

Integrated Malnutrition, HIV/AIDS & TB (IMHAT) Prevention and Control Project - Breastfeeding promotion and/or counselling - Women of reproductive age (WRA)

Programme: Integrated Malnutrition, HIV/AIDS & TB (IMHAT) Prevention and Control Project

Programme Data

Programme Description

The goal of the IMHAT Project is to contribute to the reduction and prevention of malnutrition, HIV/AIDS, TB and thereby contribute to reduction of child mortality rates in the Nadowli, Kintampo South and Tolon-Kumbungu districts. The specific objectives of the project include the following: 1. Improved quality of diet for children under-five years and families 2. Improved access to essential health services and a healthy environment 3. Improved household food security 4. Strengthen capacity of World Vision, communities and partner institutions to implement programs to address malnutrition, health(including HIV/TB) and food security issues.

Program type

Community/sub-national

Cost

Budget(2009-2012)= US\$667,757

Implementing organisations

- Government
 - Cabinet/Presidency

Action data

Start date	January 2009
End date	September 2013
Country(ies):	Ghana
Status:	On-going
Area:	Urban
Place:	Nadowli, Tolon-Kumbungu, and Kintampo South districts respectively in the Upper West, Northern and Brong Ahafo regions of Ghana
Topic:	Breastfeeding promotion and/or counselling
Target group:	Women of reproductive age (WRA)
Delivery:	Community-based Hospital/clinic Primary health care center
Implementation details :	1. Train health 69 staff in lactation management, including HIV in relation to breastfeeding; 2. Support the formation of 95 mother-to-mother support groups and men's groups; 3. Support assessment and designation of 6 facilities as Baby Friendly Health Institutions (BFHI); 4. Support follow up of HIV infected mothers through mother-to-support groups and CBSV to maintain exclusive breastfeeding and monitor nutritional status and growth of the infants; 5. Train HIV infected mothers on breastfeeding techniques to decrease risk of breast inflammation that may increase HIV transmission; 6. Intensify nutrition and health education at facility and community levels monthly
Target population size :	79 communities with a total population of 77, 780 children under-five years of age and 19,445 pregnant women living in an area with a population of 388, 902 people and an estimated 64,817 households are benefiting from project interventions.
Coverage level (%):	Missing
Outcome indicator(s):	% of children 0-6 exclusively breastfed in the previous 24 hours. % of infants fed mothers' milk within

1hour after birth % ofchildren(12-23mos) exclusively breastfed for 6 months

M&E system:	Key performance indicators were baselined to establish coverage at the beginning of the project. Monitoring of project interventions are conducted monthly. Monthly, quarterly, semi-annual and annual reports(narrative and financial) are collated to inform management decisions. These reports are shared with key stakeholders. Midterm and endterm project evaluations will be conducted.
Baseline:	Conducted
Post-intervention:	Midterm evaluation has been conducted and results are being analysed
Outcome reported by social determinants:	Vulnerable groups
Personal story:	I have observed that grandmothers' and men's involvement in the action implementation is critical. In some communities for instance, father-to-father support groups have been formed to support the action. Capacity building for groups such as CBSVs, MtMSGs, TBAs, women's and men's groups, faith-based organizations(FBOs) etc at the community could contribute immensely to project outcomes.

Typical problems	Solutions
Staff skills/training	Project and GHS staffs have received training in lactation management.
Insufficient staff	We have continued to advocate for increased numbers for the beneficiary districts. To meet this gap capacities of Mother-to-mother Supports Groups(MtMSGs),Traditional Birth Attendants(TBAs) and Community Based Surveillance Volunteers(CBSVs) been built to support the action. Community Health Planning and Services(CHPS) compounds are expected to be extened by the government to remote communities to address this challenge.
Infrastructure	We have poor roads linking most communities. There are ,however,plans by the District Assemblies to improve road infrastructure.
Adherence	The slow adoption of appropriate feeding practices by caregivers remains a challenge. Community level education has therefore, been intensified to address the situation.
Financial resources	Government's financial support to District Health Management Teams (DHMTs) is sometimes delayed and this affects the smooth implementation of project interventions.

Other actions from same programme

[Integrated Malnutrition, HIV/AIDS & TB \(IMHAT\) Prevention and Control Project - Complementary feeding promotion and/or counselling - Women of reproductive age \(WRA\)](#)

[Integrated Malnutrition, HIV/AIDS & TB \(IMHAT\) Prevention and Control Project - Prevention or treatment of moderate malnutrition - Infants and young children](#)

[Integrated Malnutrition, HIV/AIDS & TB \(IMHAT\) Prevention and Control Project - Growth monitoring and promotion - Infants and young children](#)

[Integrated Malnutrition, HIV/AIDS & TB \(IMHAT\) Prevention and Control Project - Vaccination - Infants and young children](#)

[Integrated Malnutrition, HIV/AIDS & TB \(IMHAT\) Prevention and Control Project - Oral rehydration solution promotion - Infants and young children](#)

[Integrated Malnutrition, HIV/AIDS & TB \(IMHAT\) Prevention and Control Project - Distribution of insecticide-treated bednets - Infants and young children](#)

[Integrated Malnutrition, HIV/AIDS & TB \(IMHAT\) Prevention and Control Project - Vitamin A supplementation - Infants and young children](#)

[Integrated Malnutrition, HIV/AIDS & TB \(IMHAT\) Prevention and Control Project - Preventive malaria treatment - Pregnant women \(PW\)](#)

eLENA Link

[Breastfeeding – exclusive breastfeeding](#)

