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Programme
Alimentaire
Mondial

World
Food
Programme

Programa
Mundial
de Alimentos

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Supplementary feeding and health and nutrition education

Total food cost	4,352,600 dollars
Total cost to WFP	5,533,770 dollars
Number of beneficiaries	24,000 malnourished pre-school children 14,400 expectant and nursing mothers
Date approved	17 May 1994
Date plan of operations signed	16 November 1994
Date notification of readiness accepted	9 February 1995
Date of first distribution	1 July 1995
Duration of WFP assistance	Four years
Duration of project as at 31 October 1997	Two years and four months

All monetary values are expressed in United States dollars, unless otherwise stated. One United States dollar equalled 2,161 cedis in October 1997.

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NOTE TO THE EXECUTIVE BOARD

This document is submitted for information to the Executive Board.

Pursuant to the decisions taken on the methods of work by the Executive Board at its First Regular Session of 1996, the documentation prepared by the Secretariat for the Board has been kept brief and decision-oriented. The meetings of the Executive Board are to be conducted in a business-like manner, with increased dialogue and exchanges between delegations and the Secretariat. Efforts to promote these guiding principles will continue to be pursued by the Secretariat.

The Secretariat therefore invites members of the Board who may have questions of a technical nature with regard to this document, to contact the WFP staff member(s) listed below, preferably well in advance of the Board's meeting. This procedure is designed to facilitate the Board's consideration of the document in the plenary.

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PURPOSE OF THE PROJECT AND OF WFP ASSISTANCE

Project objectives

1. The long-term objectives of the project are to improve the nutritional status of children, expectant and nursing mothers, and to support government efforts in improving the coverage of primary health care (PHC) and nutrition services.
2. The immediate objectives are to:
 - a) improve the diet of children under five years of age who attend the Community Health and Nutrition Centres (CHNCs) in deprived areas;
 - b) train expectant and nursing mothers and mothers of malnourished children in basic nutrition and health practices;
 - c) improve food availability in the households of vulnerable groups during the lean season; and
 - d) maintain the existing nutrition surveillance system for continuously monitoring the children, and establish a surveillance system for expectant and nursing mothers.

IMPLEMENTATION

3. The project is implemented under the overall responsibility of the Ministry of Health (MOH). Immediate responsibility for day-to-day coordination and implementation rests with the Project Secretariat, located within the Nutrition Unit of the Ministry of Health. The Project Secretariat is headed by a Project Coordinator aided by an Assistant Project Coordinator, who are responsible for the reception and distribution of the food, and its accounting and reporting. This unit is also responsible for achieving the project's outputs. In addition to the staff of the Ministry of Health, the full-time project staff also comprises three storekeepers from the Supply and Stores Inspectorate of the Ministry of Finance. Under the decentralized system of the Ministry of Health, project implementation at the regional level is under the overall responsibility of the Regional Nutrition Officers (RNOs), while District Nutrition Technical Officers (DNTOs), working within the District Health Management Teams (DHMTs), are responsible for district-level project coordination and implementation.
4. The project is currently being implemented in 116 communities in the Upper East, Upper West, Northern, Ashanti and Western regions of the country. Project implementation at the community level is undertaken by a Community Management Committee (CMC) appointed by community members. The CMC membership comprises a chairperson, secretary, treasurer, women leaders and two or three other women. The secretary to the CMC is also the Centre Attendant (CA), responsible, among other things - for record-keeping (e.g., daily attendance of beneficiaries, food and non-food accounting), daily release of food for cooking, and supervision of mothers on cooking duty at the centre.
5. The food for the children is prepared daily at each centre by their mothers on a rotational system (daily or weekly). Food preparation is supervised mostly by CAs (all of whom have received basic training organized by the MOH) and occasionally by the DNTOs. Each parent with a child on the programme pays, on behalf of the child, a monthly token



payment equivalent to approximately one dollar towards the purchase of complementary food items and firewood. Occasionally, empty grain sacks and oil containers are also sold by each centre to raise extra revenue. Dry rations for mothers participating in the nutrition and basic health education component are distributed monthly or quarterly, depending upon the community. Anthropometric data on participating children and mothers are gathered monthly by the DNTO at each centre.

FOOD MANAGEMENT

6. A total of 6,079 tons of commodities (rice, maize, beans, sugar and vegetable oil) has been delivered to the project as at 31 October 1997; small post-c.i.f losses amounting to 75.3 tons (1.2 percent) of the total quantity delivered have been recorded over the same period. About 909 tons was purchased locally (250 tons of maize and 659 of beans); 31.5 tons was transferred from project No. 3273 (Assistance to mitigate structural adjustment effects in the social sector), which was phased out in March 1995. Actual distribution over the period amounted to 66 percent of quantities delivered.
7. WFP-supplied commodities arrive at the port in Tema near Accra, from where they are transported by the Ministry of Health to the project's central warehouse in Tema. Allocations to regional warehouses are moved on a quarterly basis from the central warehouse, and from the regional warehouses to district warehouses on a monthly basis. Depending on proximity, communities make their own arrangements to collect food on a monthly basis from regional or district warehouses. The project requires each feeding centre to have a store room large enough to hold one month's stock of food commodities.
8. In the first half of 1997 food management at the government level has been less than satisfactory, resulting in the loss through theft in April 1997 of 23.4 tons of rice and 0.2 tons of sugar from the central warehouse in Tema (quantities included in the post-c.i.f losses mentioned in paragraph 6). However, measures have been taken since then to improve security at the warehouse, including the periodic change of all padlocks, reinforcement of doors and frequent rotation of security personnel at the warehouses.

GOVERNMENT'S CONTRIBUTION

9. The total government contribution, including staff salaries and wages, operational costs and internal transport, storage and handling (ITSH) costs amounted to 370,000 dollars, or 61 percent of the prorated government commitment as at 31 October 1997. The technical support given by the various Regional Health Administrations (RHAs) and DHMTs to the project has been satisfactory.

EXTERNAL ASSISTANCE

10. Non-food items (canteen equipment and furniture) worth 130,000 dollars, have been purchased locally with funds provided by the Government of Sweden; these have contributed to the success of the project. Other non-food items worth 140,000 dollars are yet to be received as WFP inputs to improve the project monitoring and surveillance system. These are:



- a) six display boards (cork boards) for demonstrations;
- b) four double-cabin 4x4 pick-up vehicles;
- c) ten motorbikes (125 cc) with accessories;
- d) sixty-eight health-o-meters (standing weighing scales for weighing children);
- e) height-measuring equipment (120); and
- f) printing of educational materials.

ASSESSMENT

11. Overall project implementation is satisfactory and the immediate objectives are being achieved. The number of pre-school children attending the centres has reached 79 percent of the project target (varying from 59 percent in the Western region to 94 percent in the Northern region) at the end of the third quarter of 1997, with an average daily attendance in all centres of 88 percent. The main factor hindering the full achievement of the target for children has been the inability of several prospective communities to come up with the required structures to be used as feeding centres (the Ministry of Health requests the provision of suitable structures as the primary contribution from prospective communities). The target of 14,400 women has been achieved.
12. The project is contributing to the development of women through their participation in the nutrition and health education programmes which have also been broadened by the DHMTs to include discussions on family planning and on the HIV/AIDS virus.
13. The take-home rations provided to women assume a significant role in the period February to July (commonly referred to as the hunger season in the Upper East and Upper West regions), when they are most often the only food available for the family. These rations have contributed to improving food availability in the households of vulnerable groups during the lean season.
14. The project also contributes to reviving the spirit of self-reliance and team effort in most communities, evident in the construction of the centres and through the institution of Community Management Committees to run these centres. With regard to children, the project is serving for most of them as an entry point to the formal school system, since most of the centres, with the support of their district assemblies and the Ministry of Education, have been able to integrate the provision of nursery education into their programmes.
15. While the project has maintained the existing surveillance system for continuously monitoring the children, it was difficult to improve the system and implement the planned system for expectant and nursing mothers, because of the delay in the delivery of part of the non-food items such as those referred to in paragraph 10 above.
16. The administrative structure of the project has been strengthened recently with the appointment by the Ministry of Health of a specialist in nutrition education, to be specifically responsible for the nutrition and health education component of the project.
17. The project has suffered from serious logistical problems in the second and third quarters of 1997, following the slow and late release of funds by MOH to move commodities from the central warehouse to regional and district centres, resulting in a sharp drop in utilization rates over these quarters. To prevent the recurrence of these problems, and in line with the



decentralization now in place within the local government machinery, MOH has arranged with the Regional Coordinating Councils (RCCs) of the five regions to provide funds for the internal transport of food from the central warehouse to their respective regional warehouses.

18. The non-delivery by WFP of the balance of non-food items (weighing scales, height measurement equipment, motorcycles and other vehicles, and funds to print educational materials for the women's component of the project) is beginning to affect the efficient monitoring of the project, especially given that some of the items, such as weighing scales and height measurement equipment, are not available locally.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

19. The project is in line with the Government's policies on the alleviation of poverty and improvement of the conditions of rural women. It is also consistent with WFP's Mission Statement. Moreover, the project is well designed in terms of its focus on food security and poverty alleviation; it has successfully targeted some of the poorest communities in the project areas.
20. Although the immediate impact may be limited, the training provided to women is nevertheless helping to create a sense of awareness among them, with regard to such issues as mother and child nutrition, basic health, and issues related to the composition and size of families.

Recommendations

21. The delay in providing the balance of non-food items required by the project is an important issue, especially since the Ministry of Health's budgetary constraints do not allow the allocation of appropriate resources to procure these items. Further delays are likely to compromise project progress. It is therefore recommended that all efforts be made to deliver these items.
22. The incapacity of several poor communities to provide suitable structures requested by The Ministry of Health to be used as feeding centres has been a major factor hindering the full achievement of the target for children. It is recommended that this issue be resolved through negotiation with the Ministry of Health.



ANNEX



COMPARISON OF TARGETS AND ACHIEVEMENTS (as at 31 October 1997)

Component	Targets		Achievements	
	According to plan of operations	Prorated as at 31/10/97	As at 31/10/97	% of prorated targets
Number of centres	120	120	116	97
Children				
Progress indicators				
Total no. of children registered	24 000	24 000	18 862	79
Percentage of daily attendance	100	100	88	88
Impact indicators				
Percentage of children with monthly weight gain	100	100	71	71
Percentage of children with monthly weight loss	0	0	12	12
Mothers				
Progress indicators				
Total no. of beneficiary mothers	14 400	14 400	14 400	100
Percentage of beneficiary mothers who participated in health and nutrition education classes at least half of the time	100	91.6	91.65	
Percentage of registered mothers who received family rations		100	89	89
Frequency of health and nutrition education classes	twice a month	twice a month	100	
Impact indicators				
% of expectant mothers with usual monthly weight gain	100	100	68	68