MEMORANDUM

FROM: DISTRICT ENVIRONMENTAL HEALTH ANALYST

TO: DCD/DCE

DATE: 24TH NOVEMBER, 2022.

SUBJECT: SUBMISSION OF REPORT ON ORIENTED FOOD VENDORS AND SCHOOL FEEDING PROGRAMME CONTRACTORS ON NUTRITION.

I submit herewith report on oriented food vendors and school feeding programme contractors on nutrition in Ellembelle District for your perusal.

PHILIP YAW ZUTUNU

DPO/Focal Person/DDE/DDHS/DD

Pls take note and act accordingly

24/11/2022

Nutrition services

ACTIVITIES CARRIED OUT

Issues discussed with commercial food handlers:

a) Makes sure food policies are in place to guide food producers and handlers.

b) Ensures the safety and wholesomeness of food for consumers.

c) Organized training programmes for local Industry.

d) Carried out food safety awareness campaigns for consumers - educational institutions and public places.

e) Investigation of outbreak cases.

a) Develops and promotes international and locally acceptable standards for the food industry.

b) Inspection of local factories for certification purposes

c) Inspection of fish and fishery products for local consumption and export

d) Issuance of health certificates

e) Market Surveillance

f) Staff training and participation in national and international workshops

The issues identified from commercial food handlers:

a) Low good hygiene practices

b) Sources of food borne diseases.

c) Low level of education among food handlers,

d) limited numbers of food safety management systems and

e) Most businesses lacked the capacity to implement and maintain acceptable international standards.

Areas deficit in knowledge among commercial food handlers:

a) Staff hygiene practices, food hygiene knowledge, food microbiological quality and safety of institutional meals including schools and hospitals.
b) Food poisoning and other forms of food borne diseases, the causative organisms and vehicles of transmission studies and control in the country.
c) Food safety interventions in the food industry in Ghana.

Some of the benefits of an efficient food safety and hygiene system discussed:

a) Reduced morbidity, mortality and demands on healthcare services
b) Reduction in absences from education or loss of productivity at work and
c) Increased consumer confidence in food safety.

Reasons for inadequate compliance to good hygienic practices among the food handlers

a) Finance
b) Lack of resources and technical knowledge
c) Lack of motivation and interest and
d) Absence of effective enforcement agencies

In conclusion, commercial food handlers are required to receive on job instruction/training to ensure smooth operation. Among the municipal school caterers 58% of staff received on job training each year. In the municipal, training was however underutilized as 87% kitchen staff from eight (8) schools did not have any training providers. Staff job training on site for the school caterers was predominantly what was given during induction in the municipality whilst 180 staff had never received hygiene training. Thus both on job training and hygiene training

were under practiced in public school as compared to private schools in the municipal and this could have serious effects on student's food safety.

Nutrition Oriented Interventions

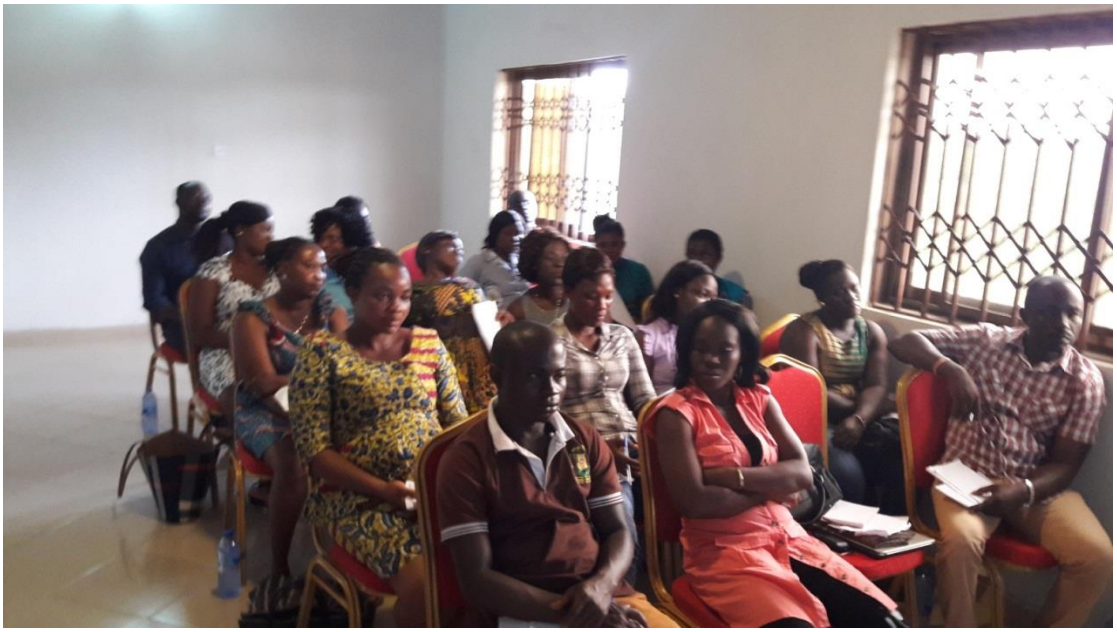
- Distributed micronutrient supplements(Vitamin A capsules and Iron Folic acid tablets)
- On the job Coaching for some frontline staff on abridging the gaps in the Maternal and Child Health Record Book and Infant and Young Child Feeding
- Conducted exit survey on the use of Maternal and Child Health Record Book in Six facilities.
- Sensitized caregivers on good nutrition to promote healthy living and a designer babies.
- Sensitized four schools on the Girls Iron Folic Tablet Supplementation (GIFTS) program to clear misconception.
- Child health promotion week
- Exclusive breastfeeding for the first six months of life and breastfeeding for five years and beyond.
- Complementary feeding
- Iodine deficiency control
- Vitamin A supplementation
- Iron deficiency control
- Child welfare services (growth monitoring and promotion)
- School health services
- Nutrition rehabilitation of severely malnourished children
- Micronutrient supplementation for children under five (5) years of age
- Sensitization of communities on malaria prevention and iodized salt consumption
- Formed and trained MTMSGs in communities on Exclusive Breastfeeding (EBF), Appropriate Complementary Feeding (ACF), and communication skills
- Provided counseling on EBF, ACF and personal hygiene for pregnant and breastfeeding women.
- Household and market salt survey for iodated salt.

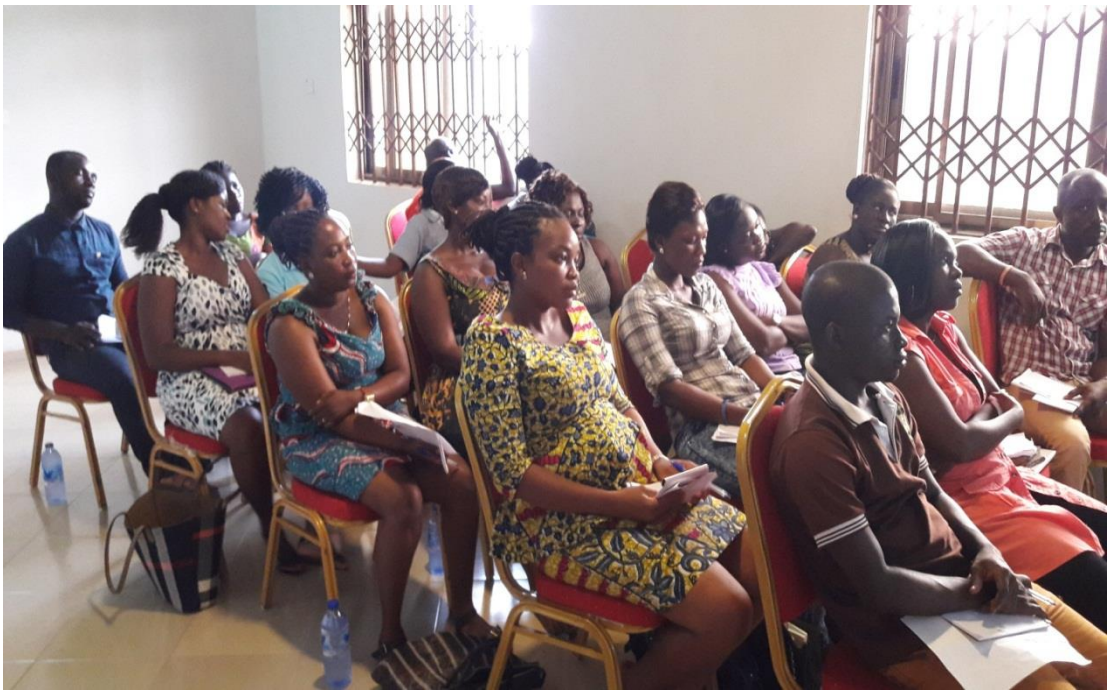
CROSS – SECTIONAL PICTURES ON NUTRITION SERVICES

CHPW @ESIAMA H/C

CHPW@A.B BOKAZO CHPS

CHPW@ASESETRE CHPS





DISTRICT HEALTH DIRECTORATE

NUTRITION UNIT

PROGRAMME OF WORK (POW)

DISTRICT: ELLEMBELL DISTRICT ASSEMBLY
YEAR: 2022

STRATEGIES	**TARGET GROUP**	**ACTIVITIES**	**Resources Needed**
Growth monitoring and promotion	1. 0-59Months 2. 6-59Months	1. Child welfare clinic 2. Community Nutritional assessment	1. Hanging scale 2. CWC register 3. Community Health Nurses 4. MUAC Tape 5. Community Health Register 6. Stadiometer 7. BMI Scale with Stadiometer
Vitamin A Supplementation	1. 6-11 2. 12-29 3. Post-Partum Mothers	1. Child Welfare Clinic 2. School Health Services 3. Post Natal Care 4. Home visit	1. Vitamin A capsules (red and blue) 2. Visual aids(posters on those activities) 3. Community Health Nurses
Iron Deficiency Control	1. Pregnant women 2. WIFA 3. Men 4. Elderly	1. Focus Ante- Natal Care 2. Home visit 3. Health Education 4. Iron supplementation	1. Community Health Nurses/midwifes 2. Funds 3. Iron tablet
	Adolescent girls	1. Health Talks 2. School Health Services	4. 5.
Iodine Deficiency Disorders Control	1. Pregnant mothers 2. fetuses 3. Neonates 4. Young infants	1. Focus Ante- Natal Care 2. Home visit 3. Health Education	1. Funds 2. Community Health Nurses 3. Test Kit for iodized Salt

Breastfeeding	1. Lactating mothers 2. Children 0-59months	1. Child welfare clinic 2. Post natal services	1. Community Health Nurses 2. Visual aids(posters on those activities) 3.
Complementary feeding	1. 6-23Months	1. CWC 2. Home visit	• Community Health Nurses • Hanging scale • Stadiometer
Collaborative activities (Water, Sanitation and Hygiene)			
Community –Based Management Acute Malnutrition (CMAM)	1. 6-23months	1. Home visit 2. CWC	1. MUAC Tape 2. Reading –to-use Therapeutic Foods 3. CHN
Community Infant and Young Child Feeding (CIYCF)	1. Young infants 2. 6-23months	1. Home visit	• C-IYCF Register • CHNs • Funds
Nutrition Assessment Counseling and Services (NACS)	1. TB/HIV Patients 2. Children under five years 3. Elderly	1. Community sensitization	• MUAC Tape • Reading –to-use Therapeutic Foods
Any special initiatives and projects	1. Preschools children	2. Institutionalization of vitamin A week	1. Vitamin A. 2. Funds

PREPARED BY

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NUTRITION OFFICER