

ASUOGYMAN DISTRICT HEALTH
DIRECTORATE



Your Health • Our Concern

REPORT

NUTRITION UNIT ANNUAL REPORT 2025

DATE: 28 JANUARY, 2025

INTRODUCTION

BRIEF INTRODUCTION TO THE DISTRICT

Asuogyaman District is one of the thirty-three districts in the Eastern region of Ghana. Until its creation in 1988, the area forms part of the former Kaoga District Council whose capital was Somanya. It covers a total estimated surface area of 1,507 square kilometres and constitutes 5.7% of the total area of the eastern region with its capital Atimpoku.

The district is bordered to the North by the Afram Plains District to the South by North Tongu District West by Manya Krobo District, and to the East by South Dai District.

1.1.2. PHYSICAL CHARACTERISTICS

The topography of the district is generally undulating, with the following highlands – Tatabum, Krobo Kyei, Bulu, Adomi, and Kpegyei. The main water bodies include the Volta River and Lake, River Adobo, River Opotoku, the Barwaree, Anyinase River and the Bubukaan. Indeed, it is on account of the fact the major settlements are located on either side of the Volta Lake that the name Asuogyaman was adopted for the district (“Asuogya” – Water and “man” – state).

The mean annual rainfall is about 1130mm with a bimodal distribution and a maximum daily amount of about 67mm. The period May-June constitutes the major wet season, with the minor wet season occurring during the period September-November. The annual temperature is about 28°C with average maximum and minimum being 37°C and 19°C respectively.

The vegetation of the district is a mixture of Forest, Semi-Forest/Re-growth, and Savannah.

1.1.3 ECONOMIC ACTIVITIES

Farming constitutes the main economic activity of most of the people, with maize, cassava, and plantain being the major crops. Fishing is also done mostly by the Battors. Banana is grown for export as well as exotic vegetables (e.g., green pepper). These ventures (banana and vegetables) are undertaken by private companies. Manufacturing, commercial, and service activities are also carried out mostly in Akosombo, with the Akosombo Textiles Limited, Volta Hotel, Volta River Authority and Volta Lake Transport Company Limited, Volta River Estate Limited (VREL) are the main operatives. Akosombo also houses the most viable market in the district. The district now has one of the finest and luxurious hotels and resort, namely, Royal Senchi Hotel, Bridge View Resort, and Peninsula Resort.

The Asuogyaman district has vast potential for investment particularly, in the area of tourism, agriculture, and industry.

There is also fish farming along the lake in areas like Marine, Kudikope, Asikuma, Sedorm, and Atimpoku in the district. Asikuma also holds the largest fish market in the district, with people coming from both within and outside the district to patronize their services. There is also a Chain Saw Operators in Sedorm called Sustainable development thus specializes in zed cutting of trees in the Lake for both local and international use.

1.1.4 TOURISM

The potentials include the following:

- Beautiful landscape and scenery along the Volta River and Lake.
- Extensive lake shores for the development of beach resorts.
- Small islands located in the Volta Lake, especially in Atimpoku and Dodi.
- Water transport and river sport in the lake.

1.1.5 AGRICULTURE

The potentials are in the areas of:

- Suitable soil and abundant water for cultivation of exotic vegetables for both domestic consumption, export and farming generally.
- Fish farming, oyster, and lobster production.
- Conducive vegetation and available water for livestock farming on a large scale.

1.1.6 INDUSTRY

The district has comparative advantages for the location of industry in the following ways:

- Existence of inland port at Akosombo, for river transport between the South and the North of the country.
- Easy access to power from Akosombo and Kpong Hydro-Electric Power Plant.
- Proximity to Tema, Accra, and Lome.
- Large deposits of clay for the brick and tile industry.
- Large deposits of talc at Anum and Boso

1.1.7 TRADITIONAL ADMINISTRATION

Traditional Administration in Asuogyaman District is centred on chieftaincy as practiced by its constituent ethnic groups – Akwamus, Anums, and Bosos. Thus, the District has three Traditional Councils; each of the ethnic groups has a hierarchy of chiefs headed by a paramount chief followed by divisional chiefs, and village chiefs. The presence of significant Krobo and Ewe settler groups makes the district greatly heterogeneous.

Administrative demarcation: (HEALTH SERVICES)

The management as part of its planning, administration, monitoring and supervision among other strategic purposes sub-divided the district into six Sub-District (*refer to Table 2 below for details of sub-district*). The district has a total number 62 health facilities (made up of Public, Quasi – Government and Private) by type and ownership status; as indicated in table 2 below.

Table 1 below indicates the distribution of the population by sub-groups;

Table 1: Population Distribution by Subgroups, 2025

INDICATORS	Expected % of Popu.	Absolute Figures (ABSF)
Total Popuation		104,343
Expected Pregnancy / Delivery	4.0%	4,174
0 -11 Months	4.0%	4,174
12 - 23 Months	4.0%	4,174
24 - 59 Months	10.5%	10,956
Vitamin A Population (16.5% of Popu)	16.5%	17,217
WIFA	24.0%	25,042
Under 5	20.0%	20,869
Adolescent	22.9%	23,895
6-59Months	18.0%	18,782

Source: POPULATION COUNCIL 2025

Table 2: Distribution of Health facilities by Number, types and ownership

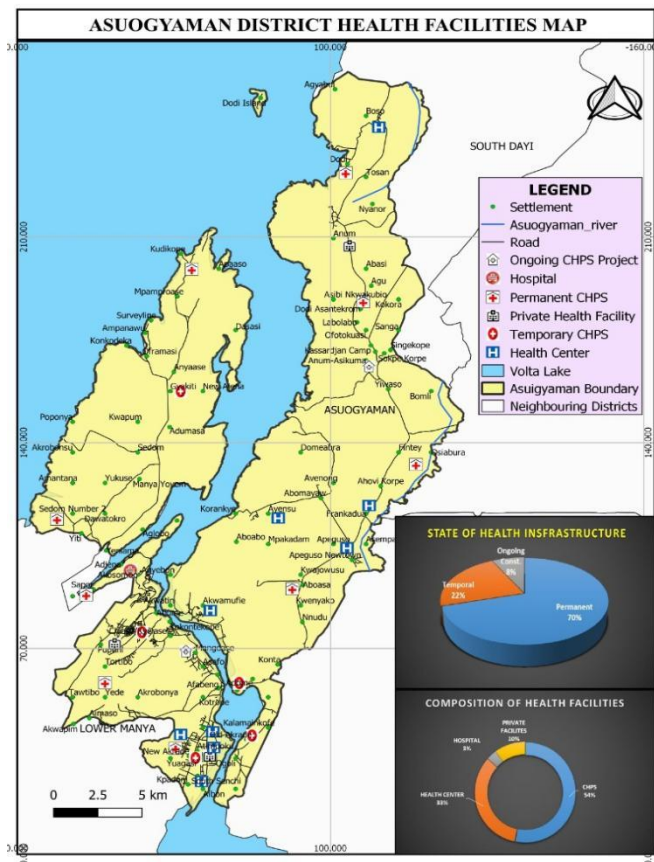
S/N	Sub-DISTRICT	Name of facility	No. of facility	Type	Ownership
1	ADJENA GYAKITI	Adjena	7	CHPS	GOG
		Kudi kope		CHPS	GOG
		Gyakiti		CHPS	GOG

		Surveyline		CHPS	GOG
		Sarppor		CHPS	GOG
		Sedorm		CHPS	GOG
		Adjena		Health Centre	GOG
2	AKOSOMBO	Abume	11	CHPS	GOG
		Akosombo Industrial Company Limited		Clinic	GOG
		Akosombo VRA		Hospital	
		Asukwao		CHPS	GOG
		Kyease		CHPS	GOG
		Lower Asukwao		CHPS	GOG
		Mess		CHPS	GOG
		Naabs Memorial		Clinic	PRIVATE
		New Combine		CHPS	GOG
		Pupuni		CHPS	GOG
		Tortibo		CHPS	GOG
3	AKWAMUFI E APEGUSO	Aboasa	11	CHPS	GOG
		Akwamufie		Health Center	GOG
		Awamufie		CHPS	GOG
		Apegusu		Clinic	GOG
		Apegusu		CHPS	GOG
		Frankadua		CHPS	GOG
		Frankadua		Clinic	GOG
		Mogadzi		CHPS	GOG

3	apegusu	Osibura		CHPS	GOG
		Fintey		CHPS	GOG
		Ayansu		CHPS	GOG
4	ANUM BOSO	Amanfro	13	CHPS	GOG
		Amoanda		CHPS	GOG
		Ansec School		Clinic	GOG
		Asukuma		CHPS	GOG
		Boso		CHPS	GOG
		Boso		Health Centre	GOG
		Destiny Amegbey		Health Center	Private
		Dodi Asantekrom		CHPS	GOG
		Hill Cross Medical Center		Clinic	Private
		New Dodi		CHPS	GOG
		Salvation Army, Asikuma		CHPS	CHAG
		Salvation Army, Anum		Clinic	CHAG
Tosen Nyayor	CHPS	GOG			
5	ATIMPOKU	AIDMEB Diagnostic	9	Clinic	Private
		Akwamuman SHS		CHPS	GOG
		Atimpoku		CHPS	GOG
		Dzidzokope		CHPS	CHAG
		Ghanakpe		CHPS	GOG
		Hashem Health Center Services		Health Center	Private
		Mangoase		CHPS	GOG

		New Powmu		Health Center	GOG
		Small London		CHPS	GOG
		SENCHI			
		Akwamuman Herbal		Clinic	Private
		Hedwigs		Clinic	Private
		New Akrade		CHPS	GOG
		Old Akrade		CHPS	GOG
		Senchi Ferry Asuogyaman		CHPS	GOG
		Senchi Ferry		CHPS	GOG
		South Senchi		Clinic	GOG
		Volta River Estate Limited (VREL)		Clinic	Quasi

DISTRICT MAP



The Asuogyaman District, with about 122 communities is divided into 6 sub-districts namely:

- Akosombo
- Atimpoku
- Senchi
- Akwamufie Apeguso
- Anum-Boso and
- Adjena-Gyakiti.

The Asuogyaman District Health System is based on a 3-tier Primary Health Care.

- The district
 - The sub-district and
- The Community Based Health Planning and Services (CHPS) at the community level

Figure 1: Map of Asuogyaman DISTRICT Source: Ghana Statistical Service, GIS

The Nutrition Unit seeks to improve the nutrition and health of all persons, especially vulnerable groups, by Providing high-quality nutrition services and optimal nutrition promotion through well-informed, highly skilled and motivated staff. The structure of the Nutrition Department is strategically positioned to address all nutrition-related public health issues, focusing on both macro and nutrients malnutrition in the general population and rehabilitating severely malnourished children and moderate or severe malnutrition in People within the District.

This report summarizes the various healthcare activities carried out at the various service delivery points in the district in the year 2025. The information in this document was obtained from the reports produced by various facilities; in addition, a significant amount of data was generated from DHIMS 2. These data were reported by both public and private

health institutions in the district. The focus of the indicators contained in this document is the GHS Nutrition Department selected indicators (Sector-wide indicators). Thus, the title of the document is “**2025 Annual Report**”.

Major issues the Nutrition Unit considered at the beginning of the year 2025 included the following;

- Low update of Vitamin A supplementation especially by 12-59 months old children
- Increased anaemia cases among pregnant women at registration and 36 weeks
- Low update of IFA tablets by adolescent girls (10 – 19 years old)
- Data inconsistencies regarding to what is on the ground and on the DHIMS 2.
- Low detection of Malnutrition under five

Objectives for the year 2025

- Ensure an increase/maintain in vitamin A coverage from 45% to 46% by the end of each semester (6 months) of 2025.
- To increase/maintain breastfeeding within 30 minutes of birth from 97% to at least 97% by the end of the year 2025.
- Ensure an increase/maintain in women taking IFA 6 from 41.4% to 42% and now (42%) and increase IFA 3 at 67% to 68% by the end of the year 2025.
- Ensure reduction/maintain in anaemia among 36-week pregnant women, from 45% to 46% by the end of the year 2025
- Increase the detection rate of the under 5 underweight (malnutrition) by 5% at the end of the year 2025.
- Ensure 80% data completeness and timeliness by the end of the year 2025.
- Lobby for NFSI and CMAM implementation in Asuogyaman District by 2025.

Following the issues considered and the set objectives above, the Nutrition unit will be adopting the following strategies to address them; This will be our strategy for 2026.

- Train and Refresh Community Health Nurses on assessment of malnutrition (CMAM)
- Continue to Provide technical support and on-the-job coaching for staff especially on early initiation to breastfeeding and counselling of pregnant women

- Regular Supportive Supervision on IYCF practices at the lower level of service delivery
- Effective monitoring of Vitamin A use and coverage at all level.
- Support GIFTS /NFSI/Deworming implementing schools during IFA supplementations.
- Monitor /update Nutrition Scorecard of Asuogymang District.
- Monthly Nutrition and Child health Reporting rate on time

TREND ANALYSIS OF SERVICE INDICATORS

NUTRITION-BASED INTERVENTION DURING PREGNANCY AND POST-NATAL

Anaemia Control Among Pregnant Women

One of the strategies to reduce anaemia is through the use of supplements to improve the health and well-being of the pregnant woman as well as pregnancy outcomes. One proxy measure of the state of health of all pregnant women is to have their haemoglobin levels determined at least on their first visit for antenatal care and again 36-week gestation.

HB TESTED AT REGISTRATION

TREND OF HB RATE TESTING

ANEAMIA IN PREGNANCY		ABSF 2023	%tage For 2023	ABSF 2024	%tage For 2024	ABSF 2025	%tage For 2025
ANC Registrants		2,242	53.1	2192	53.3	2238	53.6
HB Test @ Registration		2,242	100	2,189	99.9	2231	99.7
HB < 11g/dl		992	44.2	944	44.2	944	43.1

HB TESTED AT 36 WEEKS OLD.

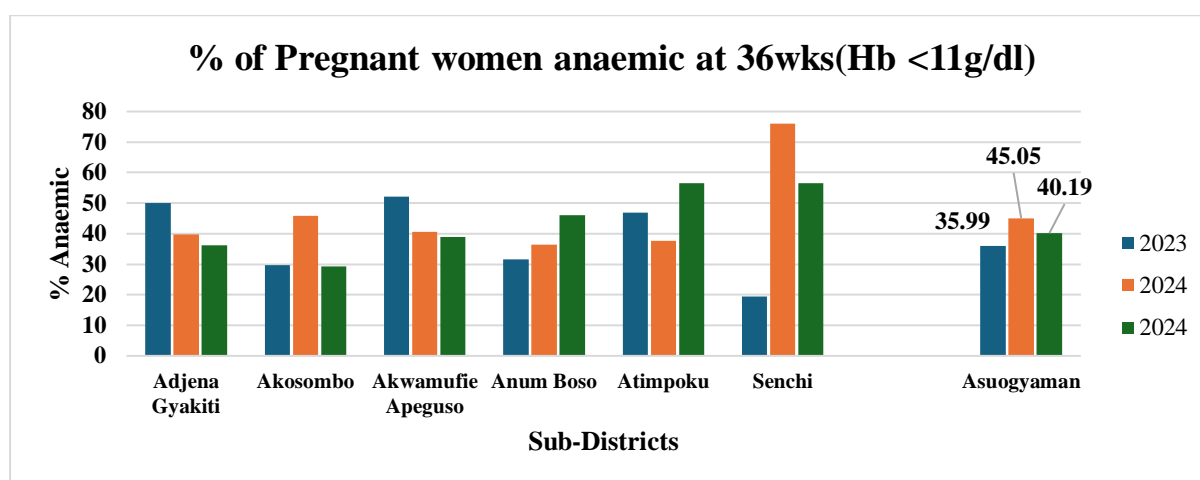
ANEAMIA IN PREGNANCY	ABSF 2023	%tage For 2023	ABSF 2024	%tage For 2024	ABSF 2025	%tage For 2025
Preg Wn seen @ 36 wks	1122	50.0	1115	51.0	953	43

HB Test @ 36wks	1142	100	1,110	101.8	953	100
HB < 11g/dl @ 36wks	411	36.	500	45	383	40.2

Figure 2: Anaemia Monitoring and Prevention among Pregnant women 2023 - 2025

Source Data: DHIMS 2, 27th January 2026.

SUB- DISTRICT PERFORMANCE



ANC registration showed relative stability over the three-year period. In 2023, a total of **2,242 pregnant women** registered for ANC, representing **53.1%** coverage. This slightly declined to **2,192 (53.3%)** in 2024, before increasing again to **2,238 (53.6%)** in 2025.

HB testing at registration was consistently high across all years, demonstrating strong adherence to ANC protocols. In 2023, **100%** of ANC registrants were tested. This performance was sustained in 2024 (**99.9%**) and 2025 (**99.7%**), indicating near-universal screening of pregnant women at booking.

Overall, the data indicate that nearly 4 out of every 10 pregnant women registered for ANC were anaemic at booking throughout the period under review. The Asuogyaman District has demonstrated strong performance in HB testing among pregnant women; however, the persistently high prevalence of anaemia at ANC registration indicates the need for intensified preventive and corrective interventions. Strengthening early ANC attendance, improving nutrition education, ensuring consistent iron–folate supplementation, and addressing underlying causes such as malaria and poor dietary intake will be critical to reducing anaemia in pregnancy.

IFA Supplementation at Ante-Natal Care and Post-Natal Care

Anemia Intervention	2023	2024	2025
IFA 3 (%)	67.6%	66.7%	65.3%
IFA 6 (%)	49.4%	40.9%	42.2%
Post-Partum IFA (%)	93%	90%	98.8%

Figure 3: Trend of IFA 3 and IFA 6 among Pregnant Women 2023 – 2025

In Ghana Health Service, the major strategy to prevent anaemia in pregnancy is the provision of iron and folic acid (IFA) supplements during pregnancy till 6 weeks postpartum. Anaemia interventions in the district focused mainly on iron–folic acid (IFA) supplementation during pregnancy and the post-partum period from 2023 to 2025. Coverage for IFA 3 declined slightly over the period, reducing from 67.6% in 2023 to 66.7% in 2024 and 65.3% in 2025. IFA 6 coverage showed a notable drop from 49.4% in 2023 to 40.9% in 2024, with a modest improvement to 42.2% in 2025, though levels remained below optimal targets. This trend suggests challenges in sustaining adherence to prolonged IFA supplementation during pregnancy. In contrast, post-partum IFA supplementation remained consistently high across the three years. Coverage declined slightly from 93% in 2023 to 90% in 2024, before increasing significantly to 98.8% in 2025. Overall, while post-partum IFA performance was strong, declining antenatal IFA coverage highlights the need to strengthen follow-up, counselling, and supply chain management to improve maternal anaemia prevention.

INFANT AND YOUNG CHILD FEEDING INTERVENTION

Lactation Management

LACTATION MANAGEMENT OF NEONATES	2023	2024	2025
Total Delivery (%) Skill + TBA	48.0	45%	44%

Figure 4: Lactation Management of Neonates, 2023 to 2025

Source Data: DHIMS 2, 27th January 2026

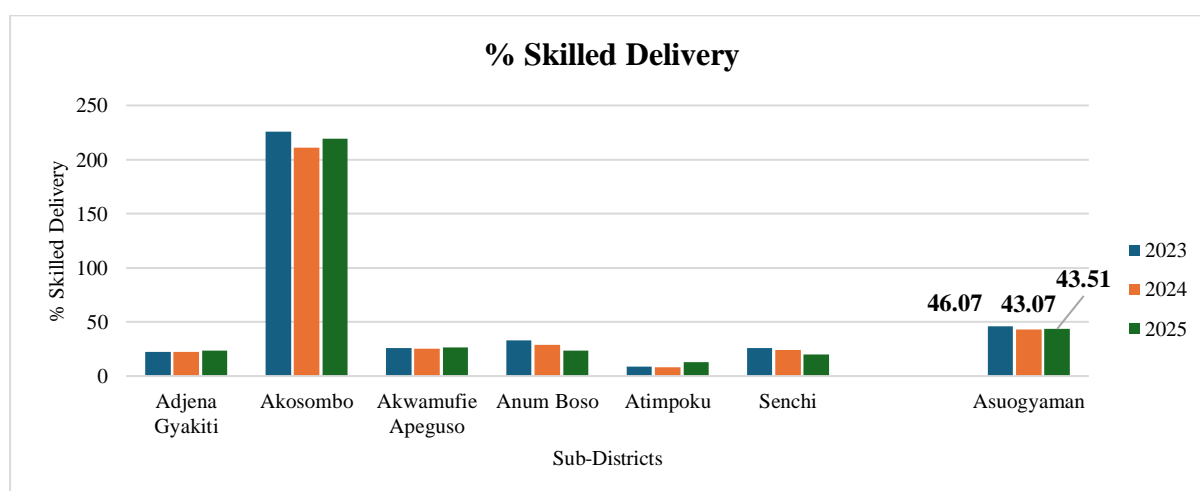
Infant and Young Child Feeding (IYCF) interventions in the district included lactation management support for neonates delivered by skilled attendants and Traditional Birth Attendants (TBAs) from 2023 to 2025. Lactation management coverage was **48.0% in 2023**,

indicating that nearly half of all deliveries received appropriate breastfeeding support at birth. In 2024, coverage declined to **45%**, suggesting a reduction in the proportion of mothers assisted with early lactation practices. This downward trend continued in 2025, with coverage further decreasing to **44%**. The observed decline may be linked to gaps in skilled delivery coverage, limited post-delivery counselling, among others. Early lactation support remains critical for initiating exclusive breastfeeding and preventing neonatal complications. Suboptimal lactation management can negatively affect early infant feeding practices and newborn nutrition outcomes. Despite ongoing IYCF efforts, the declining trend highlights the need for renewed emphasis on immediate post-delivery breastfeeding support. Strengthening the capacity of skilled health workers and TBAs in lactation counselling is essential. Enhanced monitoring, mentorship, and community engagement will be required to improve lactation management coverage and neonatal nutrition outcomes in the district.

PERCENTAGE SKILLED DELIVERY PER SUB-DISTRICT

	2023	2024	2025
Adjena Gyakiti	22.27	22.33	23.73
Akosombo	226.08	210.74	219.07
Akwamufie	25.68	25.23	26.63
Apeguso			
Anum Boso	33	28.67	23.72
Atimpoku	8.73	7.98	12.77
Senchi	25.71	24.21	19.98
Asuogyaman	46.07	43.07	43.51

PERFORMANCE BY SUB-DISTRICT



CONTINUED BREASTFEEDING AT 3 MONTHS AND 6 MONTHS

Children who are continuously breastfed have a 36% lower risk of sudden infant death syndrome which usually peaks at 2-4 months of age (<https://www.breastmilkcounts.com>). A baby's immunities are lowest between 2 to 6 months of age. However, breastfeeding provides the best protection during this vulnerable time. Caregivers who presented their infants at 3 months for growth monitoring and promotion were asked how the infants were fed. The responses were coded under whether they were giving only breast milk or they were adding other liquids or foods.

Table 5: Feeding status of Children at 3 Months, 2023 to 2025

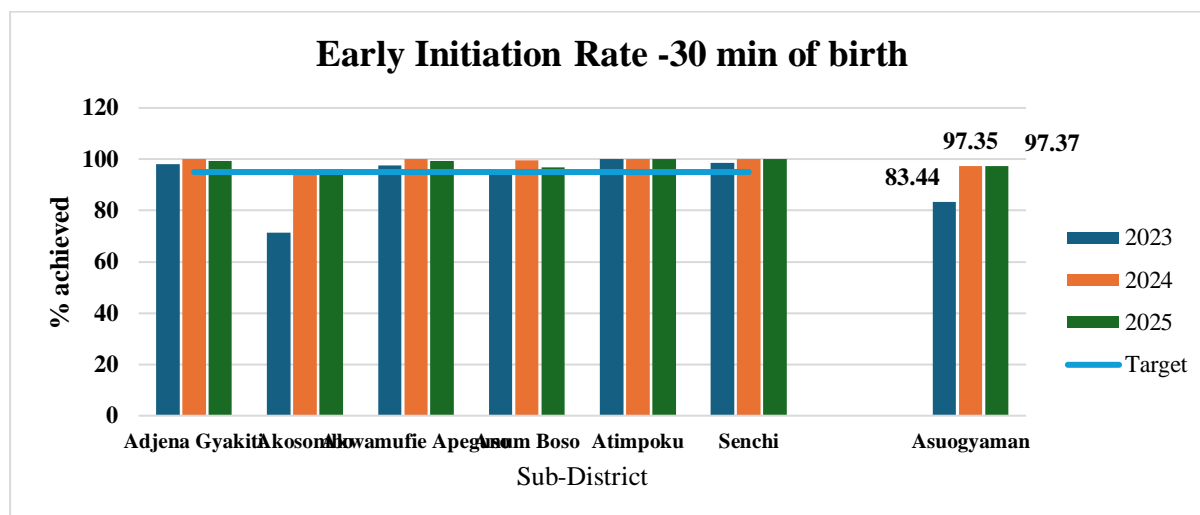
Feeding status of child @ 3 Months	ABSF 2023	%tage For 2023	ABSF 2024	%age For 2024	ABSF 2025	%tage For 2025
Exclu. BF	2703	94.0%	2743	93.1%	2299	95.8%
Others (Not Excl. BF)	172	6.0%	204	6.9%	101	4.2%
NO. Assesed	2875	100	2947	100.0	2400	100.0

Source Data: DHIMS 2, 28th January 2026

The feeding status of children at three months was assessed from 2023 to 2025 to monitor exclusive breastfeeding practices in the district. In 2023, a total of **2,875 children** were assessed, of which **2,703 (94.0%)** were exclusively breastfed. In 2024, assessment coverage increased to **2,947 children**, with **93.1%** exclusively breastfed and **6.9%** receiving other feeds. In 2025, although the number assessed reduced to **2,400 children**, exclusive breastfeeding

coverage improved to **95.8%**. The proportion of children who were not exclusively breastfed declined from **6.0% in 2023** to **4.2% in 2025**. This indicates a positive trend in adherence to recommended infant feeding practices. Overall, exclusive breastfeeding at three months remained consistently high across the three years, reflecting effective Infant and Young Child Feeding counselling and community-level support in the district

PERFORMANCE BY SUB-DISTRICT



	% BREASTFEEDING AT DISCHARGE			Target
	2023	2024	2025	
Adjena Gyakiti	90.79	101.36	106.85	95
Akosombo	100.2	99.89	99.49	95
Akwamufie	98.12	94.76	97.17	95
Apeguso				
Anum Boso	93.07	100	103.76	95
Atimpoku	89.36	105	94.12	95
Senchi	100	100	100	95

CONTINUOUS BREASTFEEDING OF CHILDREN UNDER 5 YEARS

The promotion of breastfeeding from birth to 2 years seeks to address the issues of stunting, wasting and unnecessary deaths among children. It is, for this reason, the continuous

sensitization activities on breastfeeding, which included community mobilization, skilled nutrition counselling support, radio talk shows and advocacy actions to galvanize momentum to improve breastfeeding and complementary feeding in the district.

Table 6: Feeding status of Children at 6 Months and One (1) Year, 2023to 2025

Feeding status of child @ 6 Months	ABSF 2023	%tage For 2023	ABSF 2024	%tage For 2024	ABSF 2025	%tage For 2025
Exclusive breastfeeding at 6 Mths	431	17.4	287	11.3	281	12.3
Timely Complementary Feeding	2041	82.6	2262	88.7	1999	87.7
No. Assessed	2,472	100.0	2,549	100.0	2280	100.0
Continued breastfeeding at 1 Year	4031	163.1	2885	97.6	2628	86.5
No. Assessed	2472	100	2955	100	3038	100

Source Data: DHIMS 2, 27th January 2026

The feeding status of children at six months and one year was assessed between 2023 and 2025 to monitor Infant and Young Child Feeding practices in the district. In 2023, **2,472 children** were assessed at six months, with **431 (17.4%)** exclusively breastfed and **2,041 (82.6%)** initiated on timely complementary feeding. In 2024, exclusive breastfeeding at six months declined to **11.3% (287 children)**, while timely complementary feeding increased to **88.7% (2,262 children)** out of **2,549 children assessed**. In 2025, exclusive breastfeeding at six months slightly improved to **12.3% (281 children)**, with **87.7%** receiving timely complementary feeding. These findings indicate a shift from exclusive breastfeeding to appropriate complementary feeding at six months across the years.

Continued breastfeeding at one year remained relatively high but showed a declining trend over the period. In 2023, **4,031 children (163.1%)** were reported as continuing breastfeeding at one year, which suggests possible data quality or reporting inconsistencies when compared to the number assessed. In 2024, continued breastfeeding coverage reduced to **97.6% (2,885 children)** out of **2,955 assessed**. In 2025, continued breastfeeding further declined to **86.5% (2,628 children)** out of **3,038 assessed**. Overall, while timely complementary feeding performance was strong, the declining trend in continued breastfeeding at one year highlights the need to strengthen counselling and follow-up support for caregivers beyond infancy.

VITAMIN A SUPPLEMENTATION FOR CHILDREN UNDER 5 YEARS

Vitamin A is essential for the functioning of the immune system and the healthy growth and development of children and is usually acquired through a healthy diet. Adequate intake of vitamin A has been shown to improve immunity, increase resistance to infections and improve sight. In Ghana, the vitamin A supplementation programme provides high-dose supplements to infants 6-59 months. National coverage of at least 80% is expected. In Asuogyaman district strategies for dosing eligible children have been achieved primarily through routine child welfare service delivery points, school health and home visits.

%tage Vitamin A Coverages	2022	2023	2024
First Semester	36	35.77	44.58
Second Semester	46.92	37.5	36.5

Figure 5: Routine Vitamin A Supplementation for Children 6-59mths 2023 to 2024

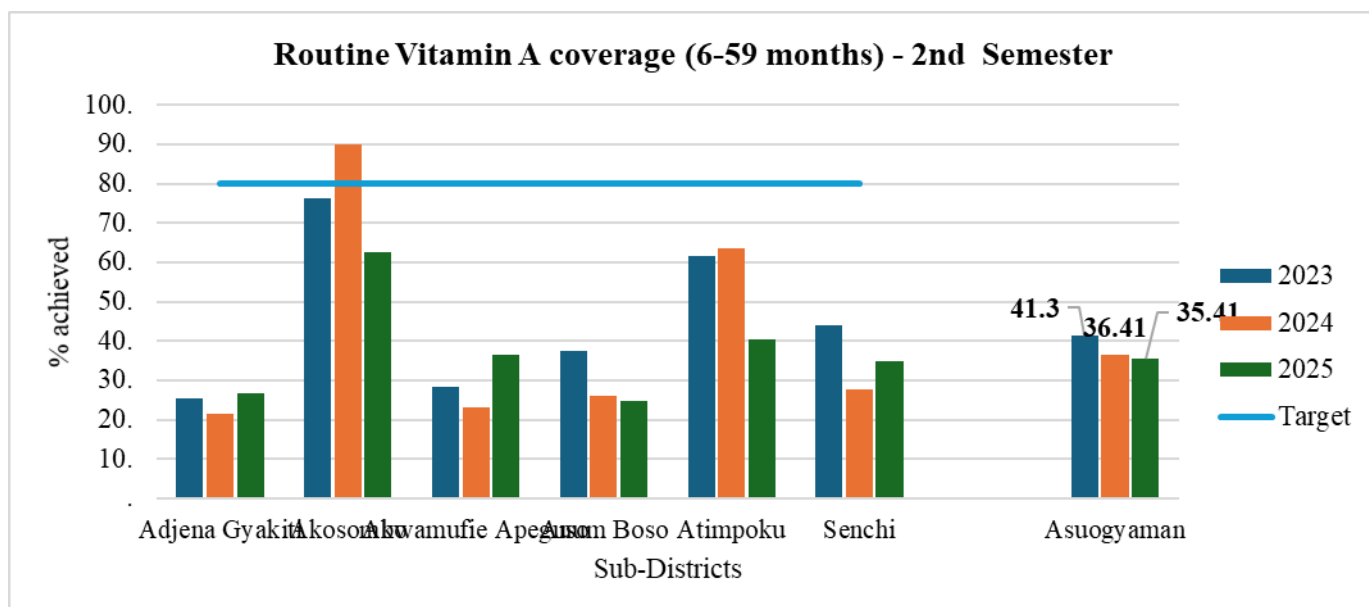
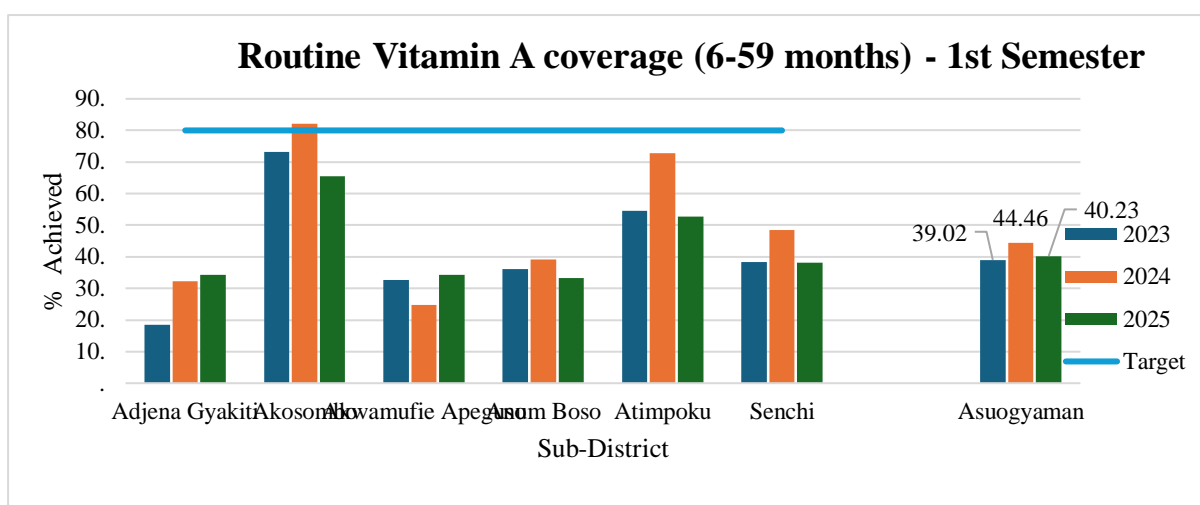
Source Data: DHIMS 2, 27th January 2026

Vitamin A supplementation coverage among children under five varied across the first and second semesters from 2023 to 2025. In the first semester, coverage improved from **35.7% in 2023** to **45% in 2024**, before declining to **40.2% in 2025**. Second semester coverage showed a downward trend, decreasing from **37.5% in 2023** to **36.6% in 2024** and further to **32% in 2025**. Overall, coverage levels remained below national targets in both semesters throughout the period. These trends highlight the need to strengthen outreach services, community mobilization, and defaulter tracing to improve Vitamin A supplementation coverage among children under five in the district.

TREND OF VITAMIN A PER SUB-DISTRICT PERFORMANCE

FIRST SEMESTER	2023	2024	2025	Target
Adjena Gyakiti	18.46	32.26	34.33	80.
Akosombo	73.26	82.2	65.42	80.
Akwamufie Apeguso	32.63	24.81	34.23	80.
Anum Boso	36.15	39.14	33.21	80.

Atimpoku	54.47	72.78	52.82	80.
Senchi	38.39	48.43	38.19	80.
2023	2024	2025	Target	
Adjena Gyakiti 25.41	21.39	26.76	80.	
Akosombo 76.36	89.88	62.45	80.	
Akwamufie Apegusu 28.39	23.22	36.47	80.	
Anum Boso37.43	26.22	24.9	80.	
Atimpoku 61.62	63.43	40.32	80.	
Senchi 44.06	27.54	34.86	80.	



COMMUNITY MANAGEMENT OF SEVERE ACUTE MALNUTRITION

Ghana adopted the Community-based Management of Acute Malnutrition (CMAM) protocol to manage children with severe acute malnutrition (SAM). Globally, it is expected that over 75% of children who are identified are cured, less than 15% default and less than 5% die while in care.

In the past three years, the impact of the Shortage of Ready-to-Use Therapeutic Foods within the country hit the district. The adoption of the local preparation of F-100 was implored to manage Severe Acute Malnutrition cases and became imperative. However, the strategy burdens caregivers with the requisite resources (Food Items) for the management of the cases.

Table 7: Community Management of Severe Acute Malnutrition (CMAM), 2023 to 2025

Indicator	2023	2024	2025
Total Cases (Old + New), Dec 2022 - 24	12	1	5
Total Admissions (New Cases)	11	15	4
Total Cured	3	13	4
Total Death	0	1	2
Total Defaulted	1	0	0
Total Non-Recovered	3	2	0

Source Data: DHIMS 2, 28th January 2026

The District CMAM performance indicators for 2023 to 2025. The death was as a result of other medical conditions.

COMMUNITY-BASED GROWTH MONITORING AND PROMOTION

Growth monitoring and promotion services are provided through static points and outreach activities to monitor the growth of children under 5 years. The weights of children are monitored monthly across the district to detect the onset of undernutrition early and intervene to prevent growth faltering. Children, 0-59 months who attend growth-monitoring sessions are weighed and the weight is plotted on the growth chart to determine their growth trend. Monthly data on the nutrition status of all children weighed are recorded. National Underweight Threshold is set at less than 10%, to measure the point prevalence of malnutrition.

INDICATORS	2023	2024	2025
CWC Attendance (under 5)	54349	48006	43921
Total Malnourished	245	216	134
% Malnourished	0%	0.4%	0.3%

Figure 6: Malnutrition (Underweight) Situation in Asuogyaman district 2023 – 2025 (Source Data: DHIMS 2; 28th January 2026

Child Welfare Clinic (CWC) attendance for children under five showed a declining trend from **54,349 in 2023** to **48,006 in 2024** and **43,921 in 2025**. Over the same period, the total number of malnourished children identified reduced from **245 in 2023** to **216 in 2024** and further to **134 in 2025**. The proportion of malnourished children remained low across all three years. While **0.4%** of children assessed were malnourished in 2024, this reduced to **0.3% in 2025**. Overall, despite declining CWC attendance, the downward trend in both the number and proportion of malnourished children suggests improvement in child nutrition outcomes in the district, though sustained improved and effective assessment are needed.

STUNTING RATE ASUOGYAMAN DISTRICT

Child stunting is one of the World Health Assembly nutrition target indicators, internationally recognized as an important public-health indicator for monitoring health in populations.

The District recorded 51%, 39% and 37% of Children measured for stunting for the year 2023, 2024 and 2025 respectively an indication that, the district is still not able to measure the height of all children under five in the district. This was due to lack and inadequate distribution of infanto-meters / Stadiometer across the district and the follow-up training on the use of the equipment during the Maternal and Child Health Record Booklet Training.

From the data above, Asuogyaman district has not recorded severe stunting for the three years trend. However, when the data is zoomed in to the sub-district level, Akosombo Sub-district and Senchi sub-district recorded 7.2% and 0.04% moderately stunted in 2023 respectively. In the current year of review, the district has not recorded severe stunting, however, 0.07% of our children weighed are moderately stunted.

UNDERWEIGHT DATA

Underweight Situation by Sub-DISTRICT- DHIMS 2 2023to 2025

STATE OF UNDERWEIGHT

Asuogyaman district were able to weigh all under five monthly for all the three years thread as shown in the table above. Moderately underweight children have decline from 2023 to 2025, thus; 0.0% ,0.44% and 0.33 %respectively.

Senchi Sub-district has the highest moderately malnourished recorded and again severely underweight as well. It can be an indication of good surveillance.

Asuogyaman district under year of review as recorded indicates that, 99% of its under-five are normal, 0.33% are moderately and severely underweight.

.SCHOOL-AGE NUTRITION

GIRLS IRON FOLATE TABLETS SUPPLEMENTATION (GIFTS) PROGRAMME

The service as part of its efforts to reduce anaemia among women, especially adolescent girls introduced the GIFTS programme. This comes to bridge the gap between young girls and the WIFA group; serving as pre-conceptional care to curb anaemia and prepare the young adolescent adequately for adulthood and its associated demands. The program has been running in the district for all women especially adolescent girls in and out of school, administering weekly IFA tablets. However, IFA tablet supplies have been in shortage since July 2022. The table and figures below depict the outcome of how far the programme is being sustained in the Asuogyaman district

SUMMARY OF GIFTS PROGRAM CURRENTLY IN THE DISTRICT

Asuogyaman fortunately had some IFA in the district somewhere later part of 2024 (November) however meant for only the in -schools. We are hopeful to scale up to out of schools.

Table 9: GIFTS OUT-School Coverage, Asuogyaman District 2025

(Source Data: GIFT Report; 2025

INDICATOR	2025
Number of girls in register Enrolled	0
Number of girls registered this Term	0
Number of Adolescents given at Least 1 Tab	0
Number of girls given at least 10 Tabs	0
Number of Female Teachers taking IFA	0
Total Girls on GIFTS Programme	0

NUTRITION-FRIENDLY SCHOOL INITIATIVE

The Nutrition Friendly School Initiative is a collaborative programme by UNICEF, the Ghana Health Service and the Ghana Education Service, which implements a package of interventions which includes, fruit and vegetable days, health inspection days, general cleaning of school compounds, physical activity day, Girls’ Iron and Folic Acid tablet supplementation, nutrition education and the SMART School. The programme hopes to promote healthy nutrition habits, hygiene and sanitation and physical activities in a safe school environment.

The district has 20 schools trained for the implementation of the Nutrition Friendly School initiative services. Among the various activities, changing rooms for both boys and girls is still a challenge.

COMMODITIES EXPANDED FOR THE YEAR, 2023– 2025

Table 10: the trend of Commodities expanded

Commodity	2023		2024		2025	
	Received	Used	Received	Used	Received	Used
RUTF	0	0	0	0	0	0
F-75	0	0	0	0	0	0
F-100	0	0	24	0	0	24
Vitamin A (100,000 IU)	5079	3,735	5043	3596	2361	2253
Vitamin A (200,000 IU)	21795	17656	29815	18897	11428	10760
SC+	0	0	0	0	0	0
IFA	27381	14253	28614	21994	0	0

(Source Data: DHIMS 2 28th January, 2025)

Table 10 above gives an account of the communities received and utilized during the last three years. Formulae 100 (F-100) and RUTF haven’t been available in the last three years. Utilization of Vitamin A commodities is 60% of the quantities received, with a few wastages and expiries. Lack of IFA supplements during the previous years were due to the expiry of the commodity and the non-availability of the commodity from National and Regional medical stores for distribution to the schools and communities through the health facilities and Schools.

CONCLUSION

The Unit realised some of Its Nutrition indicators that needs improved strategies, especially concerning Vitamin A supplementation, Nutritional Status of Under 5 years and breastfeeding

rates among children under 2 years. The low coverage of anaemia among pregnant women was also noted. These inform the areas of focus for the ensuing year.

The unit is assertive that with the review of the Child Welfare Clinic schedule for caregivers, indicators for child health services would improve. Also, capacity building of frontline health workers, especially Midwives would help address the high Anaemia cases among pregnant women.

Finally, with regular supportive visits, supply of resources (Registers, Vitamin A capsules, etc.) and collaboration with partners, Nutrition and other Health indicators of the district will improve substantially in the coming years.

INNOVATIONS

Food demonstration in areas of hunger project communities has help and practicalize health education and counselling services.

CHALLENGES

Despite some gains made in the year, the unit was confronted with some challenges which affected its operations. Below are some challenges encountered;

- Inadequate/Lack of some Nutritional tools for assessment (Infant meters)
- Faulty HB meters thereby give false HB readings for pregnant women at the facility levels contributing to high anaemia levels
- Few vehicles and motorbikes at the Directorate which affected the movement of officers to the sub-district
- Lack of macronutrient resources to manage severe malnutrition cases, therefore, affecting the number of cases reported by the facilities
- Shortage of IFA tablets to continue the GIFTS programme
- Lack of laptops to facilitate work at the units
- Lack/Inadequate of Technical staff.

RECOMMENDATION

The unit suggested the following recommendations to address the challenges above;

- National/Regional/District Health Directorate to ensure regular supply of IFA to facilities
- The Regional Health Directorate, District assembly and other agencies, i.e., NGOs to support the Public Health Unit with additional motorbikes to assist officers in moving to support facilities
- The regular supply of Data collection tools, i.e. registers, at the facility levels
- The Directorate, District Assembly and other agencies Support the unit to secure local materials for the management of severely malnourished cases.

WAY FORWARD

- The unit will implement the review of the scheduling of Child Welfare Clinics
- Continue to adopt local strategies in the management of severe acute malnutrition in the district.
- Continue to support facilities conduct child welfare clinics at the community levels
- Continue to support schools implementing the NFSI program
- Institute and implement school health Vitamin A supplementation, especially among 12-59 month children
- Stakeholder engagement in the NFSI program