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Ghana: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policymakers in Ghana, where 7 percent of children under five are acutely malnourished or wasted (have low weight-for-height) and 18 percent of children under five are stunted (have low height-for-age), according to the most recent Ghana Multiple Indicator Cluster Survey (MICS) (GSS 2018).

Background

Ghana is a mature and stable democracy, with a well-functioning multi-party system, a trusted judiciary, and a strong broadcast media. It is consistently ranked among the top three countries in Africa for press freedom. Ghana is classified as a lower-middle income country; however, it has experienced some economic difficulties in recent years. The Bank of Ghana has taken policy measures to help control inflation and fiscal deficits. The economy saw improvements in early 2017, and Ghana is on track to decrease both inflation and the national debt. The industrial and agricultural sectors have contributed the most to Ghana's recent economic rebound, primarily due to mining, oil, and good performance in crops, including cocoa and fisheries. However, growth in non-oil activities decreased from 6.5 percent in 2018 to 5.8 percent in 2019 (World Bank 2020). As of 2019, the service sector was the largest sector in terms of employment, representing 49 percent of the total work force, compared to the 30 percent working in agriculture (World Bank 2019a; World Bank 2019b).

While Ghana has successfully reduced its overall poverty rate over the long term, falling from 49 percent of the population living on less than U.S.\$1.90 per day in 1990, to 13 percent in 2018, large regional income disparities remain between the north and the south (World Bank 2018). In the northern regions of Upper West, Upper East, and Northern¹, a respective 60 percent, 79 percent, and 72 percent of the population fall into the lowest income quintile. In contrast, Ashanti, Western, and Central regions have only 7 percent, 6 percent, and 5 percent of their populations in the lowest quintile, respectively (GSS, GHS, and ICF International 2015).

Currently, Ghana ranks 104th out of 162 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2019). Infant and child mortality remain high—1 in every 27 Ghanaian children will die before the age of 1, and 1 in 19 will die before the age of five. The maternal mortality rate is 310 per 100,000 live births (GSS, GHS, and ICF International 2018). The country's population is estimated to almost double by 2050, to an estimated 56.5 million (PRB 2020). With a fertility rate averaging four children per woman, Ghana has a fairly young and urban population, with 37 percent of the population under 15 years of age and 57 percent living in urban areas (MHS 2017; PRB 2020).

¹ Since these data were last recorded, the Northern region was divided into three smaller regions: Northern, North East, and Savannah.

Nutrition and Food Security Situation

As with the economic situation, significant disparities exist in the nutrition and food security situation in Ghana. In 2017/2018, the prevalence of stunting, wasting, and underweight among children under five years of age were 18, 7, and 13 percent, respectively. Forty-three percent of children under six months are exclusively breastfed.

Childbearing begins early in Ghana. In 2017/2018, the percentage of women 20–24 years of age who had a live birth before age 18 was 18 percent (GSS 2018). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birthweight baby who is more likely to become malnourished, and be at increased risk of illness and death, than those born to older mothers (GSS, GHS, and ICF International 2015). Anemia, particularly in children under five years, is also a significant public health problem. Although rates of anemia have declined from 78 percent in 2008 to 66 percent in 2014, the rate is still far above the 40 percent World Health Organization (WHO) threshold for a severe public health concern (GSS, GHS, and ICF International 2015; de Benoist et al. 2008).

Food insecurity is a major contributing factor for the poor nutritional status of the population in the northern regions of Ghana. During the 2020 lean season, over 21,000 people were food insecure (WFP 2020). Food insecurity is linked to the inability of households to produce sufficient quantities of staples to meet their food needs, due to poor soil quality, unfavorable weather conditions, constrained access to inputs, and limited financial resources to expand production (WFP 2016a).

Ghana is among other low- and middle-income countries experiencing the double burden of malnutrition, with a high prevalence of both undernutrition and overweight/obesity. Rates of overweight/obesity increased nearly 139 percent over 15 years from 1993–2008, corresponding to a period of increased wealth in the country. The trend in Ghana is consistent with other African countries that have experienced rapid economic growth; it has led to lifestyle changes, including the increased consumption of refined foods. Rates of overweight/obesity are higher among those with higher socio-economic status. In Ghana, older age and urban residence are associated with overweight/obesity (Doku and Neupane 2015). This rise in overweight/obesity needs to be addressed, as it can lead to increases in non-communicable diseases such as diabetes, hypertension, and cardiovascular conditions.

Ghana Nutrition Data (DHS 2014 and MICS 2017/2018)*		
Population 2018 (UNICEF 2019)	29.8 million	
Population under 5 years of age (0–59 months) 2018 (UNICEF 2019)	4.1 million	
	DHS 2014	MICS 2017/2018
Prevalence of stunting among children under 5 years (0–59 months)	19%	18%
Prevalence of underweight among children under 5 years (0–59 months)	11%	13%
Prevalence of wasting among children under 5 years (0–59 months)	5%	7%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	10%	N/A
Prevalence of anemia among children 6–59 months	66%	N/A
Prevalence of anemia among women of reproductive age (15–49 years)	42%	N/A
Prevalence of thinness among women of reproductive age (15–49 years)	6%	N/A
Prevalence of thinness among adolescent girls (15–19 years) (body mass index less than 18.5 kg/m ²)	14%	N/A
Prevalence of children 0–5 months exclusively breastfed**	52%	43%
Prevalence of children 4–5 months exclusively breastfed	36%	N/A
Prevalence of early initiation of breastfeeding (i.e., put to the breast within 1 hour of birth)	56%	52%
Prevalence of children who receive a pre-lacteal feed	15%	16%
Prevalence of breastfed children 6–23 months receiving a minimum acceptable diet	15%	14%
Prevalence of overweight/obesity among children under 5 years (0–59 months)***	3%	1%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	40%	N/A
Coverage of iron for pregnant women (for at least 90 days)	59%	N/A
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)****	65%	80%
Percentage of children 6–59 months living in households with iodized salt	62%	69%

NA: Not Available

*These data are not directly comparable due to differences in the methodology of the surveys.

**MICS 2017/2018 reported exclusive breastfeeding for infants under six months of age.

***MICS 2017/2018 reported only overweight and did not include obesity in children under five years of age.

**** MICS 2017/2018 reported vitamin A received at six months of age.

Global and Regional Commitment to Nutrition and Agriculture

Ghana has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2014	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Ghana pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (UNICEF 2017).
2011	Scaling Up Nutrition (SUN) Movement	SUN, a global movement, unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. Ghana currently has active civil society and donor networks; a business network is being established. Stakeholders have also expressed interest in establishing a SUN media network (SUN 2017).
2009	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP, an Africa-led program, brings together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development (New Partnership for Africa’s Development 2009). Ghana is also a part of the New Alliance for Food Security and Nutrition, a partnership between African heads of state, corporate leaders, and G8 members to accelerate implementation of CAADP strategies. The aim of the New Alliance goals in Ghana is to generate greater private investment in agricultural development, scale innovation, achieve sustainable food security outcomes, reduce poverty, and end hunger.

National Nutrition Policies/Legislation, Strategies, and Initiatives

Ghana’s commitment to improving nutrition is outlined in the following documents, which aligned with the Government’s Vision 2020—to achieve a balanced economy and middle-income country status and standard of living by 2020.

- Ghana Shared Growth and Development Agenda (GSGDA) II (2014–2017)
- The Coordinated Program for Economic and Social Development Policies (2017–2024)
- National Nutrition Policy (2016)
- Medium Term Agriculture Sector Investment Plan (METASIP) (2010–2015)
- Food and Agriculture Sector Development Policy (FASDEP II) (2007)

Ghana’s Cross-Sectoral Planning Group (CSPG), a multi-stakeholder platform under the National Development Planning Commission, is introducing a nutrition baseline and identifying trends in nutrition financing. The CSPG played an active role in developing the 2013 National Nutrition Policy, which seeks to (a) reposition nutrition as a cross-cutting issue, (b) facilitate integration and mainstreaming of nutrition into all national development efforts, (c) provide a framework for nutrition-specific and nutrition-sensitive services and interventions, (d) guide the implementation of high-impact interventions, and (e) strengthen sectoral capacity for the effective delivery of these interventions.

The Government of Ghana, with support from the United Nations Children’s Fund (UNICEF) and USAID, launched the Livelihood Empowerment Against Poverty (LEAP) 1000 initiative in 2008—its landmark social protection program. LEAP provides cash transfers to the poorest households, which include orphans and vulnerable children, the disabled, and elderly populations. USAID funded a pilot project that extended cash benefits to 6,000 poor households with pregnant women and children under 12 months of age, with the aim to target the first 1,000 days—the period during pregnancy and up to a child’s second birthday—to improve consumption of a nutritious diet and reduce stunting. In 2016, the Government of Ghana officially adopted the eligibility criteria, adding an additional 37,000 “1,000 day” households as beneficiaries to its latest expansion.

In 2017, the Ministry of Food and Agriculture launched “Planting for Food and Jobs,” or “PFJ.” The goal of PFJ is to contribute to the modernization of the agricultural sector, leading to structural transformation of the national economy through food security, employment opportunities, and reduced poverty. PFJ focuses on (1) ensuring immediate and adequate availability of selected crops in Ghana through improved productivity and intensification of food crops and extended support to private sector service providers, (2) providing job opportunities for unemployed youth in agriculture and related sectors, and (3) creating general awareness among the public to farm available land or to establish backyard gardens to grow vegetables or grains.

Ghana also has a national school feeding program, the Ghana School Feeding Programme (GSFP), supervised by the Ministry of Gender, Children, and Social Protection. GSFP was started in 2005 to meet CAADP and Millennium Development Goal requirements and targets. As of 2016, program coverage was estimated to reach 2 million children, who benefit from daily, hot, nutritious meals at school. Meals are prepared from locally-grown food and efforts are made to spend 80 percent of the costs locally (WFP 2016b).

The Government of Ghana has developed a framework known as “The Coordinated Program for Economic and Social Development Policies 2017–2024. An Agenda for Jobs: Creating Prosperity and Equal Opportunities for All.” Among the framework’s aims are to ensure food security and promote good nutrition. The interventions to be implemented include instituting measures to prevent food losses, promoting the production and utilization of locally grown and nutrient-rich foods, strengthening early warning and emergency preparedness systems, developing and implementing a nutrition strategy that adopts a life-cycle approach to reduce malnutrition at all levels, reviewing and scaling up the Regenerative Health and Nutrition Program, eliminating child and adult overweight and obesity, and promoting research and development in food and nutrition security.

USAID Programs: Accelerating Progress in Nutrition

As of April 2021, the following USAID programs with a focus on nutrition were active in Ghana. The U.S. Government selected Ghana as one of 12 Feed the Future target countries for focused investment under the new U.S. Government Global Food Security Strategy.

Selected Projects and Programs Incorporating Nutrition in Ghana		
Name	Dates	Description
Feed the Future Ghana Agriculture and Natural Resource Management (AgNRM)	2016–2021	The goal of AgNRM is to reduce poverty in northern Ghana through sustainable improvements in wealth and nutrition from natural and non-traditional agriculture products. It is the main vehicle within the USAID/Ghana Feed the Future strategy to address issues of environmental and natural resource management in northern Ghana.
Breakthrough ACTION	2017–2022	Breakthrough ACTION is a global social and behavior change (SBC) project. Its objective is to improve maternal, newborn, child, and adolescent health; nutrition; family planning; and water, sanitation, and hygiene (WASH) outcomes among populations in select regions of Ghana. Its inclusive and co-creative approach drives the provision of technical assistance to government entities and program implementers.
USAID Advancing Nutrition	2020–2022	USAID Advancing Nutrition works to enhance the Government of Ghana’s efforts to improve equitable delivery of quality services that promote nutrition, household resilience, and early childhood growth and development by providing technical support and assessment services.
Momentum Country and Global Leadership (MCGL)	2020–present	MCGL focuses on providing targeted technical and capacity development assistance and contributing to technical leadership and policy dialogue for improved maternal, newborn, and child health, voluntary family planning, and reproductive health outcomes. In Ghana, MCGL continues to conduct formative nutrition assessments focused on pregnant women and postpartum mothers, in addition to small and sick newborns.

Other USAID Nutrition-Related Development Assistance

Since 2016, The Korean International Cooperation Agency (KOICA) and USAID have implemented a project designed to improve maternal, newborn, and child health care in the Volta region. In collaboration with Samsung, KOICA and USAID are digitizing Ghana’s health information system (m-Health) to make health information available online (KOICA 2017). USAID has also partnered with the Japan International Cooperation Agency to support the development and implementation of the Maternal and Child Health Record Book, which improves access to quality maternal and child health and nutrition services.

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