

Partnerships for healthy diets and nutrition in urban african food systems – evidence and strategies

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FERN 2020 Virtual Meeting

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- Project started 1.09.2018, duration 36 months
- 5 partners, 3 countries (Ghana, South Africa, Uganda)



MOTIVATION

African urbanization and diet transition \Rightarrow increasingly complex nutrition equation:

- Under- and over-consumption of calories and under-consumption of key micronutrients
- Poverty and growing purchasing powers act as “parallel” drivers
- Linkages between health and nutrition – whose problem, whose responsibility?
- Increasing concerns over food safety and quality

AIM

- Improve our understanding of the drivers of urban nutrition in Africa and provide the basis for comprehensive, effective interventions & policies.

NOURICITY in Ghana

Approach 1

Aim: investigate the **systemic drivers** of urban food choices

Activities:

- Participatory mapping of the Urban Food System
- Mapping food flows – in Urban Food Systems and along Value Chains
- Laboratory testing of fresh food quality/safety

Approach 2

Aim: investigate the **individual drivers** of urban food choices

Activities:

- Household surveys (and analysis) – drivers of diets and food preferences (around issues of time allocation)
- Comparative analysis with national surveys and trends



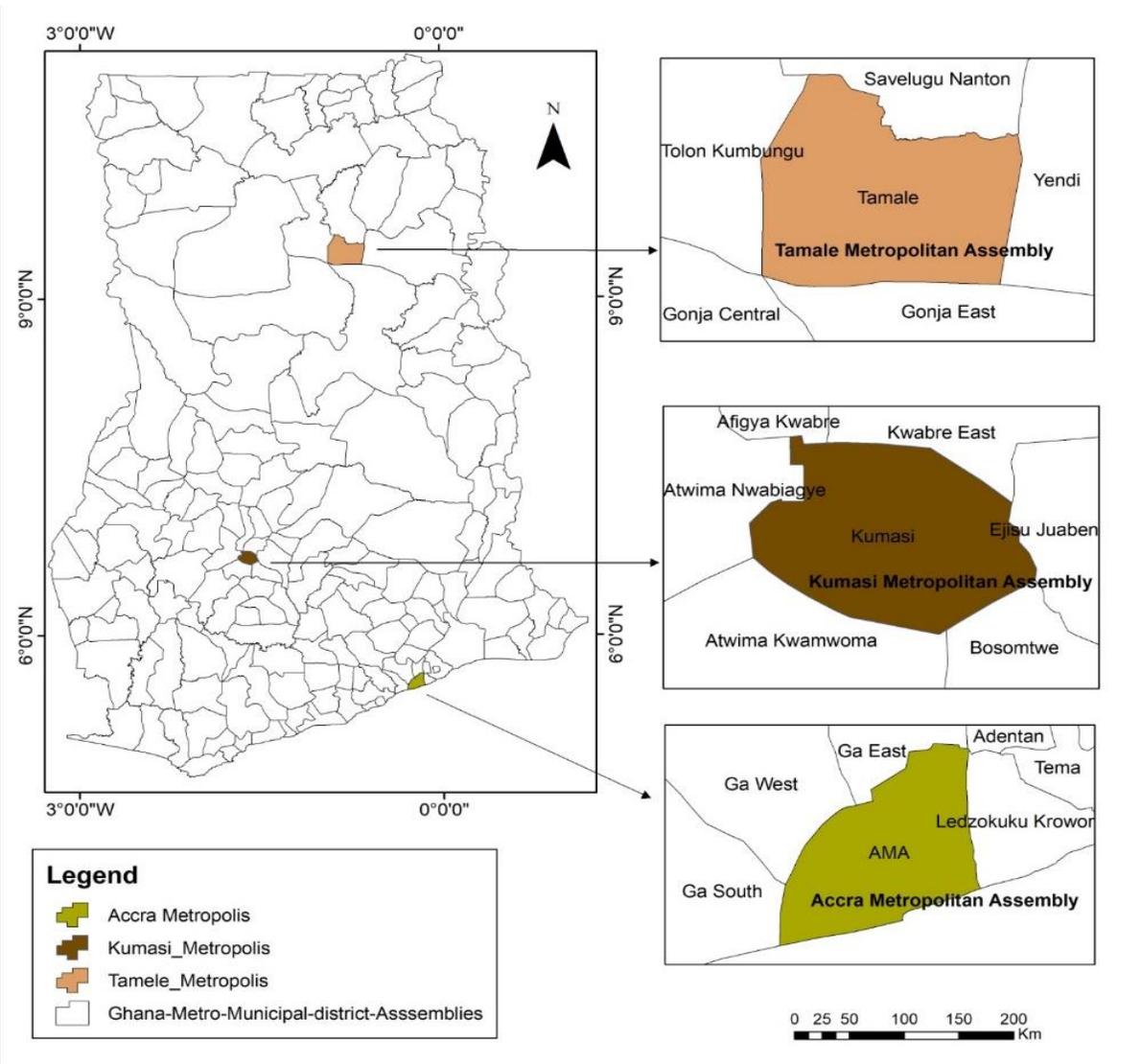
Approach 3

Aim: develop **strategies & partnerships** for urban nutrition

Activities:

- Participatory mapping and typology of relevant policies
- Pooling of the systemic and individual drivers
- Identification of high pay-off strategies
- Participatory design of a partnership concept for action

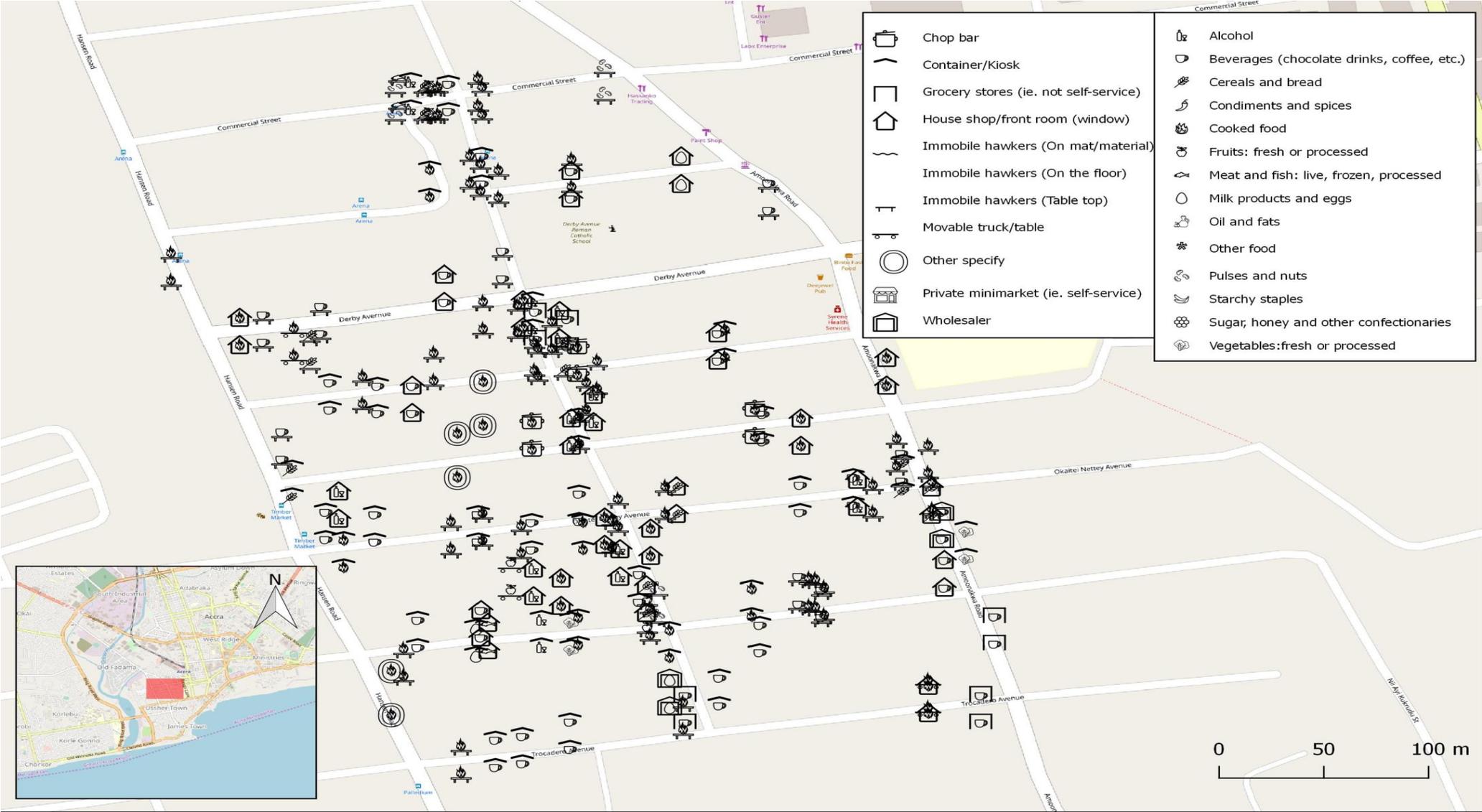
NOURICITY Study areas



- These metropolises are the biggest in the southern, middle and northern parts of Ghana
- The sites provide a national picture of the urban food system in Ghana from different geographic and ecological, socio-cultural and socio-economic perspectives.
- These cities have major food markets that are hubs for aggregating and redistributing food products to other cities and regions, and even neighbouring countries.

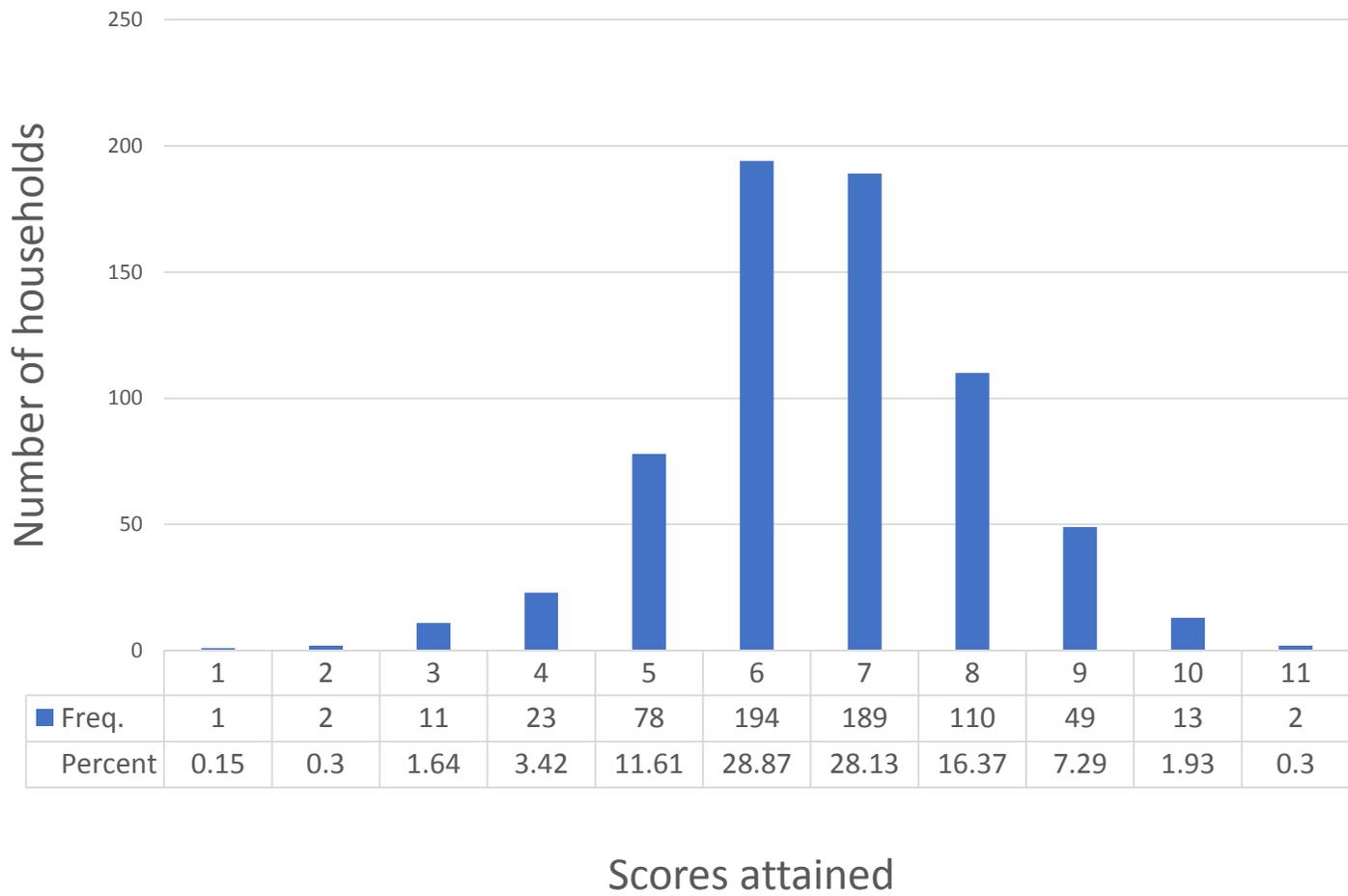
Preliminary descriptives from market and household survey

Mapping of randomly selected food actors in Korle Dudor



Household food safety knowledge

Food safety knowledge

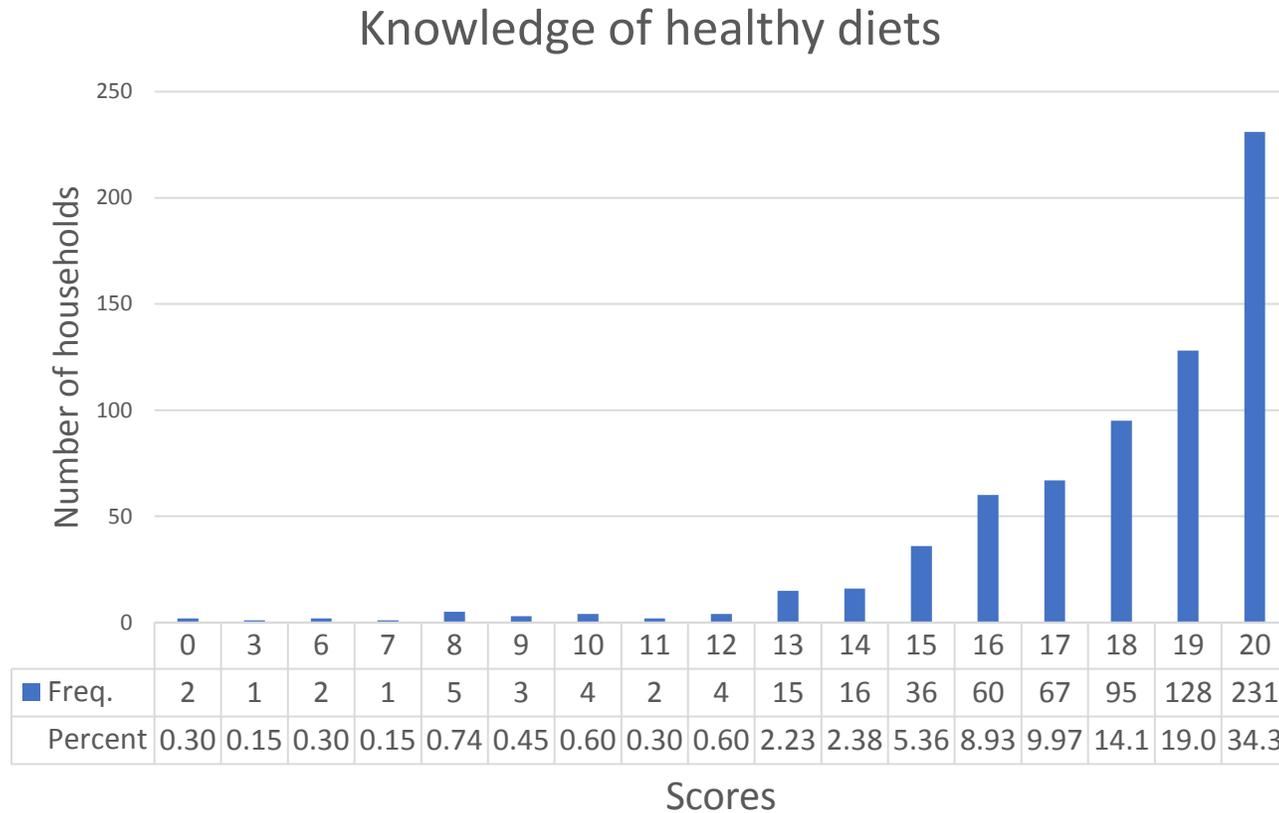


Cities	Mean scores
Accra metropolis	6.7
Kumasi metropolis	6.6
Tamale metropolis	6.8
Overall	6.7

Questions covered:

- Keep clean
- Separate raw and cooked food
- Cook thoroughly
- Keep food at safe temperatures
- Use safe water and raw materials

Household knowledge of healthy diets



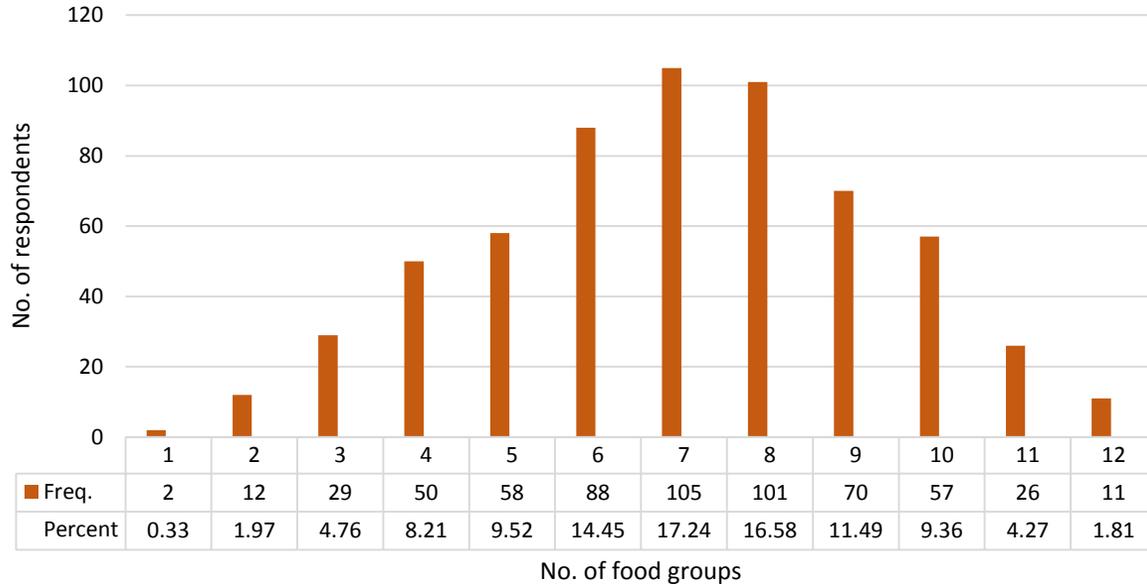
Cities	Mean scores
Accra metropolis	16.9
Kumasi metropolis	17.9
Tamale metropolis	18.8
Overall	17.9

Questions covered:

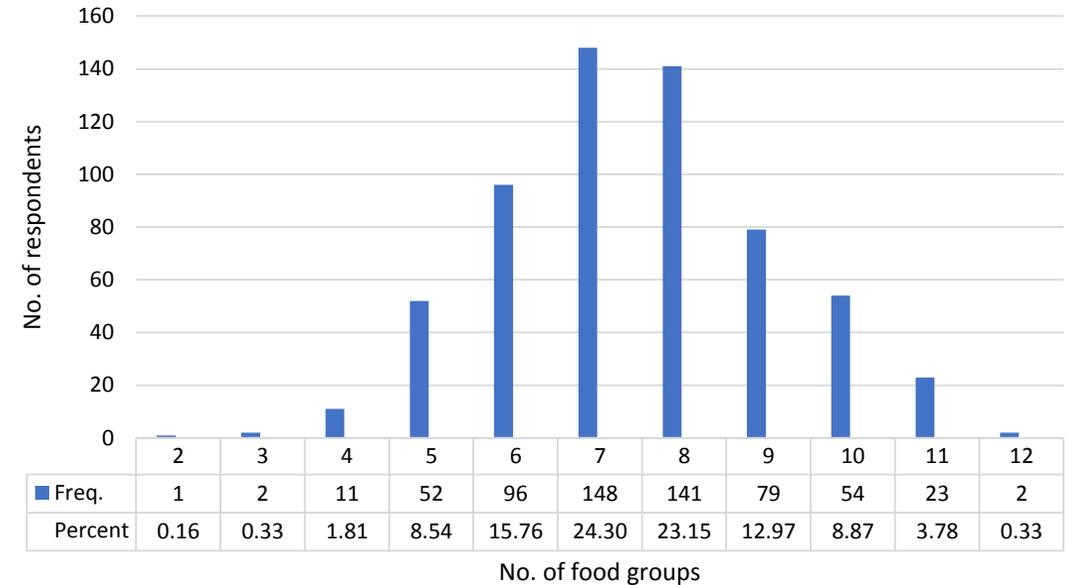
- Eating moderate amounts of fats and oils
- Eating less salt and sugar
- Breastfeeding babies and young children
- Eating a variety of foods
- Eating plenty of vegetables and fruits

Household Dietary Diversity Score (HDDS)

Household Dietary Diversity Score (HDDS-w1)



Household Dietary Diversity Score (HDDS-w2)



Cities	Mean scores	
	HDDS-w1	HDDS-w2
Accra metropolis	7.1	7.6
Kumasi metropolis	7.2	7.6
Tamale metropolis	6.9	7.4
Overall	7.0	7.5

The difference in HDDS between w1 and w2 is statistically significant ($P\text{-value}=0.0000$)

- N=: 609 households
- Data collection period:
 - w1: December, 2019
 - w2: June-July, 2020

Conclusion

- Preliminary results indicate that:
 - Majority of households (above 80%) are knowledgeable in basic food safety issues, and the key/basic indicators and elements of a healthy diet. The distribution of knowledge across the study sites is nearly even.
 - About 75 percent of households have HDDS above 5. An indication of improved household food access and improved diet.
 - What are the mechanisms through which seasonality and shocks such as covid-19 affect purchasing/consumption patterns and dietary diversity?



Thank you

