WORLD VISION GHANA

ENOUGH Campaign – Wa West Area Programmer

Activity Report: Nutrition Dialogue phase 2 – Stakeholder engagement

BREAKING THE CYCLE OF CHILD MALNUTRTION IN GHANA; POLICY, PRACTICE AND PARTNERSHIPS FOR CHANGE – WA WEST PERSPECTIVE

ACTIVITY INFORMATION	
Activity	Nutrition Dialogue phase 2–stakeholder workshop
Date	18 May 2026
Location	Wa West District, Upper West Region
Facilitating Organisation	World Vision Ghana – ENOUGH Campaign
Focal Groups Engaged	Community Members, Faith Leaders, & Partners
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Reporting Period	May 2026

1. Background and Rationale

On 18 May 2026, World Vision Ghana, under the ENOUGH Campaign, facilitated a Nutrition Dialogue through structured focal group sessions in the Wa West District of the Upper West Region. The activity was designed to gather community-level insights on the state of child nutrition, identify barriers to adequate feeding, and co-develop actionable recommendations with key stakeholders.

The dialogue engaged four distinct focal groups: community members, faith leaders, the District Assembly, and the Ghana Health Service (GHS). Each group provided perspectives informed by their unique roles and relationships with the communities they serve. The sessions formed part of a broader effort by World Vision Ghana to ensure that the ENOUGH Campaign is grounded in the lived realities of the communities it seeks to serve.

2. Objectives of the Activity

- To identify community-level challenges and barriers affecting child nutrition and feeding practices in the Wa West District.

- To gather perspectives from multiple stakeholder groups including community members, faith leaders, the District Assembly, and the Ghana Health Service.
- To document cultural, socio-economic, and institutional factors contributing to child malnutrition.
- To co-develop actionable recommendations and a way forward for improving child nutrition outcomes in the district.

3. Methodology

The activity employed a structured focal group discussion (FGD) methodology. World Vision Ghana staff facilitated separate sessions with each of the four stakeholder groups, allowing for open and candid dialogue within each constituency. Key discussion areas included community perceptions and concerns about child nutrition, challenges with child feeding practices, cultural practices affecting nutrition, and institutional roles and responsibilities in addressing malnutrition.

Findings from each group were recorded and are reported below under their respective sections. A consolidated summary of overall challenges and the collective way forward is presented at the close of this report.

4. Findings from Focal Group Sessions

4.1 Community Members

Community Concerns about Child Nutrition

- Seasonal food insecurity was identified as a serious concern. Communities in the Wa West District face critical hunger, particularly during June and July, when food scarcity directly impacts children's nutritional status.
- Community members expressed concern about the lack of nutrition education, particularly regarding child feeding and appropriate dietary practices.
- Time constraints and inconvenience were cited as barriers to providing children with the right nutrition at the right time, compounded by limited nutrition knowledge, demanding work schedules, and inconsistent food availability.
- Cultural cooking habits and food prohibitions were highlighted as significant concerns. Notably, men in the Wa West District are largely uninvolved in child feeding – their role is perceived as providing food, with little or no engagement in monitoring what and how their children eat.

Challenges with Child Feeding and Nutrition

- Limited household income restricts the ability of families to purchase the right food ingredients.
- Inadequate household food stocks resulting from droughts, spoilage, poor economic conditions, and resource depletion during religious festivities.

- Climate change is adversely affecting crop yields and the nutritional value of produce.
- Picky eating among children, who are often accustomed only to locally grown or arable foods, presents a challenge to dietary diversification.

Cultural Practices Affecting Nutrition

- Food taboos exist among certain cultural groups who avoid eating specific nutritious foods.
- Unequal household food distribution: pregnant women and children are often denied eggs and meat, which are critical sources of protein.
- Long-term fasting practices by some religious groups extend to children, negatively affecting their nutritional intake.
- Traditional medicine prescriptions sometimes require patients – including children – to abstain from certain foods, further limiting dietary diversity.

Actions Needed to Ensure Good Nutrition for All

- Improve agricultural practices through climate-smart approaches, irrigation farming, drought-resistant crop varieties, and greater availability of farm inputs.
- Scale up nutrition education at the community level.
- Provide hygiene and food safety education to households.
- Strengthen social protection mechanisms and safety nets to support vulnerable households.

4.2 Faith Leaders

Nutrition Challenges Identified

- Over-reliance on carbohydrates throughout the week and month, with little dietary variety.
- Pervasive lack of balanced diets among households.
- The cultural belief that children should not eat meat, for fear it will make them thieves, was flagged as a harmful misconception limiting children's access to protein.
- Children's food preferences are frequently dismissed, with little attention given to what children want or need to eat.
- Ignorance and poverty were identified as twin barriers that perpetuate poor nutrition outcomes.

Advocacy and Awareness Recommendations from Faith Leaders

- Faith leaders committed to making nutrition education a regular part of their engagements with congregants.
- The belief that children and pregnant women should not eat eggs and meat must be actively challenged and abolished through community awareness.
- Faith leaders pledged to educate their followers on the importance of feeding children and households adequately.

- Faith leaders called for formal partnerships with community leaders, community health workers, agricultural officers, the District Assembly, WFP, and World Vision Ghana to ensure coordinated action on child and household nutrition.

4.3 District Assembly

Policies and By-Laws

The District Assembly confirmed that the Wa West District currently has no gazetted by-laws specifically addressing child nutrition. While the existing Child Protection By-Laws contain some provisions and articles that touch on nutrition, these are not comprehensive enough to serve as a standalone policy framework for nutrition governance.

Strengthening Institutional Frameworks to Reduce Malnutrition

- Conduct community sensitization campaigns on nutrition across the district.
- Incorporate nutrition policies and targets into the District's Medium-Term Development Plans.
- The Department of Social Welfare and Community Development should form, coordinate, and operationalize Home Science Committees at the community level.
- Enhance the quality of the School Feeding Programmer and scale it up to cover all schools in the district.
- The Agriculture Department should organize regular cooking demonstrations in communities to promote dietary diversity and proper food preparation.

Resources and Partnerships Needed

- Institutional collaboration among departments operating within the nutrition space is critical.
- The District Assembly should build the human resource capacity needed to plan and implement nutrition activities effectively.
- Dedicated funding must be allocated for nutrition programmer planning and implementation within the district.
- Collaboration between NGOs, Civil Society Organizations (CSOs), and government departments should be strengthened.

Ensuring Children Under 5 Have Access to Adequate Nourishment within Three Years

- Promote exclusive breastfeeding as a foundational intervention.
- Connect vulnerable households to existing social and economic protection programmes and safety nets.
- Ensure all three dimensions of food security (availability, access, and utilisation) are addressed in programme design.
- Approximately 8,000 households in the district qualify to be enrolled on the LEAP (Livelihood Empowerment Against Poverty) programme – enrolment should be prioritised.

4.4 Ghana Health Service (GHS)

Challenges Faced by Health Workers in Addressing Child Nutrition

- Widespread food insecurity in communities undermines the ability of health workers to recommend nutritious diets.
- Neglect and non-involvement of husbands in child feeding and nutrition remain a persistent challenge.
- Negative socio-cultural practices, including social stigma (name-tagging), discourage men from actively supporting women in childcare.
- Cases where men compete with infants for breast milk were reported, disrupting exclusive breastfeeding practices.

Main Health-Related Barriers to Child Nutrition

Health workers identified both physical and medical barriers to adequate nutrition among children:

Physical Barriers:

- Head diseases affecting feeding ability
- Cleft palate
- Undetected tongue tie
- Kidney conditions

Medical Conditions:

- Malaria
- Worm infections
- Prolonged diarrhoea
- TB, HIV/AIDS
- Oral health problems
- Sickle cell disease

Support for Mothers on Infant and Young Child Feeding

- Encourage early initiation of breastfeeding within 30 minutes of birth.
- Support mothers to exclusively breastfeed for the first six months.
- Ensure timely and accurate introduction of complementary feeding.
- Discourage bottle feeding in favour of direct breastfeeding.
- Introduce family meals that include the child progressively.
- Educate mothers on how to combine locally available foods to achieve balanced nutrition.

Monitoring and Evaluation Systems

- Home visits by GHS staff to monitor child health and feeding practices.
- Community-based food demonstrations.
- Growth monitoring using the Child Health Records Book.

Who Should Be Involved in Nutrition Interventions

Health workers emphasized that nutrition is a shared responsibility. All members of society should be engaged, with particular focus on:

- Husbands and male heads of household
- Health workers at all levels
- Immediate and extended family members
- Traditional and community leaders
- District Assembly representatives
- Politicians and policy makers

5. Overall Challenges of Child Nutrition in Wa West

Drawing from all four focal group sessions, the following overarching challenges were identified as the primary drivers of child malnutrition in the Wa West District:

1. Insufficient household income, with most families depending on a single source of livelihood – subsistence farming.
2. Pre-mature selling of food produce before household nutritional needs are met.
3. Chronic food is insecurity, particularly during the lean season.
4. Food was wastage during cultural and religious festivals.
5. Inadequate knowledge and awareness of nutrition among caregivers and community members.
6. Ineffective collaboration among officers and institutions responsible for nutrition programming.
7. Negative socio-cultural practices that restrict access to nutritious foods for women and children.
8. Absence of comprehensive gazette by-laws on child nutrition at the district level.
9. Sustainability challenges affecting nutrition projects and interventions.

6. The Way Forward

Stakeholders across all focal groups agreed on the following collective actions to improve child nutrition outcomes in Wa West:

10. Establish proper and formalized collaboration among all stakeholders working in nutrition.
11. Maintain continuous and sustained engagement with community members on nutrition education.
12. Decouple the School Feeding Programmer from political interference to ensure consistent and quality service delivery.
13. Strengthen social protection programmers to safeguard the most vulnerable households.
14. Promote household economic empowerment programmers to increase income diversification.
15. Operationalize Home Science Committees at the community level to support practical nutrition education.
16. Support daily monitoring of basic child feeding programmers.
17. Establish school gardens to promote food production and nutrition education among school children.
18. Introduce fish farming and poultry keeping in schools as a source of protein and income.

7. Mechanisms for Effective Collaboration

The following specific coordination mechanisms were proposed to ensure that stakeholder collaboration translates into concrete action:

- The GHS Director should ensure that all departments hold debriefing meetings with their respective heads within one week following the nutrition dialogue.
- The GHS should convene a meeting with all departmental heads to design a district level plan of action on child nutrition.
- A multi-stakeholder coordination platform should be established to facilitate regular communication and progress tracking among all partners.
- Nutrition programmers should be formally integrated across the Agriculture Department, Department of Social Welfare and Community Development, and the Ghana Health Service.

8. Conclusion

The Nutrition Dialogue Focal Group Sessions held on 18 May 2026 in the Wa West District provided valuable, ground-level insights into the complex factors driving child malnutrition in the area. The engagement of community members, faith leaders, the District Assembly, and health workers demonstrated a shared recognition of the problem and a willingness to act collectively.

World Vision Ghana is committed to using the findings from these sessions to inform the design and implementation of targeted nutrition interventions under the ENOUGH Campaign.

The recommendations and action points documented in this report will be shared with all relevant stakeholders and used as a basis for ongoing advocacy, programme design, and coordination within the Wa West District.


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