



*Empowering Women and Girls:
Growing Healthy Food,
Growing Healthy Children*

A PROJECT FUNDED BY



**TOGETHER
WOMEN RISE**

Collective action for global gender equality

Final Report (January to December 2023)
Self-Help International – Ghana
RISE Grant

1. Please provide the following information:

a. Organization Name: Self-Help International

b. Project Title: Empowering Women & Girls: Growing Healthy Food, Growing Healthy Children

c. Grant Amount: \$49,537.47

d. Contact Person:

Name	Nora Tobin
Title	Executive Director
Phone Number	515.306.2915
Email	nora@selfhelpinternational.org

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e. Address: 207 20th St. NW Suite A, Waverly, IA 50677 www.selfhelpinternational.org

2. Recap briefly what outcomes the project was designed to achieve.

The Empowering Women and Girls: Growing Healthy Food, Growing Healthy Children project was designed as an integrated community-wide intervention to increase food availability, add to the social status and empowerment of women involved, and lead to healthier child development (Marquis et al., 2018).

The intervention improves nutrition outcomes for newborn babies within the first thousand (1,000) days by addressing the economic, agricultural and dietary diversity challenges of their mothers, caregivers and families, having a direct impact on 342 clients in three rural communities in the Ashanti Region of Ghana. The anticipated direct impact groups are made up of:

- 179 mothers/surrogate caregivers living in extreme poverty, between the ages of 15 and 45
- 163 children between newborn to two years old

Economic and agricultural interventions such as skills training and access to the resources to put those skills into action, delivered alongside regular nutrition education and fortification of the most at risk families' diets with supplements, result in fewer babies being underweight and increased adoption of exclusive breastfeeding in new mothers in the first 6 months of their child's life. Key outcomes include:

- **Increased income for women:** Through microcredit programming targeted at expectant and new mothers, women have the opportunity to pursue business opportunities that are of interest to them and will help to secure the financial well-being of their family.
- **Healthier children:** The integrated nature of this specific project ensures direct nutritional health benefits to pregnant and lactating mothers and their children.
- **Better nourished families:** cultivation of household gardens and best-practice agronomic techniques in production of staple and market crops such as maize and cassava will ensure that

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families have access to reliable income sources and to diverse sources of nutritious food for their families.

Accomplishments connected with this project, including results of each stated objective, number of beneficiaries served, measurements used to monitor success and methodology.

Directly impact 342 persons and equip 271 women and girls out of this target with knowledge and resources to achieve a healthier and equitable future for themselves and their families. Target directly, 200 mothers from 2 active communities and 100 mothers from 1 new community.

At the time this grant funding started, Self-Help International was operating the Growing Healthy Food, Growing Healthy Children project in two communities in the Atwima Mponua District in the Ashanti Region (Beposo and Kukubuso), and this funding allowed us to continue serving those communities while expanding the service area to a third community, namely Fankamawe.

We originally projected that by expanding to one additional community, the GHFGHC project would directly impact 342 individuals, progressively equipping 179 mothers of 92 baby girls and 71 baby boys with knowledge and resources to achieve a healthier and equitable future for themselves and their families.

As of December 2023, the project has directly impacted 586 persons and equipped 394 women with knowledge and resources to achieve a healthier and equitable future for themselves and their families, as follows:

- 394 women/adult female clients
 - 213 women who were either pregnant or the primary caregiver to a child under the age of two years old (typically the birth mother, but occasionally a grandmother or other relative, particularly in the cases of teenage deliveries) (54% of adult female clients)
 - 181 women who accessed micro-loans from SHI and did not also have an infant child < 24 months (46% of adult female clients)
- 192 infants ages < 24 months
 - 106 infant girls (52% of all infants)
 - 86 infant boys (48% of all infants)

All 394 women/clients had received one or more of the services and resources the project delivered. These include agriculture extension services, planting materials, inputs, nutrition education, food supplements, financial literacy entrepreneurship training, health screening and education as well as microloans. The 586 clients served during the year exceeds the original target by 58.6%.

Geographically, this project served 394 women; 365 from the two active communities of Beposo and Kukubuso, as well as 29 from the new community of Fankamawe, as shown in the table below.

The overall number of clients served exceeded initial projections. The distribution among the three communities varies from projections: the number of women/lactating mothers is greater than projected in Kukubuso and Beposo, and fewer than projected in Fankamawe. There are two primary factors:

1. We attribute the increased participation in previously active communities primarily to the community's appreciation for the services provided, witnessing first-hand the impact, and word

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spreading Pregnant and lactating women from surrounding communities walk great distances to participate in the nutrition programs in Kukubuso and Beposo, thus the program serves women in the wider catchment area, not only immediate residents of the village and the population served is greater than what one would expect based on the community population alone. In total, 200 women who were either pregnant or the primary caregiver participated from Kukubuso and Beposo, which is double the initially projected 99 mothers.

2. At the time that the original proposal was submitted, we anticipated expanding the interventions to a third community with a population similar to that of Beposo and Kukubuso. We've found that the most important indicator of program success is strong community leadership. Based on feedback from program officers who work in a number of communities and have established relationships with community leaders based on trust and mutual commitment, we determined that this intervention was most likely to achieve the desired outcomes in Fankamawe, which is a smaller community, and thus has a smaller potential population of pregnant women, and therefore the targeted number of 80 new mothers in the 3rd community was not possible to achieve. We anticipate that, as we saw in Beposo and Kukubuso, as people experience and witness the impact, pregnant mothers in surrounding hamlets will begin coming to Fankamawe to enroll as well.

	Projected Total	Actual as of December 2023			
		Total	Beposo	Kukubuso	Fankamawe
Women with infants < 24 months	179	213	81	119	13
Girls < 24 months	92	106	43	56	7
Boys < 24 months	71	86	37	45	4
Mothers and infants total	342	405	161	220	24
Women without infants < 24 months	0	181	114	51	16
Individuals directly impacted total	342	586	275	271	40
Women only (total)	179	394	195	170	29
Children < 24 months only (total)	163	192	80	101	11
Women and girls only total	271	500	238	226	36

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This project directly impacted 586 lives, including 394 women, the majority of whom have dependents at home. Based on the Ghana Statistical Service record, the average household size in the Ashanti Region of Ghana is 6 people, therefore we expect that the project has indirectly impacted roughly 2,364 lives.

One hundred percent (100%) of the children born into the project are above the 15th percentile for weight-for-age at 24 months

From January to December 2023, 56 children reached the age of 24 months and exited the program, as anticipated. Out of these 56 children, 16 were born into the project (prior to the initiation of this funding). All 16 (100%) of the children born into the project were above the 15th percentile for weight-for-age at 24 months.

Methodology

Infants' weights were measured and recorded on a monthly basis from birth through 24 months of age. Ghana Health Services weighed children during the monthly training sessions that SHI held for pregnant and new mothers in the three target communities. The nurses recorded the metrics in the Maternal and Child Health Record book for each infant, and the mothers then provided the same information to SHI. Infants' weight-for-age percentiles and Z-scores were tracked using the AnthroPlus software developed by the World Health Organization (WHO).

Hundred percent (100%) of women who are able, exclusively breastfed their child their first 6 months

A total of 26 babies have been born to mothers enrolled into the program from January to December 2023. All 26 mothers were initially able to practice exclusive breastfeeding, and expected to exclusively breastfeed for the first six months of the babies' lives. 24 of the 26 mothers (92%) exclusively breastfed their newborns for all six months. Two mothers reported exclusively breastfeeding their infants until the 4th and 5th months respectively due to health and family complications.

The concept of exclusively breastfeeding is largely being accepted in these communities and mothers are glad to comply as they see the benefits of exclusively breastfeeding babies within their communities. The activities of lactation coaches who followed up on mothers support them, especially the young teen and first time mothers, have been a key factor positively impacting these results.

Methodology

Adherence to exclusive breastfeeding recommendations was self-reported by mothers of children ages 0 - 6 months on a monthly basis. Nutrition officers asked mothers about their adherence each month, recorded the same, and provided support and counseling to the mothers as needed.

Eighty (80%) of women increased their Dietary Diversity Score by graduation

97% of mothers/caregivers to infants increased their Dietary Diversity Score by graduation.

Methodology

The dietary diversity survey was conducted among a representative sample of 75 mothers during the course of the year, which found that the majority (60%) of mothers' diets contained 4 or fewer of the seven food groups. This indicates that their diets were not as diverse as desired. The goal was to achieve

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a diversity score of 6 or more food groups by the time their children graduated from the program at 24 months.

The mothers of children graduating from the program were surveyed to determine dietary diversity scores. Out of 32 mothers surveyed, 31 (97%) consumed foods from more than 5 food groups, an increase in dietary diversity relative to the baseline.

Generally, knowledge of good nutrition, income level of households, and availability /pricing of foods especially vegetables and proteins tend to influence the dietary diversity score. The dietary diversity trends tend to follow the seasonal pattern of food availability (harvests) in the communities.

Though the survey of graduating mothers was done in September during the seasonal harvest when dietary diversity scores would be expected to rise based on food availability, we believe the knowledge and support around cultivating home gardens has positively influenced the resulting increase in dietary diversity.

Fifty percent (50%) of participants started home gardens or expanded crops they are growing.

59% of pregnant and lactating women (125/213) started home gardens or engaged in animal husbandry to increase household food security and dietary diversity. In total, 40% of adult females (159/394) engaged in this project started or expanded home gardens.

Methodology

SHI facilitated training sessions in the three communities, providing the 170+ women in attendance with technical knowledge and resources to cultivate home gardens to increase household food security and dietary diversity. Crops promoted included orange-fleshed sweet potatoes (OFSP), local green vegetables (Ayoyo, Amaranth, Jute, etc) as well as okra, aubergine (eggplant) and pepper. The women also planted other vegetables of their choice.

SHI distributed orange-fleshed sweet potato vines, seeds and seedlings of the various crops to 142 women to grow in their gardens. More than 120 women planted and maintained the seeds and seedlings given to them, 86 of whom were mothers to infants <24 months old.

A section of women reported that they were unable to cultivate crops and/or vegetable gardens due to lack of access to suitable land, especially those living in Beposo where much of the arable land in the community has been destroyed by galamsey (illegal mining). Most of these women were offered the chance to engage in semi-intensive poultry production, in which the birds consume some feed and are also allowed to roam free for some food as well. Thirty nine (39) women in the target communities who were either pregnant or lactating were given cockerels to raise at the family level to increase animal source protein availability at the household and community levels.

These agricultural interventions were measured and tracked by counting participants at training sessions and using self-reporting of clients regarding ongoing agricultural activities, combined with verification through field visits conducted by staff to a sample of clients selected based on geographic location.

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Fifty percent (50%) of women have an independent income source.

51% of women have an independent income source.

Methodology

Increased income and progress toward financial independence were tracked using on-time micro-loan repayment records, and subsequent recapitalization at higher monetary values as indicators of increased income generation. Those metrics were validated by in-person client visits, dialogue, and observation of client business where possible.

For a woman to access her first micro-loan from SHI, she is required to participate in financial literacy and business training sessions offered by SHI that will put her in a position to fully utilize the funds to generate income in addition to repaying their loans.

In the course of 2023, a total of 203 women in the three target communities accessed micro-loans directly from Self-Help International, representing 51% of participants. The 203 micro-loan recipients are actively working on their enterprises and repaying the loans, indicating they have an independent source of income.

Challenges faced in connection with this project, overcoming obstacles, unexpected events/outcomes, and lessons learned

Migration

Most of the women clients SHI engages with in Beposo, Kukubuso, and Fankamawe are from migrant farmer households, and have settled in the Ashanti Region seeking a better life. As a result, some mothers and children intermittently move in and out of the communities where this project is active, which can inhibit the effectiveness of interventions. There is the tendency for some of the babies to retrogress in their nutritional outcomes during periods when their mothers/caregivers migrate. To mitigate the negative impact of migration on child health, SHI has been partnering with community health nurses from the Ghana Health Service (GHS) and ensuring that clients are using the approved GHS client cards which they can present at any approved care facility when they migrate. By using established GHS forms for tracking, women are more likely to be able to access quality maternal and child health care when they are not within the reach of our program interventions.

One of the most important lessons we learned was the impact the right lactation coaches can have in influencing mothers, and especially of first-time mothers, in addressing social myths and prejudices in the community. Most of the women we're targeting are also migrants from the northern parts of Ghana. These migrants are likely to have little or no formal education. Some would therefore carry on some family or cultural myths and practices around nutrition and childcare. Finding the right lactation coach to address some of these deep seeded issues directly with clients has been very significant. The issue of family planning has been well addressed with new mothers as well, again largely with the support of these lactation coaches. The personality type, social standing and acceptability and peer learning of lactation coaches has a significant impact on their ability to influence habits of other community members. Initially, we expected that working with grandmothers would most closely achieve the goal of combating inaccurate information, but we've found that grandmothers don't necessarily have as much influence, aren't necessarily already organized into a group, and thus can and have been effectively engaged on a

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case-by-case basis by SHI staff or lactation coaches as needed. Rather, engaging lactation coaches has proven to be effective as peer mentors.

Religious and Cultural Observations

The second lesson we learnt was the impact of Ramadan fasting leading to the Islamic festival of first Eid on babies' weights and wellbeing. During the Islamic month of Ramadan (fasting), pregnant women, lactating mothers and children are not required or expected to be a part of the fasting activity under Islamic law. It was however observed in Fankamawe (our third community), that previously well-nourished babies dropped in their weights during that month. It was observed that households only prepared meals in the evenings for the family. Children who were not fasting nevertheless had very little or nothing to eat during the day. This is observed to have negatively affected the growth of the children. While it's likely that this trend could be seen in other communities, the others we work in have a greater diversity of religious and cultural practices. The homogenous nature of Fankamawe is what allowed such observations to be made. We have learned to pre-emptively avoid such a scenario in future years by training mothers/caregivers on the best ways of preserving/ storing food and managing the weaning and lactating children during the month of fasting so that Muslim families are able to meet their religious, cultural, and nutrition needs.

Galamsey (illegal mining)

Small scale Illegal gold mining known colloquially as *galamsey* has increased in two communities, Beposo and Kukubuso, and has become a central feature in the community of Beposo in particular. This illegal mining has changed the Beposo community from a sleepy agricultural community to a busy mining community, which has created unexpected challenges and benefits. The population of the community and its environs has increased.

Galamsey has had some positive effects in terms of increased income among traders and food vendors in the community, particularly positively affecting revenue at women-owned businesses. As *galamsey* creates alternative income streams for households, more women have been able to repay loans on time and scale up their businesses. The mining has also created employment to a vast number of the youth and community members. Mining pays more than 3x what the farmers pay for laborers.

While the mining operations in the communities provide a lot of immediate positive economic impacts on traders' income, and provide resources for these women to fund good sufficient nutrition for their children and their families, it also poses challenges to the sustainability and social dynamic of the community once the mining ceases.

The biggest issue is the long term impact of the unregulated mining activities on farmland and water bodies, and thus on human health. *Galamsey* has led to increased pressure on farmlands as previously arable lands are exploited which likewise has been a major hindrance to crop production. It has also led to a shortage of labor to support agricultural activities that would increase household and community food security since mining pays better than farm labor.

SHI has not shifted our strategy in the community, but we have changed implementation. Based on client feedback regarding limited access to arable land, we have encouraged clients to venture into poultry production for animal-source protein, and more home gardening to improve food security. SHI has offered

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clients resources in the form of technical training and access to cockerels and rabbits to boost protein supply to households especially those with unsuitable land for gardening.

13. If the project is ongoing, provide plans and expected results, including projected timeframe.

The program existed in the 2 communities before the grant funding of Together Women Rise. The funding supported our extension to a third community and served some more clients in the 2 communities. We expect to continue the implementation of the various services to clients beyond the 1 year that the grant funding covered. The program continues but the results and timelines of the grant funded activities have ended. We are seeking support from private donors to enable these efforts to continue.

6. Is your organization or project situation different than presented in the approved proposal? For example, a new executive director, significant project staffing changes or NGO affiliation, loss of large funding, or other significant changes?

Our organization is in an even stronger position today to achieve our mission in Ghana than at the time of our application. The Ghana Programs Manager role (previously held by Jessica Crawford and based in Iowa) has been modified and the responsibilities have been transferred to a staff member based in Ghana. The position is now called Program Coordinator for Design, Strategy and Evaluation and was occupied by Peter Canicius Kuusaana from November 2022 - October 2023. Nana Amoako Acheampong will fill the role on January 1, 2024. In the interim, Program Coordinator for Program Implementation, George Saforo, is overseeing reporting, particularly the composition and submission of this report.

Bernice Agyekwena joined the Ghana team as Communications Manager in October 2022, a role also previously filled in the US. These changes reflect SHI's intentional emphasis on strengthening the local leadership in Ghana, expanding services to deliver urgent program needs of our clients, centering communications as closely to clients as possible, and providing efficient funding outcomes to our funders and other stakeholders.

8. What has changed within your organization as a result of this project?

We will carry the lessons learned forward by continuing to engage former/graduated/long-time clients as peer mentors to other newer clients in the way we have done by engaging graduated mothers as lactation coaches. We will also be more intentional about considering the implications of cultural and religious practices on our interventions and engaging with community members to discuss how to overcome anticipated challenges.

14. Provide a detailed list of all expenses incurred during the grant cycle which have been paid for with the Together Women Rise grant.

See attached.

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15. Did this grant and relationship with Together Women Rise assist your organization in obtaining other funding, partnerships with other organizations, or public recognition in some capacity?

We have not directly experienced the listed benefits yet. Securing the grant from Together Women Rise has helped us refine our internal processes and documentation, and has built our confidence in our abilities to effectively secure and manage funding at this level, and to seek further grants at this scale or larger.

Several high-resolution JPG photographs of the project depicting the women/girls who have benefited from the grant funds should be posted to your assigned Dropbox. Photos should be submitted with the right to use in all forms and media in Together Women Rise documents and website. Include confirmation of grantee's right and consent to use photos/videos as per local law.

A compilation of JPG photographs of some of the engagements have been made available by the communications team of the project at this [link](#).

Any message you would like us to convey to our membership and donors about the impact our grant is having on those being served and/or your organization and its mission.

We've focused a lot on outcome metrics in this report, but day to day, we are working with people who are much more than statistics. We're working with mothers who want what's best for their children, who are struggling to be able to access and provide for those needs, and who are seizing opportunities to change their circumstances by participating in this project.

The RISE funding is supporting women and infants during one year of their journeys, but many were active in this project prior to January 2023 and will continue beyond December 2023. Memuna and her daughter recently graduated from the Growing Healthy Food, Growing Healthy Children program, which they participated in throughout the first two years of Yaa's life. Their family's journey is exemplary of the life-changing impact that this funding is creating for women in Beposo, Kukubuso, and Fankamawe.

The following information was prepared by SHI Communications Officer Bernice Agyekwena, who obtained informed consent directly from Memuna prior to sharing.

Memuna, a 38-year-old resident of Beposo, was in the third trimester of her fifth pregnancy when she was introduced by a friend to Self-Help International's Growing Healthy Food Growing Healthy Children (GHFGHC) Program in late 2020.

At the time, Memuna was experiencing anemia. In order to help her rectify this issue and better prepare her to experience a safe delivery, SHI's nutritionists counseled Memuna about how she could boost her hemoglobin levels by consuming iron rich vegetables, and also advised her on other nutrient dense food crops.

In a bid to help pregnant and lactating women cultivate and consume a variety of nutritious vegetable crops to boost their immune system as well as that of their babies, SHI's agricultural team gave Memuna vegetable seeds including *ayoyo*, a leafy green often used in soups and stews, as well as cabbage, carrot, pepper, tomatoes, and aubergine (eggplant) seeds to cultivate to give her ready access to nutritious food.

Memuna reported, "I planted all these seeds on my farm and this really helped my family because we were able to consume vegetables at home."

Following her introduction to a healthier diet, Memuna's hemoglobin levels improved and she was able to bring her pregnancy to term and delivered her daughter Yaa in December 2020.

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But right after delivery, Yaa exhibited a yellowish coloration.

“The doctor informed me that she had jaundice,” Memuna explained. “We were later on discharged from the hospital when her condition was much better.”

But Yaa’s health challenges did not end there.

“I discovered that my daughter had Down's Syndrome, and my husband abandoned me and our five children. Life was very hard for us,” Memuna recalls.

“I had a few friends reaching out to help me and the nutrition officers from Self-Help helped a lot by giving me supplements. These included Ready to Use Therapeutic Food (RUTF), koko plus, eggs and tom brown.”

Thus, with the support of the GHFGHC Program, Memuna was able to provide nutritious meals for her daughter, and Yaa’s health status began to improve.

“At first, I was afraid I would lose my daughter. But with the help of my landlord who gave me a piece of land to cultivate, and support from SHI, it has been possible to put food on the table,” she said.

“In spite of suffering from Down’s syndrome, Yaa is very active and I am able to leave her with her older siblings to work on my farm.”

Memuna expressed gratitude to the GHFGHC program for their support and the role they played in the upbringing of her daughter Yaa, saying, “I want to say a big thank you to the sponsors of the program and the nutrition officers of GHFGHC for supporting me thus far.”

On behalf of Self-Help International and our partner communities, thank you for investing in families like Memuna’s. Your gifts give hope, and practical tools that create opportunities for mothers to better support their families, and for children to reach their biological potential.