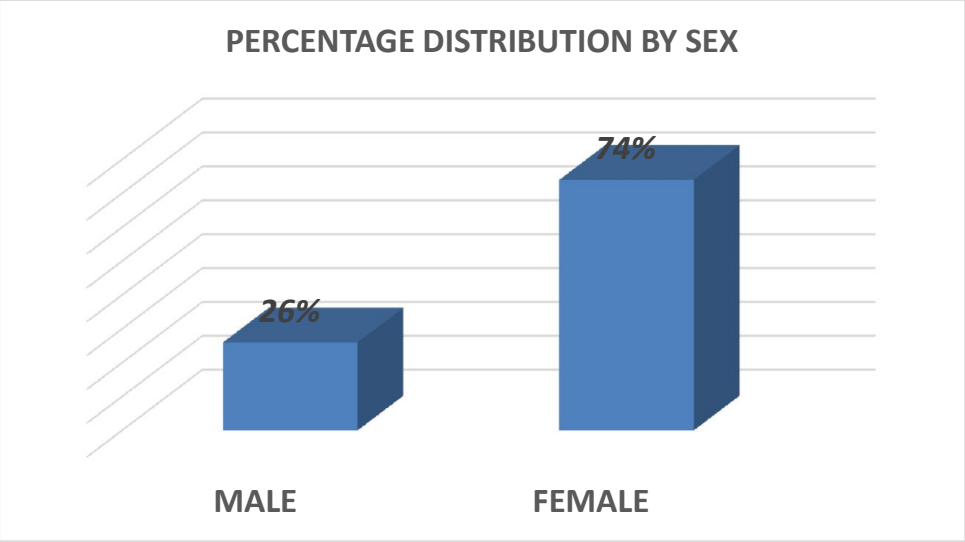
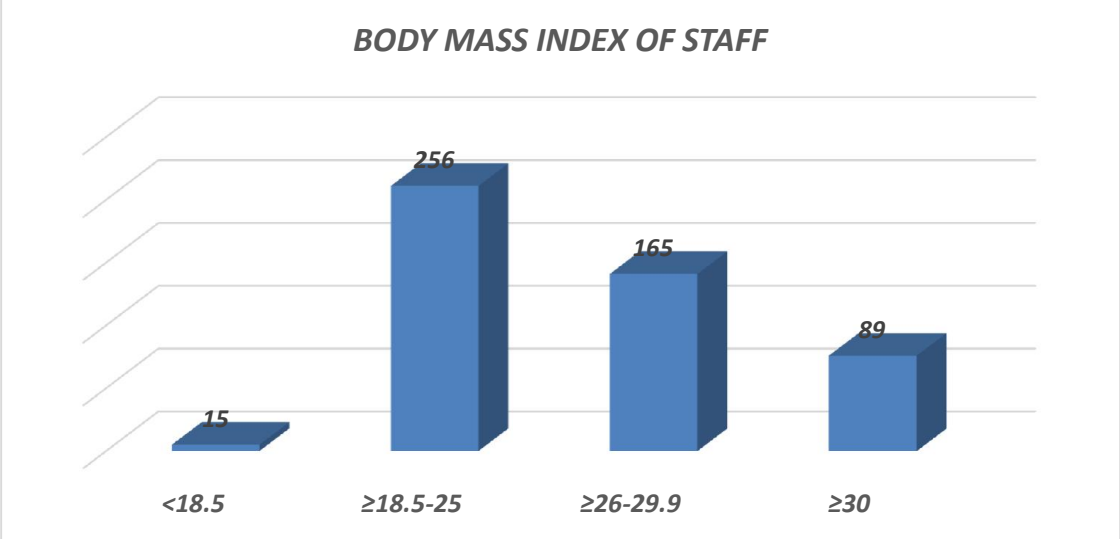


Figure 1. Distribution of Staff by Sex

3.1.3 ***The Assessment of Staff Nutritional Status***

Body mass index classifications revealed that 256 of staff were normal representing (48.7%), 165 were overweight representing (31%), 15 were underweight representing (2.9%) and 89 staff being obese representing (16.9%).



*BMI (kg/m^2) interpretation: Normal (>18.5-25), Overweight (26-29.9), Obese :(>30), Underweight (<18.5)

Figure 2. Assessment of Nutritional Status of Staff

3.2 Fasting Blood Glucose (FBS) and High Blood Pressure (HBP) Screening

The outcome of the screening on fasting blood glucose revealed that only 75% of the staff had their blood sugar levels within the normal range whiles the rest were above the cutoff points whiles 22% had their blood pressure above the cut-off level (≥140/90 mmHg) of high blood pressure and 3% with low blood pressure**.** Details can be seen in the table below.

Table 2. Outcome of Staff FBS and HBP Screening

PARAMETERS	FREQUENCY	PERCENT (%)
Number with FBS ≤ 6.1mmol/L	81	15%
Number With FBS > 6.1mmol/L	8	2%
Number with BP 120/80mmHg	392	75%
Number With BP ≥140/90mmHg	115	22%
Number with BP <90/60mmHg	18	3%

*Total staff screened: 525, **Diabetes: FBS>6.1mmol/L, *** High Blood Pressure: ≥140/90mmHg, Low Blood BP <90/60mmHg

3.2 Eye Examination Of Staff

Out of the 525 staff examined, 38 staff had eye problems and were referred to the next level for eye care. Conditions such included Glaucoma, refractive error, DM, Myopic, Cataract were some of cases referred to the next level etc.

Table 3. Outcome of Staff Eye Examination

PARAMETERS	FREQUENCY	PERCENT (%)
Number With Good eye sight	487	93%
Number With Eye problem	38	7%

*Total staff Examined: 525.

4.0 ACTION TAKEN TO ADDRESS SCREENING OUTCOMES ABOVE CUT-OFF LEVELS

4.1.1 Counseling and Prompt Referral

Screening outcomes of staff above the normal range cut-off points were counselled. Referrals to higher facilities to seek specialist care and attention were also done

CHALLENGES

- Incomplete documentation on reporting from various facilities
- Late submission of report by most facilities
- Inadequate fund to run national Health days

WAY FORWARD

- Intensify data validation in all facilities and at the M.H.D
- Prompt notification of Facility in charges on late submission of Reports
- Lease with RHD for funds to support national health days

GALLARY

MEDICAL/NUTRITIONAL ASSSESEMENT SCREENING FOR PRE-SCHOOLS

HEALTH STAFF MEDICAL/NUTRITION ASSESMENT SCREENING

STAFF OREINTATION ON INFANT AND YOUNG CHILD FEEDING

FOOD DEMONSTRATION HELD ON COMPLEMENTARY FEEDING TECHNIQUES FOR MOTHERS/CAREGIVERS

GROWTH MONITORING AND PROMOTION

ROUTINE VITAMIN A SUPPLEMENTATION