

UNICEF in Ghana

Young Child Survival & Development



Essential Statistics

Infant mortality
50/1,000

Under-five mortality
80/1,000

Maternal mortality
451/100,000

Stunting (children under five)
28%

Anaemia (6–59 months)
78%

Immunisation (children 12–23 months)
79%

Children under five sleeping under an
insecticide treated net
28%

Use of improved drinking water
78%

Use of improved sanitation facilities
(includes use of shared sanitation
facilities)
64%

Source: GDHS 2008, Ghana Multi-Indicator Cluster
Survey (MICS) 2006 and the Ghana Maternal
Health Survey 2007

**“Most parents dream that
their children will grow and
develop normally, reach
adulthood and prosper.”**

Children in Ghana, UNICEF 2009

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Issue



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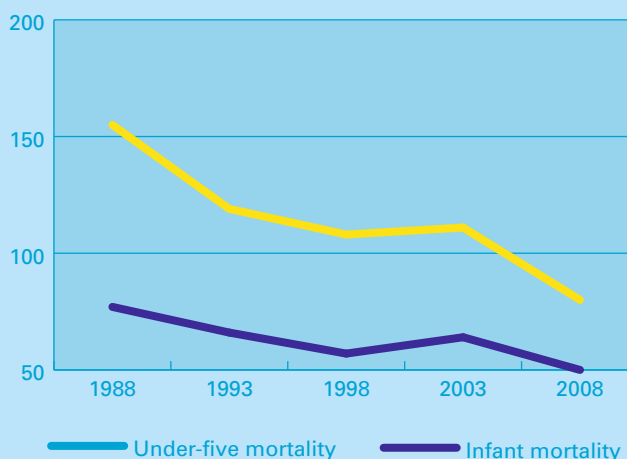
Children in Ghana have benefited from an accelerated drive to improve child survival. According to the results from the 2008 Ghana Demographic and Health Survey (GDHS), mortality rates in children under the age of five have decreased by almost 30 per cent from 2003 to 2008.

Much of this progress has been due to improved immunisation, micronutrient supplementation, malaria prevention, treatment of diarrhoea and other high impact health care and economic interventions. If Ghana continues to scale up along this path, it is possible that the Millennium Development Goal (MDG) on reducing child mortality may be met by 2015. Another area of impressive progress is Ghana's national coverage of safe drinking water, which stands at 78 per cent, two percentage points away from the MDG target on water.

Yet this recent victory for children cannot breed complacency. One in every twelve children still dies before the age of five, mostly of preventable causes. Two-thirds of all under-five deaths happen in the first year of life. Malnutrition is an underlying cause of 40 per cent of all childhood deaths. Access to sanitation, which is so important in reducing diarrhoea, one of the top five childhood killers, is lagging far behind in the northern parts of the country where the practice of open defecation is still prevalent. The prevalence of Guinea Worm disease in the Northern Region, though not as high as before, still makes Ghana the second most endemic country after Sudan.

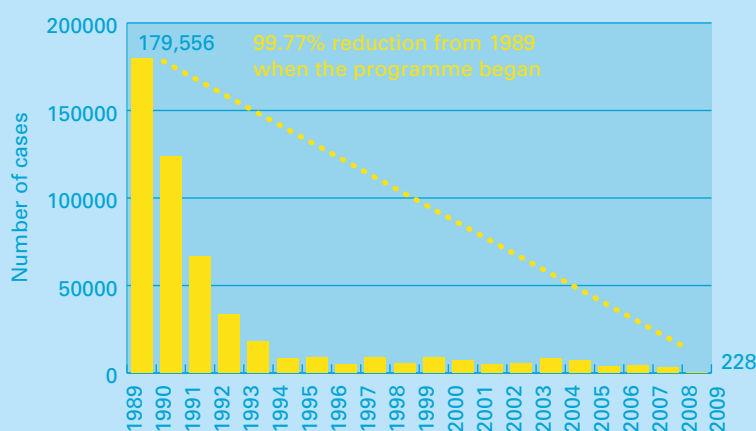
Maternal health, so critical for child survival, is still compromised by inadequate coverage, access to and quality of reproductive health services. According to the Ghana Maternal Health Survey 2007, less than one in two women receive all three maternity care services proven to save lives – antenatal care, delivery by a skilled attendant and post-natal care. It is unlikely that Ghana will achieve MDG 5 if this trend continues.

Trends in U5MR and IMR, 1988–2006

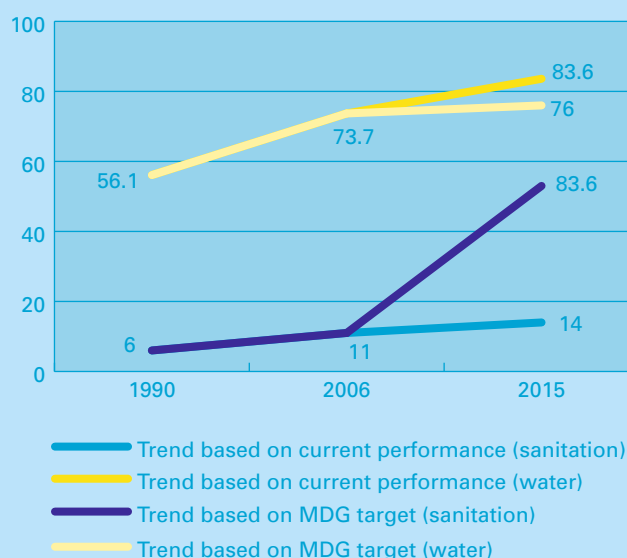


Source: Ghana Demographic and Health Survey 1988, 1993, 1998, 2003, 2008

Annual incidence of Guinea Worm cases in Ghana, 1989–2008



Access and target of improved water and improved sanitation facilities



UNICEF in action

Young Child Survival & Development

Young Child Survival and Development is the first focus area of the UNICEF Medium Term Strategic Plan (MTSP) for 2006–11, a strategic framework to achieve the millennium goals and commitments. UNICEF's support between 2006 and 2009 contributed to advances in the following areas:

Comprehensive policies and programmes in place for children.

UNICEF's technical expertise and evidence-based advocacy contributed immensely to national-level planning and policy development, leading to the adoption by the Ministry of Health of the High Impact Rapid Delivery (HIRD) approach as a national strategy for achieving MDG 4 and 5. UNICEF piloted this intervention and demonstrated its impact on child survival. Children have also been exempted from paying the National Health Insurance Scheme premium and maternal health services have been made free under this scheme. In addition, the government placed more focus on addressing health inequities through the Community-based Health Planning and Services initiative.

UNICEF supported the finalisation of Ghana's new Child Health Policy and Infant Young Child Feeding strategy.

It has advocated for and supported a strategy to provide antimalarial drugs, oral rehydration salts and treatment of pneumonia at community level, including providing support to work towards making Ghana free of malnutrition. UNICEF also supported the development of the Water Policy and a new Environmental Sanitation Policy that highlights hygiene education and community approaches to total sanitation.

Reduction in child mortality. A 30 per cent reduction in under-five mortality between 2003 and 2008, particularly in the three northern regions benefiting from UNICEF's support of HIRD.

Better protection of young children from malaria in UNICEF-supported regions. Seventy per cent of children five years or younger sleep under an

insecticide-treated mosquito net in the Upper West Region, 61 per cent in the Northern Region and 61 per cent in the Upper East Region.

Enhanced nutrition and learning for children. Coverage rates of 90 per cent or more have been achieved for Vitamin A supplementation in children under the age of five through regular campaigns and routine delivery.

Stepping up the fight against malnutrition. The Essential Nutrition Actions package, a set of affordable and effective health centre and community-based activities to improve the growth and micronutrient status of children, was rolled out in 54 per cent of districts by the end of 2008.

The percentage of mothers exclusively breastfeeding their babies also increased from 54 per cent in 2003 to 63 per cent in 2008. Vast improvements in breastfeeding rates have been made through UNICEF's partnership with the Ghana Red Cross Society to assist 200 mother support groups.

Community-based therapeutic feeding – Plumpynut® saved lives. Plumpynut®, a ready-to-use, peanut-based, high protein and energy therapeutic food, is a key component of Ghana's strategy to treat malnutrition in children. In 2008 UNICEF supplied 32 metric tons of Plumpynut® to the Ghana Health Service, together with training in its use for implementing a health-centred and community-based treatment programme for severe malnutrition. In the UNICEF focus regions of Upper East and Northern Regions close to 5,000 severely malnourished children were treated with Plumpynut®. Around 80 per cent of the children recovered within five weeks of treatment.

Toward improved water, sanitation and hygiene (WASH) services. UNICEF is working with the WASH sector ministries, departments and agencies in creating an enabling environment for the decentralised delivery of WASH services. It contributed to

the development of the Water Policy, the National Environmental Sanitation Policy, School Health Education Policy and the ongoing development of a Sector Wide Approach for programming in the WASH sector. Its support for the establishment and functioning of the Water and Sanitation Monitoring Platform has brought innovation and impetus to sector monitoring and analysis, facilitating sector organisations to plan effectively.

UNICEF contributed to the improvement of WASH services and interventions, particularly in the Northern, Central, Upper East and Upper West Regions. UNICEF, together with all the sector partners, has succeeded in improving access to improved water facilities by 78 per cent. However, progress in basic sanitation has been extremely slow, with access to basic sanitation at just 10 per cent.

UNICEF, in partnership with the Ministry of Local Government and Rural Development, the Community Water and Sanitation Agency (CWSA), PLAN Ghana and Water Aid Ghana is supporting an initiative to take sanitation to scale through the Community-Led Total Sanitation (CLTS) approach. Under the leadership of CWSA, UNICEF and other partners contributed to the Hand Washing With Soap Public-Private Partnership which achieved up to 62 per cent change in the practice of hand washing.

Towards a Guinea Worm disease-free Ghana. The UNICEF- and partner-supported Guinea Worm Eradication Programme reduced cases of Guinea Worm disease by 85 per cent between 2007 and 2008. Between 2008 and 2009 a further 49 per cent reduction in the number of reported indigenous cases has been achieved, bringing the total number of Guinea Worm disease cases to 237 by the end of September 2009. The number of communities where the disease is endemic with at least one source of safe drinking water has also increased, from 49 in 2006 to 67 per cent in 2009.



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Planned impact for children

Over the period 2009–11, UNICEF plans to build on the achievements of the previous years to contribute to improving child survival and development in Ghana. UNICEF is committed to support achievement of the MDGs in Ghana.

Enhanced policy environment.

UNICEF will continue to provide technical expertise and advocate for using evidence-based knowledge to influence national-level planning and policy development and facilitate better coordination at all levels of government. Active participation in the Health and WASH Sector Wide Approach to programming will be continued. UNICEF is committed to support achievement of MDGs 4, 5

and 6, as well as water, sanitation and health related programmes.

Improved child survival. Through support of HIRD in the four UNICEF focus regions, coverage of immunisation, Vitamin A supplementation, exclusive breastfeeding, and use of insecticide-treated bed nets and best infant and young child feeding practices will be increased. In addition, UNICEF will support the scale-up of treatment of childhood illnesses at the household level (malaria, diarrhoea and pneumonia) and malnutrition using Plumpynut® to support further reductions in morbidity and mortality. The capacity of communities,

families and caregivers to actively participate in identifying and resolving their own health problems will be strengthened through communication and health promotion activities.

Increased access to improved water and sanitation.

UNICEF support will be focussed on improving access to safe water in rural communities where Guinea Worm disease is endemic. A rural sanitation programme – Community Approaches to Total Sanitation – will be finalised to stop open defecation and reduce the country's high levels of diarrhoeal disease. Hygiene education will also be integrated into the national school health education programme.