
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 due to the prevalence of undernutrition, overnutrition, and micronutrient deficiencies.

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, the service and non-oil industry sectors have declined. As of 2017, the service sector became the largest sector in terms of employment, representing 44 percent of the total work force, compared to the 42 percent working in agriculture. Just two years prior, agriculture was the largest sector in terms of percent of total employment (World Bank 2017a; World Bank 2017b).

While Ghana has successfully reduced its overall poverty rate over the long term, falling from 47 percent of the population living on less than \$1.90 per day, to 14 percent in 2012, large regional income disparities remain between the north and the south (World Bank 2017a). In the northern regions of Upper West, Upper East, and Northern, 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 (Ghana Statistical Service [GSS], Ghana Health Service [GHS], and ICF International 2015).

Currently, Ghana ranks 107th out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). Infant and child mortality remain high—1 in every 24 Ghanaian children will die before the age of 1, and 1 in 17 will die before the age of 5 (GSS, GHS, and ICF International 2015). The maternal mortality rate is 319 per 100,000 live births (Sachs et al. 2017). The country's population is estimated to almost double by 2050, to an estimated 51.2 million. With a fertility rate averaging 4 children per woman, Ghana has a fairly young and urban population, with 39 percent of the population under 15 years of age and 55 percent living in urban areas (Population Reference Bureau 2017).

Nutrition and Food Security Situation

As with the economic situation, significant regional disparities exist in the nutrition and food security situation in Ghana. The prevalence of stunting (chronic malnutrition or low height-for-age) is 19 percent nationally, but rises to 33 percent in Northern region. The prevalence of acute malnutrition (wasting or weight-for-height) is also much higher in the northern regions, and at 9 percent, is highest in Upper East region. Central region also has high levels of both stunting and wasting, at 22 percent and 8 percent, respectively (GSS, GHS, and ICF International 2015; World Health Organization 2017). Differences in stunting levels can be seen according to maternal education and wealth levels—only 16 percent of children whose mothers have secondary education are stunted, while the rate rises to 26 percent for children whose mothers had no formal education. Similarly, 9 percent of children in the highest wealth quintile are stunted, while 25 percent of children in the lowest wealth quintile are stunted (GSS, GHS, and ICF International 2015).

Childbearing begins early in Ghana. By age 19, 36.1 percent of adolescents had begun childbearing in 2014 which is an increase from 28.9 percent in 2008 (GSS, GHS, and ICF International 2015). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight 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). The risk of stunting is 33 percent higher among first-born children of girls under 18 years in Sub-Saharan Africa, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014). Anemia, particularly in children under 5 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 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 to the poor nutritional status of the population in the northern regions of Ghana. Among the regions of greatest concern, which include Upper East, Upper West, Northern, Brong Ahafo, and Volta, 16 percent of households are considered food insecure. 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 (World Food Programme 2016a).

Ghana is among other developing countries experiencing the double burden of malnutrition, with high prevalence of both undernutrition and overweight/obesity. Rates of overweight/obesity increased nearly 139 percent over a 15-year period from 1993–2008, corresponding with a period of increased wealth in the country. The trend in Ghana is consistent with other African countries that have experienced rapid economic growth, which 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 urban women (40–44 years of age) are of particular concern (Doku, D. and Neupane, S. 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 2008 and 2014)		
Population 2016 (UNICEF 2017)	28.2 Million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	4.1 Million	
	2008	2014
Prevalence of stunting among children under 5 years (0–59 months)	28%	19%
Prevalence of underweight among children under 5 years (0–59 months)	14%	11%
Prevalence of wasting among children under 5 years (0–59 months)	9%	5%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	10%	10%
Prevalence of anemia among children 6–59 months	78%	66%
Prevalence of anemia among women of reproductive age (15–49 years)	59%	42%
Prevalence of thinness among women of reproductive age (15–49 years)	9%	6%
Prevalence of thinness among adolescent girls (15–19 years) (BMI less than 18.5 kg/m ²)	16%	14%
Prevalence of children 0–5 months exclusively breastfed	63%	52%
Prevalence of children 4–5 months exclusively breastfed	49%	36%
Prevalence of early initiation of breastfeeding (i.e. put to the breast within 1 hour of birth)	52%	56%
Prevalence of children who receive a pre-lacteal feed	18%	15%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet*	41%	15%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	5%	3%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	30%	40%
Coverage of iron for pregnant women (for at least 90 days)	42%	59%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	56%	65%
Percentage of children 6–59 months living in households with iodized salt	NA	62%

NA: Not Available

**The percentages from 2008 and 2014 are not comparable, as the definition changed from consuming 3+ food groups and minimum times or more in 2008, to consuming 4+ food groups and minimum meal frequency in 2014.*

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 (A Promise Renewed 2017).
2011	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that 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 in the process of being established. Stakeholders have also expressed interest in establishing a SUN media network (SUN 2017).
2009	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP is an Africa-led program bringing 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 are aligned with the Government's Vision 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 (2013–2017)
- 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 working to introduce a nutrition baseline and identify trends in nutrition financing. The CSPG played an active role in the development of 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.

In 2017, the Ministry of Food and Agriculture (MOFA) 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 Comprehensive Africa Agriculture Development Programme (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 (World Food Programme 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 is 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 (RHNP); 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 January 2018, 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.
Communicate for Health (C4H)	2015–2020	C4H seeks to improve a range of health behaviors, including those related to family planning; nutrition; maternal and child health; malaria prevention

		and treatment; HIV/AIDS; and water, sanitation, and hygiene, through mass media and social and behavior change communication (SBCC) campaigns. C4H works nationally, with targeted efforts in Northern, Volta, Western, Central, and Greater Accra Regions.
WASH for Health (W4H)	2015–2020	W4H seeks to improve access to water and sanitation and includes an integrated component of nutrition and WASH actions. W4H works in Northern, Volta, Western, Central, and Greater Accra Regions.
Resiliency in Northern Ghana (RING)	2014–2019	The Resiliency in Northern Ghana (RING) project is addressing the dual issues of poverty and poor nutrition through groundbreaking Government to Government (G2G) agreements at the district level. USAID is directly funding 16 districts and the Northern Regional Coordinating Council (NRCC), with one district sub-contracted. All the districts received technical assistance to develop work plans with specific objectives, budgets, activities, and timelines. District plans focus on targeting the most vulnerable communities and households with interventions to improve nutritional practices and outcomes for women and children within the first 1,000-day window and also diversify and increase incomes.
Systems for Health (S4H)	2014–2019	S4H works in five regions (Greater Accra, Central, Western, Volta, and Northern) to reduce underweight, stunting, and anemia among women and children. It works to improve health systems using an integrated approach, working across nutrition, maternal and child health, family planning/reproductive health, and malaria.
Evaluate for Health (E4H)	2014–2019	E4H supports the Ghana Health Service to improve accountability, learning, and evidence-based decision-making. It also supports monitoring and evaluation activities for other USAID/Ghana projects, including those focused on nutrition and food security.
Feed the Future ADVANCE II	2014–2018	ADVANCE II improves the livelihoods of smallholder farmers by improving the productivity of rice, maize, and soy value chains. ADVANCE II adopts a value chain approach, where smallholder farmers are linked to markets, finance, inputs, equipment, and information through nucleus (commercial) farmers and traders (aggregators) who have the capacity to invest in these chains. ADVANCE II also provides soy utilization training to smallholder farmers. ADVANCE II is currently active in Upper East, Upper West, Northern, and Brong Ahafo regions.
Maternal and Child Survival Program (MCSP)	2014–2019	MCSP is supporting the Government of Ghana (GoG) in improving pre-service education by introducing nutrition technical updates into the curricula of midwifery and community health nursing schools.
Livelihood Empowerment Against Poverty (LEAP) 1000	2014–2018	LEAP is the GoG’s landmark social protection program. It provides cash transfers to the poorest households, comprised of 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 with the aim to target the first 1,000 days of life—the period during pregnancy and up to a child’s 2nd birthday—to improve consumption of a nutritious diet and reduce stunting. As a result, the GoG in 2016, officially adopted the eligibility criteria, adding another 37,000 “1,000-day” households as beneficiaries to its latest expansion.
USAID Global Health Supply Chain Program Procurement and Supply Management (GHSC-PSM)	2016–2020	GHSC-PSM supports the Ghanaian Ministry of Health’s and Ghana Health Service’s efforts to build an integrated and effective national supply chain for HIV/AIDS, malaria, family planning, nutrition-related products, and other health commodities by 2020.

Other USAID Nutrition-Related Development Assistance

The Equatorial Coca-Cola Bottling Company (ECCBC) has partnered with The Coca-Cola Africa Foundation (TCCAF) and USAID to build Water Health Centers (WHCs) throughout Ghana as part of TCCAF's Replenish Africa Initiative (RAIN). WHCs are small, modular structures that house water purification equipment to treat locally available water through a combination of sedimentation, pre-filtration, and ultraviolet technology. WHCs are also supported through the Water and Development Alliance (WADA) between Coca-Cola and USAID (Africa Business Communities 2017; USAID Ghana WASH Project 2017).

USAID is partnering with The Hershey Company, and local agricultural supplier ECOM, which supplies Hershey with Ghanaian cocoa, to test methods and generate evidence to strengthen land and tree rights within the Ghanaian cocoa supply chain to boost yields and improve sustainability. This work is part of the Tropical Forest Alliance 2020 (TFA 2020)—a global public-private partnership between governments, the private sector, and civil society—which is working with many agribusinesses to support their goal of achieving deforestation-free supply chains (USAID 2017).

The Hershey Company has also partnered with USAID and Rotary International to support local production of ready-to-use therapeutic food (RUTF) through Project Peanut Butter. Through this support, local production facilities have been built and local producers have started to distribute locally-produced RUTF called "Vivi" (Project Peanut Butter 2016; U.S. Embassy in Ghana 2017). As part of the partnership, a groundnut processing facility was inaugurated at Peanut Butter Factory in Kumasi in 2017 to boost the groundnut value chain in Ghana.

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 working to digitize Ghana's health information system (m-Health), making health information available online (KOICA 2017).

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