

Integrated Malnutrition, HIV/AIDS & TB (IMHAT) Prevention and Control Project - Complementary feeding 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:	Complementary feeding promotion and/or counselling
Target group:	Women of reproductive age (WRA)
Delivery:	Community-based Hospital/clinic Primary health care center
Implementation details :	1. Train 105 GHS staff and CBSVs in Community Based Growth Promotion (CBGP) 2. Institute CBGP in 15 poor and hard to reach communities including visits to OVCs under 5 to make sure these children go for growth monitoring3. Train 60 GHS, World Vision staff in Infant and Young Child Nutrition counselling4. Provide equipment for growth monitoring and counseling5. Carry out quarterly food demonstration sessions including low-labour nutritious meals that can be prepared/managed by mothers who are ill in communities using nutrient and energy dense locally available foods 6. Intensify monthly nutrition and health education for mothers and other caregivers, including appropriate messages for HIV+ve mothers through CBSV, CCC and health staff
Target population size :	89447
Outcome indicator(s):	% of children< 2 years underweight % of children 12-23 months who are still breastfeeding % of sick children 6-59 month who received increased fluids and continues feeding during an illness in the last

2 weeks % of children 6-59 month attending growth promotion sessions at least once every 3 months
% of children 6-59 months who ate solid or semi-solid food at least the minimum recommended no. of times 24hrs preceding survey

M&E system: <p>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.</p>

Baseline: Conducted

Post-intervention: Midterm evaluation has been conducted and results are being analysed.

Outcome reported by social determinants: Vulnerable groups

Personal story: Cultural barriers could impede the action as mothers/caregivers who have acquired knowledge and are willing to feed their children appropriately could be prevented from doing so.

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 - Breastfeeding 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

[Complementary feeding](#)

