

## **POLICY BRIEF: STRENGTHENING THE LINK BETWEEN NUTRITION AND WASH PROGRAMS IN GHANA**

### **EXECUTIVE SUMMARY**

Ghana has a high number of malnourished children and high levels of poor sanitation particularly in the rural areas is one of the countries in the world. It is estimated that 25% of the children under five years of age in Ghana are stunted and 85% of the population do not have access to sanitation facilities in 2014, one year before the deadline for achieving the Millennium Development Goals. In 1990, these values were 30% and 96%, respectively. The progress on reducing child malnutrition and on improving sanitation in Ghana during the last two decades has been slow and failure to address these problems continues to slow down economic development in the country. This policy brief was developed in line with the USAID West Africa Water Supply, Sanitation, and Hygiene (USAID WA-WASH) Program objective to strengthen national and regional enabling environment for integrated WASH.

The main cause of child malnutrition in Ghana is sub-optimal dietary intake. The Ghana Health Service recommends exclusive breastfeeding for children during the first six months of life. However, only 46% of children below six months are fed according to this recommendation, based on recent estimates. Regrettably, this estimate is a decline from 63% of children who were exclusively breastfed for the first six months according to the 2008 Ghana Demographic and Health Survey. Similarly, only 31% of the children aged 6-23 months are fed appropriately, based on dietary recommendations for children of that age group (Ghana Statistical Service, 2011). Inadequate nutrition among children in Ghana may be further worsened by household food insecurity, which the World Food Program estimates at 15% nationally, and is more common in the rural areas of Northern Ghana (World Food Program, 2009).

Inadequate supply of good quality water to households particularly in the rural areas, poor management of solid and liquid wastes and lack of awareness about sanitation and hygiene are the major causes of poor sanitation and hygiene. In addition, approximately 18% of households in Ghana practice open defecation which is more common in rural areas (35%) than in the urban areas (10%). Data shows that Ghana is on-track towards achieving the MDG targets for underweight children and access to safe drinking water by 2015. However child stunting and poor sanitation and hygiene conditions remain a challenge for the country.

The USAID WA-WASH Program conducted a policy review in relation to nutrition and WASH in Ghana. The findings of this review showed a weak link in the existing WASH and nutrition. Few policy documents integrate nutrition and WASH objectives, for example, the Ghana Vision 2020 and the poverty reduction papers do make the connection between the two issues. However, the integration between nutrition and WASH plans in the policies is weak. The existing WASH policies and plans focus on the provision of potable water and adequate sanitation services. Hardly is the nutrition objective integrated in these policies. This indicates lack of awareness within the WASH sector of the malnutrition problem and its adverse consequences and the link between WASH and nutrition. The National Health Policy has both nutrition and WASH-specific plans. However, the implementation of these plans is slow, inefficient, and uncoordinated. At the national level, nutrition and WASH programs are not strongly integrated, although there may be cross-sectoral planning. At the local level, each sector plans and implements programs with minimal collaboration between the sectors.

In order to address the issues of malnutrition and sanitation, the proposed policy objectives aims to:(1) ensure access to improved water, sanitation, and hygiene; (2) ensure integration of the WASH sector with national nutrition priorities at the national, regional, and district levels; and (3) strengthen the dialogue between stakeholders in nutrition and WASH particularly for planning and implementing nutrition-sensitive WASH interventions. The improved access to water, sanitation, and hygiene contributes to reduced incidences of waterborne diseases such as diarrhea, malaria, and gastro-intestinal worms. High level inter-sectoral integration between the nutrition and WASH sectors could bring about increased efficiency in the planning and implementation of programs and contributes to improving nutrition.

The strategies to implement the policy objectives in relation to water supply, sanitation, and hygiene include investing in appropriate technologies for sanitation, particularly in the rural areas, intensifying the community-led total sanitation program in all communities, ensuring equitable scale-up of infrastructure and investment in both the water and sanitation sub-sectors, intensifying education on hand-washing with soap, safe and hygienic handling of food, appropriate waste disposal, and mobilizing additional resources needed to plan and implement nutrition-sensitive programs in the WASH sector. To ensure integration of the WASH sector with nutrition priorities at the national, regional, and district levels, this policy brief recommends strategies to incorporate nutrition education in pre-service and in-service training of WASH staff, increase the awareness within the WASH sector of the scale of malnutrition in the country and its adverse consequences, promote within the WASH sector the importance of good nutrition as a key to development.

The barriers to effective policy implementation include: (1) inadequate awareness among non-health sectors about the link between nutrition and WASH; (2) lack of specific budget lines for nutrition activities in the non-health sectors; and (3) inadequate funding from the government with heavy dependence on external funds resulting in slow implementation. These barriers could be addressed through pre-service and in-service training in the WASH sector to include food and nutrition issues, advocacy by civil society aimed at increased government investment in nutrition, and clear monitoring of nutrition related indicators and accountability plans. Other proposed strategies to strengthen the integration between stakeholders in nutrition and WASH particularly for planning and implementing nutrition-sensitive WASH interventions include assessing the capacity needs and challenges within the WASH sector and providing training on mainstreaming nutrition in WASH, increasing consultations among nutrition stakeholders towards stronger integration of activities, particularly at the local level, and strengthening the Ghana National Nutrition Partners Committee (NaNuPaCC) to provide a stronger inter-sectoral platform for sharing information, strategic planning, and technical capacity building on nutrition.

This policy brief highlight the issues of child malnutrition and poor hygiene and sanitation in Ghana. It emphasizes attention to a stronger link between nutrition and WASH programs and proposes policy options for future action. Recommendations for the long term include facilitating regular dialogue between the WASH and the health and nutrition sectors at the National Development Planning Commission, developing a common results framework that enables all relevant in WASH and health and nutrition stakeholders to remain accountable to each other as part of a coordinated monitoring and evaluation strategy and advocacy to ensure adequate government and development partners investment in both the WASH and the health and nutrition sectors.

*The full report is available (in English) upon request via our website. For more details about our program activities and other reports please visit <http://wawash.fiu.edu/>.*