COMMUNIQUE: 2ND MULTI-STAKEHOLDER FORUM ON ENDING CHILDHOOD MALNUTRITION IN OBUASI

Introduction

Holystic Nutrition Organization as part of its mandate to ensure sustainable socioeconomic development through nutrition, initiated the SMALCHILD Project for the eradication of childhood malnutrition in Ghana. Being operational in the Obuasi Municipality of Ghana since April, 2017, the Project management team called for its 2nd Multi-stakeholder Forum on Tuesday 11th December, 2018, for which 55 participants across 30 different stakeholder entities within and without the municipality represented.

The forum which was under the theme: *Eradicating Childhood Malnutrition for Human Capital and Socioeconomic Development: the role of stakeholders* aimed at:

2. Sharing the success stories, challenges and the lessons learnt from the SMALCHILD Project which has treated over 160 acutely malnourished children over the past year.
3. Exploring ways in which the various stakeholders can contribute towards scaling the SMALCHILD Project across the entire Obuasi Municipality to save lives and promote socioeconomic development.

Highlights of the Multi-Stakeholder Forum

1. Participants came to appreciate how childhood malnutrition remains unacceptably high in the Obuasi Municipality and how it remains the greatest single threat to the survival, growth and development of children.
2. Participants were educated on how child undernutrition deprives children of nutrients for optimal growth and also lowers their resistance to infection, making them about nine (9) times more likely to die from common childhood illnesses such as diarrhea and lower respiratory tract infections.

3. Participants came to the stunning awareness of how undernourished children are not able to reach their optimum cognitive development, greatly affecting their learning abilities leading to repetitions at school and consequent dropping out before the tertiary level. It was also disclosed how victims of childhood undernutrition become low income earners, making their household poor, as adults.

4. Participants were quite surprised that Ghana loses 6.4% of its GDP (equivalent GH₵ 4.6 billion) annually due to childhood undernutrition according to the Cost of Hunger Report (2016) but little is done politically towards its eradication. It was revealed that this huge socioeconomic loss is due to the cost of lost human capital from child mortality, low productivity from adults who were stunted due to childhood undernutrition, and extra burdens on our health and education systems.

5. Participants unanimously agreed that re-positioning childhood malnutrition from the perceived “just a health challenge” to a high priority socioeconomic development problem, where all stakeholders from the technical community, civil society, governmental agencies, donors, private agencies, and concerned citizens play actively contribute towards its eradication, is key to success.

6. Participants lauded leaders of the Holystic Nutrition Organization for setting the pace, via its SMALCHILD Project, in providing appropriate medical/nutritional treatment for 162 acutely malnourished children in the Obuasi municipality; and not only that, but also doing so by closely engaging various stakeholders in the bid to prevent and eradicate the problem.

7. It was also established from the SMALCHILD Project that three (3) key factors drive childhood undernutrition in Obuasi, namely: inadequate access to health and nutritional services; household poverty (especially in villages and inner cities); and socio-cultural myths on breastfeeding and childhood illnesses (‘asram’).

8. Participants therefore agreed, that to eradicate childhood undernutrition from Obuasi, stakeholders must work and coordinate actions across sectors such as health, social
protection, women empowerment, education, and agriculture; and that Holystic Nutrition Organization is well positioned to lead this process via the SMALCHILD Project.

9. After five (5) mothers, whose malnourished children were treated by the SMALCHILD team, shared their struggles and experiences with the forum, participants advocated that the project must be extended to every community in the Obuasi municipality, with strong focus on community education towards prevention, active case finding, well established referral systems and social support.

10. The stakeholders were educated on key roles they can play to ensure scaling up the SMALCHILD Project across the municipality, key of which was taking ownership of the Project and contributing towards its funding as a Municipality.

11. All participants fully participated in the discussions and pledged to support Holystic Nutrition Organization to scale the SMALCHILD Project.

Recommendations

1. The SMALCHILD Project must be prioritized, adopted and funded by the Obuasi leadership and its developmental partners as a municipality wide developmental project.

2. All communities must be sensitized strongly about the risk factors, prevention, management and socioeconomic consequences of childhood malnutrition, demystifying the associated ‘asram’ myth also.

3. Health workers must be equipped, through frequent training, with practical knowledge on case identification, referral and treatment of malnourished children.

4. All health facilities must be equipped to integrate practical nutritional management into the care of sick children, if possible the establishment of one functional nutrition rehab center.

5. Opinion leaders must help to advocate and reinforce nutrition specific and non-specific interventions such Exclusive breastfeeding, Child welfare clinics, Mother support groups, Social support initiatives, General child care practices and Food security systems.
# LIST OF STAKEHOLDERS PRESENT - 55

1. **Traditional Council – 1**  
   a. Rep of Binsere Community Chief  

2. **Municipal Agencies - 15**  
   a. Rep of Municipal Chief Executive  
   b. Rep. of Municipal Health Director  
   c. In-Charge of Public Health Office  
   d. Health Promotion Officer  
   e. Municipal Nutrition officer  
   f. Social Welfare Director (and one Officer)  
   g. YEA Coordinator  
   h. NABCO Coordinator (and one Officer)  
   i. NBSII Coordinator  
   k. Rep. of GES Director  
   l. Early Childhood Coordinator - GES  
   m. School Health Coordinator - GES  

3. **Health Facilities - 3**  
   a. Nutritionist, Obuasi Government Hospital  
   b. Community Health Nurse, Obuasi Government Hospital  
   c. Rep from AGA Hospital  

4. **Mothers of SMALCHILD Project Beneficiaries - 6**  
   a. Obuasi Cental (2)  
   b. Sanso community  
   c. Binsere community  
   d. Kyekyeware community  
   e. Nhyiaeso community  

5. **Private Businesses– 1**  
   a. SCDS Ltd  

6. **NGOs - 9**  
   a. CAMP Ghana (2)  
   b. KWADA Foundation (2)  
   c. DE-WATCH Ghana (3)  
   d. Secure Aid Foundation  
   e. Adansi HIV/AIDS Advocacy Network  

7. **Media Groups - 7**  
   a. Obuasi Today (2)  
   b. Love FM  
   c. Adom FM  
   d. Time FM  
   e. O-FM  
   f. Sikapa FM  

8. **Holystic Nutrition Organization Staff - 3**  
   a. Projects Manager (Nutritionist)  
   b. Operations Manager  
   c. Deputy Nutrition Officer  

9. **SMALCHILD Project Volunteers - 11**  
   a. Nutritionist (2)  
   b. Nurses (4)  
   c. Social Service Professional  
   d. Field Assistants (2)  
   e. Administrative Assistants (2)