



GHANA

1997-2004

Total Country Population (2000) 18.8 million

Catchment Population 3.3 million
31 districts in 7 regions; includes all (24) districts in the three northern regions

Program Profile

The findings of a nutrition advocacy workshop in 1997 and a community assessment in 1998 prompted the Ghana Health Service (GHS) to include breastfeeding promotion and protection among its top five child survival strategies. In 2000 the GHS and the LINKAGES Project began implementation of a nutrition behavior change communication (BCC) strategy to improve infant and young child feeding in 9 districts in the 3 regions of northern Ghana.

The program built on established governmental and nongovernmental networks and community-based approaches. Interventions included radio, print, interpersonal counseling, community events, and mother-to-mother support groups. In 2001 a nutrition pre-service curricula development and training component involving 51 training institutes nationwide was added to the program. At its conclusion in September 2004, the project reached all districts in the 3 northern regions (Upper East, Upper West, and Northern) plus 7 districts in 4 other regions.

Program Impact

Results of the annual rapid assessment procedures (RAPs) indicate the program's success in improving infant feeding practices between 2000 and 2003, as shown in figure 1.¹

- Exclusive breastfeeding (EBF - % of infants < 6 months who received only breastmilk in the previous 24 hours): from 68% to 79%
- Timely initiation of breastfeeding (TIBF - % of infants < 12 months put to the breast within one hour of birth): from 32% to 40%
- Timely complementary feeding (TCF - % of infants 6 through 9 months old who received breastmilk and a solid/semi-solid food in the previous 24 hours): from 74% to 79%

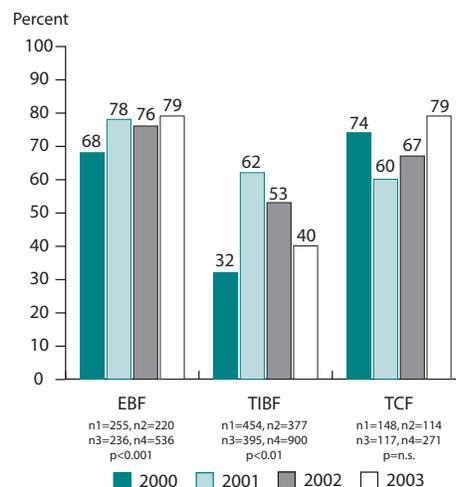


Figure 1. Infant Feeding Practices in Northern Ghana

One of the NGO partners (Freedom from Hunger Ghana) applied the BCC strategy in 3 districts in southern Ghana, and LINKAGES trained Freedom from Hunger Ghana's community volunteers. From 2003 to 2004, exclusive breastfeeding increased from 55% to 78%, and timely initiation of breastfeeding rose from 47% to 61%.

Program Strategies and Activities

To be a partner in the GHS/LINKAGES program, improving nutritional status had to be an organizational goal. An organization also had to commit to integrating the training content and the interventions of the GHS/LINKAGES program into its ongoing programs. The partners, listed in box 1, were involved in a variety of activities such as child survival, community development, mothers

¹ LINKAGES collected data on key indicators annually. The rapid assessment procedure (RAP) served as a tool to quickly measure progress in achieving targets and inform program management of areas that needed special attention. The first RAP survey was conducted in 2000 for the original partners (UNICEF, Catholic Relief Services, and the Ghana Red Cross). In 2001 the same partners participated in the RAP while a baseline survey was carried out for new partners (ACDEP, ActionAid, NewEnergy, World Food Program, and World Vision). All partners were surveyed during the 2002 and 2003 RAPs.

Box 1. Partners

A network of government, international, local, and institutional partners participated in the GHS/LINKAGES program to improve infant and young child nutrition.

- **Ghana Health Service.** At the national level, the Nutrition Unit, Reproductive and Child Health Unit, and Human Resources Division were involved. The program engaged the GHS network of nutritionists based in regional capitals and districts throughout the country. At the community level, GHS public and community health nurses—often the main service providers for many NGO community-based health programs—communicated infant nutrition messages during home visits and growth promotion sessions.
- **Government agencies and UNICEF.** The Ministry of Local Government, with other government agencies and UNICEF, supported community development programs and multisectoral teams made up of community health nurses, disease surveillance

agents, non-formal education literacy teachers, civic educators, agricultural extension agents, the District Assembly member for the area, and community representatives.

- **NGO partners.** Behavior change communication activities were implemented through diverse programmatic strategies of Action-Aid, the Association for Church Development Projects (ACDEP), Catholic Relief Services (CRS), Freedom from Hunger Ghana, Ghana Red Cross, Ghana United Nations Students Association (GUNSA), NewEnergy, the University for Development Studies (UDS), the World Food Program, and World Vision International.
- **Media.** Journalists and managers of 3 radio stations based in the north participated in GHS/LINKAGES training activities and incorporated key messages on a regular basis in their writings and broadcasts.
- **Medical and Paramedical Training Institutions.** All (51) medical, nursing, and paramedical institutions took part in curriculum review, technical updates, and training workshops.

clubs, small income generation and credit, water and sanitation, growth promotion/monitoring, food distribution, and mobile clinics.

Equal emphasis was given during the project to both process and output as a formula for building capacity and developing program ownership. One of the program's principle objectives was to contribute to the ability of all partners to plan, deliver, and evaluate effective BCC programs to promote timely initiation of breastfeeding, exclusive breastfeeding, and timely and appropriate complementary feeding. Partners participated in stakeholder workshops, infant feeding assessments, skills building workshops, pre-service task force meetings, curricula review and revision, and the pretesting of messages, tools, and materials. Ghanaian experts in breastfeeding and young child nutrition served as resource persons and facilitators along side project staff in all of the trainings.

The result was a collage of locally tailored approaches based on common messages for nutrition that were conveyed through print materials, training manuals, pre-service curricula, mass media, organized support networks, and community events. These approaches reached beyond more traditional target groups—pregnant women and mothers of children less than two years—to include grandmothers, fa-

thers, mother support groups, the media, and tutors and lecturers in schools of medicine, midwifery, nursing, and public health.

Policy Advocacy

In 1997 LINKAGES supported the application of the PROFILES process for engaging nutrition and health professionals in nutrition data analysis and advocacy. A two-week national workshop brought prominent Ghanaian nutritionists and other technical experts together to collectively define and present the country's nutrition problems and priorities in a way that would attract the attention of policy makers. One of the outcomes was an advocacy presentation. Additional advocacy presentations were developed for targeted audiences during three regional workshops. The presentations and accompanying text were used in multiple ways including promoting pre-service curricula reform, stimulating journalistic reporting, encouraging district-level budget allocations for nutrition, and in some cases proposal writing.

Highlights of other advocacy and information dissemination activities since 1999 include a roundtable discussion on HIV and infant feeding, which set the stage for the development of health worker guidelines for counseling mothers on HIV and breastfeeding, and support to the

Food and Nutrition Security Unit at UDS for the dissemination of nutrition information.

Capacity Building

Training offered through the project developed skills for communicating key messages. Twenty-one capacity building workshops for at least 600 partner representatives were organized over a 4¹/₂ year period on infant and young child feeding, with a particular focus on such topics as BCC and mother-to-mother support groups. The partners in turn incorporated the information in 97 trainings for thousands of health care providers and community health volunteers in their district and community networks.

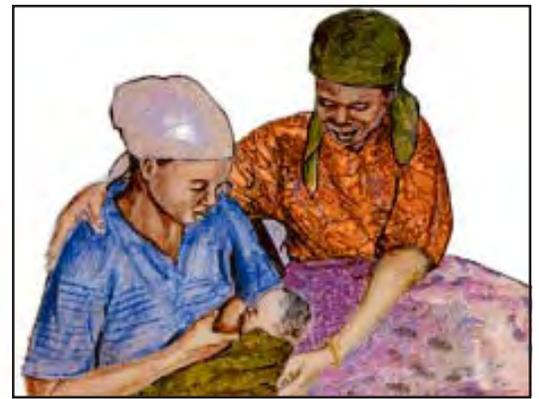
LINKAGES also provided training for staff of health facilities, including lactation management training for 53 health workers. Four Baby-Friendly Hospital (BFH) trainings were held for 304 staff of health facilities in the north. LINKAGES funded the BFH assessment of 18 facilities in northern Ghana—with 13 of the facilities meeting all of the criteria for baby-friendly status—and provided technical assistance for the assessment of 24 facilities in other parts of the country.

In 2001 the GHS Human Resources Division and LINKAGES established an 18-member pre-service task force made up of representatives from training institutions throughout the country. The task force revised the curricula of all medical and paramedical programs to ensure that they adequately addressed breastfeeding and other nutrition issues. Twelve trainings (5 days or longer) were organized by LINKAGES to provide lecturers and instructors with up-to-date information on BCC, the essential nutrition actions, lactation management, and/or prevention of mother-to-child transmission of HIV. In total 119 lecturers/tutors and 53 clinical instructors participated in at least one of the trainings.

Behavior Change Communication

The GHS/LINKAGES program used multiple channels of communication, including mass media, health fairs, community festivals, mother support groups, contacts at health facilities, home visits by community workers, and meetings with community opinion leaders. Messages and materials were created with active participation of the GHS and partners through formative research, a two-week message and materials production workshop, pre-testing of materials, and a six-day follow-up workshop to refine the messages and establish the strategic direction for the program.

Mass media, particularly local radio, extended reach of the program's messages. Radio campaigns intensified during annual World Breastfeeding Weeks in August. Over 4 years,



Counseling Card developed by LINKAGES Ghana

LINKAGES sponsored approximately 500 radio broadcasts on breastfeeding and improved child feeding through Radio Savannah in the Northern Region, Upper Region Agricultural (URA) Radio in the Upper East Region, and Radio Upper West and Radio Progress in the Upper West Region. The programs, broadcast in English and 8 local languages, used a variety of formats such as radio call-in shows, quizzes, dramatic comedies, and interviews with traditional chiefs.

A survey conducted by LINKAGES in 2003 showed that among respondents interviewed in program districts, 44 % of mothers, 71 % of fathers, and 41 % of grandmothers could recall at least one key message on infant and young child feeding broadcast on the radio. Fewer respondents in control areas who were exposed to the radio messages but no other program interventions could recall one of the messages (28 % of mothers, 53 % of fathers, and 33 % of grandmothers).

Mother-to-mother support groups were another important communication channel for the project. Mothers clubs have featured in the program of the Ghana Red Cross for more than 20 years. In 1998 Catholic Relief Services formed breastfeeding mother support clubs as part of its Child Survival Project. Some of the partners sponsored micro-enterprise/credit groups for women. Partners conveyed information and skills acquired through LINKAGES-supported trainings and materials to approximately 1,600 new and existing women's groups throughout the country. Three mother-to-mother support group exchange meetings were held for group leaders from several regions. These visits included message reviews, technical updates, activity planning, and songs, dances, and dramas on breastfeeding.

Monitoring and evaluation

Monitoring and evaluation was an integral component of the GHS/LINKAGES BCC strategy from the outset. The following research and survey methods were used in response to varying project needs and opportunities:

- *Qualitative research* with partners at the beginning and end of the project to better understand key infant and young child feeding issues and changes in social norms over time
- *Lot quality assurance sampling (LQAS)* surveys with UNICEF (4 districts in 2 regions in the north) and with Freedom from Hunger Ghana (2 regions in 3 districts in the south)
- *Annual rapid assessment procedures* with the GHS and partners in all 3 northern regions
- *Cost-effectiveness study* of breastfeeding promotion by LINKAGES and its partners in 2002 in northern Ghana
- Commitment to continue radio broadcasts on infant and young child feeding, especially during World Breastfeeding Week (UNICEF)

Lessons Learned

Annual meetings with partners, a Lessons Learned Conference in 2003, and exchange meetings for leaders of mother-to-mother support groups provided opportunities to share lessons learned, including the following:

A diversified set of partners and activities extends program reach. Partners included governmental and non-governmental agencies, church and credit groups, researchers, agriculturalists, radio journalists, village chiefs, politicians, and professors.

Partner involvement in all aspects of the program—from design and implementation to monitoring and evaluation—fosters program ownership and team spirit. From the beginning, partners should receive public recognition for their contributions and achievements.

A variety of forums such as National Food and Nutrition Security Network meetings, round table discussions, annual planning and refresher meetings, lessons learned conferences, and leader exchange meetings keeps partners engaged and motivated.

Annual monitoring data can serve as a focal point for bringing partners together to review monitoring data and stimulate reflection and fine tuning of their own work.

Cost effectiveness can be improved by selecting partners who are ready and able to implement intensive community-level activities, can increase the target population in program districts, and can identify populations with the greatest possibility for improvement.

A combination of short-term and long-term strategies is needed. Short-term strategies such as training staff and health promoters in the project's catchment area result in visible, early gains that encourage partners and donors. Long-term strategies, including revision of pre-service curriculum, provision of resources to teaching institutions, creation of an "information hub" at UDS, and capacity building workshops for those not directly involved in implementation of the project's interventions create the conditions for sustainability.

² The 7 ENA subject areas are breastfeeding, complementary feeding, feeding of sick children, women's nutrition, vitamin A, anemia, and iodine.

Mainstreaming

One of the overall objectives of the LINKAGES Project is to support an organization or institution in mainstreaming methodologies, quality technical information, and supportive policies to improve infant and young child feeding into its programs and systems. In Ghana the country's 51 medical and paramedical training institutions incorporated the Essential Nutrition Actions² (ENAs) and BCC into more than 15 degree programs with the full endorsement of the Nurses and Midwives Council and the GHS Human Resources Division. All qualifying exams for nurses and midwives now include questions on the ENAs. Through the support of LINKAGES, these institutions are equipped with teaching aids and updated reference materials to facilitate teaching. The Pre-service Nutrition Task Force established during the GHS/LINKAGES program will continue under the tutelage of the GHS Nutrition Unit. The Food and Nutrition Security Network and UDS will continue to hold annual meetings and provide practical training in BCC and mother-to-mother support groups as part of its community nutrition degree program for students.

Among LINKAGES' NGO partners, mainstreaming is evident in the following ways:

- Adoption of BCC and mother-to-mother support methodologies
- Introduction of these methodologies in other regions by Freedom from Hunger Ghana, Ghana Red Cross, and World Vision
- Formation of mother-to-mother support groups and men's groups
- Use of print materials developed during the program and even outside partner areas
- Application of lot quality assurance sampling for program monitoring (Freedom from Hunger Ghana and UNICEF)

