

Engaging nutrition stakeholders in Poyentanga

A CASE STUDY ON LOCAL-LEVEL MULTISECTOR COORDINATION

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INTRODUCTION

Multisectoral coordination and action are recognized as necessary conditions to effectively address the multiple drivers of malnutrition [1-2]. There has been a strong effort in the past decade to establish multisector coordination at the national level among member states of the Scaling Up Nutrition Movement [3]. However, the practice of subnational and community-level nutrition coordination is still emerging, and literature on the factors related to the formation and success of such coordination bodies is limited (for example, Harris et al. 2017 [4]). Understanding contextual factors is particularly important for supporting local-level enabling environments, where traditional customs may hold influence over political and social structures. A multisector nutrition committee was formed in Poyentanga, a subdistrict of Wa West District in the impoverished Upper West region of Ghana, where acute child malnutrition is driven by seasonal food insecurity. The committee was launched in November 2018 as a platform to coordinate local stakeholders to address the challenges of persistent malnutrition in the communities of Poyentanga. This case study examines the enabling environment for local-level engagement and action on nutrition to understand the context and the key factors that led to the formation of the Poyentanga nutrition committee.

The basic policy framework and institutional structures were already in place for multisector coordination on nutrition before the committee was established. The National Nutrition Policy specifies the formation of a multisectoral coordination mechanism for nutrition services and programmes at national and subnational levels, and responsibility for resource allocation for the delivery of necessary services sits with the District Assemblies. Yet a strong focus on the treatment of acute malnutrition in Wa West District had left the administration of curative nutrition services largely to the health sector, with little attention given to preventative approaches or engagement from other sectors. Once attention was drawn to the prevalence and consequences of malnutrition, stakeholders from across sectors demonstrated high commitment to addressing the problem.

I think nutrition has been left largely as a health issue and not seen as a development issue. So when nutrition is viewed as a health issue, it doesn't allow for more stakeholders or more sectors to play active roles – CSO representative

KEY STRATEGIES

The formation of the committee was catalyzed by targeted advocacy efforts from the Ghana Trade and Livelihoods Coalition (GTLC), a local civil society organization, which used the following approaches:

Engaging people – A diverse group of stakeholders were engaged on the issue of reducing malnutrition. These included district officials and local leaders with a high level of influence in the communities of Poyentanga as well as representatives from different sectors including health, education, agriculture, local government, and civil society.

Delivering relevant information – Awareness was raised on the issue among the stakeholders. GTLC shared information about the prevalence and consequences of malnutrition.

Setting the stage for action – A town hall meeting was held to raise awareness among subdistrict leaders and key stakeholders around the problem of malnutrition. The event brought stakeholders together for discussion on how to address malnutrition and agree upon a coordinated course of action. During the event, stakeholders pledged strong commitment to address malnutrition; the Poyentanga chief proposed the idea of forming a committee.

STUDY DESIGN AND METHODS

Data collection and analysis for this case study were guided by the theoretical framework on drivers of political commitment for nutrition [5] and adapted for the specifics of the case study example. A case study is an appropriate method of analysis as the Poyentanga committee is the only known example of a subdistrict nutrition committee in Ghana to date.

The primary methods used in this case study include structured qualitative interviews with district-level stakeholders ($n=4$) and focus group discussions with members of the subdistrict nutrition committee ($n=2$; 10 total participants) and community members ($n=1$; 6 participants). In addition, all members of the nutrition committee were asked to complete a brief quantitative survey ($n=17$). Respondents from each stakeholder group were identified through the committee-member survey, with additional input provided by GTLC staff. The individual and group interviews were designed to explore the respondents' viewpoints on the local context and factors leading to the formation of the committee structured on the themes of the analytic framework. All interviews were conducted in May 2019 in the Upper West Region of Ghana. The viewpoints shared by respondents are presented in summary in order to maintain the anonymity of individual study participants.

VIEWPOINTS ON CONTEXT

The nutrition situation

The Upper West Region of Ghana has a high burden of malnutrition with 22 percent of children under five years of age suffering from chronic malnutrition, measured by stunted linear growth. This is well above the national average and more than twice the rate in the Greater Accra Region [6]. Stakeholders interviewed in this case study were primarily concerned about severe acute malnutrition and only briefly mentioned concerns about growth faltering and delayed development due to chronic malnutrition. Food insecurity, especially during the long lean season, and lack of knowledge are viewed as the main drivers of malnutrition. Both are rooted in widespread poverty. Some superstitious beliefs are thought to hinder healthy feeding practices and treatment of severe acute malnutrition. For example, the belief that consuming eggs will make a child into a thief or that growth faltering and weakness are caused by bad spirits undermine recommended feeding and treatment practices. Local health workers have made a concerted effort to dispel such misconceptions and provide nutrition education within the communities, but resources and staffing are in short supply, and many feel that more education is needed on infant and young child feeding practices, healthy diets, and food preparation. Other cultural practices related to gender norms were also reported to impact negatively on nutrition. Under traditional customs, it can be difficult for a woman to access land to farm in order to feed her children, especially if she is widowed, and among some ethnic groups women are not allowed to cultivate land at all [7]. Early marriage and short birth-spacing are common in the communities of Poyentanga and viewed as contributing factors to child malnutrition.

Institutional structures

The District Assembly is responsible for government oversight of the delivery of services for communities within the district. Resource scarcity is a primary challenge for implementing programs to implement nutrition-sensitive or nutrition-specific programs in all sectors, especially those without an explicit mandate to address nutrition. Following the process of decentralization, each sector has greater reliance on allocations from the district rather than through a central budget, and funds are slow to reach the local offices. Interview respondents believe that the Assembly holds the power to act on key issues but has not given the necessary attention to address the issue of malnutrition. There is concern that the political motivation of the Assembly influences its actions on key programs.

Respondents named the sectors they believe have a part to play in supporting nutrition at the community level. The health sector featured most prominently, with the Ghana Health Services (GHS) responsible for identifying and treating cases of acute malnutrition. GHS has an established structure to coordinate health services from the national level down to the community level with facilities and staff. The District Health Office sends staff to the subdistrict on a monthly basis to provide oversight and training and to distribute supplies. With a dedicated nutrition unit in the District Health Office, nutrition is included with the other health services delivered in the communities. The district nutrition officer visits each subdistrict at least every quarter and more frequently at points in the year when acute malnutrition is most prevalent. Reporting on cases of malnutrition is channeled through the wider GHS health information system. A summary of all cases is reported to the District Assembly during mid-year and end-of-year review meetings and submitted to the regional GHS office, which forwards aggregated data to the national office. Subdistrict health officials may lack specific nutrition training and the necessary resources to fully address the issue of acute malnutrition, which will persist without a more coordinated response to address the underlying factors. At the community level, the GHS subdistrict staff and sometimes the local chiefs assign volunteers to visit the villages to educate mothers and identify any cases of acute malnutrition.

The agriculture sector was also identified as having a primary role in addressing malnutrition by improving food security and promoting cultivation of nutritious crops, which is managed by a division of the Ministry of Agriculture called Women and Extension. To assist coordination, all nutrition-sensitive agriculture programs implemented in the communities should be reported to the District Assembly during the semi-annual review. The education sector was highlighted for the delivery of the Ghana School Feeding Program and its potential to teach children about healthy diets as part of the school curriculum. Water and sanitation services was also mentioned because of their role in providing clean drinking water and preventing diarrheal disease that contribute to malnutrition, but no specific community-level programs were discussed.

Beyond government institutions, the UN agencies have also supported nutrition in Wa West District. The World Food Programme (WFP) formerly distributed food supplements and take-home rations for school children, and UNICEF currently supplies food supplements to GHS for treatment of severe acute malnutrition. Respondents suggested that nongovernmental organizations (NGOs) and local community-based organizations could have a role in empowering communities and providing knowledge about nutrition and food security. GTLC was recognized as a mobilizing force raising awareness on the issue of malnutrition among district officials and seeking policy solutions and the establishment of a nutrition action plan. At the subdistrict level, Mennonite Economic Development Associates (MEDA), Campaign for Female Education (CAMFED), and Plan Ghana had conducted activities to address malnutrition such as promoting nutritious crops, providing training on nutritious food preparation, and supporting malnourished children. These were reported to be successful projects, but only in the target communities as there were no resources to replicate the activities in all communities or to sustain the activities after the projects ended.

Coordination

While there is currently no government institution providing multisectoral coordination of nutrition activities in the district, WFP was reported to have previously organized district-level officials to coordinate nutrition activities, but this was discontinued when WFP ended their program in Wa West. There have never been any coordination efforts at the subdistrict level, although GHS has served in a de facto coordination role for most nutrition-related activities.

Policy framework

Strategic objective 4 of the National Nutrition Policy (2013) is to create an enabling environment for the effective implementation of nutrition programmes in Ghana. The specific policy measure within the National Nutrition Policy is to establish a well-defined multisectoral coordination mechanism for nutrition services and programmes at the national and subnational levels. Ghana has established the Cross-Sectoral Planning Group (CSPG) under the National Development Planning Commission to coordinate nutrition at the national level. However, there is still need for wider implementation of subnational coordinating bodies.

Every district is responsible for developing a medium-term development plan and allocating budget to implement the plan. Strategies for addressing malnutrition can be set forth in this plan. The Wa West plan (2018–2021) includes activities to support food security and nutrition in the district such as promotion of nutritious crops and training farmers to reduce postharvest losses. A district nutrition action plan is under development with support from GTLC to coordinate and operationalize these activities among the relevant sectors.

ADVOCACY TO CATALYZE ACTION

GTLC advocates for nutrition in Wa West District under of the Voices for Change Partnership, funded by the Dutch Ministry of Foreign Affairs. Poyentanga was selected as a target subdistrict due to the high prevalence of acute malnutrition, which was identified through a household survey conducted by GTLC and from review of data drawn from GHS records. GTLC engaged key officials at the district and local levels on the issue of malnutrition in Poyentanga and organized a town hall meeting to bring stakeholders together. The district nutrition officer shared summarized health-records data on the reported cases of acute malnutrition to highlight the severity of the problem. Pictures were shown of malnourished children, and mothers from the community shared their experiences seeking treatment for malnourished children. GTLC presented findings from the academic literature on the consequences of malnutrition on child development, cognition, and educational attainment [8-9]. They also reviewed other studies conducted in the region and identified widespread food insecurity and poverty as drivers of seasonally recurrent acute malnutrition [10-11]. This information helped stakeholders to comprehend the extent of the issue, gain better understanding of the consequences, and start to consider ways to address the problem. The evidence helped to raise awareness of the issue among a diverse group of stakeholders present at the meeting. Respondents reported that many meeting attendees were shocked by the figures and felt compelled to seek a solution.

They didn't know. They thought that those cases were isolated ... but from the presentation they realized the cases were many and it was widespread – District nutrition officer

The Poyentanga Chief asked, “Can we not get a committee in the subdistrict to oversee, educate and ensure that citizens are well informed about the dangers of malnutrition?” Other stakeholders supported the proposal to unite the voices and actions of the different actors toward a common goal of eradicating malnutrition in Poyentanga.

Many of the people engaged by GTLC who attended the town hall meeting became the founding members of the committee through self-selection and a sense of duty while others were nominated and asked to join. The committee membership represents different sectors and stakeholder groups concerned with the nutrition of the community. There are representatives from the health, agriculture, and education sectors, each appointed or confirmed by their respective district offices. All area assembly members were asked to join the committee with the view that their support would be needed to carry out the committee's agenda. Chiefs and representatives of community groups, such as the mother-to-mother and father-to-father support groups, also sit on the committee. Care was also taken to ensure representation from all communities within Poyentanga subdistrict. When asked to identify nutrition champions, most respondents identified local leaders with a concern for nutrition rather than nutrition leaders. Specifically, the chiefs and assemblymen are expected to be concerned with the health and well-being of their constituents. Further, they are highly respected by community members and can be more influential in changing behavior than local health workers.

The committee is viewed by its members as a platform to share information and knowledge and coordinate actions across sectors. Local health workers recognize that the prevention of malnutrition requires ongoing education and sensitization at the community level, but do not have the staff or resources to deliver comprehensive prevention programs. A goal of the committee is to expand the responsibility for addressing malnutrition beyond the health sector to engage a range of stakeholders and local leaders. The objectives established by the committee are to improve identification and referral of acute malnutrition, which will maintain a more curative approach and mainly address issues of acute malnutrition. The multistakeholder nature of the committee offers a platform for coordinating nutrition-sensitive activities outside of the health sector to address chronic malnutrition and micronutrient deficiency through preventative measures. Early activities of the committee are already reaching beyond the set objectives focused on treatment of acute malnutrition. For example, the committee has engaged with WFP to introduce orange-fleshed sweet potatoes as an evidence-based strategy to prevent vitamin A deficiency. The committee is also expected to engage directly with the District Assembly to advocate for increased budget allocation and improved service delivery for nutrition.

I think the greatest strength of this committee is its multisectoral, multidimensional and multistakeholder nature. Its strength lies in its diversity. Different segments of society coming together to address one common problem – CSO representative

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