

SAVELUGU MUNICIPAL HEALTH DIRECTORATE
NUTRITION INTERVENTIONS CARRIED OUT IN JANUARY –DECEMBER 2020
SUBMITTED TO THE DEPARTMENT OF SOCIAL WELFARE AND COMMUNITY
DEVELOPMENT

Community Based Management of Acute Malnutrition (CMAM)

The community based management of severe acute malnutrition (CMAM) is a nutrition intervention Programme that seeks to manage and treat cases of malnourished children at the outpatient care (OPC) and the inpatient care (IPC) levels depending on the severity of the condition. In-patient cases are treated at the hospital level and in this case Savelugu Hospital, whilst Out-patients are managed at the health center and CHPS levels.

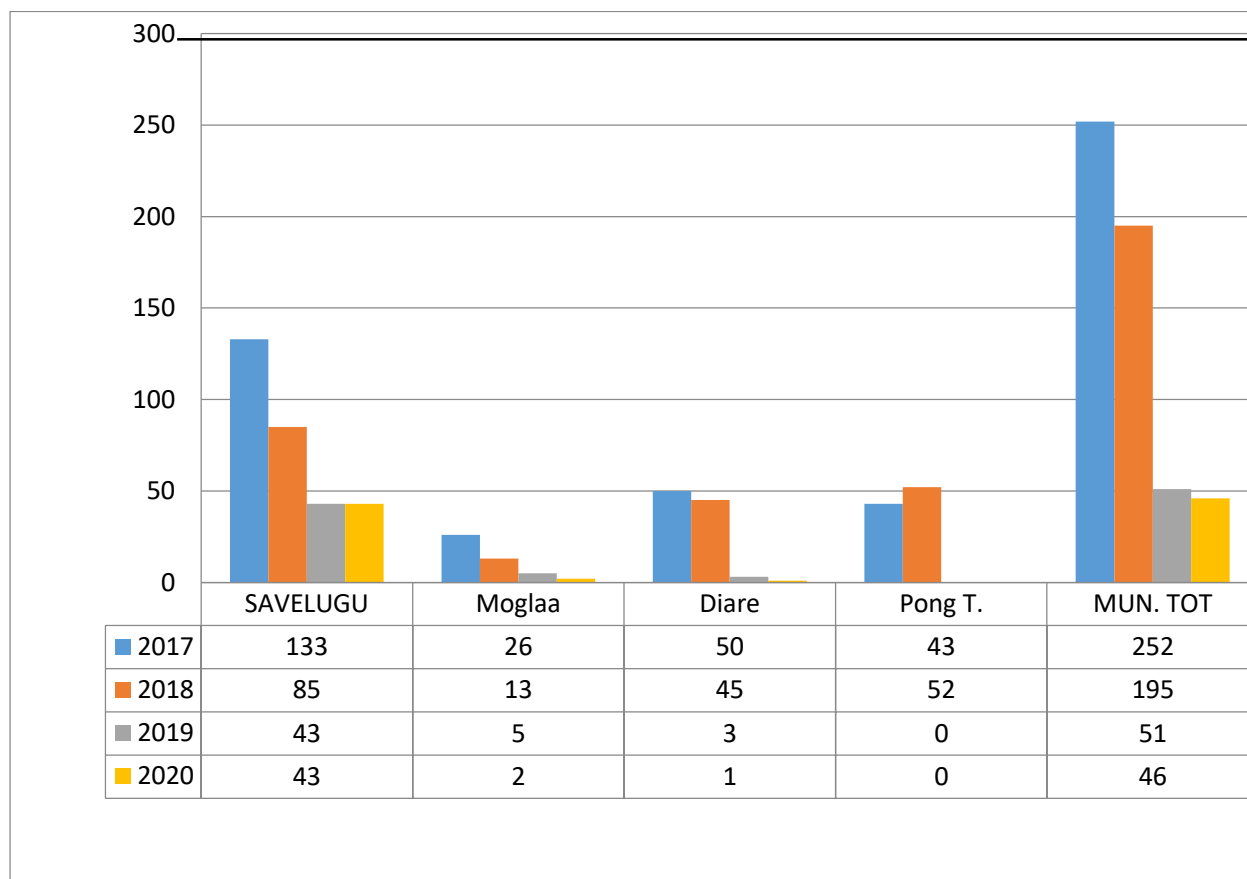
The municipality has a total of fourteen (14) Out-patient care (OPC) sites who manages SAM cases without medical complications or with good appetite and one (1) In-patient care (IPC) site which manages SAM cases without appetite or with medical complications. Each OPC site have at least one trained staff to manage SAM cases with community health volunteers also trained to support in the identification and referral of eligible cases to the nearest OPC site.

SAM Admissions

A total of 46 cases were identified and admitted in to the program for Out-patient care (i.e weekly visit to the health facilities for anthropometric measurement and other medical assessment). Savelugu sub-municipal admitted the highest number of cases followed by Moglaa and Diare Sub-districts with 43, 2 and 3 respectively. Pong-Tamale sub-district failed to register a single case for the year 2020.

Majority of these cases were identified during child welfare clinics and outreaches whilst others were referred by community health volunteers. Also, majority of these cases were marasmus with only a few of them having oedema of grade one (1) i.e +1. There was quite significant reduction in the number of cases identified and admitted in 2020 compared to the previous two (2) years. This was as a result of the non-availability of the Ready To Use Therapeutic foods(RUTF) used in the management of these cases, hence mothers who come for review sessions and did not get served with the RUTF felt reluctant to come and subsequently default.

The graph below indicates the trend of cases identified and admitted for the past four years.



3.8.2: Cure Rate

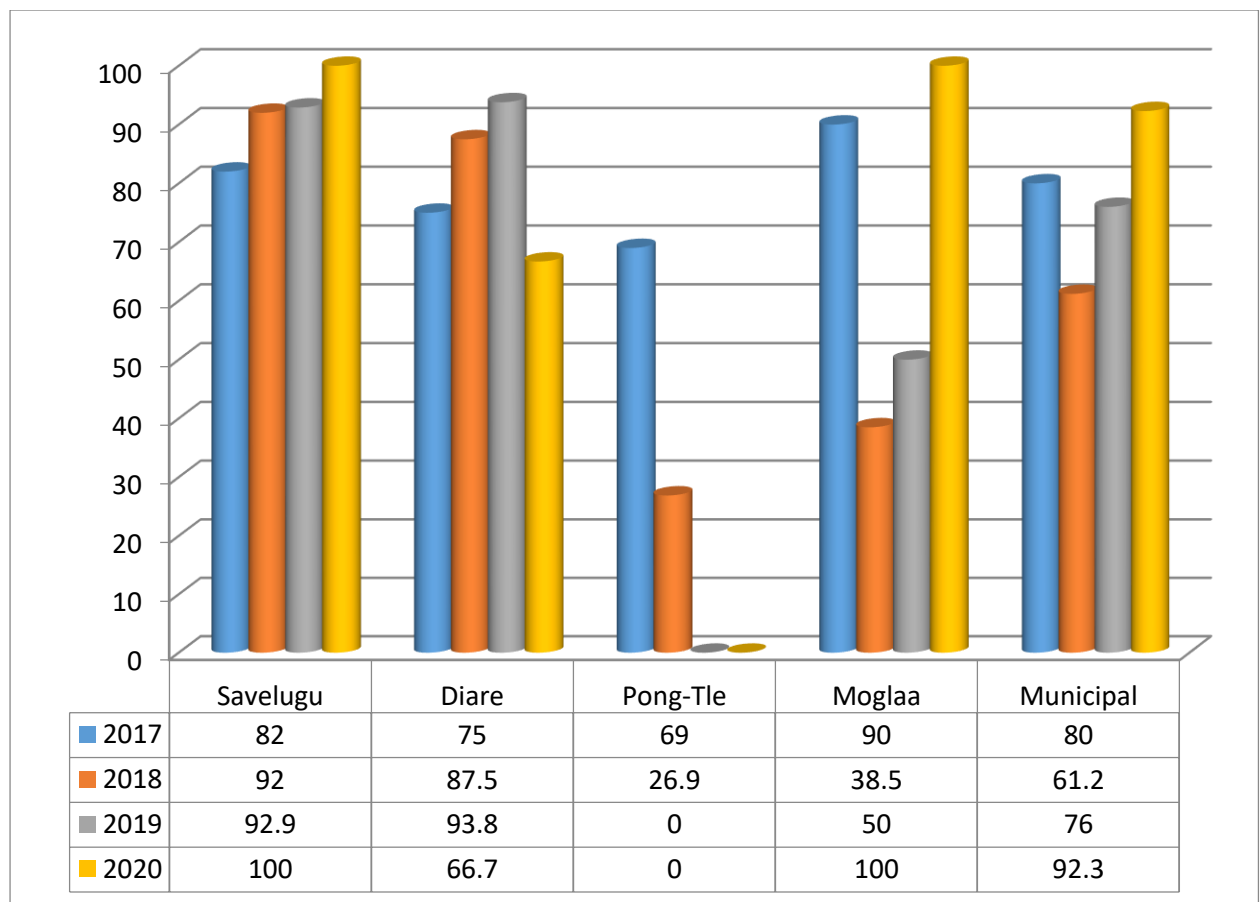
The RUTF per its description is both food and medicine embedded with measured essential nutrients used in managing these vulnerable SAM children whose immune system is hugely compromised. There is only one likely result that may arise if this important commodity is not available for the management of these cases i.e reduction in the rate of cured cases

For the period under review, the cure rate has increased from 76% in 2019 to 92% in 2020 which has seen a remarkable improvement over the previous year and also achieving the sphere standard of greater than or equal to 75%. Also, in the absence of RUTF, clients were managed using only the Community Infant and Young Child Feeding practices (C-IYCF)

recommendations that involves the use of locally available foods which normally takes a longer time to cure than the formulated therapeutic foods. The high cure rate could also be attributed to the small number of cases admitted over the period.

The average time spent on treatment ranged from 4 to 16 weeks depending on the severity of the case and the time of presentation at the health facility to commence management or treatment. In most instances, cases coming direct from home normally presents at the worse stage of the condition than those referred by community health volunteers or those identified through home visits, outreaches and child welfare clinics (CWC).

Below is the graph indicating performances on cure rate for the past four half years.



Prevention of Vitamin A Deficiency Disorders

As part of efforts to eliminate vitamin A deficiency disorders, the Ghana Health Service has instituted routine vitamin A supplementation for children 6-59months in order to boost their micronutrient stores for present and future use. The municipality carried out the routine

services during child welfare clinics, outreaches, home visits, school health, mini-mass campaigns and other services that make contact with children of that age category.

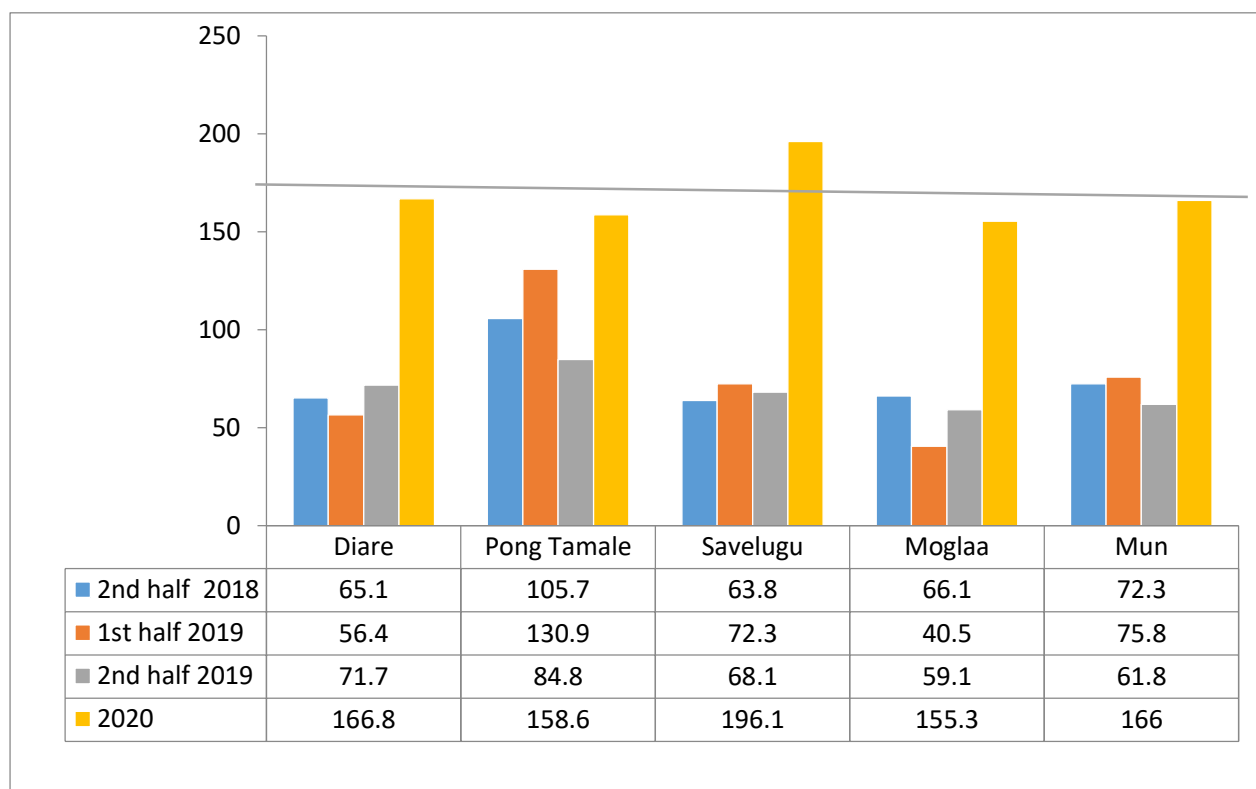
Children whose ages fall within 6-11months were dosed with 100,000 IU whilst those whose ages are between 12-59months were dosed with 200,000 IU. Each child is expected to receive two doses of vitamin A within the calendar year and hence annual populations were used to calculate for proportions of children dosed during half year performances.

For the period under review, the target set (85%) for children 6-11months was achieved by all sub-municipals. This manifested in the overall Municipal performance of around 166% compared to 61.8% of last year.

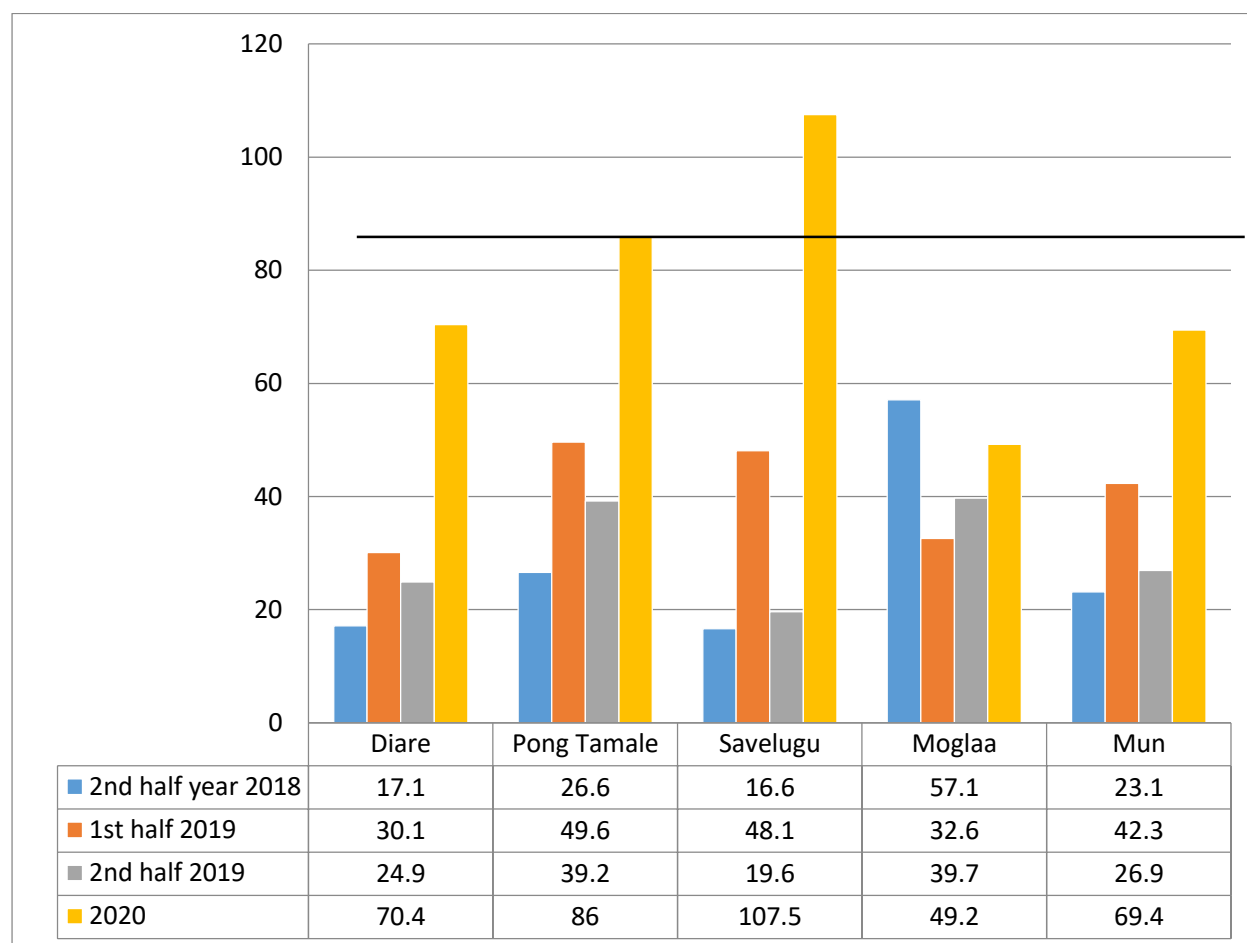
The municipality also had a marginal increment on the performance for vitamin A dosage for children 12-59 months as it increased from 26.9% in 2019 to 69.4% in 2020.

Below is the graphical representation of the performances of both age bands.

3.8.5: Vitamin A Supplementation for Children 6-11 Months



3.8.6: Vitamin A Supplementation For Children 12-59 Months



Anemia in pregnancy

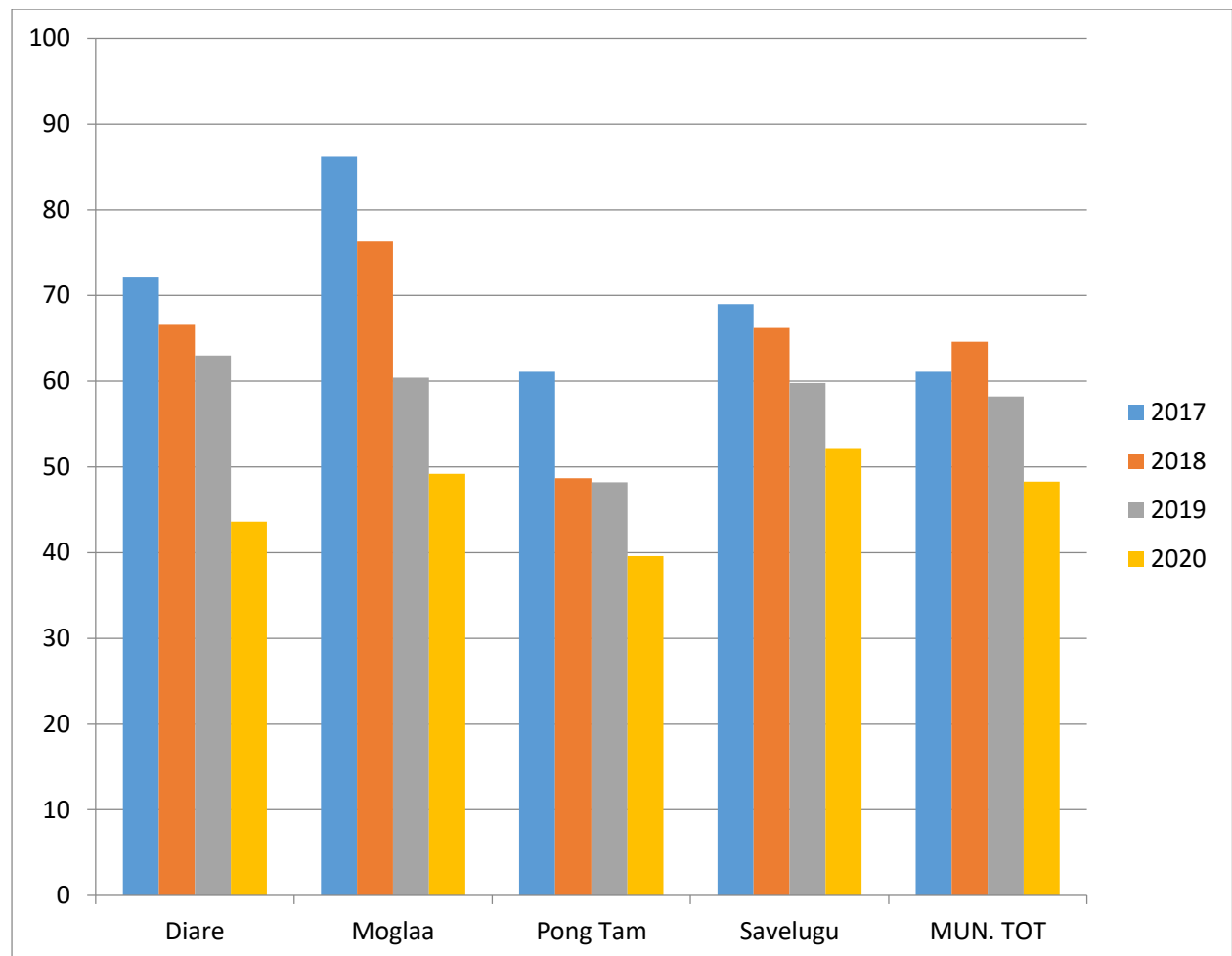
Anemia is a major concern in the Savelugu municipality especially among pregnant women and children under 5. As part of efforts to reduce the prevalence, the Health Directorate in collaboration with the Savelugu Municipal Assembly and RING supplied all health facilities with Hemocue machines in 2018 to test the HB's of pregnant women at various recommended stages of their pregnancies. For the year under review, anemia at registration

has reduced slightly from 58.2% in 2019 to 48.3% in 2020. Also, there was an improvement in anaemia at 36 weeks as it reduced from 58.3% in 2019 to 45.5% in 2020.

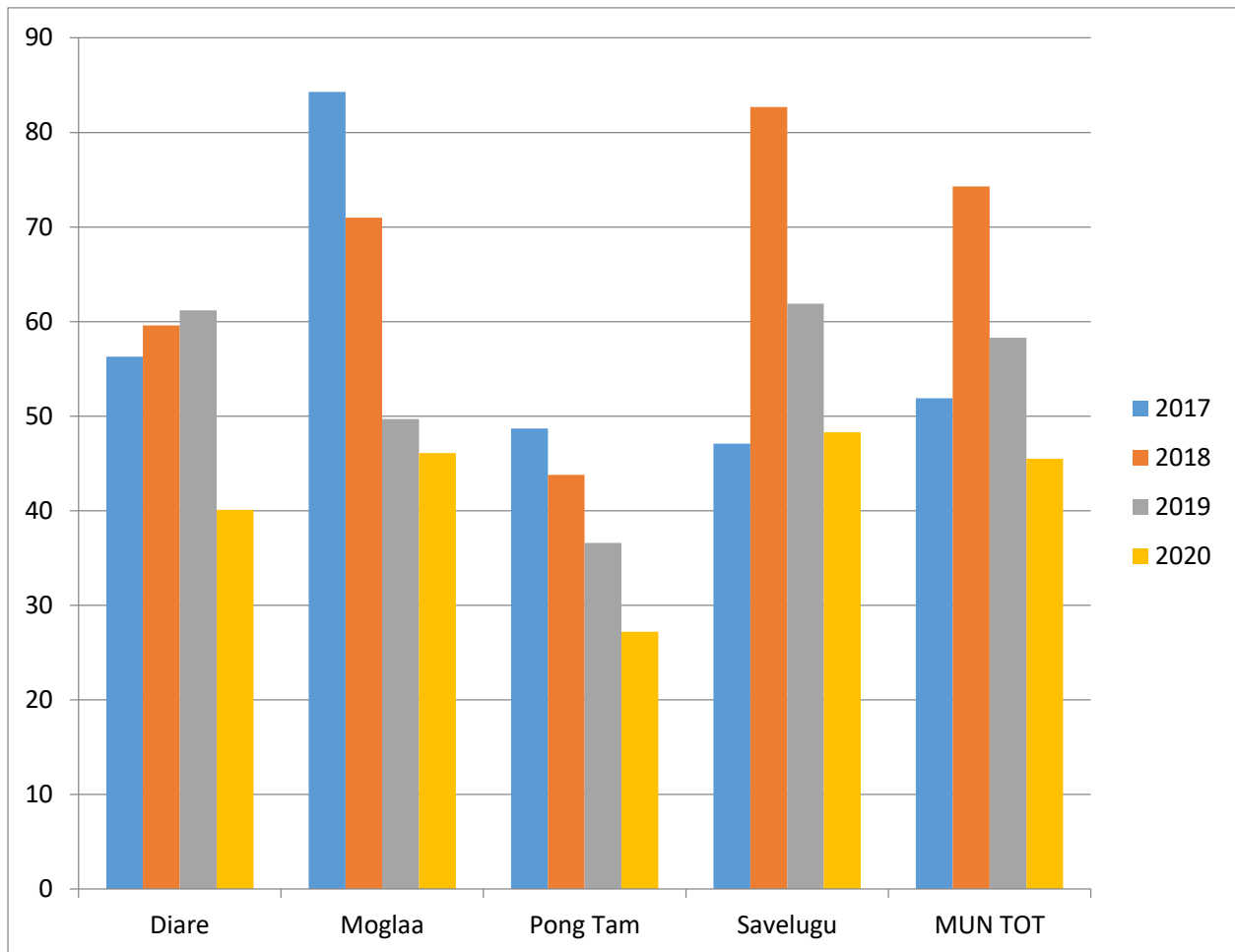
All sub-municipals have had a significant reduction in anaemia among pregnant women both at registration and at 36 weeks. Savelugu sub-municipal though performed well by improving on their performance from last year still have the highest proportion of anaemia among pregnant women both at registration and at 36 weeks.

The graph below explains in to detail by sub-districts the performances on anaemia at registration and at 36 weeks of pregnancy.

3.8.9: Proportion of Pregnant Women Anaemic At Registration



3.8.10: Proportion of Pregnant Women Anaemic At 36 Weeks



LIST OF PUBLIC HEALTH FACILITIES

1. Diare Health center
2. Moglaa Health Center
3. Pong-Tamale Health Center
4. Savelugu Health center
5. Savelugu Municipal Hospital
6. Bunlung CHPS compound
7. Kukobilla CHPS compound
8. Dipale CHPS compound
9. Pigu CHPS zone
10. Nambagla CHPS compound
11. Tigla CHPS zone
12. Nabogu CHPS Zone
13. Kuldanaali CHPS compound
14. Kpendua CHS zone
15. Vet/Nayilifong CHPS zone
16. Kpong CHPS zone
17. Mohifong CHPS zone

18. Nakohagu CHPS zone
19. Langa CHPS zone
20. Tarikpaa CHPS zone
21. Kanshegu CHPS zone
22. Kugafong CHPS zone
23. Tugbang Chps zone
24. Kadia CHPS Zone.

PRIORITIES OF THE MUNICIPAL HEALTH DIRECTORATE FOR 2020

- Construction of maternity block at Diare Health center
- Completion and furnishing of Nabogu CHPS compound
- Construction and furnishing of Tigla CHPS compound
- Construction and furnishing of Yong CHPS compound
- Construction and furnishing of Pigu CHPS compound
- Construction of a labour room at Dipale CHPS
- Provision of PPES to health facilities to fight against Covid-19 pandemic
- Renovation of Pong Tamale Health center
- Renovation of Diare Health center
- Provision of staff accommodation at Diare health center
- Construction of a CHPS compound at Tarikpaa

PROJECTS EXECUTED BY THE SAVELUGU MUNICIPAL ASSEMBLY IN THE HEALTH SECTOR

- Completed and furnished Nabogu CHPS compound
- Construction and furnishing of Tigla CHPS compound
- Construction and furnishing of Yong CHPS compound
- Construction of Pigu CHPS compound
- Construction of a labour room at Dipale CHPS
- Provision of PPES to health facilities to fight against Covid-19 pandemic